



## Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

FOR DEP USE ONLY

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

046-001-217
Tax Identification Number

	A.	<b>General Informati</b>	on				
	2	Carllita Information				$n_{EOFIVED}$	
	1.	Facility Information					
Important: When		2177000				AUG () 2 201.	
filling out forms		a. Reporting Facility Permit Num	ber			~ 411.	}
on the computer, use only the tab		Medway Water & Sewer D	ivision				
key to move your		b. Name of Collection System/T				MADEP-CERO	
cursor - do not use the return	2.	Authorized Representative	filing this notifica	ation form:			
key.		William	Donahu	e		21-4930	
A 100		a. First Name	b. Last N	ame	c. Tele	phone (10)	
		Superintendent	w	donahue@townofme	dway.org	30 31	
		d. Title of Authorized Represent		E-mail Address of Author	ized Represent	ative	
return	3.	Event Report Information					
		a. Are you reporting:	1. Unanticipated	SSO or Bypass	2. Anticipate	d SSO or Bypa	ass
O DED		D1 (16) (1					
See DEP Regional Office	В.	<b>Phone Notificatio</b>	ns Made, IT	any:			
telephone and fax numbers at			David		Boyer		
	1.	MassDEP person contacted	a. first name		b. last name		
the end of this form.				07/30/13	12000	12:55	e. an
1700000		Date/Time MassDEP cont	acted by phone:	c. Date (mm/dd/yyyy	Time:	d. hh:mm	🛛 f. pm
	1923		Douglas		Koopman		
	2.	EPA person contacted:	a. first name		b. last name		<u> </u>
			h	07/30/13	- Time:	03:38	e. an
		Date/Time EPA contacted	by pnone:	c. Date (mm/dd/yyyy)	- Time:	d. hh:mm	🛛 f. pm
	3.	Others notified (select all t	that apply):	a. Conservation	Commission	ь. Board c	f Health
		🗌 c. Harbormaster 🔲 d.	Downstream WS	e. Watershed As	ssociation	f. Shellfish	Warden
		g. Other:	h Casalf.				
	_		h. Specify	O/Unanticipat	d Bynas	:e	
	C.	General Information	on About 33	Ofonanticipate	su Dypas	,3	
		TAIL and id the event coour		30/13	Time:	12:30	C. am
	1.	When did the event occur	f a. [	Date (mm/dd/yyyy)	11110.	b. hh:mm	🛛 d. pm
	_	Location of event:	248 Village Stre	eet			
	2.	Location of event.	a. Number and Stre	eet (or closest address)		b. latitude	c. longitud
	3.	Estimated volume of over	flow discharge at		:		
		a. Estimated Volume:		20 gallons			- Louis Annual Control
		a. Estimated volume.		\ P			
		b. Method of estimating	volume:	Visual	J. J		

Ground,

4. Where did the overflow discharge to? (e.g.,

surface water, ground)



# Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

FOR DEP USE ONLY

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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Tax Identification Number

C.	General Information About SSO/Unanticipated Bypass (cont.)
5.	Identify causes of/reasons for the event: (select all that apply)
	a. rain b. snowmelt c. high groundwater
	☐ d. insufficient capacity ☐ e. sewer system blockage or collapse
	☐ f. pump/lift station failure ☐ g. treatment facility equipment failure
	h. Other: i. Specify
6.	Have corrective actions been completed?   ☐ a. Yes ☐ b. No ☐ c. No Action Required
7.	Corrective measures taken (select all that apply, or use Section E to attach additional comments):
	☑ a. repaired sewer/cleared blockage       ☐ b. repaired pump/lift station       ☐ c. repaired service connection         ☐ d. drained or pumped device installed       ☐ e. disinfection treatment       ☐ f. backflow prevention device installed
	sewage out of building
_	☐ g. Other: h. Specify  Ceneral Information About Anticipated Bypass
D	General Information About Anticipatou 2) pass
1.	When will the bypass occur? a. Date (mm/dd/yyyy) Time: b. hh:mm d. pm
2.	Where will the bypass occur?  a. Number and Street (or closest address)  b. latitude  c. longitude
3.	Estimated volume of overflow discharge at the time of this report:
	a. Estimated volume:
	b. Method of estimating volume:
4.	Identify causes of/reasons for the event: (select all that apply)
	a. rain b. snowmelt c. high groundwater
	d. insufficient e. sewer system blockage or collapse capacity
	☐ f. pump/lift ☐ g. treatment facility equipment failure station failure
	g. Other: i. Specify
5	. Will an SSO occur during the bypass?   a. Yes
	a.1. Where will SSO discharge to?
	A 5-day follow-up report is required for the SSO.
	□ b. No



### Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

046-001-217

Tax Identification Number

### **Notification Form** D. General Information About Anticipated Bypass (cont.)

advised that if the anticipated bypass detailed above results in an unanticipated

	Please be advised the bypass/SSO, MassDI	at if the anticipated bypass details EP must be notified within 24 hou	irs and a new form co	mpleted.
	Please provide comme	ents in Section E detailing the preven	entive measures to be	taken during the event.
E.		achments/Follow-up		
	I wish to provide (sele	ect all that apply):		
		Additional comments below:   3	. No additional commen	s or attachments
		ents and planned actions:		6
F.	Certification S	tatement		
	direction or supervision properly gather and who manage the system information submitted aware that there are	y of law that this document and a con in accordance with a system evaluate the information submitted tem, or those persons directly red is, to the best of my knowledge significant penalties for submitting the for knowing violations.	ed. Based on my inqui sponsible for gathering and belief true, accu	ry of the person or persons g the information, the rate, and complete. I am
	Welleau	Coraluc		07/30/13 2. Date Signed
	Signature of Authorized Please keep a copy the MassDEP Incide	d Representative of this report for your records. W ent Number from this report.	hen submitting additio	
Ma	assDEP Regional Off	ice and EPA Telephone and Fa	x Numbers:	
	Northeast Region	Phone: 978-694-3215	Fax: 978-69	94-3499
	Southeast Region	Phone: 508-946-2750	Fax: 508-94	17-6557
	Central Region	Phone: 508-792-7650	Fax: 508-79	92-7621
	Western Region	Phone: 413-784-1100	Fax: 413-78	34-1149
	EPA Contact	Phone: 617-918-1766		
	DEP 24-hour emergency	Phone: 888-304-1133		



Massachusetts partment of Environmental Prot ion
Bureau of Resource Protection – Watershed Permitting Program

FOR DEP USE ONLY

## Sanitary Sewer Overflow/Bypass/Backup Notification Form

1. General Information

DEP Incident Number

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return



key.



See DEP Regional Office telephone and fax numbers at the end of this form.

MA 0102598  a. Reporting Facility Permit Number	ARIES RIVER POL	LITION		
b. Name of Collection System/Treats	ment Works			
Date/Time Notification Form Completed:		- Time:	d. hh (24hr.)	08 e. mm
Is this notification an initial re	oort? f. 🗹 or a follow-up?	? g. 🗌	h. refer to incide	ent number
Authorized Representative fili	ng this notification form:			
Willan	DONAHUE	The state of the s	8.533-3	208
I. First Name	j. Last Name		elephone (10)	
1. Title of Authorized Representative		E TOWNO!	FMEDWAY.	OPG

2. Phone Notifications N	lade, if any:				
DEP person contacted:	APGARE a. first name	τ <u>γ</u>	last name	7E	
Date/Time MADEP contacted by	y phone:	8-13 Date (mm/dd/yyyy)	Time:	13 d. hh (24hr)	06 e. mm
EPA person contacted:	first name	g.	last name	IAN	10
Date/Time EPA contacted by pt	none: h. [	Date (mm/dd/yyyy)	Time:	i. hh (24hr)	j. mm
3. General Information A	bout Sanitar	y Sewer Ove	rflow a	t this Loc	ation
a. Estimated volume of overflow	discharge at the	time of this report	(select on	e):	
1. > 1 million gallons (Me	G)	□ 3. > 10,000	gal. and	< 100,000 gal	
☐ 2. > 100,000 gal. and <	1 MG	4. < 10,000	gal.		
b. Additional comments: —			108/18/1		
4. Sanitary Sewer Overf	low Locatio	n(s)			
a. When did the SSO occur?	1. Date (mr	n/dd/yyyy) Time	9: <u>2</u>	18/3 hh (24hr.)	60 3. mm
b. Location of SSO: 13240.	ber and Street	DEATE ROAD		<u>UEDWAY</u> City/Town	7
c. Corrective measures taken (s	select all that apply	y, use additional c	omments	if necessary):	
1. repaired sewer/cleared blockage	2 . repaired	pump/lift station		paired service	•
<ul> <li>4. drained or pumped sewage out of building</li> </ul>	5. disinfec	tion treatment		ackflow prever evice installed	
7. no action	8 Other (describ	ne)			



# Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass

		Notification F	-orm		Tax Identification Number
		A. General Info	rmation		
		Facility Information	1		
Important:		MA0102598	16: 301:		
When filling or forms on the	ut	a. Reporting Facility Po	ermit Number		
computer, use		Town of Franklin S	iewer System/Charle	s River Pollution Contol District	
only the tac ke to move your	У	<ol> <li>Name of Collection 5</li> </ol>	System/Treatment Works	STRIVET Foliation Contol District	
cursor - do not		2. Authorized Represe	entative filing this not	ification form	
use the return key.		Cheri			
- 8		a First Name		sens 50	B-533-6762
16 Tan-		Engineer/Asst. Chie	ef Operator	c. ·	Telephone (10)
		d Title of Authorized Re	epresentative	cheri cousens@verizon.net e. E-mail Address of Authorized Repres	enlative — — —
THE TOTAL	. 3	. Event Report Inform	nation	Topics	sentative
		a. Are you reportin	g: 🗵 t. Unanticipa	ted SSO or Bypass 🔲 2. Anticipa	ted SSO or Burney
				J. Tale D 2.7 (Maspa	ded 330 or Bypass
See DEP	_			_	
Regional Office telephone and	E	3. Phone Notific	ations Made,	if any:	
fax numbers at				<del></del>	
the end of this form	1.	MassDEP person con	tacted: a. first name	Webber	·
		Date/Time MassDEP	contacted by abone	b. last name . 07/22/2008	
				c. Date (mm/dd/yyyy) Time:	1:10 e am
	2.	EPA person contacte	ed: <u>Douglas</u> a. first name	Koopman Koopman	1. pm
		Dou- T		b. last name	
		Date/Time EPA conta	icted by phone.	07/22/2008 c. Date (mm/dd/yyyy) - Time:	1:15 e. am
	3.	Others notified (select	t all that apply):	(**************************************	d. hh:mm
				a Conservation Commission	n 🛛 b. Board of Health
		🗍 c. Harbormaster 📋	d. Downstream W	S 🔲 e. Watershed Association	
				Board of Health	f. Shellfish Warden
		[] g. Other:	n. Spechy		
	C.	General Informa	ation About SS	O/Unanticipated Bypas	
					5
	1.	When did the event oc	cur? 07/	21/2008 Time:	3:30 c. am
	2.	Location of event:	Conlyn Avenue	Pate (mm/dd/yyyy) - Time;	b. hh:mm 🛛 d. pm
	<b>.</b>	recental of event.	a Number and Stre	et (or closest address)	<u>-71 436 42.093</u>
	3.	Estimated volume of ov	verflow discharge at a	the time of this report (select one):	b, latitude c, longitude
				time of this report (select one):	
		☐ a ≥ 1 million ga	llons (MG)	☐ c. > 10,000 gal. and <	: 100 000 ani
		Th > 100 000			100,000 gal.
		☐ b. > 100,000 gal	. and < 1 MG	☑ d. < 10,000 gal.	

e Method of estimating volume:

surface water, ground)

4. Where did the overflow discharge to? (e.g.,

vacuum truck transferred SSO to sewer system

after level was lowered, small quantity to ground



# Massachusetts Department of Environmental Protection Bureau of Resource Protection -- Watershed Permitting Program Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

A(A)	71
otification Form	Tax Identification Numbe
	T

C. General Information About SCOURTER	
C. General Information About SSO/Unanticipated Bypas	SS (cont.)
<ol><li>Identify causes of/reasons for the event: (select all that apply)</li></ol>	
a rain b snowmelt c. hig	ih groundwater
☐ d insufficient capacity ☐ e sewer system blockage of	or collapse
n. Other: Universal power system (UPS) failure.	
	ction Required
7. Corrective measures taken (select all that apply, or use Section E to attach addit	ional comments):
blockage blockage blockage blockage c. repaired pump/lift c. repaired	
sewage out of building	ow prevention
Reset UPS, ordering new UPS and adding alarm for UPS fail	e installed lure.
D. General Information About Anticipated Bypass	
2 Where will the hypass occur?  Date (mm/dd/yyyy)  Time:  b. hh	mm c. am
a. Number and Street (or closest address) b. latit	ude c. longitude
3 Estimated volume of overflow discharge at the time of this report (select one):	
	illion gallons (MG)
d. Method of estimating volume:	
<ol> <li>Identify causes of/reasons for the event: (select all that apply)</li> </ol>	
□ a rain □ b. snowmelt □ c. high o	groundwater
capacity — e. sewer system blockage or collapse	
☐ i pump/lift station failure ☐ g. treatment facility equipment failure	
Other:	
<ol> <li>Will an SSO occur during the bypass? ☐ a Yes</li> </ol>	
a.1. Where will SSO discharge to?	—·— ——
A 5-day follow-up report is required for the SSO.	

04/04



### Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

N	otification F	orm		Tax Identification Number
D	. General Info	rmation About Anticip	ated Bypass (c	ont.)
5.	□ в No			
	Please be advised bypass/SSO, Mass	that if the anticipated bypass det DEP must be notified within 24 h	ailed above results in a ours and a new form o	n unanticipated completed.
	Please provide com	ments in Section E detailing the pr	eventive measures to b	e taken during the event.
E	. Comments/A	ttachments/Follow-up		
	I wish to provide (se	elect all that apply):		
	☐ : Attachment ☐	2. Additional comments below: 🗵	3. No additional comme	nts or attachments
	2a. Additional com	ments and planned actions:		
F.	Certification :	Statement		
	properly gather and persons who manage the information subman aware that there	ty of law that this document and sion in accordance with a system evaluate the information submitting the system, or those persons on the distribution of the best of my knowled are significant penalties for subment for knowing violations.	designed to assure that ed. Based on my inquir directly responsible for edge and belief, true, a	at qualified personnel y of the person or gathering the information, courate, and complete.
	Cheis Co	usens.		07/22/2008
	t Signature of Authorize Please keep a copy the MassDEP Incide	d Representative of this report for your records. W nt Number from this report.		2. Date Signed nal information, include
Mas	SSDEP Regional Off	ice and EPA Telephone and Fa	v Nisombana.	
ivia.			x Numbers:	
	Northeast Region	Phone. 978-694-3215	Fax: 978-694	1-3499
	Southeast Region	Phone: 508-946-2750	Fax: 508-947	<b>'-</b> 6557
	Central Region	Phone: 508-792-7650	Fax. 508-792	-7621
	Western Region	Phone: 413-784-1100	Fax: 413-784	-1149
	EPA Contact	Phone: 617-918-1766		
	DEP 24-hour emergency	Phone: 888-304-1133		



Massachusetts Department of Environmental Protection Bureau of Resource Protection - Watershed Permitting Program

FOR DEP USE ONLY

### Sanitary Sewer Overflow/Bypass/Backup **Notification Form**

**DEP Incident Number** 

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





See DEP Regional Office telephone and fax numbers at the end of this form.

<ol> <li>General Information</li> </ol>		6			
MA0102598					
a. Reporting Facility Permit Number					
Town of Bellingham					
b. Name of Collection System/Treatn					
Date/Time Notification Form Completed:	03/23/2009 c. Date (mm/c		Time:	11 d. hh (24hr.)	30 e. mm
ls this notification an initial rep	ort? f. 🛛	or a follow-up?	g. 🗌	h. refer to incid	ent number
Authorized Representative filing	ng this notifica	tion form:			
Donald	DiMartin	0	508-	966-5813	
i. First Name	j. Last Nar			ephone (10)	
DPW Director	@	bellinghamma.or	g		
I. Title of Authorized Representative		E-mail Address of A		ntative	
. Phone Notifications	Mado if a	nv:			
. I none Nouncadons	iviaue, ii a	ily.			
DEP person contacted:	Robert		Kimball		
DEI person contacted.	a. first name		b. last name		
Date/Time MADEP contacted	by phone:	03/21/2009 c. Date (mm/dd/y	Time:	15 d. hh (24hr)	30 e. mm
EPA person contacted:	Doug		Koopman		
LIA person contacted.	f. first name		g. last name		
Date/Time EPA contacted by	ohone:	03/21/2009	Time:	15	30
		h. Date (mm/dd/y)	(УУ)	i. hh (24hr)	j. mm
. General Information A  a. Estimated volume of overflow  ☐ 1. > 1 million gallons (M	w-discharge at	the time of this r		ne):	
⊠ 2. > 100,000 gal. and <	15.7	-	10,000 gal.	1 100,000 ga	
			A Maria	2004	
b. Additional comments:	ee Attached W	orksheet "SSO N	lechanic 20090	)321"	
. Sanitary Sewer Over					
a. When did the SSO occur?	3/20/ 1. Dat	2009 e (mm/dd/yyyy)	Time:	17 2. hh (24hr.)	00 3. mm
	Mechanic Stre ber and Street	et (Rear)		Bellingham City/Town	
c. Corrective measures taken (		apply, use addition	onal comments	if necessary):	
1. repaired sewer/cleared	Ma rone	irod numn/lift etc	3. re	epaired service	)

2 repaired pump/lift station

5. disinfection treatment

8. Other (describe)

blockage

7. no action

4. drained or pumped

sewage out of building

connection

6. backflow prevention

device installed



### Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

FOR DEP USE ONLY

# Sanitary Sewer Overflow/Bypass/Backup Notification Form

DEP Incident Number

	4.	Sanitary Sewe	er Overflow Locat	tion(s) (cont.)		
		d. Have corrective	actions been completed?	⊠ 1	Yes 2. No	
		e. Identify causes	of the incident: (select all	that apply)		
		1. rain	☐ 2. pow	er outage	3. high groundwa	iter
		4. insufficien	t capacity	5. sewer syst	em blockage or collapse	
		⊠ 6. pump/lift s	tation failure	7. treatment	acility equipment failure	
	22.	8. Describe other ca	auses			
f you need more pace for		See Attached memo	).			
eport additional		f. Additional comments ar	nd planned actions	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ddresses with backups, select box to attach a						
ext document 🔀						
	5	Certification S	Statement			
	12	direction or supervis properly gather and persons who manag the information subr	ion in accordance with a secondance with a secon	system designed to submitted. Based on rsons directly respo knowledge and bel	nts were prepared under nassure that qualified person my inquiry of the person nsible for gathering the in ief, true, accurate, and co	onnel or formation, mplete. I
			are significant penalties to ment for knowing violation		nformation, including the p	possibility
		Walls &	25		3/25	109
		1. Signature of Authorized	d Representative		2. Date Signed	
			an additional electronic a			
		Please keep a copy the DEP Incident Nu	of this report for your recomber from this report.	ords. When submitti	ng additional information,	include
	DE	P Regional Office To	elephone and Fax Numb	ers:	2	11.00
		Northeast Region	Phone: 978-694-3215	Fa	: 978-694-3499	
		Southeast Region	Phone: 508-946-2750	Fax	c: 508-947-6557	it.
		Central Region	Phone: 508-792-7650	Fax	: 508-792-7621	
		Western Region	Phone: 413-784-1100	Fax	c: 413-784-1149	

### TOWN OF BELLINGHAM

OFFICE OF THE

DIRECTOR OF THE DEPARTMENT OF PUBLIC WORKS

26 BLACKSTONE STREET BELLINGHAM, MA 02019

> (508)-966-5813 FAX (508)-966-5814 ddimartino@bellinghamma.org

#### **MEMO**

Date:

March 23, 2009

To:

Mass Department of Environmental Protection

From:

Donald DiMartino, DPW Director

RE:

Sanitary Sewer Overflow/Bypass/Backup Notification Form

SECTION 4.f. – Additional comments and planned actions

#### History:

On Saturday 3/21/2009 we received a call at about 7 AM from a resident that sewage was coming out of a manhole near the Mechanic Street sewer station. Staff was dispatched and on site within ten minutes. They reset the systems compressors and the sewer pumps both started immediately and pumped down the wetwell. The overflow had stopped by about 8 AM.

Calls to report the incident were made at 3:30 PM to:

- Bob Kimball DEP-CERO Message left on voice mail
- Margo Weber DEP-CERO Message Left on voice mail
- DEP Hotline Message to staff received call back (I forgot to record the name of the DEP Rep)
- Doug Koopman USEPA Message Left on voice mail

Today I calculated volume of release (Estimated 123,838 gallons) and the time when the wastewater was likely to been first released (5 PM 3/20/2009). See the attached spreadsheet "SSO Mechanic 20090321". We were not aware of the overflow until 7 AM 3/21/2009.

#### The Problem:

It appears that two key systems failed.

- 1. We have determined that the alarm annuciator panel is not working. It did not trigger a high wetwell (float switch) alarm and therefore it did not send a mission dailer alarm to the staff.
- The air bubbler wetwell level sensor did not fuction properly and therefore the pumps did not start nor did the secondary lag pump start alarm go off. We found the air compressors that feed the air bubbler system were both off.

#### What is being done to avoid future incidents?

- 1. We visited the station several times over the weekend to insure that the compressors and pumps were operation properly.
- 2. We have contacted Weston and Sampson Services, our instrumentation consultant, to come in as soon as possible to correct the problem with the annunciator panel and alarm system.

### SSO Mechanic 20090321

3/23/2009

Description Statistics & Conversions	Amount	Units
Both Sides Typical Pump Run	9,860.0	
One Cubic Foot equals	7.48	Gallons
Incident Flow Calculations		
Chart Indicates Pump ran last 11:00 AM 3/20/2009		
Time pumps were down	20.0	Hours
Typical runs with pumps down		Each
Total volume in flow while pumps down	177,480.0	
Approximate Flow Rate	8,874.0	Gallons/Hour
Storage Volume Prior to Release to Environment		Wa
15" Diameter Pipe Volume per foot	1.2270	Cubic Feet
15" Diameter Pipe Volume per foot	9.1780	Gallons
Length of 15" pipe filled	301.0	feet
Storage in 15" pipe	2,762.6	Gallons
24" Diamter Pipe Volume per foot	3.1416	Cubic Feet
24" Diamter Pipe Volume per foot	23.4992	Gallons
Length of 24" pipe filled	392.0	feet
Storage in 24" Pipe	9,211.7	Gallons
Volume of storage in Sewer Pipes	11,974.2	Gallons
Total Vertical Feet of SMH storage		Feet
4' Diameter SMH Volume per foot		Cubic Feet
4' Diameter SMH Volume per foot		Gallons
Volume of storage in SMH	2,396.9	Galions
Width of Wetwell	14.0	Feet
Length of Wetwell	30.0	Feet
Depth of Sewage above the Floor		Feet
Distance Pump Start to Floor	10-13-1-1	Feet
Volume of storage in Wetwell above Floor	5,250.0	Cubic Feet
Volume of storage in Wetwell above Floor	39,270.0	gailons
Total Volume Stored in before release	53,641.2	Gallons
Maluma of wastowator ralescod		F7-11
Volume of wastewater released	123,838.8	Gallons
Estimated elapsed time from pump fail to release		Hours



#### Massachusetts Department of Environmental Protection Bureau of Resource Protection - Watershed Permitting Program Sanitary Sewer Overflow/Bypass/Backup **Notification Form**

