



# 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) City of Bedford WWTP	(2) Mailing Address (reporting organization) 1614 L St. Bedford IN 47421	(3) County Lawrence	(4) NPDES Permit IN0025623

RELEASE INFORMATION (Location 1)					
(5) Outfall Number 022	(6) Date (mm/dd/yy) and Time Release Began 6/23/24 6:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 6/23/24 8:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) K St. Storm	(9) Latitude (Deg Min Sec) 38 85 75.4	(9) Longitude (Deg Min Sec) 86 48 52.8

(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual 92,771 Gallons	(11) WWTP Flow During Release 2.328 MGD	(12) WWTP Peak Design Flow Rate 6.180 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:	

(15) Reason for Bypass / Overflow (Select one or more.)  
 Construction Related  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precipitation 0.51 Inches

(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input 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)	(17) Additional Description of the Bypass / Overflow Event:	(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: Leatherwood Creek
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(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: IDEM

(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

(21) Resolution: Actions Taken or Planned to Prevent Recurrence  
 Continue with our project searching for source of I & I.

## (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](mailto:wwReports@idem.IN.gov))

SIGNATURE:	DATE (month, day, year): 6-24-24			
Individual Making Report (printed) Jedidiah D Moore	Telephone Number 812-275-4901	Contact E-mail Jmoore@Bedford.IN.US	Date (month, day, year) / Time IDEM Notified 6/24/24 8:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM