

City of Fort Wayne Six-Month Status Report

Consent Decree Case # 2:07 cv 00445

Report #13 (March 1, 2014 – August 31, 2014)



Six-Month Status Report #13 (03/01/14 – 08/31/14)

Report Submitted to the following:	
U.S. EPA	Chief Water Enforcement and Compliance Assurance Branch Water Division U.S. Environmental Protection Agency, Region 5 77 West Jackson Boulevard Chicago, IL 60604
IDEM	Chief, Compliance Branch Office of Water Quality Indiana Department of Environmental Management 100 North Senate Avenue P.O. Box 6015 Indianapolis, IN 46206 Chief, Enforcement Section Office of Legal Counsel Indiana Department of Environmental Management 100 North Senate Avenue P.O. Box 6015 Indianapolis, IN 46206
From:	
City of Fort Wayne	City of Fort Wayne Fort Wayne City Utilities, Suite 270 Citizens Square 200 East Berry Street Fort Wayne, IN 46802

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APPENDIX 1

Summary to include the following:

1. Consent Decree Requirements for Reporting Period (03/01/14 – 08/31/14)
2. General Description of Work Completed during the Reporting Period (03/01/14 – 08/31/14)
3. Description of Projected Work to be Performed in the Next Six-Months (09/01/14 – 02/28/15)

APPENDIX 2 – Reports submitted to IDEM during the Reporting Period

APPENDIX 3 – Operations and Maintenance Report on Collection System Activity

1. CONSENT DECREE COMPLIANCE (Section XII, Paragraph 34 (a))

A statement setting forth (i) the deadlines and other terms that Fort Wayne has been required by this Consent Decree to meet since the date of the last statement; (ii) whether and to what extent Fort Wayne has met those requirements; and (iii) the reasons for any noncompliance.

The attached Appendix 1 includes a summary of the City of Fort Wayne's (the "City's") compliance with applicable Consent Decree deadlines and terms from March 1, 2014 – August 31, 2014 (the "Reporting Period"). The City believes that it has met all Consent Decree deadlines during the Reporting Period. As the agencies are aware, a modification to the Consent Decree is currently in process which seeks, in part, to modify (and largely accelerate) certain overall CSO Control Measure deadlines. By agreement with EPA, the City will not be deemed to be in noncompliance with the 2013 bid deadline for CSO Control Measure 8 while that modification is pending. The City believes that it also met other terms required by the Consent Decree, but did experience the discharges described at item 6 below during the Reporting Period. Explanations for those discharges are provided at item 6.

2. GENERAL DESCRIPTION OF WORK (Section XII, Paragraph 34 (b))

(i) A general description of the work completed within the prior six-month period; (ii) to the extent known, a statement as to whether the work completed in that period meets applicable Design Criteria; and (iii) a projection of work to be performed pursuant to this Consent Decree during the next six-month period.

The attached Appendix 1 includes a general description of work completed during the Reporting Period and statements as to whether the completed work met applicable Design Criteria.

Appendix 1 also includes a description of the projected work to be performed in the next six-month period. The described activities are, of course, in addition to the continuing activities of the City under its NPDES permit, CMOM and CSSOP.

3. REQUEST FOR WATER QUALITY STANDARDS REVISION (Section XII, Paragraph 34 (c))

A statement as to Fort Wayne's understanding regarding the status of IDEM's response to the City's request for a revision to water quality standards in accordance with Section 5 of the City's Long-Term Control Plan.

As previously reported, the City held two public participation meetings on February 17, 2010. A 30-day public comment period followed and concluded March 17, 2010. The only written comment received was from a Fort Wayne citizen in support of the proposed UAA.

Subsequently, on May 6, 2010, a final version of the UAA proposal was submitted to IDEM. The submittal was followed by a meeting on June 8, 2010 between the City and IDEM to discuss future steps in the rule change process. On August 30, 2010 IDEM issued the City a letter stating, in relevant part:

“Based on the information contained in the City’s UAA, IDEM finds that Fort Wayne has provided sufficient information to propose changing the designated recreational use for the above mentioned waters from ‘full body contact’ to the ‘Combined Sewer Overflow (CSO) Wet Weather Limited Use’ subcategory of Indiana’s recreational use designation as provided in IC 13-18-3-2.5 during storm events that exceed the level of control in the City’s approved Long-Term Control Plan (LTCP).”

The City met with IDEM again on August 31, 2010 to discuss a schedule to complete the UAA rule change process in 2010. The City understands that IDEM has provided EPA Region V with a draft proposed rule and that EPA is currently evaluating the same.

Notwithstanding EPA’s involvement in the UAA throughout its development, EPA posed new questions regarding the City’s UAA in late 2010 requesting additional information. The City, IDEM and EPA met to discuss EPA’s request on January 11, 2011. Additional meetings and dialog with EPA have followed, including on January 26, 2012, February 21, 2012, June 13, 2012 and February 27, 2013. As required by the Consent Decree, the City submitted a 6-Year Capital Cost Report to EPA and IDEM on December 31, 2013. Further dialog concerning that report and the UAA is expected in 2014.

4. CSO CONTROL MEASURES NOTICE TO PROCEED (Section XII, Paragraph 34 (d))

A description of any notices to proceed for any CSO Control Measure or measures specified in Appendix 3 that Fort Wayne has revoked in the prior six-month period, and a description of the status of Fort Wayne’s compliance with Section XXI.F with regard to issuance of a new notice to proceed.

The City did not revoke a notice to proceed during this reporting period.

5. POST-CONSTRUCTION MONITORING PROGRAM (Section XII, Paragraph 34 (e))

Information generated in accordance with the Post-Construction Monitoring Program.

Ongoing monitoring programs have continued as outlined at Appendix 4 of the Consent Decree.

6. REPORTS SUBMITTED TO IDEM IN PREVIOUS SIX MONTHS (Section XII, Paragraph 35)

Fort Wayne shall also submit, with each written status report, copies (to EPA only) of all Monthly Monitoring Reports and other reports pertaining to CSOs, SSDs, and bypasses that Fort Wayne submitted to IDEM in the previous six months.

The attached Appendix 2 contains numbered copies of monthly monitoring and other reports submitted to IDEM concerning the Reporting Period pertaining to CSOs, discharges from the City's separate sanitary sewer system, and bypasses. Additional information regarding the discharges described on the reports included within Appendix 2 follows.

Many of the reports submitted during the Reporting Period (report numbers 1, 2, 4, 5, 6, 7, 11, 13, 14, 16) concerned small volume discharges which did not reach a regulated waterbody but were reported at IDEM's request for information purposes. Of those ten, nine (report numbers 1, 2, 4, 5, 6, 7, 13, 14, 16) appear to have concerned basement backup events which were reported in an abundance of caution and at IDEM's request for information purposes even though they may not have arisen due to the City's sewer system.

Reports 9, 10, 17, 20, 22, and 23 concerned exceptional wet weather conditions representative of 10-year storm events (and one 100-year storm event) which sometimes necessitated the use of remote pumps in impacted separate sanitary sewer areas to avoid or mitigate severe property damage and street flooding. The City utilized its best efforts to prevent, minimize and mitigate damages throughout these events and fully accomplished all activities required by its NPDES permit, CMOM and CSSOP.

Other discharges from sanitary sewer system locations are described in reports 3, 8, 12, 15, 18, and 21. All were minor and occurred notwithstanding the City's timely accomplishment of all CMOM requirements, compliance with applicable NPDES permit provisions, and customary best efforts. In addition to responsive activities identified in the submitted reports, the City continues to distribute numerous grease control kits to residents in areas proximate to identified blockages, college residence halls, apartment complexes, and neighborhood associations. The kits include educational materials (translated when appropriate) and lids to facilitate home grease collection.

One report (19) concerned a dry weather event which occurred due to a water main break in an area of the City's combined sewer system.


Finally, the City submitted materials to EPA and IDEM on August 18, 2014 presenting its selection of the "typical year" for post-compliance monitoring. Because that submission was already made to both agencies, a copy is not included within Appendix 2.

7. OPERATIONS AND MAINTENANCE REPORT ON COLLECTION SYSTEM ACTIVITY

Although not required by the Consent Decree, the City is pleased to include tables at Appendix 3 respectively depicting the City's general progress towards its operations and maintenance activities goals as well as a listing of completed regulator and lift station inspections March 1, 2014 – August 31, 2014.

8. CERTIFICATION STATEMENT (Section XII, Paragraph 38)

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 ensure that qualified personnel properly gathered and evaluated 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.



Kumar Menon, Director of City Utilities

9/25/14

Date

APPENDIX 1

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Six-Month Status Report #13 (03/01/14 – 08/31/14)

APPENDIX 1

Below are general descriptions of the following (I) Consent Decree compliance requirements for Reporting Period; (II) work completed during the Reporting Period; and (III) work anticipated to be performed during the next Reporting Period.

I. CONSENT DECREE COMPLIANCE FOR THIS REPORTING PERIOD

As explained at Section 1 of Six-Month Status Report #13, the City, EPA, IDEM, U.S. Department of Justice and Indiana Attorney General's Office are collectively working to modify the Consent Decree to, in part, reflect modified deadlines concerning CSO Control Measures 7 and 8.

II. WORK CONTEMPLATED BY CONSENT DECREE APPENDIX 3 AND APPENDIX 5 COMPLETED DURING THIS REPORTING PERIOD

CSO Control Measure 2 – Plant Phase III (when combined with other WPCP improvements, this control measure is to provide peak primary treatment capacity of 85 mgd and firm capacity of 74 mgd)

- Construction continued on Effluent Pump Station Project.
- Construction continued on Primary & Secondary Treatment Capacity Improvements project.

CSO Control Measure 6 – CSSCIP – Basins Tributary to Parallel Interceptor – (partial separation projects identified as cost-effective components of the Combined Sewer System Capacity Improvements Program). Note: The below listing includes one or more outfalls which the City is voluntarily working to improve in connection with this CSO Control Measure although such is not required by the Consent Decree.

- CSO Outfalls 024 (phase ii), 025 (phase ii) & 032 (phase ii) – Construction was completed.
- CSO Outfalls 007 (phase i) & 056 (phase i), 024 (phase iii), 025 (phase iii), and 032 (phase iii) – Construction bids were received and construction began.
- CSO Outfalls 021 (phase ii) – Final design was completed, construction bids were received & construction began.
- CSO Outfalls 005 and 013 (K06 290A portion) – Final design continued.
- CSO Outfalls 026 (phase i), 027 (phase i), 033 (phase i), 007 (phase ii), and 056 (phase ii) – Final design began.

CSO Control Measures 7 & 8 – Satellite Storage & Disinfection for St. Joseph River CSOs - (St. Joseph Relief Sewers)

During the prior Reporting Period, the City proposed to revise CSO Control Measures 7 & 8 to reflect the use of different improvements and an earlier Achievement of Full Operations date of 2015 for St. Joseph River CSO Outfalls. The City understands that EPA, IDEM and DOJ worked during this Reporting Period to consider that proposal and towards a corresponding Consent Decree modification. Approval of the City's proposal and Consent

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Decree modification is anticipated during the next Reporting Period. In the meantime, the City is working to accomplish its proposed revised CSO Control Measures. By way of an email dated December 10, 2013, EPA advised the City that the agency would not consider the City to be in noncompliance with the 2013 bid deadline of the current Consent Decree for CSO Control Measure 8 while the City's proposal for revised CSO Control Measures are being considered and the City continues in good faith to bid its revised CSO Control Measures.

- CSO Outfalls 051, 052 & 053 - Final design was completed, construction bids were received and construction began on the relief sewer.
- CSO Outfalls 044, 045 & 068 – Began planning, preliminary design and final design on the relief connections.
- Construction was started on the St. Joseph Interceptor control structure.

CSO Control Measure 9 – Satellite Disinfection – (Satellite disinfection facilities)

- CSO Outfall 054 – Advanced facilities planning continued to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.
- CSO Outfalls 061 and 062 – Advanced facilities planning continued to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.

CSO Control Measures 11 & 12 – Wayne Street & St. Mary's Parallel Interceptors – (Parallel interceptors to capture combined sewer overflows for conveyance to WPCP/Wet Weather Ponds)

Wayne Street (West of WPCP)/3RPORT

- Preliminary engineering routing study was completed.
- Public outreach continued.
- Selected consultant and awarded contract for preliminary and final design of 3RPORT project.
- Preliminary design began on 3RPORT project.

Wayne Street (East of WPCP)/Parallel Interceptor

- Preliminary planning and route study continued.

CSO Control Measure 13 – Late Floatables Control – (Overflow-specific solids and floatables controls)

- CSO Outfalls 004 & 036 –Final design continued.
- CSO Outfalls 051 & 053 – Completed final design & construction bids were received.
- CSO Outfalls 044, 045 & 068 – Preliminary and final design began.

CSO Control Measure 14 – Satellite Storage – (Satellite storage facilities)

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- CSO Outfall 064 – Advanced facilities planning continued to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.

Warfield SSD System – Outfalls 070 & 071

- Although not required by the Consent Decree, the City is working to further improve the collection system in this area.
- Finalized design of improvements to the sewer and drainage system of the Hillcrest neighborhood.
- Completed wet weather manhole inspections.

Rothman SSD System – Outfalls 072, 073, 074, 075, 076

- Although not required by the Consent Decree, the City is working to further improve the collection system in this area.
- Performed additional manhole rehabilitation I/I removal projects based on previous smoke testing results.

North Maumee SSD System – Outfalls 077 & 078 (criteria to be met by December 31, 2020)

- Wet weather manhole inspections completed.
- Advanced facility planning began.

III. WORK CONTEMPLATED BY CONSENT DECREE APPENDIX 3 AND APPENDIX 5 ANTICIPATED FOR COMPLETION DURING THE NEXT REPORTING PERIOD

CSO Control Measure 2 – Plant Phase III (when combined with the rest of the WPCP improvements, provide peak secondary treatment capacity of 85 mgd and firm capacity of 74 mgd)

- Continue construction on Effluent Pump Station Project.
- Continue construction on Primary & Secondary Treatment Capacity Improvements project.

CSO Control Measure 6 – CSSCIP – Basins Tributary to Parallel Interceptor - (Partial separation projects identified as cost-effective components of the Combined Sewer System Capacity Improvement Program) Note: The below listing includes one or more outfalls which the City is voluntarily working to improve in connection with this CSO Control Measure although such is not required by the Consent Decree.

- CSO Outfalls 007 (phase i) & 056 (phase i), 021 (phase ii), 024 (phase iii), 025 (phase iii), and 032 (phase iii) – Construction to be completed.
- CSO Outfalls 005 and 013 (K06 290A portion) – Construction bids to be received and construction to begin.
- CSO Outfalls 026 (phase i), 027 (phase i), 033 (phase i), 007 (phase ii), and 056 (phase ii) – Final design to continue.

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- CSO Outfalls 026 (phase ii), 027 (phase ii), 033 (phase ii) – Issue RFQ, select consultant and begin preliminary design.

CSO Control Measures 7 & 8 – Satellite Storage & Disinfection for St. Joseph River CSOs - (St. Joseph Relief Sewers)

- CSO Outfalls 052 - Construction to be completed and operational for this section of the relief sewer.
- CSO Outfalls 051 & 053 - Construction to continue on this section of relief sewer.
- CSO Outfalls 044, 045 & 068 – Final design on relief connections to be completed and bid to be received and begin construction.
- Construction to be completed on the St. Joseph Interceptor control structure.

CSO Control Measure 9 – Satellite Disinfection – (Satellite disinfection facilities)

- CSO Outfall 054 – Advanced facilities planning to be completed to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.
- CSO Outfalls 061 and 062 – Advanced facilities planning to be completed to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.
- CSO Outfalls 061 and 062 – Issue RFQ for selection of consultant to perform preliminary and final design. .

CSO Control Measure 10 – Morton Street/O10101 Reroute – (Reroute overflow pumps station discharge to Wet Weather Pond 1)

- CSO Outfall 048 – Work anticipated in future reporting periods.

CSO Control Measures 11& 12 – Wayne Street and St. Mary’s Parallel Interceptors – (Parallel interceptors to capture combined sewer overflows for conveyance to WPCP/Wet Weather Ponds)

Wayne Street (West of WPCP)/3RPORT

- Public outreach to continue.
- Preliminary design to continue on 3RPORT.

Wayne Street (East of WPCP)

- Preliminary route study to be completed.
- Issue RFQ for selection of consultant to perform preliminary and final design.

CSO Control Measure 13 – Late Floatables Control – (Overflow-specific solids and floatables controls)

- CSO Outfalls 036 – Complete final design, receive bids and begin construction.
- CSO Outfalls 051 & 053 – Construction to begin.

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- CSO Outfalls 004, 044, 045 & 068 – Complete final design and construction bids to be received.

CSO Control Measure 14 – Satellite Storage – (Satellite storage facilities)

- CSO Outfall 064 – Advanced facilities planning to continue to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4. .

Warfield SSD System – Outfalls 070 & 071

- Receive bids and begin construction of Hillcrest Neighborhood improvements.

Rothman SSD System – Outfalls 072, 073, 074, 075, 076

- Continue I/I removal projects.
- Analyze performance of existing lift stations.
- Perform additional flow monitoring in the sewer system.
- Evaluate possible additional system improvement projects.

North Maumee SSD System – Outfalls 077 & 078

- Advanced facility planning to continue.

APPENDIX 2



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St.	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Jeff Morris	Telephone Number: (260) 427-6047	Contact Email: Jeff.Morris@cityoffortwayne.org	Date/Time IDEM Notified 03/10/14 12:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began: 03/09/14 8:46	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date (mm/dd/yy) & Time Release Stopped: 03/09/14 10:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.) 401 W FERNHILL AVE	Latitude: (Deg Min Sec) N/A	Longitude (Deg Min Sec) N/A
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	300 To599 FERNHILL AVE	N/A	N/A
Amount of Flow Released: Check One: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Unknown	(ALWAYS PROVIDE A VOLUME)		WWTP Flow During Release: 47.40 MGD	WWTP Peak Design Flow: 70.00 MGD		

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)

Describe any damage to aquatic life or receiving stream:
NONE

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 checked="" type="checkbox"/> Other Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A backup in the building was reported at the above listed address. The City flushed the line to remove a potential partial blockage. However, it cannot be determined if the owner's private lateral contributed to incident. The backup was not a result of a capacity issue. The event did not result in a discharge to, or adversely affect a regulated waterbody.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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: NONE
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove any potential partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection systems.

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection systems.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Jeffrey A. Morris DATE (month, day, year): 3/12/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 E. Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Jeff Morris	Telephone Number: (260) 427-6047	Contact Email: jeff.morris@cityoffortwayne.org	Date/Time IDEM Notified 03/11/14 10:55	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
03/10/14 5:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03/10/14 8:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	716 Archer Ave.	N/A	N/A
		716 ARCHER AVE	N/A	N/A

Amount of Flow Released: Check One: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> unknown	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 58.08 MGD	WWTP Peak Design Flow: 70.00 MGD
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Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: NONE
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Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address in the combination sewer system. The City flushed the line to remove a partial blockage. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not reach, or adversely affect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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: NONE
--	--	--

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove the partial blockage. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection systems.

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection systems.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Jeffrey A. Morris DATE (month, day, year): 3/12/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on:

3.

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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			
Facility Name: Water Pollution Control Maintenance	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Jeff Morris	Phone Number: (260) 427-6047	Date/Time IDEM Notified March 13, 2014 1:20	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION			
Date & Time Release Began: 03/12/2014	Date & Time Release Stopped: 03/12/2014	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.) L39 064	Receiving Area: (Ground, Stream Name, Storm Sewer, etc.) St. Mary's River
7:46 am	12:50 pm	715 PINETREE DR	
Amount of Flow Released: 4500 GAL Check One: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		WWTP Flow During Release: 65.00 MGD	WWTP Peak Design Flow: 70.00 MGD
Description of the Bypass or Overflow: (Check All That Apply) <input type="checkbox"/> Untreated Release <input type="checkbox"/> Partially Treated Release <input type="checkbox"/> Bypass of a Treatment Process <input type="checkbox"/> Blended With Final Effluent & Sampled			
Describe any damage to aquatic life or receiving stream: NONE			
Reason for Bypass/Overflow: <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Precipitation 0.000 Inches			
Additional Information: An overflow occurred in the City's separate sanitary sewer system. The City flushed the line to remove a root blockage. The overflow was cleaned up.			
Actions Taken to Prevent, Minimize, or Mitigate Damage: The City flushed the line to remove the root blockage and the overflow was cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.			
Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.			

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Jeffrey A. Morris DATE (month, day, year): 3/14/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to **Office of Water Quality (OWQ)** at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 03/14/14 9:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
05/14/14 3:47 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	05/14/14 3:47 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5426 Standish Dr	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	5426 STANDISH DR	N/A	N/A

Amount of Flow Released: Check One: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Unknown	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 65.00 MGD	WWTP Peak Design Flow: 70.00 MGD
--	---------------------------	--	-------------------------------------

Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aqualic life or receiving stream: None
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Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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:
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the Line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 3/18/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityofortwayne.org	Date/Time IDEM Notified 03/17/14 9:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
03/16/14 12:11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03/16/14 12:11 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5003 Tyrone Rd	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	5003 TYRONE RD	N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME)
 Check One: Estimated Actual unknown

WWTP Flow During Release: 64.99 MGD
 WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)

Describe any damage to aquatic life or receiving stream:
 None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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:
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the Line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 3/18/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 03/22/14 5:55	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
03/22/14 12:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03/22/14 12:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1119 Illsley	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	1119 ILLSLEY DR	N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME)
 Check One: Estimated Actual unknown

WWTP Flow During Release: 65.26 MGD
 WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)

Describe any damage to aquatic life or receiving stream:
None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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:
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 3/24/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 03/22/14 5:55	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
03/22/14 2:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03/22/14 2:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	1342 Scott Ave	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	1100 To 1399 SCOTT AVE	N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME)
 Check One: Estimated Actual unknown
 WWTP Flow During Release: 65.26 MGD
 WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)
 Describe any damage to aquatic life or receiving stream:
 None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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:
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove any partial blockage. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson

DATE (month, day, year): 3/24/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityofortwayne.org	Date/Time IDEM Notified 03/27/14 2:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
03/27/14 7:56 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	03/27/14 12:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	W14 063	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	BEAR PAW DR And GREAT BEAR CT	N/A	N/A

Amount of Flow Released: Check One: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 798 GAL	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 59.81 MGD	WWTP Peak Design Flow: 70.00 MGD
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Overflow Type: (select one) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None
---	--

Reason for Bypass/Overflow: (select one or more)

Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

System Component(s): (select one or more) <input checked="" 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	Additional Description of the Bypass/Overflow Event: An overflow occurred at the above listed separate sanitary manhole. The line was partially blocked with grease and other sanitary debris. The City removed the blockage, thus clearing the sewer line. The overflow was cleaned up.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water
Describe Other: (in the box below)		Name of Receiving Water Impacted: Bohrer Drain

Organizations Notified by Facility: (select one or more)

IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City removed the blockage and the overflow was cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system

Resolution: Actions Taken or Planned to Prevent Recurrence:

The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 3/28/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to wvreports@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. To speak with someone in OWQ, call (317) 232-8670.

