## TAIL O

## 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 <a href="www.eports@idem.IN.gov">www.eports@idem.IN.gov</a>. 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.

				2ENERA	L INFORMATION					2000	
(1) Facility Name (Organization)				(2) Mailing Address (reporting organization)			(3) County			(4) NPD	ES Permit
Terre Haute WWTP		3200 S. sta	3200 S. state road 63			Vigo			INOC	25607	
			RELEA	RELEASE INFORMATION (Location 1)							
(5) Outfall Number	(6) Date <i>(mm/dd/yy)</i> Release Began	and Time	(7) Date (mm/dd/yy) a Release Stopped		(8) Location of Release (stre Manhole, Lift Station, Force		s or	(9) Lat (Deg I	titude Min Sec)	(9) Long (Deg M	
001	06/25/24 4:00	☐ AM ☑ PM	06/25/24 4:45	☐ AM ☑ PM	Headworks at	plant					
	of Flow Released		ways provide a volui				g Relea		(12) WWTP P		n Flow Rate
☐ Sanitary S☐ Treatment☐ Prohibited☐ Dry Weath☐ Combined☐	JESTIMATED Lype (Select one.) ewer Overflow Bypass (at wastew Combined Sewer Cer Combined Sewer Sewer System Relion Bypass / Overflo	Overflow r Overflow ease	(14) No (		any damage to aquatic life		ing stre		48.0 MG	oD.	
☐ Construction		Power Fa							☐ Precipita		Inches
	eral e ion Failure Bypassed ructure /alve in Out er: (in the box below	A sout Carring back	strong cell storm t power lines acr using the plant to	caused oss the o lose p stop. T	Bypass / Overflow Event: I severe winds knocking city of Terre Haute. Bower and bar racks a This caused channel to cor more.	ng it	(Chec ☐ Affe ☐ Bas ☑ Occ ☐ Rea ☐ Rea	k all the ected Feemen ected Feemen ected	ion of the Ar nat apply.) Private Prop t Backup at Treatmer Public Land Receiving W seiving Wate	erty nt Plant Vater	
	rgency Response				sh and Wildlife  Local	Emergen	cv Man	agem	ent 🗌 Oth	ner:	
None	rgency recopolise	ricum		DIVICIA	and vildine Local	Linergen	by Wan	iageiri	511t 🗀 0ti	ici.	
(Select one or Removed I	more of the following the fol	ng, then a paired Piper	ndd a written descript e ☐ Repaired Pu on ground affect	ion.) ump Stati ed. spr	Clean-up and Treatment of on □ Other ☑ Lime ead lime after cleanin	V	Clean-	-Up D€	ebris		
(21) Resolutio	n: Actions Taken o	Planned	to Prevent Recurren	ce							
Now have a	a direct contact	to Duke	energy for a mo	re rapio	d response to the nee	ds of the	e faci	lity.			
(22)		er so a promote					NAME OF TAXABLE			20-00	The year or see
designed to a who manage knowledge an possibility of f completed for SIGNATURE:	ssure that qualified the system, or those declaration	personnel e persons rate, and cent for know ail to wwRe	ment and all attachm I properly gather and directly responsible complete. I am awar	ents wer l evaluate for gathe e that the e area be	e prepared under my direct e the information submitted bring the information, the information, the information ere are significant penalties allow is for a handwritten significant	. Based of formation for subm gnature or DATE	on my i submit itting fa an ele (monti	inquiry tted is, alse in ctronic h, day,	of the person to the best formation, ir	on or per of my ncluding Scan th	the ne
Joseph Hur	//	100000	2)244-5505		n.hunter@terrehaute.	Notified					☐ AM ☑ PM
- Josephi i idi		101/	_,	1,000bi	anten @ torroridate.	06/26/2	2024 /	13:2	.U		LEJ 1 1VI



## BYPASS / OVERFLOW REPORT (Supplemental Locations)

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☐ Follow-up to Bypass	report
previously sent on:	

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

		3. 美工工工	RELEASE IN	FORMATION (Location 2)			
Outfall	Date (mm/dd/yy)	and Time	Date (mm/dd/yy) and Time	Location of Release (streets address		Latitude	Longitude
Number	Release Began	ПАМ	Release Stopped	Manhole, Lift Station, Force Main e	tc.)	(Deg Min Sec)	(Deg Min Sec)
		PM					
	Flow Released			neck all that apply.)	Name	of Receiving Water	r Impacted
	ed			Basement Backup Reached Receiving Water			
G	allons	☐ INeac					
Outfall	Date (mm/dd/yy)	and Time	RELEASE IN Date (mm/dd/yy) and Time	FORMATION (Location 3)  Location of Release (streets address		Latituda	Langituda
Number	Release Began	and mine	Release Stopped	Manhole, Lift Station, Force Main e		Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
		☐ AM ☐ PM	☐ AM			, , , , , , , , , , , , , , , , , , , ,	
	Flow Released			neck all that apply.)	Name	of Receiving Wate	r Impacted
	ed			Basement Backup Reached Receiving Water			
G	allons			•			
Outfall	Date (mm/dd/yy)	and Time		FORMATION (Location 4)		Latituda	
Number	Release Began	and Time	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets addres Manhole, Lift Station, Force Main et		Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	, and the second	☐ AM	☐ AM		,	(209	(209
A		☐ PM	☐ PM		T		
	Flow Released ed □ Actual			neck all that apply.) Basement Backup	Name	of Receiving Wate	r Impacted
_	allons			Reached Receiving Water			
THE PERSON NAMED IN		100 A 100 A	DELEASE IN	FORMATION (I +' E)		And the state of t	
			RELEASEIN	FURNATION (Location 5)			
Outfall	Date (mm/dd/yy)	and Time	Date (mm/dd/yy) and Time	FORMATION (Location 5)  Location of Release (streets addres	ss or	Latitude	Longitude
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(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. Scan the completed form to PDF and e-mail to wwReports@idem.IN.gov)

SIGNATURE:

DATE (month, day, year): 01/31/202