FOR DEP USE ONLY

**DEP Incident Number** 

### 1. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return kev



See DEP Regional Office telephone and fax numbers at the end of this form

	RI0100111						
a. Re	eporting Facility Permit Number	or					
	n of Bellingham						
	ame of Collection System/Trea				5300	200	
	e/Time Notification Form		4/13/06		12	00	
Con	npleted:	c. Date (mm/	dd/yyyy)	Time:	d. hh (24hr.)	e mm	
Is th	is notification an initial re	al report? f. 🛛 or a follow-up?			h. refer to incident number		
Auth	norized Representative f	iling this notifica	ition form:				
Don	ald	DiMartin	DiMartino		508-966-5813		
i. Fir	st Name	j. Last Na	j. Last Name		k. Telephone (10)		
DPV	N Director	do	dimartino@bellinghar	nma.org			
I. Tit	le of Authorized Representativ	e m.	E-mail Address of Author	ized Represe	ntative		
DEF	person contacted:	Robert	The same of the sa	Kimball		· · · · · · · · · · · · · · · · · · ·	
	one Notifications		-	Winah all			
DEF	person contacted:	a. first name	hardware and the first traction of the second	b. last name		· /*·	
			04/13/2006	Time	11	15	
Date	e/Time MADEP contacte	ea by phone:	c. Date (mm/dd/yyyy)	Time:	d. hh (24hr)	e. mn	
EP/	A person contacted:	f. first name		g. last name	E-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Date/Time EPA contacted by phone:			h. Date (mm/dd/yyyy)	Time:	i hh (24hr)	j. mm	
. Ge	neral Information	About Sar	nitary Sewer O	verflow	at this Lo	cation	
a. Es	stimated volume of over	flow discharge a	at the time of this repo	ort (select o	ne):		
	1 > 1 million gallons	(MG)	<u>_</u> 3. > 10,0	000 gal. and	d < 100,000 ga	al.	
	2 > 100,000 gal. and	1 < 1 MG		000 gal.			
b. A	dditional comments:	Estimated disc	harge was 1,200 gali	ons	Market Programme Programme	(400 - 1) (C. A. A	
. Sa	nitary Sewer Ove	erflow Loc	ation(s)				
		02/1	02/18/2006		11	40	
а.	When did the SSO occur	ir?	ate (mm/dd/yyyy)	me:	2. hh (24hr.)	3. mm	
	5	50 Pine Grove Avenue			Bellingham		
b	Location of SSO:	JO FILLO GLOVE P	1Venue		Domingham		

c. Corrective measures taken (select all that apply, use additional comments if necessary):

8. Other (describe)

2 repaired pump/lift station

5. disinfection treatment

☐ 3 repaired service

connection

6. backflow prevention

device installed

□ 1. repaired sewer/cleared

sewage out of building

4. drained or pumped

blockage

7 no action



# Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program Sanitary Sewer Overflow/Bypass/Backup Notification Form

FOR DEP USE ONLY

**DEP Incident Number** 

	4. Sanitary Sewer Overflow Location(s) (cont.)									
	d.	d. Have corrective actions been completed?								
	e.	e. Identify causes of the incident: (select all that apply)								
	1. rain 2. power 4. insufficient capacity		☐ 2. pow	er outage	3. high groundwater					
			⊠ 5. sewer s							
	6. pump/lift station failure			7. treatme	7. treatment facility equipment failure					
		Sewer Siphon cl 8. Describe other ca	logged with grease and so	olids						
If you need more space for	Scheduled routine monthly cleaning of siphon with hired jet truck to avoid future overflows.									
comments or to report additional addresses with	f. Additional comments and planned actions									
backups, select box to attach a text document	400			1/54.14 000.00						
text document		Hallow Same Co. William Sco. 1								
	5. Certification Statement									
	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.									
	Walder Other				4/14/26					
	1 Signature of Authorized Representative				2 Date Signed					
	☐ I wish to provide an additional electronic attachment.									
	Please keep a copy of this report for your records. When submitting additional information, include the DEP Incident Number from this report.									
	u	ie DEP incident Nu	imber from this report.							
	DEP Regional Office Telephone and Fax Numbers:									
	N	lortheast Region	Phone: 978-694-3215	1	=ax: 978-694-3499					
	S	outheast Region	Phone: 508-946-2750	Į.	Fax: 508-947-6557					
	C	entral Region	Phone: 508-792-7650	1	Fax: 508-792-7621					
	٧	Vestern Region	Phone: 413-784-1100		Fax: 413-784-1149					



"DiMartino, Donald" <DDiMartino@bellinghamma. org>

04/14/2006 12:46 PM

To DEP - Bob Kimball Sewers <Robert.Kimball@state.ma.us>, Linda Brolin/R1/USEPA/US@EPA

CC

bcc

Subject Pine Grove Sewer Overflow Forms

<<SSO Form Pine Grove 2006-02-18.pdf>> Here is the revised February incident form.

Note that this is a replacements of the form sent for the 2/18 incident. This one has the correct POTW Reporting Facility Number for Woonsocket (Bob has clarified that Bellingham does not have a number.)

#### Donald F. DiMartino

Bellingham DPW Director 26 Blackstone Street Bellingham, MA 02019-1602 Tel 508-966-5813 / Fax 508-966-5814



Cell - 508-889-6452 SSO Form Pine Grove 2006-02-18.pdf