



# 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](mailto: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 Shipshewana WWTP		(2) Mailing Address (reporting organization) 345 N Morton St. Shipshewana, Indiana 46565		(3) County LaGrange	(4) NPDES Permit IN0040622
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 06/14/24 10:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 06/14/24 01:17 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 225 E Curtis Street	(9) Latitude (Deg Min Sec) 41.67521 N	(9) Longitude (Deg Min Sec) 85.57831 W
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 10 to 100 Gallons			(11) WWTP Flow During Release .260 MGD	(12) WWTP Peak Design Flow Rate .375 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: N/A		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" 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 checked="" type="checkbox"/> Manhole <input checked="" type="checkbox"/> House Lateral <input checked="" type="checkbox"/> Pipe Failure <input 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) Pipe Blockage		(17) Additional Description of the Bypass / Overflow Event: Sewer line plugged in a manhole near the intersection of S Van Buren Street and Curtis Street causing sewer to back up into basement of residence at 225 E Curtis Street, Shipshewana, IN 46565		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: N/A	
(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 checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris  Jetted sewer line to remove blockage to stop the sewer backup.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Will increase maintance in this sewer area to prevent build up or blockage.  I was just made aware that this was a reportable incident on an recent inspection at the sewer plant.					

(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 <a href="mailto:wwreports@idem.IN.gov">wwreports@idem.IN.gov</a> )				
SIGNATURE:			DATE (month, day, year): 06/26/24	
Individual Making Report (Printed) Jacob Snyder	Telephone Number 260-336-8014	Contact E-mail jsnyder@shipshewana.gov	Date (month, day, year) / Time IDEM Notified June 26, 2024 / 09:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM