



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 wwreports@idem.IN.gov. 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.

GENERAL INFORMATION					
(1) Facility Name (Organization) TOWN OF SHOALS		(2) Mailing Address (reporting organization) 221 LOW STREET SHOALS, IN 47581		(3) County MARTIN	(4) NPDES Permit IN0040631
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began 6/26/24 06:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/26/24 08:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) MAIN LAGOON LIFT STATION	(9) Latitude (Deg Min Sec)	(5) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 0.0025 Gallons			(11) WWTP Flow During Release 0.120 MGD	(12) WWTP Peak Design Flow Rate MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: NO KNOWN DAMAGE		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input checked="" type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input checked="" type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: PASSING STORMS CAUSED MULTIPLE POWER OUTAGES. OPERATOR CONFIRMED PROPER OPERATIONS AFTER KNOWN POWER OUTAGE. SUBSEQUENTLY THERE WERE ADDITIONAL OUTAGES THROUGHOUT THE EARLY MORNING. OPERATOR CORRECTED THE FAILURE AS SOON AS POWER WAS RESTORED.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: DRAINAGE DITCH NAME UNKNOWN TRIBUTARY TO BEAVER CREEK	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Department <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input checked="" type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input checked="" type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence					

(22)

CERTIFICATION AND SIGNATURE				
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov)				
SIGNATURE:		DATE (month, day, year): 06/26/24		
Individual Making Report (printed) JAMES E. WILSON	Telephone Number (812) 296-6378	Contact E-mail waterboybo@gmail.com	Date (month, day, year) / Time IDEM Notified 06/26/2024 08:50	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM