



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) Mishawaka WWTP | | (2) Mailing Address (reporting organization) 1020 Lincolnway W Mishawaka, IN 46544 | | (3) County St. Joseph | (4) NPDES Permit IN0025640 |
| RELEASE INFORMATION (Location 1) | | | | | |
| (5) Outfall Number | (6) Date (mm/dd/yy) and Time Release Began | (7) Date (mm/dd/yy) and Time Release Stopped | (8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | (9) Latitude (Deg Min Sec) | (9) Longitude (Deg Min Sec) |
| | 06/25/24 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 06/25/24 9:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 1702 Lincolnway East | 41.66334 | -86.15033 |
| (10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual | | | (11) WWTP Flow During Release | (12) WWTP Peak Design Flow Rate | |
| 374 Gallons | | | 50 MGD | 42 MGD | |
| (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 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 type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 1.08 Inches | | | | | |
| (16) System Component(s) (Select one or more.) <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 <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: 06/25/24 9:30AM Rain Event | | (18) Description of the Area Impacted (Check all that apply.) <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: 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 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 Advised resident to clean up and sanitize affected areas. Discussed and recommended gate Value to resident. | | | | | |
| (21) Resolution: Actions Taken or Planned to Prevent Recurrence Ongoing preventative maintenance of sewer main lines. | | | | | |

(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: Jill Norton DATE (month, day, year): 6-26-24

| | | | | |
|---|----------------------------------|--|---|---|
| Individual Making Report (printed) Jill Norton | Telephone Number 574-258-1663 | Contact E-mail jnorton@mishawaka.in.gov | Date (month, day, year) / Time IDEM Notified 6/26/24 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
|---|----------------------------------|--|---|---|



BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R9 / 7-22)
Indiana Department of Environmental Management
Office of Water Quality

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.

| RELEASE INFORMATION (Location 2) | | | | | | |
|---|--|---|---|---|-------------------------|---|
| Outfall Number | Date (mm/dd/yy) and Time Release Began | Date (mm/dd/yy) and Time Release Stopped | Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | Latitude (Deg Min Sec) | Longitude (Deg Min Sec) | |
| | 6/25/24_9:59 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 6/25/24_10:30 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 902 Union St | 41.65350 -86.17670 |
| Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 370 Gallons | Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land | | | <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water | | Name of Receiving Water Impacted n/a |
| RELEASE INFORMATION (Location 3) | | | | | | |
| Outfall Number | Date (mm/dd/yy) and Time Release Began | Date (mm/dd/yy) and Time Release Stopped | Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | Latitude (Deg Min Sec) | Longitude (Deg Min Sec) | |
| | 6/25/24_9:45 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 6/25/24_10:45 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 320 Taylor St | 41.65851 -86.18998 |
| Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 216 Gallons | Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land | | | <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water | | Name of Receiving Water Impacted n/a |
| RELEASE INFORMATION (Location 4) | | | | | | |
| Outfall Number | Date (mm/dd/yy) and Time Release Began | Date (mm/dd/yy) and Time Release Stopped | Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | Latitude (Deg Min Sec) | Longitude (Deg Min Sec) | |
| | 06/25/24_9:50 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 6/25/24_11:30 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 956 E. Third St | 41.66100 -86.16513 |
| Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 748 Gallons | Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land | | | <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water | | Name of Receiving Water Impacted n/a |
| RELEASE INFORMATION (Location 5) | | | | | | |
| Outfall Number | Date (mm/dd/yy) and Time Release Began | Date (mm/dd/yy) and Time Release Stopped | Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | Latitude (Deg Min Sec) | Longitude (Deg Min Sec) | |
| | 6/25/24_UNK | <input type="checkbox"/> AM <input type="checkbox"/> PM | 06/25/24_UNK | <input type="checkbox"/> AM <input type="checkbox"/> PM | 226 S Beiger ST | 41.66101 -86.15025 |
| Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 46.75 Gallons | Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land | | | <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water | | Name of Receiving Water Impacted n/a |
| RELEASE INFORMATION (Location 6) | | | | | | |
| Outfall Number | Date (mm/dd/yy) and Time Release Began | Date (mm/dd/yy) and Time Release Stopped | Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | Latitude (Deg Min Sec) | Longitude (Deg Min Sec) | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons | Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land | | | <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water | | Name of Receiving Water Impacted |
| RELEASE INFORMATION (Location 7) | | | | | | |
| Outfall Number | Date (mm/dd/yy) and Time Release Began | Date (mm/dd/yy) and Time Release Stopped | Location of Release (streets address or Manhole, Lift Station, Force Main etc.) | Latitude (Deg Min Sec) | Longitude (Deg Min Sec) | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons | Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land | | | <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water | | Name of Receiving Water Impacted |

(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: _____

John A. Norton

DATE (month, day, year): 6-26-24