



# BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email 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 the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit
Water Pollution Control Maintenance	515 East Wallace St.	Allen	IN0032191

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)
N/A	06/26/24 4:28 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	06/26/24 4:28 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1425 Cherokee Rd.	41 05 23	-85 09 39

(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Unknown Gallons	(11) WWTP Flow During Release 87.5 MGD	(12) WWTP Peak Design Flow Rate 85.0 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 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 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 type="checkbox"/> Precipitation Inches
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(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 type="checkbox"/> Treatment Bypassed <input checked="" 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) Blockage	(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the combined sewer system. This was originally thought to be caused by the rain event. The City flushed the line to remove any potential partial blockages. The City televised the line and found a root ball. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.	(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: None
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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 Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:
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(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 type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.
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(21) Resolution: Actions Taken or Planned to Prevent Recurrence The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.
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(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 then fax or scan to PDF for emailing.)

SIGNATURE:	DATE (month, day, year): 7/1/24			
Individual Making Report (printed) Jennifer E. Lash	Telephone Number 260-427-6213	Contact Email jennifer.lash@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (06/26/24) / 4:09	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM