



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

FOR DEP USE ONLY

046-001-217

Tax Identification Number

A. General Information

1. Facility Information

2177000

a. Reporting Facility Permit Number

Medway Water & Sewer Division

b. Name of Collection System/Treatment Works

2. Authorized Representative filing this notification form:

William

a. First Name

Donahue

b. Last Name

508-321-4930

c. Telephone (10)

Superintendent

d. Title of Authorized Representative

wdonahue@townofmedway.org

e. E-mail Address of Authorized Representative

3. Event Report Information

a. Are you reporting: ☒ 1. Unanticipated SSO or Bypass ☐ 2. Anticipated SSO or Bypass

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.

B. Phone Notifications Made, if any:

1. MassDEP person contacted: David Boyer
a. first name b. last name
Date/Time MassDEP contacted by phone: 07/30/13 Time: 12:55
c. Date (mm/dd/yyyy) d. hh:mm ☐ e. am ☒ f. pm
2. EPA person contacted: Douglas Koopman
a. first name b. last name
Date/Time EPA contacted by phone: 07/30/13 Time: 03:38
c. Date (mm/dd/yyyy) d. hh:mm ☐ e. am ☒ f. pm
3. Others notified (select all that apply): ☐ a. Conservation Commission ☒ b. Board of Health
☐ c. Harbormaster ☐ d. Downstream WS ☐ e. Watershed Association ☐ f. Shellfish Warden
☐ g. Other: h. Specify

C. General Information About SSO/Unanticipated Bypass

1. When did the event occur? 07/30/13 Time: 12:30
a. Date (mm/dd/yyyy) b. hh:mm ☐ c. am ☒ d. pm
2. Location of event: 248 Village Street
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: 20 gallons
b. Method of estimating volume: Visual
4. Where did the overflow discharge to? (e.g., surface water, ground) Ground,



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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 sewage out of building ☐ e. disinfection treatment ☐ f. backflow prevention device installed
☐ g. Other: h. Specify

D. General Information About Anticipated Bypass

1. When will the bypass occur? a. Date (mm/dd/yyyy) Time: b. hh:mm ☐ c. am ☐ 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 capacity ☐ e. sewer system blockage or collapse
☐ f. pump/lift station failure ☐ g. treatment facility equipment 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
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D. General Information About Anticipated Bypass (cont.)

Please be advised that if the anticipated bypass detailed above results in an unanticipated bypass/SSO, MassDEP must be notified within 24 hours and a new form completed.

Please provide comments in Section E detailing the preventive measures to be taken during the event.

E. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ 1. Attachment ☐ 2. Additional comments below: ☐ 3. No additional comments or attachments

2a. Additional comments and planned actions:

F. 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.


1. Signature of Authorized Representative

07/30/13

2. Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
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
**Sanitary Sewer Overflow/Bypass/Backup
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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 key.



MA 0102598

a. Reporting Facility Permit Number

MEDWAY / CHARLES RIVER POLLUTION

b. Name of Collection System/Treatment Works

Date/Time Notification Form Completed: 1-8-13 2013

c. Date (mm/dd/yyyy)

Time:

13 08
d. hh (24hr.) e. mm

Is this notification an initial report? f. ☒ or a follow-up? g. ☐

h. refer to incident number

Authorized Representative filing this notification form:

William

i. First Name

DONAHUE

j. Last Name

508-533-3208

k. Telephone (10)

SUPERINTENDENT

l. Title of Authorized Representative

WDONAHUE@TOWNOFMEDWAY.ORG

m. E-mail Address of Authorized Representative

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

2. Phone Notifications Made, if any:

DEP person contacted:

MARGARET
a. first name

WEBBER
b. last name

Date/Time MADEP contacted by phone:

1-8-13
c. Date (mm/dd/yyyy)

Time:

13 06
d. hh (24hr.) e. mm

EPA person contacted:

DOUG
f. first name

KOOPMAN
g. last name

Date/Time EPA contacted by phone:

1-8-13
h. Date (mm/dd/yyyy)

Time:

13 19
i. hh (24hr.) j. mm

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)

☐ 3. > 10,000 gal. and < 100,000 gal.

☐ 2. > 100,000 gal. and < 1 MG

☒ 4. < 10,000 gal.

b. Additional comments:

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur?

1-8-2013
1. Date (mm/dd/yyyy)

Time:

13 00
2. hh (24hr.) 3. mm

b. Location of SSO:

132 HOLLISTON & REDGATE ROAD
Number and Street

MEDWAY
City/Town

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

☒ 1. repaired sewer/cleared blockage

☐ 2. repaired pump/lift station

☐ 3. repaired service connection

☐ 4. drained or pumped sewage out of building

☐ 5. disinfection treatment

☐ 6. backflow prevention device installed

☐ 7. no action

8. Other (describe)



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow (SSO)/Bypass
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Tax Identification Number _____

