



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) City of Kokomo Wastewater	(2) Mailing Address (reporting organization) 1501 W. Markland Ave Kokomo IN 46901	(3) County Howard	(4) NPDES Permit IN0032875
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RELEASE INFORMATION (Location 1)

(5) Outfall Number CSO009	(6) Date (mm/dd/yy) and Time Release Began 7/2/24 955 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 7/2/24 1253 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec) 40 29 3.80	(9) Longitude (Deg Min Sec) 86 7 45.7
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(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual UNK Gallons	(11) WWTP Flow During Release 7.0 MGD	(12) WWTP Peak Design Flow Rate 0.0 MGD
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(13) Overflow Type (Select one.) <input 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 checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: None
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(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input checked="" 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 type="checkbox"/> Pump Station Failure <input checked="" 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: Dry Weather CSO 009 Activation. Atlas Construction is replacing the northside interceptor in the downtown area of Kokomo. The bypass pump that they were using wasn't adequate enough to handle the flow so once they found out about the CSO activation, they installed an additional pump to handle the flow.	(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: Wildcat Creek
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(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 type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence Installed an additional bypass pump to handle the flow of the temporary bypass.

(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): 7/3/2024		
Individual Making Report (printed) Katie Trobaugh	Telephone Number 7654575509	Contact E-mail ktrobaugh@cityofkokomo.org	Date (month, day, year) / Time IDEM Notified <input type="checkbox"/> AM <input type="checkbox"/> PM