## STAT OF THE PARTY OF THE PARTY

## **BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R9 / 7-22) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report
previously sent on:

INSTRUCTIONS:

Complete all parts of this form and e-mail signed copies to <a href="www.eports@idem.IN.gov">www.eports@idem.IN.gov</a>. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-7150.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

Response Sec	tion spill response li	ne at: (317)	233-7745 or tol	I free within	i Indiana at (888) 2	33-7745.						
				GENERA	L INFORMATION							
(1) Facility Na	me (Organization)		(2) Mailing A	(2) Mailing Address (reporting organization)				(3) County			(4) NPDES Permit	
Sullivan Wastewater			110 N. Ma	110 N. Main St., Sullivan, IN 47882			Sulliv	Sullivan			IN0024554	
					RMATION (Locat							
			(7) Date <i>(mm/dd/yy)</i> and Tim Release Stopped		(8) Location of Release (streets ac Manhole, Lift Station, Force Main				atitude <i>j Min Sec)</i>	(9) Longitude (Deg Min Sec)		
	4:06	☐ AM ☑ PM			597 W. Edgelea							
_ ` ′	of Flow Released		vs provide a vol	ume.)	4.0						gn Flow Rate	
Check one:		Actual	500	Gallons	any damage to aquatic life or receiving			5.25 MGD				
	ype (Select one.) ewer Overflow Bypass (at wastew Combined Sewer C er Combined Sewe Sewer System Rele	Overflow r Overflow ease	No	) Describe Ine	any damage to aqu	uatic life or r	eceiving str	eam:				
(15) Reason for Bypass / Overflow (Select one or more.)												
	Component(s) r more.) eral ee ion Failure Bypassed ructure /alve an Out	Block creek	(17) Additional Description of the Bypass / Overflow Ev Blockage expected in sewer pipe that runs u creek. Fluid Waste will clean then camera t				(18) Do (Chec (Chec (Bas) (Doc (Rea (Name	Max Capacity				
(19) Additional organizations notified by facility, if necessary (Select one or more.)  ☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☑ Other:  Sent Overflow information to IDEM Inspector Holly Zurcher.												
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.)  ☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☑ Lime ☑ Clean-Up Debris  Clean up debris and put down lime.												
-	n: Actions Taken o		Prevent Recurre	ence								
Fluid Waste	e will be coming nder a creek.				ne to check for l	blockages	which m	aybe	∍ located ir	ı a sew	er line	
(22)												
designed to a who manage knowledge ar possibility of t	r penalty of law that ssure that qualified the system, or thos d belief, true, accur ine and imprisonme orm to PDF and e-ma	personnel pr e persons dir rate, and com ent for knowir	nt and all attach operly gather a ectly responsibl pplete. I am aw ig violations. (7	ments werend evaluated le for gathed are that the fire area be	e the information su ring the information ere are significant p	ny direction output display and the information of the information for special ties for special ties.	ased on my ation submi submitting f	inquir tted is alse i	ry of the persons, to the best information, in inc substitute.	on or per of my ncluding Scan th	the he	
SIGNATURE	SIGNATURE: Debra Padgett DATE (month, day, year):											
	ng Report (printed)	Teleph	one Number	Contact	E-mail Date (		te (month, da	month, day, year) / Time IDEM				
Debra Padgett		812-2	201-2627	dlpade	gett@frontier.co	om   Not	Notified 6/24/2024		6:00		☐ AM ☑ PM	