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BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16) Indiana Department of Environmental Management Office of Water Quality

| ☐ Follow-up to Bypass repor |
|-----------------------------|
| previously sent on: |

INSTRUCTIONS:

Complete all parts of this form and email signed copies to <a href="www.emailto:www.emailt

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.

| Response Se | ction spill response line | at. (317) | 233-1143 01 101 | i iiee wilii | iii iiiulalla at (c | 233-7743 | • | | | | |
|--|--|--------------|---------------------------------------|---------------------|------------------------------------|--------------------------------------|----------------------------|---------|--------------------------------|-----------------|-----------|
| GENERAL INFORMATION (1) Facility Name (Organization) (2) Mailing Address (reporting organization) (3) County (4) NPDES Pe | | | | | | | O D | | | | |
| (1) Facility Na | me (Organization) | | (2) Mailing A | aaress (<i>r</i> e | porting organiz | zation) | (3) | ounty | | (4) NPDES | 5 Permit |
| | | | | | | | | | | | |
| (E) Q ((II | | | | | RMATION (L | | | | | | |
| (5) Outfall Number | (6) Date (mm/dd/yy) and Release Began | | Date (mm/dd/yy) lease Stopped | and Time | (8) Location of Manhole, Lift S | Release (street Station, Force Ma | ts address or ain etc.) | | atitude g Min Sec) | (9) Longitu | |
| Number | | AM | loado Gloppoa | ☐ AM | mariroto, Ent e | nation, r ordo m | um 010.) | (20) | <i>y w</i> 000) | (Bog Will) | 000) |
| | | PM | | ☐ PM | | | | | | | |
| (10) Amount of | of Flow Released | (Always | s provide a volu | me.) | | | low During Rele | ase | (12) WWTP Po | • | Flow Rate |
| Check one: | | ual | | Gallons | | MG | | | MG | D | |
| | ype (Select one.) ewer Overflow | | (14) | Describe | any damage to | o aquatic life o | or receiving st | ream: | | | |
| | Bypass (at wastewater | r plant) | | | | | | | | | |
| ☐ Prohibited | Combined Sewer Overf | low | | | | | | | | | |
| | er Combined Sewer Ov Sewer System Release | | | | | | | | | | |
| | or Bypass / Overflow (S | | or more.) | | | | | | | | |
| ☐ Constructi | • | ver Failure | , | ent Failure | e ☐ Unknow | n □ Exce | eded Max Ca | pacity | ☐ Precipita | ıtion | Inches |
| (16) System 0 | | (17) Add | ditional Descrip | tion of the | Bypass / Ove | rflow Event: | | | otion of the Ar | ea Impacto | ed |
| (Select one o | r more.) | | | | | | | | that apply.) Private Prope | ort. | |
| ☐ House Lat | eral | | | | | | | | nt Backup | arty | |
| Pipe Failui | re | | | | | | | curre | d at Treatmen | | |
| ☐ Pump Stat | ion Failure | | | | | | | | d Public Land d Receiving W | | |
| Other | Бураѕѕец | | | | | | | eache | a Receiving W | rater | |
| ☐ Influent St | | | | | | | Name | of Re | eceiving Wate | r Impacted | l: |
| Air Relief \ | | | | | | | | | | | |
| Sewer Clea | an Out | | | | | | | | | | |
| Describe Othe | er: (in the box below) | | | | | | | | | | |
| (19) Additiona | I organizations notified | by facility, | if necessary (S | elect one | or more.) | | l . | | | | |
| ☐ IDEM Eme | ergency Response | Health De | ept. | DNR Fi | sh and Wildlife | ☐ Local E | mergency Ma | ınager | ment 🔲 Oth | ier: | |
| | | | | | | | | | | | |
| (20) Actions T | aken to Prevent, Minim | ize or Mit | igate Damage i | ncluding (| Nean-up and T | reatment of A | ffected Area | | | | |
| | r more of the following, t | | | | Diean-up and i | realineil of A | ilected Alea | | | | |
| Removed Blockage Repaired Pipe Repaired Pump Station Other Lime Clean-Up Debris | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (21) Pesolutio | n: Actions Taken or Pla | nned to D | revent Pecurre | 200 | | | | | | | |
| (21) Resolution: Actions Taken or Planned to Prevent Recurrence | | | | | | | | | | | |
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| | | | | | | | | | | | |
| (00) | | | | | | | | | | | |
| (22) | | | OE5 | TICICATI | ON AND CION | ATUDE | | | | | |
| 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 s | ystem, or those persons | directly r | esponsible for g | athering t | he information | , the informati | on submitted | is, to | he best of my | / knowledg | e and |
| , , | ccurate, and complete. for knowing violations. | | e that there are ea below is for a | | | | | | | | |
| iniprisorinient | TOT KITOWITY VIOLATIONS. | (THE all | CA DEIOW IS IUI (| a HaHUWII | uon signature (| or arr cre ctioni | เง จนมจแนเซ แ | ıcıı ıa | n ui suaii iu F | וטו דים וטו דים | uillig.) |
| SIGNATURE: | | | | | | | D | ATE (| month, day, y | ear): | |
| Individual Makir | ng Report (printed) | Teleph | one Number | Contac | ct Email | | Date (month, | day, y | ear) / Time IDEN | VI Notified | ☐ AM |
| | | | | | | | | | | | ☐ PM |



