# Town of Scituate Sanitary Sewer Overflow's (SSO)

2013-2020

G-14-13 Called 9590 Am BANE BLANS (DEP) 508-946-2738 lift missage DAVE 1 1130 TALK Of Hombor Master (D 1200 TAIK Of Fire Chief own of Scituate Call Dave Burns **W-Sewer Division** Bob O Call back 161 Driftway Fax number: 52 Scituate, MA 02066 781-545-8736 From: 781-545-0765 (Fax) @ Reporting overflow @ SHPS 6-19- Whice @> 30 - 915 Tinkel Date: Total No. of Pages: COMMENTS: 2 550 @ SHPS Dave Burns . 518-946-2738



To: DAVE TURIN (EPA)

Fax number: 617-918-0870

From: Bob Rowland

Date: 6-19-13 @ 435pm



#### Town of Scituate DPW-Sewer Division

161 Driftway Scituate, MA 02066 781-545-8736 781-545-0765 (Fax)

Total No. of Pages:

8

**COMMENTS:** 

2 SSO @ SHPS



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

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



key.



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

A.	Reporting Facility					
1.	Facility Information					
	Scituate Wastewater Treatmen	t Plant	444444		MA0102695	~
	Reporting Sewer Authority				Permit#	
2.	Authorized Representative Train	nsmitting Form:				
	Robert	Rowland		781-545-		
	First Name	Last Name		Telephone		
	Supervisor Title		rrowland@ E-mail Addre	town.scituate.m	a.us	
R	Phone Notifications:					
۵,	Fhone Notifications.					
1.	MassDEP staff contacted:	Dave		Burns		
		first name 6/11/13		last name 9:35		
	Date/Time contacted:	Date		Time	🔀 am	pm pm
2	EDA staff contested					
2.	EPA staff contacted:	first name		last name		
	Date/Time EPA contacted:	Date		Time	☐ am	pm pm
		Date				
3.	Board of Health contacted:	First Name		Last Name		
	Date/Time contacted:			- Marie	— Пат	pm pm
		Date		Time.		Annual Proces
4.	Others notified (select all that a	ipply);	Conservation	on Commission		
	☐ Harbormaster ☐ She	ellfish Warden	☐ Division of	Marine Fisheries	\$	
	Downstream Drinking Water	er Supplier \[ \] \	Watershed As	sociation		
	☐ Beach Resource Manager	☐ Other:	(specify)	anning and the state of the sta		
C.	SSO Information					
		6/11/13		7:30	****	_
1.	SSO Discovered:	Date		Time	am 🗵 am	pm
	By: Bob Rowland					
	-,.	6/11/13		10:24		
2.	SSO Stopped:	Date		Time	— ⊠ am	pm
3.	SSO Discharge from: S	anitary Sewer Man	hole 🛭 Pi	ump Station		
	☐ Backup into Property ☐	Other:	Influent M (specify)	H 4-1 prior to Sa	ind Hills Pump	Station
4.	SSO Discharge to: Groun	d Surface (no rele	ase to surface	water)		
	☑ Direct to Receiving Water		Scituate I			
	☐ Catch basin to Receiving \	Vater	(surface wat	er)	VOODANA SOOMAA ADVALLANDA AND AND AND AND AND AND AND AND AND	***************************************
	☐ Backup into Property Base	ement				



FOR	DEP	USE	ONLY
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Tax Identification Number

C.	SSO Info	rmation (cont.)	
	Location:	Scituate Ave. Tidal Marsh area next to Scituate Harbor.	Sand Hills Pump Station which drains to
5.	Estimated SS	60 Volume at time of this Report:	Less than 5,000 gallons
	Method of Es	timating Volume:	Estimated
6.	Cause of SS0		
٠.	□ Rain Eve		Insufficient Capacity in System
	☐ Treatmer	nt Unit failure	•
	Sewer Sy	stem Blockage:	☐ Root Intrusion ☐ Grease Blockage
	Other:	(Specify)	
7.	Corrective Ac	tions Taken:	
floo		ate at Sand Hills Pump Station was op ation and to stop the overflow	ened up enough over a few hours to prevent
	Grass area a	cleaned and/or disinfected:	vill be raked
D.	I wish to prov  Attachmen	its/Attachments/Follow-up ride (select all that apply): t	No additional comments or attachments



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Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



FOR DEP USE ONLY

# **Notification Form**

Tax Identification Number

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





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

A.	Reporting Facility				
1.	Facility Information				
	Scituate Wastewater Treatmer Reporting Sewer Authority	t Plant	MA01 Permit	02695 #	
2.	Authorized Representative Tra	nsmitting Form:			
	Robert	Rowland	781-545-8736		
	First Name	Last Name	Telephone No.		
	Supervisor	**************************************	rrowland@town.scituate.ma.us		
_	Title		E-mail Address		
В.	<b>Phone Notifications:</b>				
4	mari interpreparation and production and according	Dave	Burns		
1.	MassDEP staff contacted:	first riame	last name		
	Data/Time contested:	6/14/13	9:59	⊠ am	т
	Date/Time contacted:	Date	Time	I⊠ am	pm
2.	EPA staff contacted:	Dave	Turin		
۷.	EPA Stan Contacted.	first name	last name		
	Deta/Time EDA contested:	6/14/13	10:08	NZI	П этэ
	Date/Time EPA contacted:	Date	Time	🛛 am	☐ pm
3.	Board of Health contacted:	Jennifer	Sullivan		
٥.	board of Fleatur Contacted.	First Name	Last Name		
	Date/Time contacted:	6/14/13	10:15	⊠ am	<b>П</b>
	Date/Time Comacted.	Date	Time	⊠ am	∐ pm
4.	Others notified (select all that a  ☐ Harbormaster ☐ Sh  ☐ Downstream Drinking Wat	ellfish Warden	<ul><li>☐ Conservation Commission</li><li>☐ Division of Marine Fisheries</li><li>Watershed Association</li></ul>		
	☐ Beach Resource Manager		Scituate Fire Chief (specify)	туу уу байдайдайдагуу с туучуу уу бороон бороон бороог уу с	n sites for the conscription of the section of the conscription of
C.	SSO Information	ar average and the last of detects at the other to the William			
		6/14/13	7:30		
1.	SSO Discovered:	Date	Time	⊠ am	pm pm
	By: Bob Rowland		tatio		
~	CCC Chambride	6/14/13	3:30	: [	57
2.	SSO Stopped:	Date	Time	L am	⊠ pm
3.	SSO Discharge from: S	anitary Sewer Man	hole		
	☐ Backup into Property ☐	Other:	Influent MH 4-1 prior to Sand Hil (specify)	ls Pump	Station
4.	SSO Discharge to: Groun	id Surface (no rele	ase to surface water)		
	□ Direct to Receiving Water		Scituate Harbor (surface water)	•	
	Catch basin to Receiving	<i>N</i> ater	(surface water)		
	☐ Backup into Property Base	ement			



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1.81		ALL OLLI	
C.	SSO Info	rmation (cont.)	<u>var – var var mijor i ngi kaji manamana na manama na manama na manama na manama na manama na manama na manama</u>
	Location:	Scituate Ave. Tidal Marsh area next to Scituate Harbor.	Sand Hills Pump Station which drains to
5.	Estimated SS	60 Volume at time of this Report:	> 24,000 gallons and < 48,000 gallons
	Method of Es	stimating Volume:	Estimated
6.	Cause of SS	O Event:	
	□ Rain Even	ent 🛛 Pump Station Failure 🗌	Insufficient Capacity in System
	☐ Treatmen	nt Unit failure	
	☐ Sewer S	ystem Blockage:   Pipe Collapse	☐ Root Intrusion ☐ Grease Blockage
	Other:	(Specify)	
7.	Corrective A	ctions Taken:	
	shaft due to br		en old worn impeller ( which had recently fallen off a replacement impeller ) and shaft to make #1 n service the overflow was stopped.
<u>D</u>	Grass area a raked  Corrective A	ctions Completed:	vas sprayed with a bleach solution and will be
D.	I wish to prov ☑ Attachment Additional co	nts/Attachments/Follow-up vide (select all that apply):  nt	No additional comments or attachments
	:	to a strong and a strong a strong and a strong a strong and a strong a strong and a strong a strong and a strong a strong and a strong a strong a strong a strong a strong and a strong a s	



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Tax Identification Number

#### E. Certification Statement

**Notification Form** 

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.

Mober 11. Moroland
Signature of Authorized Representative

6-19-13 Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

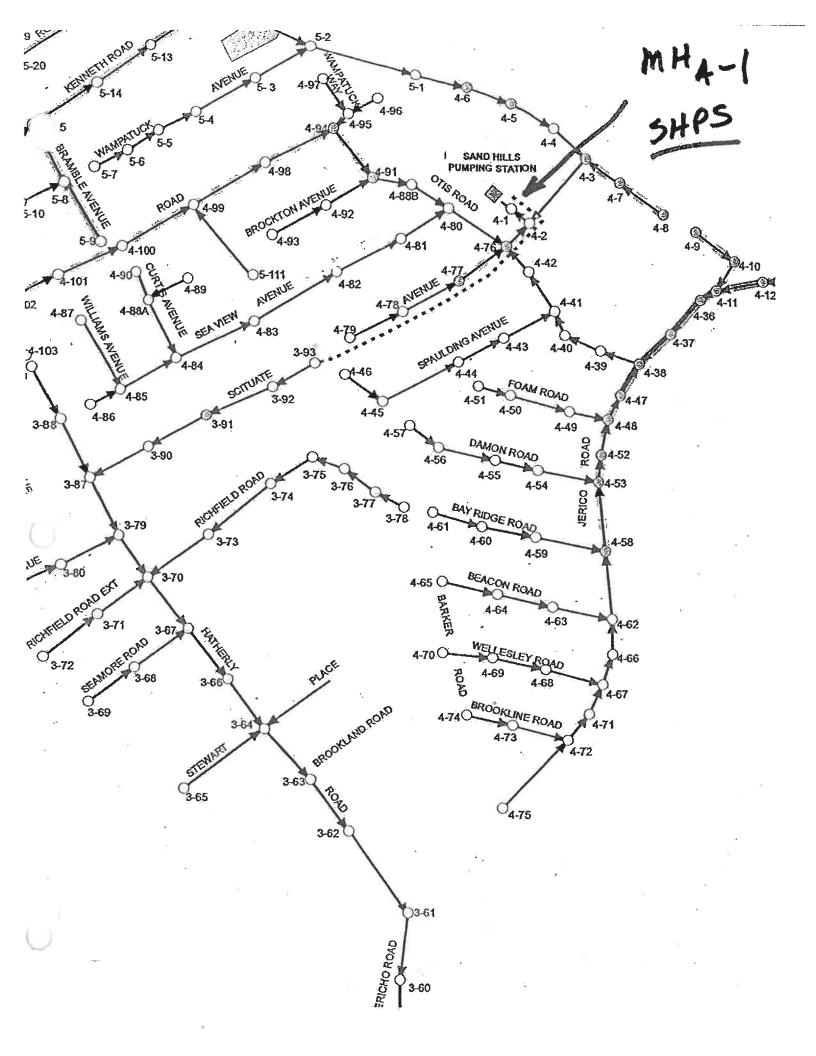
Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency





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Tax Identification Number

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

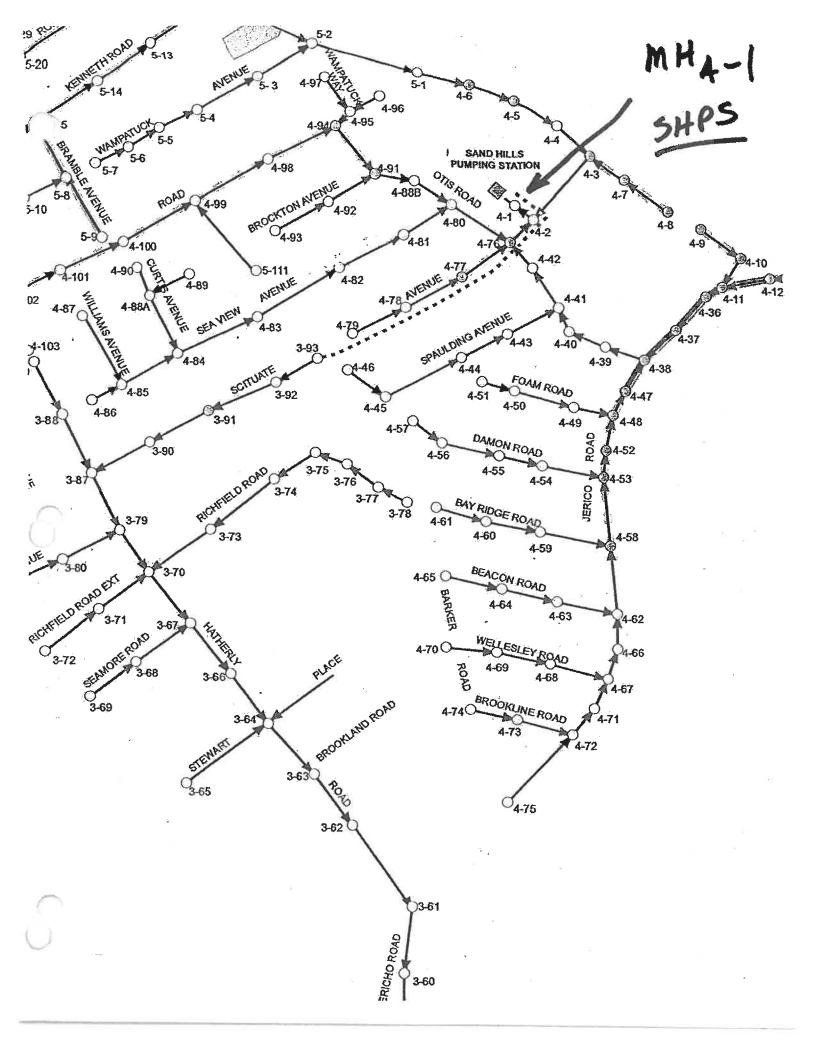
A.	Reporting Facility	ann www.w				TIPHUNDE ME	
1.	Facility Information						
	Scituate Wastewater Treatmen	t Plant			BANGAI	DOODE	
	Reporting Sewer Authority	t i iant	1 24		MA010		
2.	Authorized Representative Train	nsmitting Form:					
	Robert	Rowland		781	-545-8736		
	First Name	Last Name			phone No.		
	Supervisor	West of the Control o	rrowland@to		ate.ma.us		
	Title		E-mail Address	<b>:</b>			
В.	Phone Notifications:						
_		Dave		Burns			
1.	MassDEP staff contacted:	first name		last name	THE RESERVE OF THE PERSON OF T		
		3-11-13		2:00	(?)		
	Date/Time contacted:	Date		Time	( > )	am am	⊠ pm
_	and the same of th			200ia			
2,	EPA staff contacted:	first name		last name			
	Date Class CDA and the date					g	_
	Date/Time EPA contacted:	Date		Time		l am	pm
3.	Board of Health contacted:	First Name		Last Name		in the street or the street of	999-9997 Mar Mahalah asas inta balantan
	Date/Time contacted:	Date		Time		am	pm
4.	Others notified (select all that a	apply);	] Conservation	n Commis	sion		
	☐ Harbormaster ☐ She	ellfish Warden	Division of M	larine Fish	neries		
	☐ Downstream Drinking Water	er Supplier   W	atershed Asso	ciation			
	☐ Beach Resource Manager	Other:					
and desired		☐ Oiner.	(specify)		, , , , , , , , , , , , , , , , , , , ,		
C.	SSO Information						
		3-8-13		5:00			
1.	SSO Discovered:	Date		Time		am	⊠ pm
	Robert Rowland						
	By:	Pl/Acce.					
2.	SSO Stopped:	3-11-13		8:02		K-21	<b></b>
<u></u>	ooo otopped.	Date		Time		🛛 am	pm
3.	SSO Discharge from: 🛛 Sa	anitary Sewer Manho	ole 🛛 Pun	np Statior	ì		
	☐ Backup into Property ☐	Other:	Influent MH (specify)	4-1 prior	to the Sand	Hills P.	S
4.	SSO Discharge to: Groun	d Surface (no releas	se to surface w	vater)			
		•	Scituate Ha	•			
	□ Direct to Receiving Water		(surface water		-		
	☐ Catch basin to Receiving V	<b>V</b> ater					
			(surface water)	)			
	Backup into Property Base	ement	à .				



FOR DEP USE ONLY

Tax Identification Number

C.	SSO Info	rmation (cont.)	
	Location:		nd Hills Pump Station which drains to Scituate
5.	Estimated SS	60 Volume at time of this Report:	> 250,000 gai. and < 2.5 MGD
	Method of Es	timating Volume:	Estimated
6.	Cause of SS	O Event:	
	☐ Rain Eve	ent Pump Station Failure	Insufficient Capacity in System
	☐ Treatme	nt Unit failure	
	☐ Sewer S	ystem Blockage: Pipe Collapse  Nor'eastor storm with coastal floodi (Specify)	
7.	Corrective A		
flo	24" Influent	gate at the Sand Hills Pump Station wa	as throttled down to 2" to prevent station from
		cleaned and/or disinfected:   Yearound MH 4-1 which is inside a fence	
	Corrective A	ctions Completed:	es 🗌 No
D	I wish to pro	nts/Attachments/Follow-u vide (select all that apply): nt	p  No additional comments or attachments
	-	-state of the state of the stat	





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

V	ouncation Form		l ex iden	itification Nu	ımber
A.	Reporting Facility	W. Hamila	The state of the s		and the second
1.	Facility Information				
	Scituate Wastewater Treatmen	i Dianti	****		
	Reporting Sewer Authority	triant	MA01	***************************************	
_			r eiting	*	
2.	Authorized Representative Train	nsmitting Form:			
	Robert	Rowland	781-545-8736		
	First Name	Last Name	Telephone No.		
	Supervisor		rrowland@town.scituate.ma.us		
	Title		E-mail Address		
В.	<b>Phone Notifications:</b>				
		Dave	Burns		
1.	MassDEP staff contacted:	first name	last name		
	Defafficie deliterati	3-11-13	2:00 (3)		germig
	Date/Time contacted:	Date	Time	am	⊠ pm
2.	EPA staff contacted:	***************************************		····	
SI-0 1	mi i i oswii domadad.	first name	last name		,
	Date/Time EPA contacted:	Date	Time	am	☐ pm
		Date	i me		<b>—</b> ,
3.	Board of Health contacted:	First Name	Last Name		
	Determine a section 4.		man to an a same state.	-	-
	Date/Time contacted:	Date	Time	am	pm
4.	Others notified (select all that a	innly).	Conservation Commission		
		L.E. 1 1/2			
	☐ Harbormaster ☐ Sho	ellfish Warden	Division of Marine Fisheries		
		p4			
	☐ Downstream Drinking Wate	er Supplier LJ W	atershed Association		
	☐ Beach Resource Manager	Other:	-		
Olo - Aug	· ·	□ Other.	(specify)		
C.	SSO Information			WALL STREET, SALES STREET,	
		3-9-13	12:10		
1.	SSO Discovered:	Date	Time	am	⊠ pm
	Robert Rowland				
	By:				
2.	SSO Stopped:	3-11-13	7:06	<b>⊠</b>	П
<b>6</b> ~ ,	ooo otopped.	Date	Time	⊠ am	pm
3.	SSO Discharge from: X Sa	anitary Sewer Manh	ole Dump Station		
	☐ Backup into Property ☐	Other:	MH 1-7 (12 Hewes Rd.) (specify)	The same of the sa	-
4.	SSO Discharge to: Groun	d Surface (no releas	se to surface water)		
	□ Direct to Receiving Water		Scituate Harbor	-1	
	□ Direct to Receiving Water		(surface water)		
	☐ Catch basin to Receiving \	Vater		· ····································	
		T STATE	(surface water)		
	☐ Backup into Property Base	ement			



FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass

N	otification Form	l ax identification number
C.	SSO Information (cont.)	and the state of t
	Location: Hewes Rd. adjacent marsh area wh	ich drains to Scituate Harbor.
5.	Estimated SSO Volume at time of this Report:	> 10,000 gal. and < 100,000 gal.
	Method of Estimating Volume:	Estimated
6.	Cause of SSO Event:	
•	☐ Rain Event ☐ Pump Station Failure ☐	Insufficient Capacity in System
	☐ Treatment Unit failure	T magnitional capability in Oyaloin
	Northeaster storm with appetal floor	Root Intrusion Grease Blockage
	Other: Nor'eastor storm with coastal flood (Specify)	aing on top of high groundwater
7.	Corrective Actions Taken:	
	36" Influent gate at the WWTP was throttled down	to 1-3/8" to prevent plant from flooding
	ФТФ Ф ЗНИКОВИТЕТОВОГО СПЕЦИВЫ ВЫВИА «МОН ПРИНСИРОЙНИ БЕТПИЗИИ ПОВЕТИВНОСТВИВНО	A STATE OF S
	19 a.s.———————————————————————————————————	To the state of th
	Impact Area cleaned and/or disinfected:	'es 🗌 No
	Corrective Actions Completed:	′es □ No
D	. Comments/Attachments/Follow-u	ıp
	I wish to provide (select all that apply):	
		No additional comments or attachments
	Additional comments and planned actions:	
	<del>Value (10.00</del> 1) 2 12 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	- The second section is the second section of the second second second second section is the second section of the second second section second secon	end and the second section of the section of the second section of the second section of the second section of the section of the second section of the section



FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

**Notification Form** 

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.

Signature of Arithmized Popularies

3-18-13

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

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### **Notification Form**

Tax Identification Number

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



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

·					
A.	Reporting Facility			Mademan and and property of the second	
1.	Facility Information				
	Scituate Wastewater Treatmen	t Plant	MA010	12605	
	Reporting Sewer Authority	and the second	Permit #		
2.	Authorized Representative Trans	nsmitting Form:			
	Robert	Rowland	781-545-8736		
	First Name	Last Name	Telephone No.		
	Supervisor Title	***************************************	rrowland@town.scituate.ma.us		
D			E-mail Address		
В.	<b>Phone Notifications:</b>				
A.	Management of the second of the second	Dave	Burns		
1.	MassDEP staff contacted:	first name	last name	MI MI	
	Date/Time contacted:	3-11-13	2:00 (?)	П	⊠ pm
	Dates Time Contacted.	Date	Time.	am	M bw
2.	EPA staff contacted:	first name	last name		
		inst itatile	iast name		
	Date/Time EPA contacted:	Date	Time	am	pm pm
3.	Board of Health contacted:				
Ο,	odia of fronti octionoga.	First Name	Last Name		
	Date/Time contacted:	Date	Time	am	pm pm
	entrary and the second				
4,	Others notified (select all that a	ipply);	Conservation Commission		
	☐ Harbormaster ☐ Sh	ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier     W	atershed Association		
	☐ Beach Resource Manager	Other:			
		Пошо:	(specify)	**************************************	
C.	SSO Information				
· a	000 Dia	3-9-13	1:00	57	_
1.	SSO Discovered:	Date	Time	⊠ am	pm
	By: Robert Rowland		** On the May 1991-1991		
	<del>-</del> 7.	2.0.42	r.hr		
2.	SSO Stopped:	3-9-13 Date	5:55 Time	🛛 am	pm
_					
3.	SSO Discharge from: S	anitary Sewer Manho	7		
	☐ Backup into Property	Other:	Denite Filters (specify)	additionary or the second seco	OTHER (ISSA) SAN WASSESTER
4.	SSO Discharge to:  Groun	nd Surface (no releas	se to surface water)		
	☐ Direct to Receiving Water		(surface water)	4000000	
	☐ Catch basin to Receiving	Water	(surface water)		
	☐ Backup into Property Base	ement			



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE O	INC	Y
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Notification Form	Tax Identification Number	
C. SSO Information (cont.)	and the second s	
Location: WWTP 161 Driftway, Scituate, MA (Description of discharge site or closest address)		
	00,000 gal.	
•	ADA	
6. Cause of SSO Event:		
☐ Rain Event ☐ Pump Station Failure ☐ Inst	ufficient Capacity in System	
☐ Sewer System Blockage: ☐ Pipe Collapse ☐	Root Intrusion	
Other: Sludge blanket in #3 clarifier overflowing (Specify)	weirs and blinding Denite Filters	
7. Corrective Actions Taken:		
#3 clarifier taken out of service after failed attempt to cor	ntrol sludge blanket.	
Impact Area cleaned and/or disinfected:	□ No	
Corrective Actions Completed:	□ No	
D. Comments/Attachments/Follow-up		
I wish to provide (select all that apply):		
☐ Additional comments below: ☐ No	additional comments or attachments	
Additional comments and planned actions:		
	Control of the second s	
	nacione manero de l'esta de l'activista de l'esta d	



Sanitary Sewer Overflow (SSO)/Bypass **Notification Form** 

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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.

Mobest Mowland
Signature of Authorized Representative

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

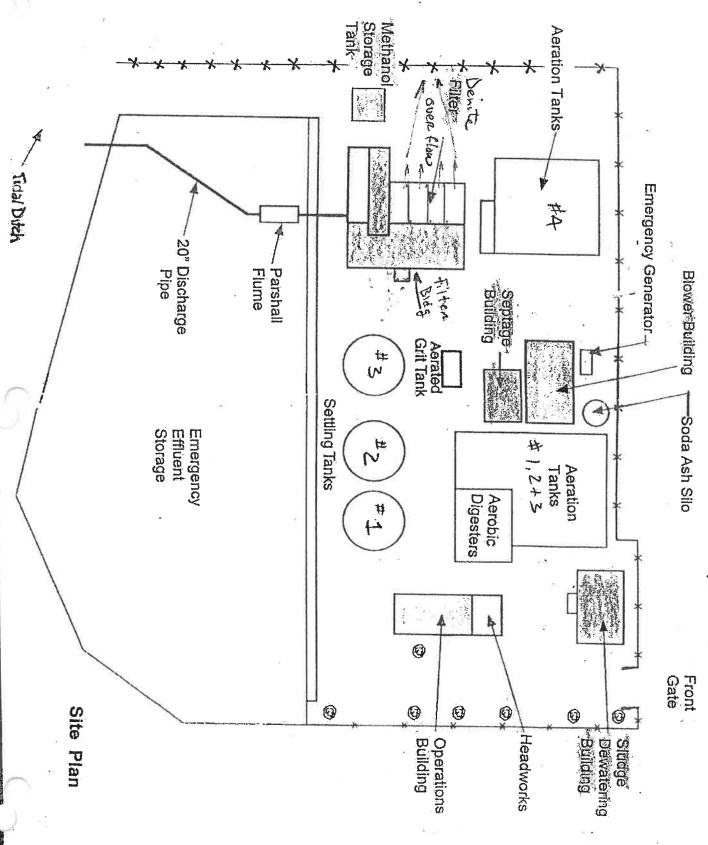
Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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<u> </u>	3	
Ξ	3	
7	ú	

	•	Town		citua	ıte - I	Recy	cling	Sum	of Scituate - Recycling Summary					
	January	February	March	April	May	June	July	August	September	October	November	December	Total	Total
Materials													Tons	rps
Com (Plastics & Tin) - tonage report (\$65 Ton)	25.45	18.58	18.14	32.13	20.99	40.74	26.83	26.26					209.12	418240
Glass - tonage report (Glass) (\$35 Ton)				119.81				28.71	103.08				251.6	503200
Paper - tonage report (\$60 Ton)	67.5	64.33	74.36	54.38	100.64	67.97	92.59	84.28					606.05	1212100
MSW-Semass= Jan 2018-\$100/ton	243.72	189.11	194.41	257.68	226.21	263.56	281.62	310.36			ió-		1966.67	3933340
Bulky Waste-NER = \$91.00/ per ton	170.1	144.75	165.98	170.68	242.33	240.62	244.14	267.67					1646.27	3292540
Scrap Metal - Speigel (Tons)	6.91	11.77	19.14	21.98	31.96	22.92	31.37	41.3					187.35	374700
TOTAL													0	
Percent Recycled	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/01	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		
C.R.T (\$0.27/1b) Tons (A&P Enterprises)	4.67	7.21	0	5.99	2.68	5.63	3.02	4.85					34.05	
Tires-Bobs (Number of Tires)													0	
Mattresses- UTEC - GM Framingham													0	
Waste oil - Cyn/ Clean Harbors (Gallon)													0	
Used Anti Freeze - Cyn (Gallon)													0	
Propane tanks - Mighty Flame (QTY)								V.					0	
Fluorescent Lamps (ea-)Complete recycling													٥	
Book Recycle- Recycle That, LLC (0.01 Lbs) Ton													٥	
Baystate Textiles (0.05Lbs) Ton	4.7	1.60	5.42	4.70	6.67	7.82	90.9	7.43					44.4	



To: Dave Burns

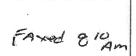
DEP SERO

Fax number: 508-947-6557

From: Bob P.

1-16-14

BOB ROW LANd





# Town of Scituate DPW-Sewer Division

161 Driftway Scituate, MA 02066 781-545-8736 781-545-0765 (Fax)

Total No. of Pages:

5

COMMENTS:

Date:

SSO on 1-11-19

SMH 6-4



#### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

Tax Identification Number

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





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

A.	Reporting Facility	A A A A A A A A A A A A A A A A A A A	to any control of the state of		
1.,	Facility Information				
	Scituate Wastewater Treatmen	t Plant		MA0102695	
	Reporting Sewer Authority	and an armine and a second and a		Permit #	
2.	Authorized Representative Trans	nsmitting Form:			
	Robert	Rowland	The state of the s	-545-8736	
	First Name	Last Name		ohone No.	
	Supervisor Title	~~~~	rrowland@town.scitua E-mail Address	ate.ma.us	
R	Phone Notifications:				
. دسا	i none nouncations.		<b></b>		
1.	MassDEP staff contacted:	Dave	Burns		Land DOC 20. a Department of the contract of t
7.*		first name	last name 3:55		
	Date/Time contacted:	1/11/14 Date	Time		X pm
^			**************************************		
2.	EPA staff contacted:	first name	last name		- washing a continuent
	Date/Time EPA contacted:	Date	Time	am	pm pm
		Date	( inte		
3.	Board of Health contacted:	First Name	Last Name		
	Date/Time contacted:	<u> </u>	**************************************	🔲 am	pm
	Date fine outlested.	Date	Time	aju	p.c.
4.	Others notified (select all that a	Conservation Commis	sion		
	☐ Harbormaster ☐ Sh	ellfish Warden	Division of Marine Fis	heries	
	☐ Downstream Drinking Water	er Supplier 🔲 W	atershed Association		
	☐ Beach Resource Manager	☐ Other:	(specify)	Mary Committee and Committee of the Comm	
~	. SSO Information		(abecity)	The same of the sa	· · · · · · · · · · · · · · · · · · ·
U,	. 330 illioilliation				
1	SSO Discovered:	1/11/14	9:12	— ⊠ am	pm
**		Date	Time	<u> </u>	
	By: Scituate Police Dept	.4			
_	000.01	1/11/14	11:15	1571	
2.	SSO Stopped:	Date	Time	⊠ am	pm
3.	SSO Discharge from: S	anitary Sewer Manh	ole Pump Statio	n	
	☐ Backup into Property ☐	Other:	(specify)		
4.	SSO Discharge to: Groun	nd Surface (no relea	se to surface water)		
	☐ Direct to Receiving Water		(surface water)	page and the second sec	
	<b>57</b> 6.44 km 2 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	CA7-1	Fishing Pond		
	□ Catch basin to Receiving	vvater	(surface water)		
	☐ Backup into Property Bas	ement			



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No	otification Form	ī	ax Identification Number	
C.	SSO Information (cont.)	- X	The state of the s	
	Location: Hatherly Rd. & Borden Rd. SMH 6-4 (Description of discharge site or closest address)			
5.	Estimated SSO Volume at time of this Report:	50 gpm X 120 mins = 6,00	0 gallons	
	Method of Estimating Volume:	estimate	Andrew de Megani Million de Me	
6.	Cause of SSO Event:			
	☐ Rain Event ☐ Pump Station Failure ☐	Insufficient Capacity in Sys	stem	
	☐ Treatment Unit failure			
	Sewer System Blockage:	☐ Root Intrusion ☐ G	rease Blockage	
	Other: (Specify)	·	A0000000000000000000000000000000000000	
7.	Corrective Actions Taken:			
	Used Sewer Division's Vac-Con to jet out blockage		Andriada.	
Walle Medicina mini M. C. d.				
		AND THE RESIDENCE OF THE PARTY		
	Afronne	WA-A.	The continue of the continue o	
	Impact Area cleaned and/or disinfected: Y	es 🛭 No		
	Air form the second section on a consequence of the second section of the s	And the second s		
	Corrective Actions Completed:	es 🗌 No		
D.	Comments/Attachments/Follow-u	p		
	I wish to provide (select all that apply):			
		No additional comments or a	ttachments	
	Additional comments and planned actions:			
	Aller vig . Com. Marie Com. And an analysis of the company of the	ett.		
		THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE	4	



FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

**Notification Form** 

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.

labert! lowland

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone. 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



Sanitary Sewer Overflow (SSO)/Bypass **Notification Form** 

FOR DEP	USE	ONL	Y
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Tax Identification Number

#### - C--ilias

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



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

	Scituate Sewer Department		MA	0102695	
1	Reporting Sewer Authority		Pem	nit#	
•	Authorized Representative Tra	nsmitting Form:			
		Mosca	781-545-873	36	ni*.
144	Rick First Name	Last Name	Telephone No.		
	Interim Supervisor		rmosca@scituatema.gov	W	
	Title		E-mail Address		
В.	<b>Phone Notifications</b>				
		David	Burns		
1.	MassDEP staff contacted:	first name	last name		
	74.7	3-27-15	9:35	K21 □	1
	Date/Time contacted:	Date	Time	— ⊠am □	] pm
		Dave	Turrin		
2.	EPA staff contacted:	first name	last name		
-,		3-27-15	9:42	K21 [7]	Υ
	Date/Time EPA contacted:	Date	Time	— ⊠am □	] pm
		Jen	Keefe		
3.	Board of Health contacted:	First Name	Last Name	**************************************	
		3-27-15	10:55	K21 F	7
	Date/Time contacted:	0-27-10 Date	Time	— ⊠ am □	_l pm
	☐ Downstream Drinking Wa		Watershed Association		
	☐ Beach Resource Manage	er Other:	(specify)		
C	SSO Information				
		3-27-15	8:40	— ⊠ am [	] pi
1,	SSO Discovered:	Date	Time	KN alli	
	Sewer Dept. Staff	(William Branton &	Nathan Raddcliff)		w.,
	By:				
		3-28-15	1:45	— ⊠am [	pr
2.	SSO Stopped:	Date	Time	-	
3.	SSO Discharge from:	Sanitary Sewer Ma	nhole Pump Station		
	☐ Backup into Property	Other:	(specify)	The state of the s	************
4	SSO Discharge to: S Gro	ound Surface (no re	lease to surface water)		
	☐ Direct to Receiving War	ter	(surface water)	Address Addres	
	Could be size to Bosoivin	no Water	(surface water)	The second secon	AAAAAA
	☐ Catch basin to Receiving	9	(surface water)		