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				
Facility Name: (Organization) Fort Wayne Municipal STP	Mailing Address: (reporting organization) 515 E. Wallace Street	County: Allen	NPDES Permit #: IN 0032191	Permit Outfall N/A
Individual Making Report: (printed) Joe E Johnson	Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified: 04/03/2014 @ 3:55	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION				
Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)	Latitude: (Deg Min Sec)	Longitude: (Deg Min Sec)
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment A		
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual	(always provide a volume) See Attachment A gallons	WWTP Flow During Release: 65.5 MGD	WWTP Peak Design Flow: 70 MGD	
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: NONE			

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 1.99 Inches

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 Describe Other: (in the box below) See Attachment A	Additional Description of the Bypass/Overflow Event: Extraordinary wet weather created conditions which caused the described discharges on Attachment A. The City received record rainfall amounts on top of already saturated soils from recent snow melt. This caused poor soil absorption of rainfall, coupled with rising river levels, that resulted in the City using remote pumps to avoid or mitigate severe property damage and street flooding. This pumping would not have occurred without these extreme wet weather conditions.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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: See Attachment A
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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
 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property with emergency pumping. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 than fax or scan to PDF for emailing.)	
SIGNATURE: <u>Joe E Johnson</u>	DATE (month, day, year): <u>4/18/14</u>

Attachment A

Pumping Information Concerning Discharge for the City's Combined Sewer System

Date & Time Discharge Began	Date & Time Discharge Stopped	Discharge Location	Receiving Stream	Estimated Volume (based on pump data)
4/4/14 12:15 PM	4/4/14 4:00 PM	Duck & Barr	St. Joseph River	>100,000 gal

Pumping Information Concerning Discharge for the City's Seperate Sewer System

Date & Time Discharge Began	Date & Time Discharge Stopped	Discharge Location	Receiving Stream	Estimated Volume (based on pump data)
4/3/14 3:25 AM	4/4/14 6:11 AM	Long Road X18 195	Bullerman Ditch	>100,000 gal
4/3/14 3:45 PM	4/4/14 8:00 AM	Foster Park K19 070	St. Mary's River	>100,000 gal
4/3/14 2:30 PM	4/4/14 8:00 AM	Hartman Rd K15 167	St. Mary's River	>100,000 gal
4/3/14 1:15 PM	4/4/14 12:00 AM	5200 St Joe Rd T34 034	Bullerman Drain	>100,000 gal
4/3/14 2:45 PM	4/4/14 12:45 PM	Baer Rd H27 044	Fairfield Bridge	>100,000 gal
4/3/14 2:45 PM	4/4/14 3:45 PM	Bella vista Bridge I19 112	Fairfield Bridge	>100,000 gal
4/3/14 8:30 PM	4/3/14 9:45 PM	Tamarack Dr S30 036	Schoppman Drain	60,000 gal



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317) 232-8670.

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				
Facility Name: (Organization) Fort Wayne Municipal STP		Mailing Address: (reporting organization) 515 E. Wallace Street		County: Allen
NPDES Permit #: IN 0032191		Permit Outfall N/A		
Individual Making Report: (printed) Joe E Johnson		Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified: 04/03/2014 @ 3:55
				<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION				
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)
Latitude: (Deg Min Sec)		Longitude: (Deg Min Sec)		
See Attachment	<input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment	<input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment A
See Attachment	<input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) See Attachment A gallons		WWTP Flow During Release: 65.5 MGD
WWTP Peak Design Flow: 70 MGD		Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		
Describe any damage to aquatic life or receiving stream: NONE				
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 1.99 Inches				
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 Describe Other: (in the box below) See Attachment A		Additional Description of the Bypass/Overflow Event: Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System. The City received record rainfall amounts on top of already saturated soils from recent snow melt. This caused poor soil absorption of rainfall. It cannot be determined when the overflows began or stopped.		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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: See Attachment A
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM				
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				

(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 then fax or scan to PDF for emailing.)

SIGNATURE: _____

DATE (month, day, year): 4/18/14

Attachment A

Reported SSD Discharges for the City Separate Sewer System (April 2014)				
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume
4/3/2014	4/3/2014	S30 136/S30 137	Schoppman Drain	Unknown
4/3/2014	4/3/2014	W30 077	Bullerman Drain	Unknown
4/3/2014	4/3/2014	U38 046	Salgy Drain	Unknown
4/3/2014	4/3/2014	J50 046	Spy Run Creek	Unknown
4/3/2014	4/3/2014	2412 Repton Dr.	Bullerman Drain	Unknown
4/3/2014	4/3/2014	2315 Long Road	Bullerman Drain	Unknown
4/3/2014	4/3/2014	M18 231	Spy Run Creek	Unknown
4/3/2014	4/3/2014	L18 129/088/126	Spy Run Creek	Unknown
4/3/2014	4/3/2014	L23 013	St. Mary's River	Unknown
4/3/2014	4/3/2014	G34 002	Bercott Drain	Unknown
4/3/2014	4/3/2014	T34 024	Bullerman Drain	Unknown
4/3/2014	4/3/2014	T34 028	Bullerman Drain	Unknown
4/3/2014	4/3/2014	T46 089	Salgy Drain	Unknown



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

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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				
Facility Name: (Organization) Fort Wayne Municipal STP	Mailing Address: (reporting organization) 515 E. Wallace Street	County: Allen	NPDES Permit #: IN 0032191	Permit Outfall N/A
Individual Making Report: (printed) Joe E Johnson	Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwa yne.org	Date/Time IDEM Notified: 04/03/2014 @ 3:55	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION				
Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)	Latitude: (Deg Min Sec)	Longitude: (Deg Min Sec)
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment A		
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM			

Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual	(always provide a volume) See Attachment A gallons	WWTP Flow During Release: 65.5 MGD	WWTP Peak Design Flow: 70 MGD
--	---	---------------------------------------	----------------------------------

Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: NONE
--	--

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 1.99 inches

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 Describe Other: (in the box below) See Attachment A	Additional Description of the Bypass/Overflow Event: Basement backups reported as a result of extraordinary wet weather are described on Attachment A. The City received record rainfall amounts on top of already saturated soils from recent snow melt. This caused poor soil absorption of rainfall. It cannot be determined if the homeowners' private lateral contributed to the incidents. The backup events did not result in a discharge to, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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: See Attachment A
---	--	--

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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
 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E Johnson DATE (month, day, year): 4/8/14

Reported Basement Backups for the City Separate Sewer System (April 2014)				
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume
4/3/2014	4/3/2014	1918 Lindenwood Ave.	Basement	Unknown
4/3/2014	4/3/2014	3410 Portage Blvd.	Basement	Unknown
4/3/2014	4/3/2014	4808 Innsbruck Dr.	Basement	Unknown
4/3/2014	4/3/2014	916 Illsley Dr.	Basement	Unknown



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to wvreports@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. To speak with someone in OWQ, call (317) 232-8670.

