



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R8 / 2-19)
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) 232-6770.

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) Arcadia WWTP	(2) Mailing Address (reporting organization) P.O.Box 578 Arcadia, IN 46030	(3) County Hamilton	(4) NPDES Permit IN0021334
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RELEASE INFORMATION (Location 1)

(5) Outfall Number 001-A	(6) Date (mm/dd/yy) and Time Release Began 5/9/2021 12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 5/9/2021 10:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) Wastewater Treatment Plant 9099 E. 266th	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 180,000 Gallons			(11) WWTP Flow During Release 1.408 MGD	(12) WWTP Peak Design Flow Rate 600,000 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
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(15) Reason for Bypass / Overflow (Select one or more.)
☐ Construction Related ☐ Power Failure ☐ Equipment Failure ☐ Unknown ☒ Exceeded Max Capacity ☒ Precipitation 2.3 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 checked="" type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out	(17) Additional Description of the Bypass / Overflow Event: Overflow of influent do to excessive inflow and infiltration	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: Cicero Creek
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Describe Other: (in the box below)

(19) Additional organizations notified by facility, if necessary (Select one or more.)
☐ IDEM Emergency Response ☐ Health Department ☐ DNR Fish and Wildlife ☐ Local Emergency Management ☐ 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.)
☐ Removed Blockage ☐ Repaired Pipe ☐ Repaired Pump Station ☐ Other ☐ Lime ☐ Clean-Up Debris

(21) Resolution: Actions Taken or Planned to Prevent Recurrence
Stormwater and Wastewater improvement projects

(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: _____ Individual Making Report (printed) Stephen D Smith	Telephone Number 317-605-9605	Contact E-mail arcadiawwtp@msn.com	DATE (month, day, year): 5/10/2021 Date (month, day, year) / Time IDEM Notified 5/10/2021 2:30	<input type="checkbox"/> AM <input type="checkbox"/> PM
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