# **Notification Form**

	FOR	DEP	USE	ONLY
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Tax Identification Number

SSO Infor	mation (cont.)	i						
					ole #2			+ Sillin Prop
	•	-			125 gallons		- Ye Water	Management is a supplied to the supplied to th
			-11	CW	/EA Picture	Chart	######################################	
Cause of SSO	Event:							
⊠ Rain Even	nt Pump S	Station Failur	e 🛭	] Ins	ufficient Ca	pacity in	System	
☐ Treatment	t Unit failure							
☐ Sewer Sy	stem Blockage:	☐ Pipe Co	ollapse		Root Intrus	sion 🗌	Grease	Blockage
Other:	(Specify)	- WWW. WWW. W - Boom	and a self selfer   LANGERSON	1007 <i>2008</i>	gypoga an and a carress construction of the control			
Corrective Ac	tions Taken:							
Influent gate t entually stoppin	o treatment facility g the spill. Place	/ adjusted to d staff on wa	draw tch to	more monit	flow out of o or spill until	collection it stopp	i system ed.	slowing and
•					□ No	Process de des la constantina de la constantina del constantina de la constantina de la constantina del constantina de la constantina del constantina		
Corrective Ac	tions Completed:	Management and the second seco	⊠ <b>`</b>	es/	□ No	мб (3 — дос и живропіння запа за свойвій біго од д	····	V vanna saddha
I wish to prov  Attachmen	ride (select all that at ☐ Additional comments and plan	t apply): omments belo ned actions:	)W:	□ No		omments	or attach	ments
	Location:  Estimated SSC  Method of Esti  Cause of SSC  Rain Ever  Treatment  Sewer Syt  Other:  Corrective Act Influent gate tentually stoppin  Impact Area of Area cleaned  Corrective Act  I wish to provi	Location: Hewes Road / Ma (Description of dischard Estimated SSO Volume at time of Method of Estimating Volume:  Cause of SSO Event:  Rain Event Pump Statement Unit failure  Sewer System Blockage:  Other: (Specify)  Corrective Actions Taken: Influent gate to treatment facility entually stopping the spill. Places  Impact Area cleaned and/or dischard Area cleaned of debris  Corrective Actions Completed:  Comments/Attachment I wish to provide (select all that Additional comments and plant Additional comments and plant Additional comments and plant Additional comments and plant	Estimated SSO Volume at time of this Report Method of Estimating Volume:  Cause of SSO Event:  Rain Event Pump Station Failur  Treatment Unit failure  Sewer System Blockage: Pipe Colorective Actions Taken: Influent gate to treatment facility adjusted to entually stopping the spill. Placed staff on was staff on was a cleaned of debris  Corrective Actions Completed:  Area cleaned of debris  Comments/Attachments/Foll I wish to provide (select all that apply):  Attachment Additional comments belocked: Additional comments and planned actions:	Location: Hewes Road / Manhole adjacent to understand SSO Volume at time of this Report:  Method of Estimating Volume:  Cause of SSO Event:  Rain Event Pump Station Failure  Treatment Unit failure  Sewer System Blockage: Pipe Collapse  Other: Specify)  Corrective Actions Taken:  Influent gate to treatment facility adjusted to draw rentually stopping the spill. Placed staff on watch to entually stopping the spill. Placed staff on watch to the control of debris  Corrective Actions Completed:  Comments/Attachments/Follow-understand Comments Additional comments and planned actions:  Additional comments and planned actions:	Location: Hewes Road / Manhole adjacent to utility (Description of discharge site or closest address)  Estimated SSO Volume at time of this Report: 49,  Method of Estimating Volume: CW  Cause of SSO Event:  Rain Event Pump Station Failure Ins  Treatment Unit failure  Sewer System Blockage: Pipe Collapse  Other: (Specify)  Corrective Actions Taken:  Influent gate to treatment facility adjusted to draw more entually stopping the spill. Placed staff on watch to monit  Impact Area cleaned and/or disinfected: Yes  Area cleaned of debris  Corrective Actions Completed: Yes  Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Additional comments and planned actions:	Location: Hewes Road / Manhole adjacent to utility pole #2 (Description of discharge site or closest address)  Estimated SSO Volume at time of this Report;  Method of Estimating Volume:  Cause of SSO Event:  Rain Event Pump Station Failure Insufficient Capper Root Intrustration Corrective Actions Taken:  Influent gate to treatment facility adjusted to draw more flow out of cappending the spill. Placed staff on watch to monitor spill untill stopping the spill. Placed staff on watch to monitor spill untill Impact Area cleaned and/or disinfected: Yes No Area cleaned of debris  Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Attachment Additional comments below: No additional comments below: N	Location: Hewes Road / Manhole adjacent to utility pole #2 (Description of discharge site or closest address)  Estimated SSO Volume at time of this Report: 49,125 gallons  Method of Estimating Volume: CWEA Picture Chart  Cause of SSO Event:  Rain Event Pump Station Failure Insufficient Capacity in Treatment Unit failure  Sewer System Blockage: Pipe Collapse Root Intrusion  Other: (Specify)  Corrective Actions Taken: Influent gate to treatment facility adjusted to draw more flow out of collection entually stopping the spill. Placed staff on watch to monitor spill untill it stopped in the spill. Placed staff on watch to monitor spill untill it stopped in the spill of the spi	Location: Hewes Road / Manhole adjacent to utility pole #2 (Description of discharge site or closest address)   Estimated SSO Volume at time of this Report:



FOR DEP USE ONLY

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

3-30-15

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA Contact

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



#### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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



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

۹.	Reporting Facility		100		
l.	Facility Information				
	Scituate Sewer Department		MA010	12605	
	Reporting Sewer Authority		Permit #		**** *********************************
<del>}</del>	Authorized Representative Train	nsmitting Form:			
	Rick	Mosca	781-545-8736		
	First Name	Last Name	Telephone No.		ACMUMPAN TARREST TO THE
	Interim Supervisor Title	Anyperry	rmosca@scituatema.gov E-mail Address		
2	Phone Notifications:		E-Inali Address		
. و قبيد	i fione Mounications.				
١.	MassDEP staff contacted:	David	Burns		
-		first name	last name		
	Date/Time contacted:	6-15-15	2:50	am	M
		Date	Time	L_i am	⊠ pm
	EPA staff contacted:	Dave	Turrin	A	
		first name	last name		
	Date/Time EPA contacted:	6-15-15	2:55	П	121
		Date	Time	am	⊠ pm
<b>.</b>	Board of Health contacted:	Jen	Keefe		
		First Name	Last Name		
	Date/Time contacted:	<u>6-15-15</u>	3:10	am	<b>⊠</b> pm
		Date	Time	<u> </u>	KZ bin
	Others notified (select all that a	pply);	Conservation Commission		
	☐ Harbormaster ☐ She	HELE SAZERIA	lenter and a second second second		
		ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Water	r Supplier 🔲 Wa	atershed Association		
	☐ Beach Resource Manager	Other:	DPW Director Kevin Cafferty		
		M Calet.	(specify)	· **** *******************************	
3.	SSO Information				
		6-15-15	2:30		
4	SSO Discovered:	Date	Time	am	⊠ pm
	Gates School Staff				
	By:	- American Control of the Control of	An photograph of a construction which will define an extended problem of the second prob		
	000 0000	6-15-15	4:00	_	
	SSO Stopped:	Date	Time	am	⊠ pm
<b>}</b> .	SSO Discharge from: X Sa	nitary Sewer Manho	ole		
	☐ Backup into Property ☐	Other:	(specify)	wanted waterway	
١.	SSO Discharge to:  Ground	d Surface (no releas	e to surface water)		
	☐ Direct to Receiving Water			······	
	Direct to recogning water		(surface water)		
	☐ Catch basin to Receiving V	Vater	(surface water)		an ann ann an Aman Aman Aman Aman Aman A
			formace water)		
	Backup into Property Base	ment			



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP	USE ONLY
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Tax Identification Number

C.	SSO Info	rmation (cont.)	
	Location:	Gates School	
5.	Estimated SS	(Description of discharge site or closest addres SO Volume at time of this Report:	s) 900 gallons
		timating Volume:	CWEA Picture Chart
6.	Cause of SS		
	☐ Rain Eve		Insufficient Capacity in System
	☐ Treatmer	at Unit failure	The second companies of the second control o
	Sewer Sy	/stem Blockage:	☐ Root Intrusion ☐ Grease Blockage
	☐ Other:	(Specify)	6.76 to the distribution of the control of the cont
7.	Corrective Ac		
	Blockage rem	noved by jetting truck.	officials or an annual in consequent and an annual consequence of the
	W-444	of equipment put the second for executing a special	
	Impact Area of	cleaned and/or disinfected:   Ye of debris	s 🗌 No
	Corrective Ac	ctions Completed:	s 🗌 No
D.	Commen	its/Attachments/Follow-up	
	I wish to prov	ride (select all that apply);	
	☐ Attachmen	t Additional comments below:	No additional comments or attachments
	Additional co	mments and planned actions:	
	America, ame		Ve land white the second secon
	A-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
	eperaterior seguina de la constantina del constantina del constantina del constantina de la constantina del constantin	AND PROCESSION OF THE PROCESSI	



#### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

6-16-15

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

Phone: 888-304-1133 emergency



#### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

# Important: When

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



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

A.	Reporting Facility							
1.	Facility Information							
	California Carran Dan autocard							
	Reporting Sewer Authority		MA0102695 Permit #					
2.	Authorized Representative Tra	nsmitting Form:		,	or in Car			
	William	Branton		781-545-87	726			
	First Name	Last Name	- Conditional Cond	Telephone No				
	Chief Operator		wbranton@	anton@scituatema.gov				
Title E-mail Address								
В.	Phone Notifications:							
1.	MassDEP staff contacted:	David		Burns				
1.	wassuer staff contacted:	first name		last name				
	Date/Time contacted:	1-1-2016		9:45	67	F1		
	Dater i inte contracted.	Date		Time	= ⊠ am	pm		
2.	EPA staff contacted:	Marie		McDonald				
	ms & other contactor.	first name		last name		for Willow		
	Date/Time EPA contacted:	1-1-2016		9:47	⊠ am	П		
		Date		Time	™ am	pm		
3.	Board of Health contacted:	Jen		Keefe	- Sec Address	1766/1000 HOLES 14 HOLES HALL		
		First Name		Last Name				
	Date/Time contacted:	1-1-2016 Date	M0/4 M/A	9:50	— ⊠ am	ma		
		Date		Time				
	☐ Harbormaster       ☐ Shellfish Warden       ☐ Division of Marine Fisheries         ☐ Downstream Drinking Water Supplier       ☐ Watershed Association         ☐ Beach Resource Manager       ☐ Other:             DPW Director, Kevin Cafferty (specify)							
C.	SSO Information		illi					
4	SCO Discoursed:	12-31-2015	5	6:30	<b></b> 1	रूज		
1.	SSO Discovered:	Date	***************************************	Time	— L am	⊠ pm		
	By: Staff at location, TK	O Mally's Sports Cafe	ģ.		-ferror of Militaria			
2.	SSO Stopped:	12-31-2015	)	7:30	— [] am	⊠ pm		
	Cooppos.	Date		Time	டுகா	KZI biji		
3.	SSO Discharge from: Sanitary Sewer Manhole  Pump Station							
	☑ Backup into Property  ☐	Other:	(specify)	0000000 0000				
4.	SSO Discharge to:							
	☐ Direct to Receiving Water		(surface wat	er)	110			
	Catch basin to Receiving Water		(surface water)					
	☐ Backup into Property Base	ement						



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

	USE	

Tax Identification Number

C.	SSO Information (cont.)					
	Location: TKO Malley's Sports Café, 194 Front St, Scituate, MA 02066 (Description of discharge site or closest address)					
5.	Estimated SSO Volume at time of this Report:	10-20 gallons				
	Method of Estimating Volume:	CWEA Picture Chart				
6.	Cause of SSO Event:					
	☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System					
	☐ Treatment Unit failure					
	Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☒ Grease Blockage					
	Other: (Specify)					
7.	Corrective Actions Taken:					
	Blockage cleared by manually breaking up the obstruction with the assistance of a hot water hose.					
	Impact Area cleaned and/or disinfected: Ye Area cleaned of debris	s 🗆 No				
	Area dicaned of debits					
	Corrective Actions Completed:	s 🗆 No				
	NATION PROBLEMS					
D.	Comments/Attachments/Follow-up					
	I wish to provide (select all that apply):					
	☐ Attachment ☑ Additional comments below: ☐ No additional comments or attachments					
	Additional comments and planned actions:					
	Blockage caused by formation of large amounts of grease located directly ahead of TKO Malley's Sports Café. Town is in the process of implementing a grease trap inspection program. The sewer department is currently arranging for vactor services to remove the remaining grease buildup.					
		·				



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

1-1-2016

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

	D=D	LICE	CALL	V
FOR	DEL	OOE	CIAI	

Tax Identification Number

### A. Reporting Facility

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



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

1.	Facility Information					
1	Town of Scituate, Sewer Division	on			0102695	
	Reporting Sewer Authority			Pen	nit#	
Ż.	Authorized Representative Train	nsmitting Form:				
	William	Branton		751-545-87		
	First Name	Last Name		Telephone No.		
	Chief Operator			n@scituatema.gov		
	Title		E-mail Add	iress		_
В.	<b>Phone Notifications:</b>					
		David		Burns		
1.	MassDEP staff contacted:	first name	A 300	last name		
		6/17/15		5:01	— Пат	⊠ pm
	Date/Time contacted:	Date		Time	harris and	Basical C.
		Dave	and the second second	Turin		and the state of t
2.	EPA staff contacted:	first name		last name		
	The second of th	6/17/15		5:03	— Пат	⊠ pm
	Date/Time EPA contacted:	Date		Time		-
		Jen		Keefe		
3.	Board of Health contacted:	First Name		Last Name		
	and the second s	6/17/15		5:05	— 🔲 am	⊠ pm
	Date/Time contacted:	Date		Time	,	
4.	Others notified (select all that	apply);	☐ Conserv	vation Commission		
	☐ Harbormaster ☐ S	hellfish Warden	Division	of Marine Fisheries		
	☐ Downstream Drinking Wa	iter Supplier		Association	o postásulo.	
	☐ Beach Resource Manage	er 🛛 Other:	Scituat (specify)	e DPW Director, Kev	іп Сапелу	
C	. SSO Information					
		6/17/15	5	2:30	<del></del>	<b>K</b> ZI
1	SSO Discovered:	Date		Time	Ll am	⊠ pm
	Called in by a work		own division.		==	
	By: Called In by a Work	Ker from another A	2441 441 7010 12.	A A STATE OF THE PERSON OF THE		
	•	6/17/1	5	3:55		⊠ pm
2	SSO Stopped:	Date	AND THE STREET, STREET	Time	am	₩ bu
3	***	Sanitary Sewer M	lanhole [	Pump Station		
	C Destaur into Droporty	Other:		AND THE PROPERTY AND TH		······································
	☐ Backup into Property		(specify	()		
4	☐ Backup into Property  I. SSO Discharge to: ☐ Gro	-				

☐ Catch basin to Receiving Water

☐ Backup into Property Basement

(surface water)

(surface water)



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR	DEP	USE	ONI	Y
IVIN	- Lund	U U L	ALK L	- 1

Tax Identification Number

SSO Info	rmation (cont.)	•			
Location: 327 First Parish Road, Gates Intermediate School					
Estimated SS		100-300 galions			
		CWEA picture charts and on-site description			
Cause of SS	O Event:				
☐ Rain Eve	nt Pump Station Failure	Insufficient Capacity in System			
☐ Treatmen	nt Unit failure				
⊠ Sewer S	ystem Blockage: Pipe Collapse	☐ Root Intrusion ☐ Grease Blockage			
Other:	(Specify)				
Corrective A	* * * * * * * * * * * * * * * * * * * *				
•		res □ No			
Corrective A	ctions Completed:	′es □ No			
Additional control of this event we caused a method to the control of the control	ivide (select all that apply):  int	No additional comments or attachments  d clearing drain lines within their building. This likely e collection system and build up there. We will be determine if there are any other problems within the			
	Location:  Estimated SS  Method of Es  Cause of SSC  Rain Eve  Treatment  Sewer St  Other:  Corrective Ac  Called local of to monitor site  Impact Area Area cleared  Corrective Ac  Corrective Ac  Area cleared  Area cleared  I wish to pro  Attachment  Additional corrective acused a monitor site  This event we caused a monitor site  Additional corrective Actions and the corrective Actional corrections are the correction and the corrections are	Estimated SSO Volume at time of this Report:  Method of Estimating Volume:  Cause of SSO Event:  Rain Event Pump Station Failure  Sewer System Blockage: Pipe Collapse  Other: (Specify)  Corrective Actions Taken:  Called local company Sewer Tech to remove blocke to monitor situation and direct public. Cleaned area  Impact Area cleaned and/or disinfected: Yeare cleared of debris.  Corrective Actions Completed: Yeare Corrective Actions Completed: Yeare cleared of debris.  Corrective Actions Completed: Yeare cleaned area  I wish to provide (select all that apply):  Attachment Additional comments below: Additional comments and planned actions:  This event was preceded by school staff tving and caused a mass of debris and rags to move into the			



FOR DEP USE ONLY

Tax Identification Number

### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

6/18/15

**Date Signed** 

Signature of Authorized Representative

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

emergency



l of l

o/18/2015 8:16 AM



### Sanitary Sewer Overflow(SSO)/Bypass Notification Form Instructions

(industrial facilities) or the regional Bureau of Resource Protection (nonindustrial facilities). All municipal facilities shall submit their reports to the Bureau of Resource Protection.

Fax the Notification Form to the attention of the Bureau of Resource Protection in your DEP regional office:

- Massachusetts Department of Environmental Protection, Northeast Regional Office, 205B Lowell Street, Wilmington, MA 01887. Fax: 978-694-3499.
- Massachusetts Department of Environmental Protection, Central Regional Office, 8 New Bond Street, Worcester, MA 01606. Fax: 508-792-7621.
- Massachusetts Department of Environmental Protection, Southeast Regional Office, 20 Riverside Drive, Lakeville, MA 02347. Fax 508-947-6557.
- Massachusetts Department of Environmental Protection, Western Regional Office, 436 Dwight Street, Springfield, MA 01103. Fax: 413-784-1149.
- U.S. Environmental Protection Agency, Water Technical Unit (OES 04-4), 5 Post Office Square Suite 100, Boston, MA 02109-3912 Fax: 617-918-0870

### What should I do if I'm not sure of the information I am providing?

For required items such as time of occurrence, causes of incident, volume of overflow, etc., PROVIDE YOUR BEST ESTIMATE OR ASSESSMENT AT THE TIME OF THIS REPORT. You can submit any additions or corrections later.

### What is the best way to report the exact location of the overflow, or bypass?

Include with your *Notification Form* a copy of a map indicating its location. Please use 8 ½ " by 11" paper at an appropriate scale between 1:5000 to 1:25000. Specifying the geographic location will help DEP determine the public health and water quality impacts associated with overflows and bypasses.

### Why do I need to report backups into buildings?

DEP wants to ensure that sewage backups into buildings as a result of problems in the sewer system are properly repaired and measures are put in place to reduce the likelihood of recurrence. Owner/operators of sewer systems that caused a backup may need to repair, rehabilitate, or upgrade the hydraulic capacity of their system, or change their operations and maintenance procedures.

Are there some overflows or Bypass that are not subject to these reporting requirements?

DO NOT use the Sanitary Sewer Overflow(SSO)/Bypass Notification Form in the following situations:

- The overflow is from a properly permitted Combined Sewer Overflow structure. Follow the reporting requirements in your NPDES Permit.
- You are reporting an overflow or bypass of sewage for a collection system or treatment works that is not under your ownership and control. However, please assist DEP by immediately reporting to the appropriate DEP Regional Office by phone or fax any overflows or bypass incidences for facilities other than your own which involve a discharge of wastewater to the environment.

### What are the state regulations that apply to this notification? Where can I get copies?

These regulations include, but are not limited to:

Surface Water Discharge Regulations, 314 CMR 3.00

e/Time: Jun. 18. 2015 12:18PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
2793 Memory TX	15089476557	P. 4	OK	AME, MAIN, AMEA AMEA AMEA AMEA MAIA AMEA AMEA AMEA

Réason for error

E. 1) Hang up or line fail

E. 2) Busy

E. 3) No answer

E. 5) Exceeded max. E-mail size

4/1	Bureau of Resource Protection - Watershed Permitting Program Sanitary Sewer Overflow (SSO)/Bypass			FOR DEP USE ONLY	
ments. Stall	N	otification Form	Tax idealification thinkler		
	A.	Reporting Facility			(40,000,000,000,000,000,000,000,000,000,
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		William	Branton	WP4 P1	tř Anna
- 1		First Name	Last Name	751-54 Telepho	5-8738
(C.		Clair Operator		n crnetsulice@non	
		Title	Engl		
	B	Phone Notifications		-	***************************************
e DEP	1.	MessibEP staff contacted:	David	Burns	
gional Diver	**	Secretary seed contractor.	grad befores	last romes.	
remien et		Date/Time contacted;	8/17/15	5:01	— Dan Spr
and of this			Date	Time	i'm wise 300 bei
mi.	2.	EPA staff contacted:	Darvia Gest noma	Turin:	
			6/17/15	5:03	
		Date/Time EPA contacted:	Onte	Time	— Den ⊠pa
	4	michiga and district of control	Jen	Keela	
	.0.	Board of Health contacted.	f wat Names	East Hame	· · · · · · · · · · · · · · · · · · ·
		Dolo/Time contrated	6/17/15	5:05	- party - acros
		Date/Time contacted:	6/17/15 Date	5:05 Time	
	4.	Opto/Time contectors Others notified (select all that	Date		
	Ą.	Others notified (select all that	Date Apply): Conse	Time ryation Conversal	X)
	ñ.	Others notified (select all that	Date Apply): Conse helish Warden Divisio	Time nvation Conversal on of Marine Fisher	X)
	ñ.	Others notified (select all that	Pate Conse spriy): Conse helišsh Warden Divisio der Supplier. Waterche	Ther evation Comprission on of Marine Fisher d Association	ni Nes
	4.	Others notified (select all that	Date  Apply): Conse helišsh Warden Division ther Supplier Watershe	Time evation Conversal on of Marine Fisher d Association ale DPW Director,	ni Nes
		Others notified (select all that  I Harbonnaister S  Downstraum Drinking Wa	Date sppty): Conse heitisch Warden Divisio der Supptier Waterste 57 Orner Sch	Time evation Conversal on of Marine Fisher d Association ale DPW Director,	ni Nes
	c	Others notified (select all that   Harbormaker   S   Downstrain Drinding Wa   Beach Resource Minage   SSO Information	Date sppty): Conse heitisch Warden Divisio der Supptier Waterste 57 Orner Sch	Time evation Conversal on of Marine Fisher d Association ale DPW Director,	ori Nevin Cafferty
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	c	Others notified (select all that Harbornasier S Dewnstrain Diffiding Wa Useach Resource Manage SSO Information SSO Discovered;	Date  Apply): Conse heitäsh Warden. Divisio ther Supplier. Watershe M Differ: Soften (speed	Time  reation Commission on of Marine Fishes of Association ale DPW Director, 2:30 Time	ori Nevin Cafferty
	c	Others notified (select all that  Harbornahler S  Dependent of the select all that  SSO Information  SSO Discovered;  By: Called in by sworth	Date  npphy): Conses  heilish Warden: Diveso  ther Suppher. Watershe  Soha  Soha  8/17/16  8/17/16  8/17/15	Time  reation Commission on of Marine Fishes of Association ale DPW Director, 2:30 Time	on Mexin Cefferty  ☐ son ⊠ pr
	C 1.	Others notified (select all that  Harbornahiler S  Dependent of the property o	Date  Apply? Consess  Apply? Consess  Apply? Consess  Apply? Consess  Apply? Watershe  Softs	Time  Transport Commission  of Marine Fisher  d Association  also SPW Director,  2:30  Trans  3:65  Time	ori Nevin Cafferty
	C 1.	Others notified (select all that  Harbornahler S  Demonstrain Drinding Wa  Described Resource Minage  SSO Information  SSO Discovered;  By: Called in by a work  SSO Stopped:  SSO Discharge from:   SSO Discharge from:	Date  Apply? Consession  Apply? Consession  Bell Trib	Time nvation Commission on of Marine Fishes d Association ale DPW Director, 30 7:30 7:39	on Mexin Cefferty  ☐ son ⊠ pr
	C 1.	Others notified (select all that Harbornaister S S Harbornaister S S D Downstream Dranding Wa S S O Information SSO Information SSO Discovered;  By: Collect in by a work SSO Stopped:	Date  Apply? Consess  Apply? Consess  Apply? Consess  Apply? Consess  Apply? Watershe  Softs	Time Type Type Type Type Type Type Type Typ	on Mexin Cefferty  ☐ son ⊠ pr
	C 1.	Others notified (select all that  Harbornahler S  Demonstrain Drinding Wa  Described Resource Minage  SSO Information  SSO Discovered;  By: Called in by a work  SSO Stopped:  SSO Discharge from:   SSO Discharge from:	Date  apply): Consess heilish Warden: Diveso ther Suppiter. Watershe Solks Date Sort from another tiven divested BH77/15 Date Sanitary Sewer Manhole Citier: Special	Time  Invation Commission of Marine Fisher of Association also SPW Director,  2:30 Time  3:86 Time  Pump Station to	on Mexin Cefferty  ☐ son ⊠ pr
	C 1.	Others notified (select all that    Harbornainer   S   Downstream Drinting Wa   Beach Resource Minage   SSO Information   SSO Discovered;   By: Called in by a work   SSO Stopped:   GSO Discharge from:   SSO Discharge from	Date  repoly):    Consent     Consent     Division     Division     Division     Division     Division     Schall     Schall     Sophia     Supplier     Cher     Supplier     Other     Supplier     Supplier     Other     Supplier     Supplier     Other     Supplier     Supplier     Supplier     Other     Supplier     Supplier     Other     Supplier     S	Time Type Type Type Type Type Type Type Typ	on Mexin Cefferty  ☐ son ⊠ pr
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## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

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



A.	Reporting Facility				
1.	Facility Information				
	Scituate Wastewater Treatme	of Facility	8.0.4.8.8	naaae	
	Reporting Sewer Authority	it i donity	MAU1 Permit	02695 #	***************************************
2.	Authorized Representative Tra	insmitting Form:		•	
	Rick	Mosca	781-545-8736		
	First Name	Last Name	Telephone No.	- erner 1947 - / - / - / - / - / - / - / - / - / -	A SAME AND
	Interim Supervisor	The state of the s	rmosca@scituatema.gov		
-	Title		E-mail Address		
В.	Phone Notifications:	<b>.</b>			
A	Reference Parties and a pro-	Dave	Bums		
1.	MassDEP staff contacted:	first name	last name	OPOTO PETROLINA	~~~~
	Date/Time contacted:	6-24-16	12:00		-
	Date/Time Contacted:	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Dave	Turin		
∠.	LI'A stan contacted.	first name	last name	ALLES SON WHO WE	Change Ung M Commercial Towns
	Date/Time EPA contacted:	6-24-16	12:18	Priming	g
	Dater Time LFA contacted.	Date	Time	am	⊠ pm
3.	Board of Health contacted:	Jen	Keefe		
٠.	would be riveled contacted.	First Name	Last Name		*~ ***********************************
	Date/Time contacted:	6-24-16	12:20	<del>[ ]</del>	<b>K</b> 2
		Date	Time	∐ am	⊠ pm
	☐ Harbormaster ☐ Sh ☐ Downstream Drinking Wat	ellfish Warden [ er Supplier   \ \	☐ Division of Marine Fisheries  Watershed Association		
	☐ Beach Resource Manager	Other:	DPW Director (Kevin Cafferty) (specify)		
C.	SSO Information				
		6-24-16	14.00		
1.	SSO Discovered:	Date	11:00 Time	⊠ am	☐ pm
	DPW Staff	en de én	1 11 2 150		
	By:	A Marketon of a street of the	Committee of the state of the s	Printed on California	
2	000 01	6-24-16	1:00		
2.	SSO Stopped:	Date	Time	am	⊠ pm
3.	SSO Discharge from: S	anitary Sewer Mani	nole  Pump Station		
	☐ Backup into Property 区	Other:	E-1 System on Property (specify)	wastin militariaan tadigi iliya yaha a nagar a ya	***************************************
4.	SSO Discharge to:  Groun	d Surface (no relea	ase to surface water)		
	☐ Direct to Receiving Water		(surface water)	COMMENSATION AND AND AND AND AND AND AND AND AND AN	n Allen was a supra a sur
	☐ Catch basin to Receiving \	Vater	(surface water)		1 painted and address - reserves of
	☐ Backup into Property Base	ement			



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

	FOR	DEP	USE	ONL	Y
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Tax Identification Number
1999 tan 1980 selektik dan selektiran selektiran banan dan 180 'Nestan dan dan dan dan dan dan dan dan dan d
<u> </u>
n System
Grease Blockage
Mar on the production to the second of the s

C.	SSO Info	rmation (cont.)	
	Location:	42 Ann Vinal Scituate, MA 02066 (Description of discharge site or closest address	s)
5.	Estimated SS	SO Volume at time of this Report:	10-15 gallons
	Method of Es	stimating Volume:	visual
6.	Cause of SS	O Event:	
	☐ Rain Eve	ent Pump Station Failure	Insufficient Capacity in System
	☐ Treatme	nt Unit failure	
	☐ Sewer S	ystem Blockage:	☐ Root Intrusion ☐ Grease Blockage
	☑ Other:	Leak in E-1 System dicharge line (Specify)	
7.	Corrective A	ctions Taken:	
	Leak repaire	d	
			принитин и били вывидини выбория и принитиний выправлений выправле
	And an add Andrewski from the group of the Managing Calica disputes Andre Sanana.		
	At	patrodus yan ilimitelika andyon say yang menyang menuntuk saya	
	Impact Area	cleaned and/or disinfected: 🛛 Ye	s 🔲 No
	Corrective A	ctions Completed:	s 🗆 No
D.		nts/Attachments/Follow-up	<b>D</b>
	I wish to pro	vide (select all that apply):	¥.
	☐ Attachme	nt	No additional comments or attachments
	Additional co	omments and planned actions:	
160	Na agrana and an agrana and agrana agran	Marine Comment of the	polición par por en estan vien tracción de la partir dela partir de la partir de la partir de la partir de la partir dela partir de la partir de la partir de la partir de la partir dela partir de la partir de la partir de la partir de la partir dela partir del
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	betterate total short should be	None and standard and the Addition recognition to the standard sta	Alana and a second a second and



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

2 6.2

6-4-16

Signature of Authorized Representative

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

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



key.



A.	Reporting Facility						
1.	Facility Information						
	Soltunto Milantarrator Tanatarrata P. 1918						
	Reporting Sewer Authority	it i acmity	MA0102 Permit #	2695			
2.	Authorized Representative Tra	nsmitting Form:	1 Section of				
	Rick	Mosca	781-545-8736				
	First Name	Last Name	Telephone No.	W 200 1100 1100 1100 1100 1100 1100 1100			
	Interim Supervisor Title	WARRING WARRANT TO THE REAL PROPERTY OF THE PERTY OF THE	rmosca@scituatema.gov				
D	Phone Notifications		E-mail Address				
D,	Phone Notifications						
1.	MassDEP staff contacted:	Dave	Burns				
••	made and other contactor.	first name	last name		Manage of the same		
	Date/Time contacted:	2-8-16	10:22	П	NZI		
		Date	Time	am	⊠ pm		
2.	EPA staff contacted:	Marie first name	McDonald lost some	*			
		2-8-16	last name 10:25				
.5	Date/Time EPA contacted:	Date	Time	☐ am	⊠ pm		
3.	Board of Health contacted:	Jen	Keefe				
IJ.	board of nearth contacted.	First Name	Last Name	***************************************	Miller and a service of the service		
	Date/Time contacted:	2-8-16	10:30	i	K-2		
	The state of the s	Date	Time	am	⊠ pm		
4.	Others notified (select all that a	apply);	Conservation Commission				
		ellfish Warden	☑ Division of Marine Fisheries				
	☐ Downstream Drinking Water	er Supplier 🔲 🕻	Natershed Association				
-	☐ Beach Resource Manager	Other:	(specify)				
C.	SSO Information				7.		
1.	CCO Discoursed.	2-8-16	7:00				
1.	SSO Discovered:	Date	Time	am	⊠ pm		
	By: William Branton	som an analys brickfoldings					
		0.0746					
2.	SSO Stopped:	2-8-16 Date	7.20 Time	am	⊠ pm		
3.	SSO Discharge from: S	nitary Sewer Manl					
		-	•	~ i z			
	☐ Backup into Property 区	Other:	Filter Bypass Valve openned at 10 (specify)	-M	-W/W		
4.	SSO Discharge to: Groun	d Surface (no relea	ase to surface water)				
	☐ Direct to Receiving Water		Filter Bypass Valve openned at 101 (surface water)	PM_	**************************************		
	☐ Catch basin to Receiving V	Vater	Flow going around filters to UV Tre Post Aeration prior to discharge	atment	and		
	☐ Backup into Property Base	:		~#····································	AMMerce Management and a second		



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

C.	SSO Info	rmation (cont.)	
	Location:	Scituate Wastewater Treatment Facili (Description of discharge site or closest addres	ty s)
5.	Estimated SS	SO Volume at time of this Report:	1650 gpm
	Method of Es	timating Volume:	mag meter
6.	Cause of SS	O Event:	
	☐ Rain Eve	nt Pump Station Failure	Insufficient Capacity in System
	☐ Treatmer	nt Unit failure	
	☐ Sewer Sy	stem Blockage:  Pipe Collapse	☐ Root Intrusion ☐ Grease Blockage
	☑ Other:	Increase in flow due to coastal flood (Specify)	
7.	Corrective Ac	tions Taken:	
har	Filter Bypass	Valve will remain open until flows beco	me manageable for the treatment facility to
	Bypass Valve  Corrective Ac	cleaned and/or disinfected: Yes currently open tions Completed: Yes currently open	
D.	I wish to provi	ts/Attachments/Follow-up  de (select all that apply):  Additional comments below:  mments and planned actions: e attached time line of events	No additional comments or attachments
	S		



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

4.12

2-9-16

Signature of Authorized Representative

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA Contact

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

### Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP US	E (	NO	LY
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Tax Identification Number