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				
Facility Name: (Organization) Fort Wayne Municipal STP		Mailing Address: (reporting organization) 515 E. Wallace Street		County: Allen
Individual Making Report: (printed) Joe E Johnson		Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwayne.org	NPDES Permit #: IN 0032191
				Permit Outfall N/A
				Date/Time IDEM Notified: 04/03/2014 @ 3:55
				<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION				
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		See Attachment A
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) See Attachment A gallons		WWTP Flow During Release: 65.5 MGD
				WWTP Peak Design Flow: 70 MGD
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		Describe any damage to aquatic life or receiving stream: NONE		
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 1.99 Inches				
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 Describe Other: (in the box below) See Attachment A		Additional Description of the Bypass/Overflow Event: Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System to the ground only. The City received record rainfall amounts on top of already saturated soils from recent snow melt. This caused poor soil absorption of rainfall. It cannot be determined when the overflows began or stopped. These discharges did not reach or adversely affect a regulated water body.		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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: See Attachment A
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM				
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

CERTIFICATION AND SIGNATURE

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SIGNATURE:

DATE (month, day, year):

4-8-14

Attachment A

Reported SSO Discharges for the City Separate Sewer System (April 2014)				
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume
4/3/2014	4/3/2014	6000 Abbott St.	Ground	Unknown
4/3/2014	4/3/2014	6625 Monte Ave.	Ground	Unknown
4/3/2014	4/3/2014	T42 050 / T42 051	Ground	Unknown
4/3/2014	4/3/2014	T26 081	Ground	Unknown
4/3/2014	4/3/2014	405 Southfair Ct.	Ground	Unknown
4/3/2014	4/3/2014	4012 Springwood Dr.	Ground	Unknown
4/3/2014	4/3/2014	U38 061	Ground	Unknown
4/3/2014	4/3/2014	I31 094 /I31 092	Ground	Unknown



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on: _____

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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				
Facility Name: (Organization) Fort Wayne Municipal STP		Mailing Address: (reporting organization) 515 E. Wallace Street		County: Allen
		NPDES Permit #: IN 0032191	Permit Outfall N/A	
Individual Making Report: (printed) Joe E Johnson		Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwa yne.org	Date/Time IDEM Notified: 04/07/2014 @ 2:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION				
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		See Attachment A
See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		See Attachment <input type="checkbox"/> AM <input type="checkbox"/> PM		
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) See Attachment A gallons		WWTP Flow During Release: 63.98 MGD
WWTP Peak Design Flow: 70 MGD		Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		
Describe any damage to aquatic life or receiving stream: NONE		Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 0.94 Inches		
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 Describe Other: (in the box below) See Attachment A		Additional Description of the Bypass/Overflow Event: Extraordinary wet weather created conditions which caused the described discharges on Attachment A. The City received record rainfall amounts over several days on top of already saturated soils from recent snow melt. This caused poor soil absorption of rainfall, coupled with rising river levels, that resulted in the City using remote pumps to avoid or mitigate severe property damage and street flooding. This pumping would not have occurred without these extreme wet weather conditions.		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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: See Attachment A
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM				
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property with emergency pumping. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				

(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 then fax or scan to PDF for emailing.)	
SIGNATURE: <u>Joe E Johnson</u>	DATE (month, day, year): <u>4/10/14</u>

Attachment A

Pumping Information Concerning Discharges from the City's Seperate Sewer System

Date & Time Discharge Began	Date & Time Discharge Stopped	Discharge Location	Receiving Stream	Estimated Volume (based on pump data)
4/7/14 11:20 PM	4/8/14 11:25 AM	Foster Park K19 070	St. Mary's River	>100,000 gal
4/7/14 11:30 PM	4/8/14 11:07 AM	Hartman Rd K15 167	St. Mary's River	>100,000 gal
4/7/14 11:45 PM	4/8/14 8:30 AM	Baer Rd H27 044	Fairfield Ditch	>100,000 gal
4/7/14 11:40 PM	4/8/14 8:52 AM	Bella vista Bridge I19 112	Fairfield Ditch	>100,000 gal



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

Indiana Department of Environmental Management
Office of Water Quality

Follow-up to Bypass report
previously sent on:

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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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 04/07/13 11:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
04/07/14 9:44 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/07/14 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	U46 015	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	7522 SUNNY LN	N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME)
 Check One: Estimated Actual 50 GAL
 WWTP Flow During Release: 63.98 MGD
 WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)
 Describe any damage to aquatic life or receiving stream:
 None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 checked="" type="checkbox"/> Other Describe Other: (in the box below) IDEM	Additional Description of the Bypass/Overflow Event: An overflow occurred from the above listed separate sanitary sewer line. The line was partially blocked with roots. The City flushed the line and removed the blockage. The overflow was cleaned up. The City will televise to ensure there are no further blockages in the line. The overflow was to the ground only and did not reach, or adversely affect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input checked="" type="checkbox"/> Affected Private Property <input 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:
---	---	--

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line The overflow was cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: [Handwritten Signature] DATE (month, day, year): 4/10/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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						
Facility Name: Water Pollution Control Maintenance		Mailing Address: (reporting organization) 515 East Wallace		County: Allen	NPDES Permit #: IN0032191	Permit Outfall N/A
Individual Making Report: Joe E. Johnson		Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 04/10/14 10:05	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
RELEASE INFORMATION						
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
04/10/14 8:03		04/10/14 9:30		Q31 018	N/A	N/A
<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		7627 LESWOOD CT	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released: Check One: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 75 GAL			(ALWAYS PROVIDE A VOLUME) WWTP Flow During Release: 65.49 MGD		WWTP Peak Design Flow: 70.00 MGD	
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at wastewater plant)			Describe any damage to aquatic life or receiving stream: None			
Reason for Bypass/Overflow: (select one or more)						
<input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation 0.000 Inches						
System Component(s): (select one or more)		Additional Description of the Bypass/Overflow Event:			Description of the Area Impacted: (Check All That Apply)	
<input checked="" 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		An overflow occurred at the above listed separate sanitary manhole.. The line was partially blocked with grease and other sanitary deris.. The City removed the blockage, thus clearing the sewer line. The overflow was cleaned up.			<input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water	
Describe Other: (in the box below)					Name of Receiving Water Impacted: Trier Ditch	
Organizations Notified by Facility: (select one or more)						
<input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM						
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 checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other						
The overflow was cleaned up . The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.						
Resolution: Actions Taken or Planned to Prevent Recurrence:						
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.						

(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 then fax or scan to PDF for emailing.)