A. General Information**1. Facility Information**MA0102598

a. Reporting Facility Permit Number

Town of Franklin Sewer System/Charles River Pollution Control District

b. Name of Collection System/Treatment Works

2. Authorized Representative filing this notification form:Cheri

a. First Name

Cousens

b. Last Name

508-533-6762

c. Telephone (10)

Engineer/Asst. Chief Operator

d. Title of Authorized Representative

cheri_cousens@verizon.net

e. E-mail Address of Authorized Representative

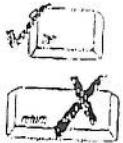
3. Event Report Informationa. Are you reporting: ☒ 1. Unanticipated SSO or Bypass ☐ 2. Anticipated SSO or Bypass**B. Phone Notifications Made, if any:**

1. MassDEP person contacted: Margo Webber
a. first name b. last name
- Date/Time MassDEP contacted by phone: 07/22/2008 Time: 1:10 ☐ e. am ☒ f. pm
c. Date (mm/dd/yyyy) d. hh:mm
2. EPA person contacted: Douglas Koopman
a. first name b. last name
- Date/Time EPA contacted by phone: 07/22/2008 Time: 1:15 ☐ e. am ☒ f. pm
c. Date (mm/dd/yyyy) d. hh:mm
3. Others notified (select all that apply): ☐ a. Conservation Commission ☒ b. Board of Health
☐ c. Harbormaster ☐ d. Downstream WS ☐ e. Watershed Association ☐ f. Shellfish Warden
☐ g. Other: Town of Franklin Board of Health
h. Specify

C. General Information About SSO/Unanticipated Bypass

1. When did the event occur? 07/21/2008 Time: 3:30 ☐ c. am ☒ d. pm
a. Date (mm/dd/yyyy) b. hh:mm
2. Location of event: Conlyn Avenue -71 436 42.093
a. Number and Street (or closest address) b. latitude c. longitude
3. Estimated volume of overflow discharge at the time of this report (select one):
☐ a. > 1 million gallons (MG) ☐ c. > 10,000 gal. and < 100,000 gal.
☐ b. > 100,000 gal. and < 1 MG ☒ d. < 10,000 gal.
- e. Method of estimating volume: visual
4. Where did the overflow discharge to? (e.g., surface water, ground) vacuum truck transferred SSO to sewer system after level was lowered, small quantity to ground

Important:
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to move your
cursor - do not
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key.



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



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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: Universal power system (UPS) failure.
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 sewage out of building ☐ e. disinfection treatment ☐ f. backflow prevention device installed
☐ g. Other: Reset UPS, ordering new UPS and adding alarm for UPS failure.
h. Specify _____

D. General Information About Anticipated Bypass

1. When will the bypass occur? a. Date (mm/dd/yyyy) _____ Time: _____ ☐ c. am ☐ 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 (select one):
☐ a. < 100,000 gallons (MG) ☐ b. > 100,000 gal. and < 1 MG ☐ c. > 1 million gallons (MG)
d. 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 capacity ☐ e. sewer system blockage or collapse
☐ f. pump/lift station failure ☐ g. treatment facility equipment 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.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
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D. General Information About Anticipated Bypass (cont.)5. ☐ b No

Please be advised that if the anticipated bypass detailed above results in an unanticipated bypass/SSO, MassDEP must be notified within 24 hours and a new form completed.

Please provide comments in Section E detailing the preventive measures to be taken during the event.

E. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ 1. Attachment ☐ 2. Additional comments below: ☒ 3. No additional comments or attachments

2a. Additional comments and planned actions:

F. 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.

Chris Cassens
Signature of Authorized Representative

07/22/2008

2. Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
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	



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DEP Incident Number

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

1. General Information

MA0102598

a. Reporting Facility Permit Number

Town of Bellingham

b. Name of Collection System/Treatment Works

Date/Time Notification Form Completed: 03/23/2009

c. Date (mm/dd/yyyy)

Time: 11 30
d. hh (24hr.) e. mm

Is this notification an initial report? f. ☒ or a follow-up? g. ☐

h. refer to incident number

Authorized Representative filing this notification form:

Donald

DiMartino

508-966-5813

i. First Name

j. Last Name

k. Telephone (10)

DPW Director

@bellinghamma.org

l. Title of Authorized Representative

m. E-mail Address of Authorized Representative

2. Phone Notifications Made, if any:

DEP person contacted: Robert
a. first name

Kimball
b. last name

Date/Time MADEP contacted by phone: 03/21/2009
c. Date (mm/dd/yyyy)

Time: 15 30
d. hh (24hr.) e. mm

EPA person contacted: Doug
f. first name

Koopman
g. last name

Date/Time EPA contacted by phone: 03/21/2009
h. Date (mm/dd/yyyy)

Time: 15 30
i. hh (24hr.) j. mm

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow-discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)

☐ 3. > 10,000 gal. and < 100,000 gal.