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





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

Α.	Reporting Facility	- X			<del></del> -
1.	Facility Information				
	Scituate Wastewater Treatmen	t Facility	1	MA0102695	
	Reporting Sewer Authority	Miss	·	Permit #	
2.	Authorized Representative Tra	nsmitting Form:			
	Rick	Mosca	781-545-	8736	
	First Name	Last Name	Telephone I	No.	
	Interim Supervisor		rmosca@scituatema.gov	PERSON NO PORTO DE PRESIDENTE ANTONIO DES ANTRE O REAQUIS DES COMOTIONS.	
	Title		E-mail Address		
В.	Phone Notifications:				
		Dave	Burns		
1.	MassDEP staff contacted:	first name	last name		
		4-28-16	9:30	K73	_
	Date/Time contacted:	Date	Time	— ⊠ am	pm
_		Dave	Turin		
2.	EPA staff contacted:	first name	last name		
	pro 1 promining prompts A conditional confi	4-28-16	9:50	NZ1	r-i
	Date/Time EPA contacted:	Date	Time	☐ am	pm
2	Board of Health contacted:	Jen	Keefe		
3.	board of nealth contacted.	First Name	Last Name		
	Date/Time contacted:	4-28-16	9:15	🛛 am	Dom
	10	Date	Time	Z ani	F Dia
4.	Others notified (select all that a	apply); L	Conservation Commission		
		ellfish Warden	Division of Marine Fisheries	3	
	☐ Downstream Drinking Water	er Supplier	Vatershed Association		
	☐ Beach Resource Manager	Other:	Kevin Cafferty (DPW Direc (specify)	etor)	***
C	. SSO Information				
sa.	20 C	4-28-16	7:00	1571	
1,	SSO Discovered:	Date	Time	— ⊠ am	L pm
	By: Sewer Division Staff	The second of the first of the second of the		Various various and control of the c	
~	SSO Stanged	4-28-16	7:30	⊠ am	П.,
2.	SSO Stopped:	Date	Time	⊠ am	pm
3,	SSO Discharge from:	anitary Sewer Manh	nole Pump Station		
	☐ Backup into Property	Other:	Clarifier overflow at treatm (specify)	ent plant.	
4.	SSO Discharge to: Groun	nd Surface (no relea	se to surface water)		
	☐ Direct to Receiving Water		(surface water)		
	☐ Catch basin to Receiving	Water .	(surface water)		0101041MM

☐ Backup into Property Basement



### Sanitary Sewer Overflow (SSO)/Bypass Notification Form

<b>FOR</b>	DEP	USE	ONL	γ

Tax Identification Number

C.	SSO Info	rmation (cont.)	
	Location:	Clarifiers at WWTP. Overflow onto p (Description of discharge site or closest addre	
Estimated SSO Volume at time of		-	931,667 gallons
	Method of Es	stimating Volume:	Flow metering
6.			
	☐ Rain Eve	ent Pump Station Failure	Insufficient Capacity in System
	☐ Treatme	nt Unit failure	
	☐ Sewer S	ystem Blockage:	☐ Root Intrusion ☐ Grease Blockage
	Other:	SCADA system failure (PLC Signa (Specify)	Loss).
7.	Corrective A	ctions Taken:	
for		system has been programmed to general ADA driven PLC units. Programming	erate an alarm when a signal loss condition occurs was done 4-28-16.
D	Corrective A  Comment I wish to pro	cleaned and/or disinfected:   Y  ctions Completed:   Y  nts/Attachments/Follow-u  vide (select all that apply):  nt  Additional comments below:   comments and planned actions:	es No
	The half of the second second second second second		
		And it is not to the second of	турады жемініне филименти ін



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

4-28-16

**Date Signed** 

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

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



A.	Reporting Facility				
1.	Facility Information				
	Scituate Sewer Department		34404	02005	
	Reporting Sewer Authority	The second secon	MA01		
2.	Authorized Representative Tra	ansmitting Form:		r	
	Rick	Mosca	781-545-8736		
	First Name	Last Name	Telephone No.	***************************************	
	Interim Supervisor Title	AN ASSESSMENT AND ANY	rmosca@scituatema.gov E-mail Address		400 Avenue
R	Phone Notifications		c-mai Address		
IJ.	Filone Nouncations				
1.	MassDEP staff contacted:	David	Burns		
*.	Wassber Stall Collacted.	first name	last name	***************************************	***************************************
	Date/Time contacted:	4-25-16	8:25	П.	<b>E</b> ZI
	Date Time Comacted.	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Marie	McDonald		
G.,	Li A stati contacted.	first name	last name	***************************************	******
	Date/Time EPA contacted:	4-25-16	8:30		67
	Date/Time LFA contacted.	Date	Time	am	⊠ pm
3.	Board of Health contacted:	Jen	Keefe		
J.	Doard of Fleath Contacted.	First Name	Last Name	***************************************	
	Date/Time contacted:	4-25-16	8:35	_	678
	Date/Time contacted.	Date	Time	∐ am	⊠ pm
4	Others notified (select all that	apply); [ nellfish Warden [	☐ Conservation Commission ☐ Division of Marine Fisheries		
	☐ Downstream Drinking Wat		Vatershed Association		
	☐ Beach Resource Manager		DPW Director Kevin Cafferty (specify)	1000	Y
_	SSO Information		Capacity		
Ų.	550 Illiornation				
1.	SSO Discovered:	4-25-16	3:00	_	K-21
1.	300 Discovered.	Date	Time	am	⊠ pm
	By: DPW Staff				
	by:			*****	
2.	SSO Stopped:	4-25-16	8:00	т	KZI
۷.	550 Stopped.	Date	Time	am	⊠ pm
3.	SSO Discharge from:	anitary Sewer Manh	nole Pump Station		
	☐ Backup into Property ☐	Other:	(specify)	-	and a house
4.	SSO Discharge to:   Groun	nd Surface (no relea	ise to surface water)		
	☐ Direct to Receiving Water		(surface water)	, , , , , , , , , , , , , , , , , , ,	Mathematica estate familiare en en en en
	☐ Catch basin to Receiving	Water	(surface water)		\$1.00m
	☐ Backup into Property Bas	ement			



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

## **Notification Form**

FOR DEP	<b>USE ONLY</b>	
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Tax Identification Number

C.	SSO Information (cont.)					
	Location: Scituate High School (Description of discharge site or closest address)					
5.	Estimated SSO Volume at time of this Report:  16,218gallons max, if school in session. School day ends @ 2PM, discharge found @ 3PM.					
	Method of Estimating Volume: Student population of 901 students using 25 gpc (3.6gph per student in a 7 hr. Day= 16,218)					
6.	Cause of SSO Event:					
	Rain Event Pump Station Failure Insufficient Capacity in System					
	Treatment Unit failure					
	Sewer System Blockage:  Pipe Collapse  Root Intrusion  Grease Blockage					
	Other: (Specify)					
7.	Corrective Actions Taken:					
	Blockage removed by jetting truck.					
	Impact Area cleaned and/or disinfected:   Yes   No					
	Corrective Actions Completed:   Yes   No					
D.	Comments/Attachments/Follow-up					
	I wish to provide (select all that apply):					
	☐ Attachment ☐ Additional comments below: ☒ No additional comments or attachments					
	Additional comments and planned actions:					



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

1-25-16

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

**Central Region** 

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

FOR DEP USE ONLY

## **Notification Form**

Tax Identification Number

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





A.	Reporting Facility	400 200		A SAME TO A SAME					
1.	Facility Information								
	Scituate Wastewater Treatmon	nt Coollity			.*:				
	Scituate Wastewater Treatment Facility Reporting Sewer Authority  MA0102695								
2.	Authorized Representative Transmitting Form:								
	William	Branton		781-545-8	700				
	First Name	Last Name		Telephone N					
	Assistant Chief Operator		wbranton	@scituatema.gov					
<b>D</b>	Title District At the second of the second o		E-mail Add	ress					
D.	Phone Notifications:	i (,							
1.	MassDEP staff contacted:	Dave		Burns					
19	macaber atan CumaGEG.	first name		last name					
	Date/Time contacted:	2-8-16		10:22		-			
		Date		Time	Lam	⊠ pm			
2.	EPA staff contacted:	Marie first name		McDonald					
		2-8-16		last name					
	Date/Time EPA contacted:	Date		10:25 Time	— Пат	⊠ pm			
3.	Board of Health contacted:	Jen		Keefe	_	all green			
Ο.	board of nearth comacted;	First Name		Last Name					
	Date/Time contacted:	2-8-16		10:30		-			
		Date		Time	L am	⊠ pm			
4	Others notified (select all that apply);   Conservation Commission								
		ellfish Warden	Division o	f Marine Fisheries					
,	Downstream Drinking Wat	er Supplier 🔲 W	atershed A	ssociation					
	☐ Beach Resource Manager	☑ Other:	DPW Dir	ector					
~	SSO Information		(specify)						
V.	330 information								
1.	SSO Discovered:	2-8-16		7		lerros			
* 7		Date		Time	am	⊠ pm			
	By: William Branton								
_	000 000 0	2-10-16		12:50					
2.	SSO Stopped:	Date		Time	— am	⊠ pm			
3.	SSO Discharge from: S	anitary Sewer Manh	ole 🔲 [	Pump Station					
	☐ Backup into Property ▷	Other:		Iter Bypass					
			(specify)						
4.	SSO Discharge to: Groun	nd Surface (no release	se to surfac	e water)					
	☐ Direct to Receiving Water		Herring I (surface w						
	☐ Catch basin to Receiving	Water	(surface w	ater)					
	☐ Backup into Property Bas	ement							



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

FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass
Notification Form
Tax Identification Number

	Information (cont.)	
Location	n: 161 Driftway, Scituate Sewer Treatment Facility (Description of discharge site or closest address)	
Estimate	ted SSO Volume at time of this Report: 1,877,650	
4	l of Estimating Volume: Mag meter	
Cause o	of SSO Event:	
☐ Rain	in Event Pump Station Failure Insufficient Capacity in System	
☐ Trea	eatment Unit failure	
☐ Sew	wer System Blockage:   Pipe Collapse  Root Intrusion  Grease Bloc	kage
⊠ Oth	Increase in flow due to copetal flooding	
Correcti	tive Actions Taken:	
Brought	nt online another aeration basin, backwashed filter beds, adjusted main influent gate	<b>)</b> .
Impact /	t Area cleaned and/or disinfected:   Yes  No	
UV syst	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinf	on all bank ected
UV syst		on all bank ected.
Manual	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinf	on all bank ected.
Manual  Correct Bypass	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinful all hose and scrub cleaning as needed on sides.	ected.
Manual  Correct Bypass bypass	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  Stive Actions Completed:  Yes No sed amount throttled back thoughout the day as plant returned to normal operation.	ected.
Correct Bypass bypass	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  Cive Actions Completed:  Yes  No sed amount throttled back thoughout the day as plant returned to normal operation, is was able to be fully closed at 12:50	ected.
Correct Bypass bypass  Com wish to	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  Stive Actions Completed:  Wes No sed amount throttled back thoughout the day as plant returned to normal operation, is was able to be fully closed at 12:50  The ments/Attachments/Follow-up	ected.
Correct Bypass bypass  D. Com I wish to	s directed flow into UV disenfection channel. UV system placed into hand at 100% of stem to remain at 100% for the week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Actions Completed:  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Actions Completed:  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.  On the Week following this event to ensure channel is disinful hose and scrub cleaning as needed on sides.	ected.



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

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knewing violations.