SIGNATURE: _____

DATE (month, day, year): 4/11/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to **Office of Water Quality (OWQ)** at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall N/A
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 04/15/14 9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
04/14/14 3:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	04/14/14 9:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6406 Birchdale Dr	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	6400 To6499 BIRCHDALE DR	N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME) Estimated Actual Unknown GAL

WWTP Flow During Release: 65.39 MGD

WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)

Describe any damage to aquatic life or receiving stream:
None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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:
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 4/17/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 E. Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 04/30/14 9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
04/29/14 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/29/14 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	1530 Ardis St	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	1530 ARDIS ST	N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME)
 Check One: Estimated Actual Unknown MG
 WWTP Flow During Release: 60.33 MGD
 WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)
 Describe any damage to aquatic life or receiving stream:
 None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.500 inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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:
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Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 4/30/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to **Office of Water Quality (OWQ)** at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St Fort Wayne	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityofwayne.org	Date/Time IDEM Notified 05/07/14 9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
05/06/14 2:59 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	05/06/14 9:21 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	9912 River Rapids Run	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	9912 RIVER RAPIDS RUN	N/A	N/A

Amount of Flow Released: Check One: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 200 GAL	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 39.24 MGD	WWTP Peak Design Flow: 70.00 MGD
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Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None
--	--

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

System Component(s): (select one or more) <input checked="" 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 Describe Other: (In the box below)	Additional Description of the Bypass/Overflow Event: An overflow occurred from the above listed separate sanitary sewer line. The line was partially blocked with rags and other sanitary debris. The City flushed and removed the blockage. The City will televise to ensure there are no further blockages in the line.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St Joseph River
---	--	---

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 5/7/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 05/15/14 9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began:	Date (mm/dd/yy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
05/12/14 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/12/14 12:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2221 Reidmiller	N/A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	2221 RIEDMILLER AVE	N/A	N/A

Amount of Flow Released: Check One: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Unknown	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 60.59 MGD	WWTP Peak Design Flow: 70.00 MGD
--	---------------------------	--	-------------------------------------

Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None
--	--

Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation 0.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the combined sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body.	Description of the Area Impacted: (Check All That Apply) <input 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:
--	---	--

Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM
--

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 checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other
--

The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson

DATE (month, day, year): 5/16/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
 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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to wvreports@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. To speak with someone in OWQ, call (317) 232-8670.

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					
Facility Name: (Organization) Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: 0032191	Permit Outfall N/A	
Individual Making Report: (printed) Joe E. Johnson	Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified: 5/15/2014 @ 0900	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
RELEASE INFORMATION					
Date (mm/dd/yy) & Time Release Began: 05/15/2014 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date (mm/dd/yy) & Time Release Stopped: 05/15/2014 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Location of Release: (streets address or Manhole, Lift Station, Force Main etc.) See Attachment A	Latitude: (Deg Min Sec) N/A	Longitude: (Deg Min Sec) N/A	
Amount of Flow Released: Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	(always provide a volume) See Attachment A gallons	WWTP Flow During Release: 60.92 MGD	WWTP Peak Design Flow: 70 MGD		
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None				
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 3.69 Inches					
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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: See Attachment A		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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:		
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM					
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property with emergency pumping. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					

(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 then fax or scan to PDF for emailing.)	
SIGNATURE:	DATE (month, day, year): 05/20/2014

Attachment A

Additional Description of the Bypass/Overflow Event:

Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System. The City received a large amount (3.69 inches) of rain over a five-day period. This resulted in poor absorption of rain in already saturated soils. This, coupled with rising levels resulted in the City using remote pumps to avoid or mitigate sever property damage and street flooding. This pumping would not have occurred without these extreme wet weather conditions.

Pumping from the City's Separate Sanitary Sewer System (May 2014)

Date & Time Discharge Began	Date & Time Discharge Stopped	Discharge Location	Receiving Stream	Estimated Volume (based on pump data)
5/15/14 6:55 AM	5/15/14 2:30 PM	Wheaton Court S30 189	Schoppman Drain	>100,000 gal
5/15/14 8:21 AM	5/15/14 2:15 PM	Long Road X18 195	Bullerman Drain	>100,000 gal
5/15/14 9:00 AM	5/15/14 3:15 PM	1613 Curdes	St Mary's River	>100,000 gal
5/15/14 11:50 AM	5/15/14 2:45 PM	Bella Vista Bridge I19 112	Fairfield Ditch	>100,000 gal



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317) 232-8670.

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					
Facility Name: (Organization) Water Pollution Control Maintenance		Mailing Address: (reporting organization) 515 East Wallace St		County: Allen	NPDES Permit #: 0032191
Individual Making Report: (printed) Joe E. Johnson		Telephone Number: 260-427-1063	Contact Email: Joe.Johnson@cityoffortwayne.org	Date/Time IDEM Notified: 5/15/2014 @ 0900	Permit Outfall: N/A
RELEASE INFORMATION					
Date (mm/dd/yy) & Time Release Began: 05/15/2014		Date (mm/dd/yy) & Time Release Stopped: 05/15/2014		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.) See Attachment A	Latitude: (Deg Min Sec) N/A
<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Amount of Flow Released: Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) Estimated gallons		WWTP Flow During Release: 60.92 MGD	WWTP Peak Design Flow: 70 MGD
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		Describe any damage to aquatic life or receiving stream: None			
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 3.69 Inches					
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		Additional Description of the Bypass/Overflow Event: See Attachment A		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water	
Describe Other: (in the box below)		Name of Receiving Water Impacted:			
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM					
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to comply with its NPDES permit, CMOM and CSSOP programs. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					

(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 then fax or scan to PDF for emailing.)	
SIGNATURE:	DATE (month, day, year): 05/20/2014

Attachment A

Additional Description of the Bypass/Overflow Event:

Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System. The City received a large amount (3.69 inches) of rain over a five- day period. This resulted in poor absorption of rain in already saturated soils. This caused poor soil absorption of rainfall. It cannot be determined when the overflows began or stopped.

Overflows from the City's Separate Sewer System (May 2014)				
Date Began	Date Stopped	Structure ID	Receiving Area	Estimated Volume
5/15/2014	5/15/2014	V06 001	Maumee River	Unknown
5/15/2014	5/15/2014	T34 024	Bullerman Drain	Unknown
5/15/2014	5/15/2014	T34 028	Bullerman Drain	Unknown
5/15/2014	5/15/2014	L23 009	St Mary's River	Unknown
5/15/2014	5/15/2014	L23 010	St Mary's River	Unknown
5/15/2014	5/15/2014	L23 013	St Mary's River	Unknown
5/15/2014	5/15/2014	2412 Repton Dr X18 002	Bullerman Drain	Unknown
5/15/2014	5/15/2014	2412 Repton Dr X18 003	Bullerman Drain	Unknown
5/15/2014	5/15/2014	Tamarack Dr S30 036	Schoppman Dr	Unknown



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to ovwreports@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. To speak with someone in OWQ, call (317) 232-8670.

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					
Facility Name: (Organization) Water Pollution Control Maintenance		Mailing Address: (reporting organization) 515 East Wallace St		County: Allen	NPDES Permit #: 0032191
Individual Making Report: (printed) Joe E. Johnson		Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified: 5/15/2014 @ 0900	Permit Outfall: N/A
RELEASE INFORMATION					
Date (mm/dd/yy) & Time Release Began: 05/15/2014		Date (mm/dd/yy) & Time Release Stopped: 05/15/2014		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.) 5605 Mason Drive & 2611 Maumee Ave	
<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Latitude: (Deg Min Sec) N/A	
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		Longitude: (Deg Min Sec) N/A	
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(always provide a volume) Unknown gallons		WWTP Flow During Release: 60.92 MGD
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)			Describe any damage to aquatic life or receiving stream: None		
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 3.69 Inches					
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 Describe Other: (in the box below)		Additional Description of the Bypass/Overflow Event: Basement backups were reported from the City's Separate Sanitary Sewer System. The two reported are listed above. It cannot be determined if the homeowner's lateral contributed to the incident. The overflow did not reach or adversely impact a regulated waterbody.		Description of the Area Impacted: (Check All That Apply) <input 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:	
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM					
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					

(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 belows for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.)	
SIGNATURE:	DATE (month, day, year): 05/20/2014



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 06/09/14 9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began: 06/08/14 3:24	Date (mm/dd/yy) & Time Release Stopped: 06/08/14 4:35	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.) V22 058	Latitude: (Deg Min Sec) N/A	Longitude (Deg Min Sec) N/A
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6634 WINNEBAGO DR	N/A	N/A

Amount of Flow Released: Check One: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 200 GAL	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 54.07 MGD	WWTP Peak Design Flow: 70.00 MGD
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Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None
--	--

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

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 Describe Other: (In the box below)	Additional Description of the Bypass/Overflow Event: An overflow occurred in the separate sanitary sewer line. The line was blocked with grease. The City flushed, cleaned and opened the line. The City cleaned up the overflow.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: Pierson Drain
---	--	--

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed the line to remove any partial blockages and the overflow was cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CERTIFICATION AND SIGNATURE

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SIGNATURE: Joe E. Johnson DATE (month, day, year): 6/11/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
 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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to wyreports@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. To speak with someone in OWQ, call (317) 232-8670.

