



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317) 232-8670.

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

Facility Name: <i>(Organization)</i> Mishawaka WWTP	Mailing Address: <i>(reporting organization)</i> 1020 Lincolnway W Mishawaka 46544	County: St Joe	NPDES Permit #: IN0025640	Permit Outfall
Individual Making Report: <i>(printed)</i> Jill Norton	Telephone Number: 574-258-1663	Contact Email: jnorton@mishawaka.in.g OV	Date/Time IDEM Notified: 6/25/24	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date <i>(mm/dd/yy)</i> & Time Release Began:	Date <i>(mm/dd/yy)</i> & Time Release Stopped:	Location of Release: <i>(streets address or Manhole, Lift Station, Force Main etc.)</i>	Latitude: <i>(Deg Min Sec)</i>	Longitude: <i>(Deg Min Sec)</i>
06/23/24 @4:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	06/24/24 @9:51 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	208 Wabash Ave Mishawaka, IN	41 66 486	-86 11 7.00
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			

Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual	<i>(always provide a volume)</i> 1870 gallons	WWTP Flow During Release: 42 MGD	WWTP Peak Design Flow: 42 MGD
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Overflow Type: <i>(select one)</i> <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass <i>(at wastewater plant)</i>	Describe any damage to aquatic life or receiving stream:
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Reason for Bypass/Overflow: *(select one or more)*
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 1.13 Inches

System Component(s): <i>(select one or more)</i> <input type="checkbox"/> Manhole <input checked="" type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other Describe Other: <i>(in the box below)</i>	Additional Description of the Bypass/Overflow Event: Rain Event	Description of the Area Impacted: <i>(Check All That Apply)</i> <input 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:
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Organizations Notified by Facility: *(select one or more)*
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other:

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
 Advised resident to clean and sanitize affected areas.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 Ongoing preventative maintenance of sewer main. Discussed and recommended gate value with resident.

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

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 then fax or scan to PDF for emailing.)*

SIGNATURE: Jill Norton
year: 6/25/24

DATE *(month, day,*