



# 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) Scherverville WWTP		(2) Mailing Address (reporting organization) 10 E. Joliet St., Scherverville, IN 46375		(3) County Lake	(4) NPDES Permit IN0024457
RELEASE INFORMATION (Location 1)					
(5) Outfall Number 001	(6) Date (mm/dd/yy) and Time Release Began 6-28-24 9:30	(7) Date (mm/dd/yy) and Time Release Stopped 6-28-24 1:00	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 2239 Robinhood Blvd.	(9) Latitude (Deg Min Sec) 41.481444	(9) Longitude (Deg Min Sec) -46.0144
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons			(11) WWTP Flow During Release 3.61 MGD	(12) WWTP Peak Design Flow Rate 25.0 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: None		
(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 checked="" type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(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 type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input checked="" type="checkbox"/> Sewer Clean Out  Describe Other: (In the box below)		(17) Additional Description of the Bypass / Overflow Event: Resident called for back up. Public Works jetted the line in the area, and the resident said the water level rose while they were jetted. Roto Rooter was called out on 6-27-24, and they could not relieve the back up due to tree roots in the line.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" 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:	
(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 checked="" type="checkbox"/> Other: e-mail					
(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 checked="" type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris  Jetted line					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Regularly jetting line					

(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 <a href="mailto:wwreports@idem.in.gov">wwreports@idem.in.gov</a> )			
SIGNATURE: Thomas J. Kmiatek		DATE (month, day, year): 7/1/24 11:00	
Individual Making Report (Printed)	Telephone Number 219-322-4240	Contact E-mail tkmiatek@scherverville.org	Date (month, day, year) / Time IDEM Notified 7/1/24 11:00
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



# BYPASS / OVERFLOW REPORT (Supplemental Locations)

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(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)
	<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"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
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)
	<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"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
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)
	<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"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
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)
	<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"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
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"/> Basement Backup <input type="checkbox"/> Reached Public Land <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"/> Basement Backup <input type="checkbox"/> Reached Public Land <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](mailto:wwReports@idem.IN.gov))

SIGNATURE: \_\_\_\_\_

DATE (month, day, year): \_\_\_\_\_