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				
Facility Name: (Organization) Fort Wayne Municipal STP		Mailing Address: (reporting organization) 2601 Dwenger Ave		County: Allen
NPDES Permit #: IN 0032191		Permit Outfall 032		
Individual Making Report: (printed) Joe E Johnson		Telephone Number: 260-427-1063	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified: 6/11/2014 9:00
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
RELEASE INFORMATION				
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)
6/10/2014		6/10/2014		M10 306
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
11:00		3:00		
<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) 25,000 gallons		WWTP Flow During Release: 45.09 MGD
				WWTP Peak Design Flow: 70 MGD
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		Describe any damage to aquatic life or receiving stream: None		
Reason for Bypass/Overflow: (select one or more)				
<input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches				
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 checked="" type="checkbox"/> Other Describe Other: (In the box below) Water Main Break		Additional Description of the Bypass/Overflow Event: An 8 inch water main break in the combined sewer system resulted in water entering the storm inlet that conveys flows to the permitted outfall listed above.		Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: St Mary's River
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM				
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 The City repaired the water main break and thus the overflow was abated. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.				

(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 then fax or scan to PDF for emailing.)	
SIGNATURE: <u>Joe Johnson</u>	DATE (month, day, year): <u>6/11/14</u>



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 06/24/14 9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began: 06/23/14 9:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date (mm/dd/yy) & Time Release Stopped: 06/23/14 9:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.) T34 035	Latitude: (Deg Min Sec) N/A	Longitude (Deg Min Sec) N/A
	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	4909 CHAUCER RD	N/A	N/A

Amount of Flow Released: Check One: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual 2,4000 GAL	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 59.48 MGD	WWTP Peak Design Flow: 70.00 MGD
--	---------------------------	--	-------------------------------------

Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)	Describe any damage to aquatic life or receiving stream: None
--	--

Reason for Bypass/Overflow: (select one or more)

Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 2.000 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: Extraordinary wet weather conditions caused the above pumping/City sanitary discharge from the City's separate sanitary sewer system notwithstanding the City's compliance with its CMOM & NPDES Permit. This overflow would not have occurred w/out the saturated conditions coupled with the intense rain event in a short duration on 6/23/2014; resulting in a 10-year storm frequency. This caused the City to use a remote pump to avoid/mitigate severe property damage & street flooding.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: Krunkenberg Ditch
---	---	--

Organizations Notified by Facility: (select one or more)

IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other:

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

The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
The City utilized its best efforts leading up to and throughout the extreme wet weather event as explained above, The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 6/26/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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

Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityofortwayne.org	Date/Time IDEM Notified 07/29/14 10:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

RELEASE INFORMATION

Date (mm/dd/yy) & Time Release Began: 07/28/14 10:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date (mm/dd/yy) & Time Release Stopped: 07/28/14 11:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.) V22 058 6634 WINNEBAGO DR	Latitude: (Deg Min Sec) N/A	Longitude (Deg Min Sec) N/A
Amount of Flow Released: Check One: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 46 GAL	(ALWAYS PROVIDE A VOLUME)	WWTP Flow During Release: 43.52 MGD	WWTP Peak Design Flow: 70.00 MGD	

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)

Describe any damage to aquatic life or receiving stream:
None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 0.000 Inches

System Component(s): (select one or more) <input checked="" 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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: An overflow occurred at the above listed separate sanitary sewer line. The line was partially blocked with grease. The City flushed to open the line and the overflow was cleaned up.	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted: Heidbrink Drain
---	---	---

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other: IDEM

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

The City flushed to open and removed the grease blockage. The overflow was cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City will televisize the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 7/29/14



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R5 / 4-13)
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 fax it to the Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317) 232-8670.

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						
Facility Name: (Organization) Water Pollution Control Maintenance		Mailing Address: (reporting organization) 515 East Wallace St		County: Allen	NPDES Permit #: IN0032191	Permit Outfall N/A
Individual Making Report: (printed) Joe E. Johnson		Telephone Number: 260-427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified: 2:30 8/11/2014		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION						
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location of Release: (streets address or Manhole, Lift Station, Force Main etc.)	Latitude: (Deg Min Sec)	Longitude: (Deg Min Sec)
8/11/2014 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		8/11/2014 <input type="checkbox"/> AM <input type="checkbox"/> PM		M06 121 / M10 257 / M10 309		
10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		10:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(always provide a volume) Unknown gallons		WWTP Flow During Release: 47.39 MGD	WWTP Peak Design Flow: 70.00 MGD	
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)		Describe any damage to aquatic life or receiving stream: None				
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 1.85 Inches						
System Component(s): (select one or more) <input checked="" 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 Describe Other: (in the box below)		Additional Description of the Bypass/Overflow Event: Extraordinary wet weather, in excess of a 10-year event, created conditions which caused the above describe discharges from the combined sewer sanitary system not withstanding the City's compliance with its CMOM and NPDES permit. The overflows would not have occurred if not for the intense 1.85 inches of rain in approximately 45 minutes.			Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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:	
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input checked="" type="checkbox"/> Other: IDEM						
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 The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.						
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.						

(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 then fax or scan to PDF for emailing.)	
SIGNATURE: <u>Joe E. Johnson</u>	DATE (month, day, year): <u>8/13/14</u>



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)

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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to ywreports@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. To speak with someone in OWQ, call (317)232-8670.

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					
Facility Name: Water Pollution Control Maintenance		Mailing Address: (reporting organization) 515 east Wallace St		County: Allen	NPDES Permit #: IN0032191
Individual Making Report: Joe E. Johnson		Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityoffortwayne.org	Date/Time IDEM Notified 08/22/14 1:52	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
RELEASE INFORMATION					
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped:		Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc)	Latitude: (Deg Min Sec)
See Attached		See Attached		See Attachment A	N/A
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM			N/A
Amount of Flow Released: Check One: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> See Attachment		(ALWAYS PROVIDE A VOLUME)		WWTP Flow During Release: 62.38 MGD	WWTP Peak Design Flow: 70.00 MGD
Overflow Type: (select one) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant)			Describe any damage to aquatic life or receiving stream: None		
Reason for Bypass/Overflow: (select one or more) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation 6.340 Inches					
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 Stallon Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other		Additional Description of the Bypass/Overflow Event: See Attachment A		Description of the Area Impacted: (Check All That Apply) <input 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	
Describe Other: (in the box below)		Name of Receiving Water Impacted:			
Organizations Notified by Facility: (select one or more) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept <input type="checkbox"/> DNR Fish & Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other: IDEM					
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					
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.					

(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 then fax or scan to PDF for emailing.)

