



Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19
 1021 North Grand Avenue East
 P.O. Box 19276
 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Municipality or Facility Name): City of Decatur Permit Number: _____ Person Representing Permittee Who Contacted IEPA: Paul Caswell

Date: 12/28/2017 Time: 5:12 AM PM IEPA Office Contacted: Champaign Name of IEPA Employee Contacted: Holly Hirschert & Jeffrey Holste

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 12/28/2017 Time: 8:00 AM PM Duration of the overflow or bypass (hours and minutes): 1 hour

Estimated Volume of Wastewater Discharged (gallons): 50 WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. N/A Location of the Overflow or Bypass: 996 Harrison Ave - See attached map

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733 11/2011 Rain Power Outage Equipment Failure Other (explain below)
 Snow Melt Broken Sewer Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

City was notified that MH 8-72 was overflowing at 996 W Harrison. Downstream sewer was cleaned to open. Investigation found rags/rubber gloves/debris caught at out flowing pipe of MH 8-69. The City will send a letter to neighboring businesses.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: _____ Time: _____ AM PM End Date: _____ Time: _____ AM PM Amount of Rainfall (inches) _____ Amount of Snow Melt (inches) 0

Contributing Soil Conditions (saturated, frozen, soil type) _____

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil
- Ditch: Name of surface water it drains to: _____
- Storm Sewer: Name of surface water it drains to: _____
- Surface water direct discharge: _____
- Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): _____
- Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

MH will be checked in 6 weeks to verify proper flow

Report Completed By

Contact Person: Paul Caswell, P.E.
Street Address: #1 Gary K. Anderson Plaza
PO Box: _____
City: Decatur State: IL
Zip Code: 62523 Phone: 217-424-2747
County: Macon

Authorized Representative Contact Information

Contact Person: Matt Newell, P.E.
Title: Interim Public Works Director
Street Address: #1 Gary K. Anderson Plaza
PO Box: _____
City: Decatur State: IL
Zip Code: 62523 Phone: 217-424-2747
County: Macon

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Authorized Representative Name (Print)
Matt Newell, P.E.

Title
Interim Public Works Director

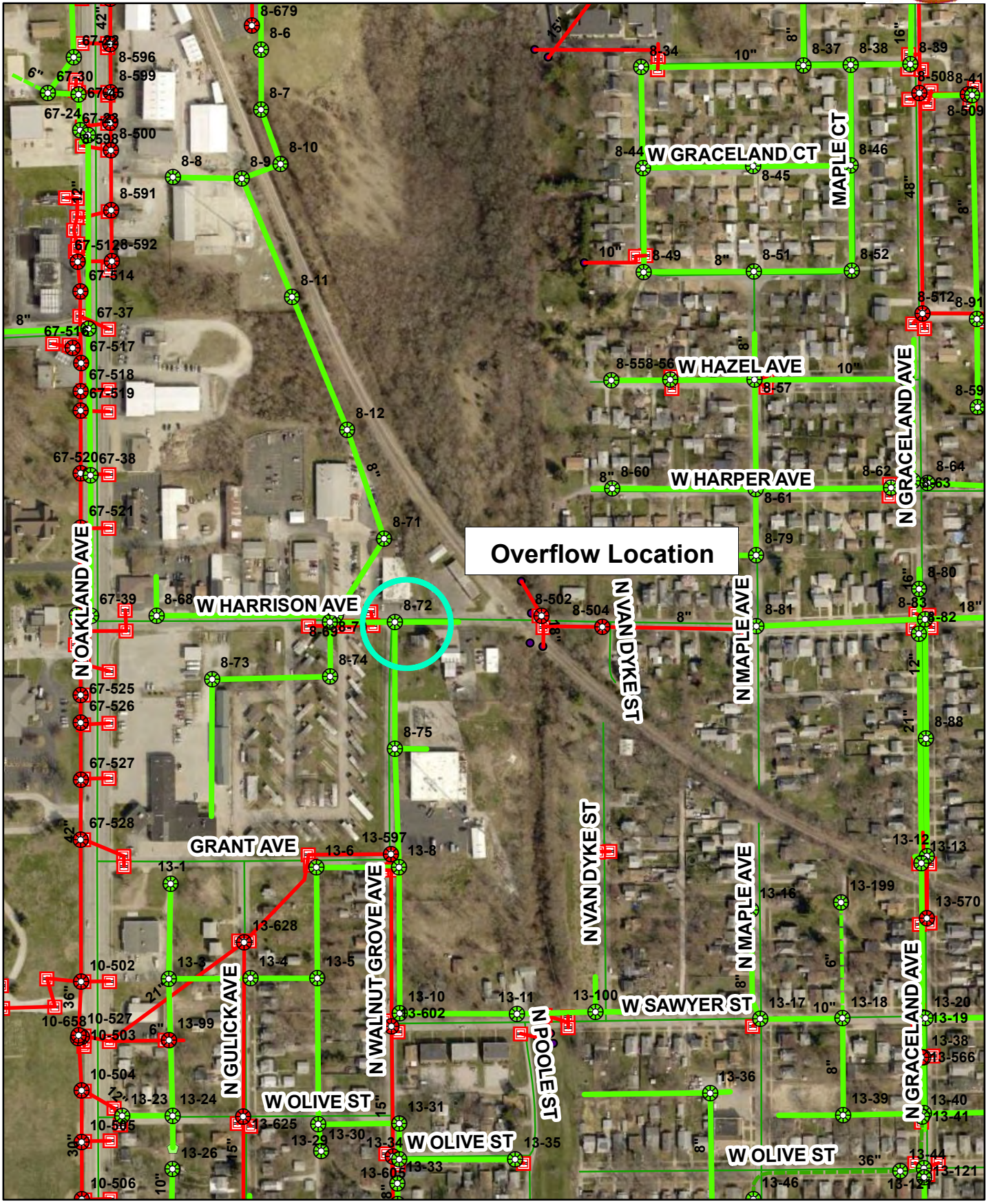


12/29/2017

Authorized Representative Signature

Date

Sanitary Sewer Overflow 996 W Harrison Ave December 28, 2017



Overflow Location