SIGNATURE:

BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R7 / 4-16) Indiana Department of Environmental Management Office of Water Quality

| ☐ Follow-up to Bypass report | |
|------------------------------|--|
| previously sent on: | |

DATE (month, day, year):

(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.

| AM | | | | DEL EASE II | JEODMATION (Location 2) | | | | |
|--|-------------|--------------------|-----------|---|--|--|--------------------|-------------------|--|
| Release Began Release Stopped Manhole, Lift Station, Force Main etc.) (Deg Min Sec) | Outfoll | Data (mm/dd/) | and Time | | | 20.0" | Latituda | Longitude | |
| PM PM PM PM PM PM PM PM | Number | | | Release Stopped | Manhole, Lift Station, Force Main e | | | | |
| Catton C | | | | | | | | | |
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| Dutfall Date (mm/dd/yy) and Time Date (mm/ | ☐ Estimate | ed 🗌 Actual | ☐ Affect | ted Private Property | Basement Backup | The state of the s | | | |
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| Date (mm/ddy/y) and Time Release Stopped | | | | PELEASE II | VEORMATION (Location 3) | | | | |
| Imple Release Began Release Stopped Manhole, Lift Station, Force Main etc.) (Deg Min Sec) (Deg Min | Outfall | Date (mm/dd/vy): | and Time | | | ss or | Latitude | Longitude | |
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| (ATTACH ADDITIONAL SHEETS IF NECESSARY.) CERTIFICATION AND SIGNATURE certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system lesigned 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 | | | | | Basement Backup | | 3 3.13 | | |
| (ATTACH ADDITIONAL SHEETS IF NECESSARY.) CERTIFICATION AND SIGNATURE certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system lesigned to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who hanage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and | | | | | | | | | |
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Bypass/Overflow Incident Report Instructions

Below are numbered instructions for completing the Bypass/Overflow Incident Report State Form 48373. Please fill all fields that you can and as accurately as you can. Bypass/Overflow Reports must be submitted by the facility/system that is responsible for the maintenance and oversight of the collection system where the discharge occurred. Please refer to these instructions while filling out the report:

- 1. <u>Facility Name (Organization)</u>: The facility name as it appears on the NPDES permit. For wastewater systems which do not have an active NPDES permit please enter NONE in the box.
- 2. Mailing Address: The address where all IDEM communication is sent.
- 3. County: The County in which the permitted facility is physically located.
- 4. NPDES Permit: The permit number associated with the facility. For wastewater systems which do not have an active NPDES permit mark this space as either "Terminated" for systems which had an NPDES permit in the past or "N/A" for systems which have never had an NPDES wastewater permit.
- 5. <u>Outfall Number:</u> The number of the outfall associated with the Bypass/Overflow Incident as identified in the NPDES permit. For discharge locations which have not been specifically listed in the permit, mark as "N/A".
- 6. Date & Time Release Began: If the exact date and time is not known please indicate the date and time you became aware of the release.
- 7. <u>Date & Time Release Ended</u>: The exact date and time the release ended. If the release is ongoing at the time of the initial report submitted to meet the 24 reporting requirement, please leave this field blank and later resubmit an additional "Follow-up" report with the date and time that the discharge ended and check the "Follow-up to Bypass report previously sent on: ____" box in the upper right corner of the form.
- 8. <u>Location of Release</u>: The actual physical location of the release: Such as a Street Address; closest cross streets; Manhole ID; Lift Station; Force Main, etc. **NOTE**: Please give the most accurate information in regards to manholes, lift stations and force mains that can be referenced back to documentation at your facility.
- 9. <u>Latitude and Longitude</u>: Latitude and Longitude shall be reported in decimal degrees (e.g. 77.029289) or degrees, minutes and seconds. The latitude and longitude fields on this report will soon be required by EPA; however, these fields can be left blank on the report if the sewer overflows are caused by an extreme wet weather event that inundates a large sewer basin and individual overflow locations (i.e. manholes) are difficult to quantify. At this time, the report will not be sent back if the boxes are blank; however, please attempt to fill in these two fields as accurately as possible.
- 10. Amount of Flow Released: The flow released should be the best professional judgment from the facility on the estimated number of gallons of sewer overflow for **each** Sewer Overflow Discharge.
- 11. WWTP Flow During Release: The flow of the treatment plant when the release was observed, often reported in a one hour time increment.
- 12. <u>WWTP Peak Design Flow Rate</u>: The peak WWTP design flow rate as identified in the respective NPDES permit and/or most recent IDEM OWQ Facilities Construction Permit/Design Summary (commonly listed as peak daily or peak hourly) that included a hydraulic capacity expansion.
- 13. Overflow Type: Check one and only one box that best applies to the type of incident. **NOTE:** Dry weather CSO is generally interpreted as where there has been less than 0.1 inch of precipitation within the proceeding 72 hours (three (3) days). Prohibited CSO discharges are defined as discharges from CSO outfalls identified in Attachment A of the NPDES permit as being "prohibited". A Combined Sewer Release may include a basement backup in a sewer basin designated as being comprised of combined storm and sanitary sewers.
- 14. Describe any damage to aquatic life or receiving stream: Describe the conditions of the receiving stream and any aquatic life impaired by the incident.
- 15. Reason for Bypass/Overflow: Check all the boxes that apply to the specific incident.
- 16. Systems Component(s): Check all the boxes of components that are/were involved in the incident.
- 17. Additional Description of the Bypass/Overflow Incident: Provide additional detailed information regarding why the incident occurred that does not fit in the check boxes and supplemental details about the discharge event.
- 18. <u>Description of the Area Impacted</u>: Check **all** boxes of area(s) that were/are directly impacted by the discharge. If the discharge reached the receiving waters identify those by name whenever possible.
- 19. Organizations Notified by Facility: Check all of the boxes that apply.
- 20. Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area: Select all boxes that apply and then add additional description in box below
- 21. Resolution: Actions Taken or Planned to Prevent Recurrence: Describe all actions taken and actions that will be taken to prevent the incident from reoccurring in the future.
- 22. <u>Certification and Signature</u>: Complete this box in its **entirety**. A qualified person that has properly gathered the information in the report is authorized to sign and submit. NOTE: In circumstances where the certified operator is unavailable, the person on call at the facility may sign and submit.
- 23. <u>Second Page Instructions</u>: 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.