☒ 2. > 100,000 gal. and < 1 MG

☐ 4. < 10,000 gal.

b. Additional comments: See Attached worksheet "SSO Mechanic 20090321"

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur? 3/20/2009
1. Date (mm/dd/yyyy)

Time: 17 00
2. hh (24hr.) 3. mm

b. Location of SSO: 80 Mechanic Street (Rear)
Number and Street

Bellingham
City/Town

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

☐ 1. repaired sewer/cleared blockage

☒ 2. repaired pump/lift station

☐ 3. repaired service connection

☐ 4. drained or pumped sewage out of building

☐ 5. disinfection treatment

☐ 6. backflow prevention device installed

☐ 7. no action

8. Other (describe)



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

EXHIBIT 10
AR I.1-I.12

FOR DEP USE ONLY

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

DEP Incident Number _____

4. Sanitary Sewer Overflow Location(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. power outage ☐ 3. high groundwater
- ☐ 4. insufficient capacity ☐ 5. sewer system blockage or collapse
- ☒ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

8. Describe other causes _____

See Attached memo.

f. Additional comments and planned actions _____

If you need more space for comments or to report additional addresses with backups, select box to attach a text document ☒

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.

1. Signature of Authorized Representative _____

2. Date Signed 3/23/09

☒ 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.

DEP Regional Office Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 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 annunciator 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.
2. 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.

Description	Amount	Units
Statistics & Conversions		
Both Sides Typical Pump Run	9,860.0	Gallon
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	18.0	Each
Total volume in flow while pumps down	177,480.0	Gallon
Approximate Flow Rate	8,874.0	Gallons/Hour

Storage Volume Prior to Release to Environment

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" Diameter Pipe Volume per foot	3.1416	Cubic Feet
24" Diameter 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	25.5	Feet
4' Diameter SMH Volume per foot	12.6	Cubic Feet
4' Diameter SMH Volume per foot	94.0	Gallons
Volume of storage in SMH	2,396.9	Gallons

Width of Wetwell	14.0	Feet
Length of Wetwell	30.0	Feet
Depth of Sewage above the Floor	6.5	Feet
Distance Pump Start to Floor	6.0	Feet
Volume of storage in Wetwell above Floor	5,250.0	Cubic Feet
Volume of storage in Wetwell above Floor	39,270.0	gallons

Total Volume Stored in before release	53,641.2	Gallons
--	-----------------	----------------

Volume of wastewater released	123,838.8	Gallons
--------------------------------------	------------------	----------------

Estimated elapsed time from pump fail to release	6.0	Hours
---	------------	--------------

Estimated time when release started - 5:00 PM on 3/20/2009		
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Massachusetts Department of Environmental Protection
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FOR DEP USE ONLY

DEP Incident Number

1. General Information

Important:
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RI0100111

a. Reporting Facility Permit Number

Town of Bellingham

b. Name of Collection System/Treatment Works

Date/Time Notification Form Completed: 4/13/06

c. Date (mm/dd/yyyy)

Time: 12 00
d. hh (24hr) e. mm

Is this notification an initial report? f. ☒ or a follow-up? g. ☐

h. refer to incident number

Authorized Representative filing this notification form:

Donald

DiMartino

508-966-5813

i. First Name

j. Last Name

k. Telephone (10)

DPW Director

ddimartino@bellinghamma.org

l. Title of Authorized Representative

m. E-mail Address of Authorized Representative

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

2. Phone Notifications Made, if any:

DEP person contacted: Robert Kimball
a. first name b. last name

Date/Time MADEP contacted by phone: 04/13/2006 Time: 11 15
c. Date (mm/dd/yyyy) d. hh (24hr) e. mm

EPA person contacted: f. first name g. last name

Date/Time EPA contacted by phone: h. Date (mm/dd/yyyy) Time: i. hh (24hr) j. mm

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

- ☐ 1. > 1 million gallons (MG) ☐ 3. > 10,000 gal. and < 100,000 gal.
☐ 2. > 100,000 gal. and < 1 MG ☒ 4. < 10,000 gal.

b. Additional comments: Estimated discharge was 1,200 gallons

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur? 02/18/2006 Time: 11 40
1. Date (mm/dd/yyyy) 2. hh (24hr) 3. mm

b. Location of SSO: 50 Pine Grove Avenue Bellingham
Number and Street City/Town

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

- ☒ 1. repaired sewer/cleared blockage ☐ 2. repaired pump/lift station ☐ 3. repaired service connection
☐ 4. drained or pumped sewage out of building ☐ 5. disinfection treatment ☐ 6. backflow prevention device installed
☐ 7. no action 8. Other (describe)



Massachusetts Department of Environmental Protection
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FOR DEP USE ONLY

DEP Incident Number _____

4. Sanitary Sewer Overflow Location(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. power outage ☐ 3. high groundwater
- ☐ 4. insufficient capacity ☒ 5. sewer system blockage or collapse
- ☐ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

Sewer Siphon clogged with grease and solids

8. Describe other causes

Scheduled routine monthly cleaning of siphon with hired jet truck to avoid future overflows.

f. Additional comments and planned actions

If you need more space for comments or to report additional addresses with backups, select box to attach a text document ☐

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.


1. Signature of Authorized Representative

4/14/06
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.

DEP Regional Office Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western 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