SIGNATURE: _____

Joe E. Johnson

DATE (month, day, year):

8/27/14

Attachment A
City of Fort Wayne

Additional Description of the Bypass/Overflow Event:

Basement backups reported as a result of extraordinary wet weather are described below. The City received record rainfall amounts (3.71 and 2.63 inches) on 8/22 & 8/23/14 respectively in less than 18-hours. Back-to-back intense rain events, both in short duration and in excess of a 50-year storm frequency resulted in poor soil absorption. Some parts of the City experienced a 100-yr event totaling near 7-inches of rain. It cannot be determined if the homeowners' private lateral contributed to the reported incidents. The backups events did not result in a discharge to, or adversely effect, a regulated water body. The City kept IDEM informed throughout the event with notification on 22 August 2014 and again on 23 August 2014.

Reported Basement Backups from the City Combined Sewer System (22-23 August 2014)				
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume
8/22/2014	8/22/2014	5010 Southwood Ave	Basement	Unknown
8/22/2014	8/22/2014	6825 Heatherton Dr	Basement	Unknown
8/22/2014	8/22/2014	Cornell Circle	Basement	Unknown
8/22/2014	8/22/2014	Tennessee	Basement	Unknown
8/22/2014	8/22/2014	Broadway	Basement	Unknown



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R3 / 10-05)
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 fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email 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. To speak with someone in OWQ, call (317)232-8670.

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				
Facility Name: Water Pollution Control Maintenance	Mailing Address: (reporting organization) 515 East Wallace St	County: Allen	NPDES Permit #: IN0032191	Permit Outfall
Individual Making Report: Joe E. Johnson	Telephone Number: (260) 427-6047	Contact Email: joe.johnson@cityofwayne.org	Date/Time IDEM Notified 08/22/14 1:52	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

RELEASE INFORMATION				
Date (mm/dd/yyyy) & Time Release Began:	Date (mm/dd/yyyy) & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Latitude: (Deg Min Sec)	Longitude (Deg Min Sec)
See Attached <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attached <input type="checkbox"/> AM <input type="checkbox"/> PM	See Attachment A	N/A	N/A
			N/A	N/A

Amount of Flow Released: (ALWAYS PROVIDE A VOLUME)
 Check One: Estimated Actual See Attachment
 WWTP Flow During Release: 62.38 MGD
 WWTP Peak Design Flow: 70.00 MGD

Overflow Type: (select one)
 Sanitary Sewer Overflow
 Treatment Bypass (at wastewater plant)
 Describe any damage to aquatic life or receiving stream:
 None

Reason for Bypass/Overflow: (select one or more)
 Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 6.340 Inches

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 Describe Other: (in the box below)	Additional Description of the Bypass/Overflow Event: See Attachment A	Description of the Area Impacted: (Check All That Apply) <input type="checkbox"/> Affected Private Property <input 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:
--	--	---

Organizations Notified by Facility: (select one or more)
 IDEM Emergency Response Health Dept DNR Fish & Wildlife Local Emergency Management Other:

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

The overflows were cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

Resolution: Actions Taken or Planned to Prevent Recurrence:
 The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.

(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 then fax or scan to PDF for emailing.)

SIGNATURE: Joe E. Johnson DATE (month, day, year): 8/27/14

Attachment A
City of Fort Wayne

Additional Description of the Bypass/Overflow Event:

The overflows reported below resulted from extraordinary wet weather occurring on 22 and 23 August 2014. The City received record rainfall amounts (3.71 and 2.63 inches) on 8/22 & 8/23/14 respectively in less than 18-hours. Back-to-back intense rain events, both in short duration and in excess of a 50-year storm frequency resulted in poor soil absorption. Some parts of the City experienced a 100-yr event totaling near 7-inches of rain. The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate overflows. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. The City kept IDEM informed throughout the event with notifications on 22 August 2014 and again on 23 August 2014.

Reported SSD Discharges from the City 's Separate Sanitary Sewer System (22-23 August 2014)

Date Discharge Began	Date Discharge Stopped	Structure ID	Receiving Area	Estimated Volume
8/22/2014	8/22/2014	I19 030	Fairfield Ditch	Unknown
8/22/2014	8/22/2014	L23 013	St Mary's River	Unknown
8/23/2014	8/23/2014	L23 013	St Mary's River	Unknown
8/22/2014	8/22/2014	I31 097	St Mary's River	Unknown
8/22/2014	8/22/2014	E11 018	St Mary's River	Unknown

APPENDIX 3

O&M Activities (WPCM) - Collection System Activities (March 1, 2014 - August 31, 2014)

	Annual Goal	Completed in Current Report Period	2014 YTD	2014 Percent complete
Degreased Sewer Mains(LF)	520,000	556,436	708,898	136.3%
Deroot sewer mains (LF)	210,000	215,833	228,662	108.9%
Clean CB/Inlet Structures (LF)	5,600	3,746	4,082	72.9%
Televise Sewer Mains (LF)	135,000	140,082	155,063	114.9%
Clean Sewer Mains (LF)	95,220	42,748	45,133	47.4%
Flush Sewer Mains (LF)	130,000	128,115	157,124	120.9%
Inspect Manholes	450	858	942	209.3%

**Note: data for Televising comes from Flexidata, data for Manhole Inspections comes from PDS, and all else comes from Hansen*

REGULATOR ROUTE INSPECTIONS

	Visit Frequency	Entries
Anthony	8	
Brentwood	9	
Clinton - Jackson	8	
Clinton - Superior	8	
Clinton - Van Buren	8	
Coombs	8	
Dalgren	8	
Edsall	8	
Fairfield	8	
Foster Park	8	
Glasgow	8	
Glenwood	8	
Hanna	8	
Indian Village	8	
Mount Vernon	8	
North Anthony	9	
Nelson	10	4
Penn	8	
Pontiac	8	
Rolling Mill	8	
Rudisill	8	
Superior - Barr	8	
Superior - Fairfield - East	8	
Superior - Harrison	8	
Superior - Fairfield - West	8	
Theime Drive	8	
Third Street	8	1
Warfield	8	
Wayne Pump	8	
Westbrook	8	
Wildwood	8	
Woodhurst	9	
Woodrow	9	
Brown St.	10	
Total Visits	280	5

WPCP Lift Station Electrical and Mechanical Inspections

Aboite Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Bradbury Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Brown Street Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Coverdale Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Engle Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Fairmount Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Flaugh Ditch Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	3	2

Gathings Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Golfview Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Hessen Cassel Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Lawton Place Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	3	2	2

Morton Street Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Nebraska Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Pemberton Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Steeplechase Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Third Street Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Tillman/Calhoun Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Bellshire Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Brandonwood Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Chappel Creek Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Cherry Hill Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Dupont Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	3	2	2

Evard Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Foxwood Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Lake Forest Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Maplewood Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Maumee Valley Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Oak Pointe Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	2	3	2

Old Lantern Tr. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	3	2	2

Parkerdale Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Perry Lakes Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

River Bend Bluffs Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	2	3	2

River Bend Woods Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Rebecca Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Rothman Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

St. Joe Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Cedar Canyon Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	2	3	2

Concordia Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Camp Scott Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Brooks Crossing Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

CSPS Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Lime Sludge Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Pleasant Ave. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Harrison Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Griswold Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	3	2	2

Maples Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Westlawn Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	3	1

Stoney Creek Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Indianapolis Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Feighner Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Marzane Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Woodview Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Dinamee Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Gump Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
Station Not Installed	Station Not Installed	2	2	3	2

Deer Hollow Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
Station Not Installed	Station Not Installed	Station Not Installed	Station Not Installed	2	2

Flutter Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
Station Not Installed	Station Not Installed	Station Not Installed	Station Not Installed	2	2