Signature of Adhortzed Representative

2-10-16

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

**Central Region** 

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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





A.	Reporting Facility							
1,	Facility Information							
	Scituate Wastewater Treatmen	t Facility	MA010	1260E				
	Reporting Sewer Authority		Permit #	MANAGER PARTY NAMED IN COLUMN				
2.	Authorized Representative Tra	nsmitting Form:						
	Rick	Mosca	781-545-8736					
	First Name	Last Name	Telephone No.	Make years				
	Interim Supervisor Title	The second of th	rmosca@scituatema.gov E-mail Address		reconstitute and the party of the same			
B	Phone Notifications:		E-mail Address					
D,	Filone Nouncations:							
1.	MassDEP staff contacted:	Dave	Burns					
••	reaction and the contraction of	first name	last name	- William				
	Date/Time contacted:	2-8-16	10:22	Пат	⊠ pm			
		Date	Time	am	<u>I</u> pm			
2.	EPA staff contacted:	Marie first name	McDonald					
			last name					
	Date/Time EPA contacted:	2-8-16 Date	10:25 Time	am	⊠ pm			
		Jen			EN PILIT			
3.	Board of Health contacted:	First Name	Keefe Last Name		······································			
		2-8-16	10:30					
	Date/Time contacted:	Date	Time	am am	⊠ pm			
4.	Others notified (select all that a		Conservation Commission					
	☐ Harbormaster ☐ Shellfish Warden ☐ Division of Marine Fisheries							
	☐ Downstream Drinking Water	er Supplier	atershed Association					
	☐ Beach Resource Manager	Other:	(specify)	WWW. SET THE SECOND SET OF SE	***			
C.	SSO Information							
1	SSO Discovered:	2-8-16	7:00		No.			
1.	330 Discovered:	Date	Time	am	⊠ pm			
	By: William Branton							
	wy.			- 100 YMM700000 1.	Continue of the continue of th			
2.	SSO Stopped:	2-8-16	7:20	П	M			
		Date	Time	∐ am	⊠ pm			
3.	SSO Discharge from: Sa	ınitary Sewer Manho	ole Pump Station					
	☐ Backup into Property	Other:	Filter overflow at treatment plant (specify)	a ************************************				
4.	SSO Discharge to:	d Surface (no releas	se to surface water)					
	☐ Direct to Receiving Water		(surface water)					
	Catch basin to Receiving V	Vater	(surface water)	Population of the name of the same				
	☐ Backup into Property Base	ment	·					



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

FOR DEP USE C
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Tax	Iden	tification	Num	her

C.	C. SSO Information (cont.)			
	Location:	Scituate Wastewater treatment Facility (Description of discharge site or closest address)		
5.	Estimated SS	SO Volume at time of this Report:  Approximately 5,000 gallons		
	Method of Es	stimating Volume:		
6.	Cause of SS	Ó Event:		
	☐ Rain Eve	ent Pump Station Failure Insufficient Capacity in System		
	☐ Treatmen	nt Unit failure		
	☐ Sewer S	ystem Blockage:  Pipe Collapse  Root Intrusion  Grease Blockage		
	☑ Other:	Increased flow from coastal flooding (Specify)		
7.	Corrective Ad	ctions Taken:		
	filters backwa	ashed, flow to proccess cut back		
	Impact Area	cleaned and/or disinfected: ⊠ Yes □ No		
	Corrective Ad	ctions Completed:   Yes   No		
D.	Commer	nts/Attachments/Follow-up		
	I wish to prov	vide (select all that apply):		
	☐ Attachmer	nt		
Additional comments and planned actions:				
	5 <del></del>			
	5=====			



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

2/ 22

2-9-16

Signature of Authorized Representative

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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





۹.	Reporting Facility				
١.	Facility Information				
	Scituate Wastewater Treatmen Reporting Sewer Authority	t Facility	MA010		***************************************
2,	Authorized Representative Tran	nsmitting Form:			
	Rick First Name Interim Supervisor	Mosca Last Name	781-545-8736 Telephone No. rmosca@scituatema.gov	· Direction of the second	- VIPMING COLUMN TO THE
-	Title	- III	E-mail Address		
3.	Phone Notifications:				
Į.	MassDEP staff contacted:  Date/Time contacted:	Dave first name 1-26-17	Burns last name 7:24	<b></b>	fortening
2.	EPA staff contacted:	Date Dave first name	Time Turin last name	⊠ am	∐ pm
	Date/Time EPA contacted:	1-26-17 Date	7:25 Time	⊠ am	pm pm
3.	Board of Health contacted:	Jen First Name	Keefe Last Name	······································	
	Date/Time contacted:	1-26-17 Date	7:52 Time	am	pm pm
1.	Others notified (select all that a	pply);	Conservation Commission		
		ellfish Warden 🛛	Division of Marine Fisheries		
	☐ Downstream Drinking Wate	r Supplier 🛮 🖾 Wa	atershed Association		
	☐ Beach Resource Manager	Other:	DPW Director (7:56 AM) (specify)	hadddddiad - yfnaw raith, y f beer ann hef,eeseen	AM - NAMA
C.	SSO Information				
۱,	SSO Discovered:  By: Scituate WWTP Staff	1-26-17 Date	3:30 Time	⊠ am	☐ pm
2.	SSO Stopped:	1-26-17 Date	2:20 Time	am	pm pm
3.	SSO Discharge from:   Sa	nitary Sewer Manho	le   Pump Station		
	☐ Backup into Property	Other:	Filter Bypass Valve openned at 3 (specify)	:30ÅM_	599
4.	SSO Discharge to: Ground	d Surface (no releas	e to surface water)		
	☐ Direct to Receiving Water		Filter Bypass Valve openned at 3 (surface water)		
	☐ Catch basin to Receiving V	Vater	Flow going around filters to UV T Post Aeration prior to discharge	reatment	and
	☐ Backup into Property Base	ment			



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP	USE	ONLY
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4	ouncation Form	rax Identification Number
C.	SSO Information (cont.)	
	Location: Scituate Wastewater Treatment Factoristics of discharge site or closest addresses and the control of	ility ess)
5.	Estimated SSO Volume at time of this Report:	1500 gpm/total estimated volume=975,000gallons
	Method of Estimating Volume:	mag meter
6.	Cause of SSO Event:	
	☐ Rain Event ☐ Pump Station Failure ☐	Insufficient Capacity in System
	☐ Treatment Unit failure	
	☐ Sewer System Blockage: ☐ Pipe Collapse	☐ Root Intrusion ☐ Grease Blockage
	Other: Increase in flow due to excessive (Specify)	precipitation and coastal flooding
7.	Corrective Actions Taken:	
	Filter Bypass Valve openned to manage treatment	of flow at the wastewater facility
	The state of the s	
		March 1
	The state of the s	
	Impact Area cleaned and/or disinfected:	es 🗌 No
	Wh	
	Corrective Actions Completed:	es 🗌 No
D.	Comments/Attachments/Follow-u	p
	I wish to provide (select all that apply):	
	☐ Attachment ☐ Additional comments below: □	No additional comments or attachments
	Additional comments and planned actions:	
		West and a second secon
	V	ATTO - data and a second secon



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

### **E. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



## Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program Sanifary Sewer Overflow (SSOVPypage)

## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

	DED	1 2 pm, pm	A
T 1 1 1 1 1 1		1150	( INI V
	- Image	~~~	ONLY

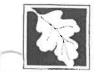
Tax Identification Number

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





A.	Reporting Facility		THE STATE OF THE S		
1.	Facility Information				
	Scituate Waterwater Treatment I	Facility	***		
	Reporting Sewer Authority	domey	MA: Permit	102695	
2.	Authorized Representative Tra	nsmitting Form:		, 24	
	Nathan	Ratcliffe	781-545-8736	:	
	First Name	Last Name	Telephone No.	-	
	Acting Interim Supervisor		nratcliffe@scituatema.gov		
D	Phone Notifications:		E-mail Address		- Alabina
D.	Phone Notifications:				
1.	MassDEP staff contacted:	Dave	Burns		
	massber statt contacted.	first name	last name		
	Date/Time contacted:	4/7/17 Date	5:00	□am	[X] pm
^	mana ali anti anti anti anti anti anti anti ant	Dave	Time Turin	La uni	La pin
2.	EPA staff contacted:	first name	last name		**************************************
	Date/Time EPA contacted:	4/7/17	didn't have phone #	—	i-i
		Date Jen	Time	∐ am	pm
3.	Board of Health contacted:	First Name 4/7/17	Keefe Last Name		
	Date/Time contacted:	4/7/17	Town Hall closed		
	Date/Time contacted,	Date	Time	am	pm
4.	Others notified (select all that a	ipply);	Conservation Commission		
	☐ Harbormaster ☐ She	ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier 🖂 M	atershed Association		
		v cabbuci	Kevin Cafferty (4:00 PM)		
	☐ Beach Resource Manager	X Other:	(specify)		
C.	SSO Information		(Specify)		
		·	4000		
1.	SSO Discovered:	4/7/17 Date	1:00 Time	□am	X pm
	Scituate WWTP staff	Date	(mie		L
	By:	****	· · · · · · · · · · · · · · · · · · ·		
2.	SSO Stopped:	4/7/17	2:30	Пат	X pm
		Date	Time	am	En bu
3.	SSO Discharge from: X Sa	initary Sewer Manho	ole Pump Station		
	☐ Backup into Property ☐	Other:	Manhole overflow on Hewes Rd. (specify)		
4.	SSO Discharge to: X Groun	d Surface (no releas	e to surface water)		
	☐ Direct to Receiving Water		(surface water)	•	
	☐ Catch basin to Receiving V	Vater	(surface water)		
	☐ Backup Into Property Base	ment			



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

FOR DEP USE ONLY

Tax Identification Number

C	. SSO Information (cont.)
	Location: Hewes Road Scituate, MA (Description of discharge site or closest address)
5.	Estimated SSO Volume at time of this Report:  Approximately 100-150 gallons
	Method of Estimating Volume:
6.	Cause of SSO Event:
	Rain Event Pump Station Failure Insufficient Capacity in System
	Treatment Unit failure
	☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage
	Other: Increased flow from coastal flowing during high tide.  (Specify)
7.,	Corrective Actions Taken: Allowed more flow into the WWTP to relieve the system until high tide receded.
	Impact Area cleaned and/or disinfected: X Yes No  Corrective Actions Completed: X Yes No
D.	Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Attachment Additional comments below: No additional comments or attachments  Additional comments and planned actions:



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, for knowing violations.

Signature of Authorized Representative

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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





1.	Reporting Facility				
	Facility Information				
	Scituate Wastewater Treatment	acility		MA102695	
	Reporting Sewer Authority	*	P	ermit#	
	Authorized Representative Tra	nsmitting Form:			
	Nathan	Ratcliffe	781-545-8	7726	
	First Name	Last Name	Telephone N		
	Interim Supervisor	Edot (400)C	nratcliffe@scituatema.gov	NO.	
	Title		E-mail Address		,
3.	Phone Notifications:				
	HE STATE OF THE ST	1			
	MassDEP staff contacted:	Dave	Burns		
•	COMMON CONTRACTOR CONT	first name	last name		
	Date/Time contacted:	4/4/17	4:20	— am	⊠ pm
	The second secon	Date	Time	L.J alli	bin
	EPA staff contacted:	Dave	Turin		
•	in receip contactor.	first name	last name		
	Date/Time EPA contacted:	4/4/17	4:30	Пат	☑ pm
	march a many me a a constitutioner.	Date	Time	dili	L) pm
	Board of Health contacted:	<u>Jen</u>	Keefe		
1	Dodice of Frontier Software.	First Name	Last Name		
	Date/Time contacted:	4/4/17	4:25	— Пат	[X] pm
		Date	Time	L	C P.1
•	Others notified (select all that a	ipply);	Conservation Commission		
	X Harbormaster X Sh	ellfish Warden 🛛 🗵	Division of Marine Fisheries		
	C Daymatana Distinct Mrs	C	Amount of the contract of		
	☐ Downstream Drinking Water	er Supplier 🔼 Wa	tershed Association		
	☐ Beach Resource Manager	X Other:	DPW Director (4:10 PM)		
_		M Other.	(specify)		
*.	SSO Information				
		4/4/17	4:15		
	SSO Discovered:	Date	*** **	— Пат	X pm
	California MANTED Chaff		Time	<del></del>	hand F
	By: Scituate WWTP Staff				····
		4/5/17	7:00		
•	SSO Stopped:	Date	7:00 Time	— ∑ am	☐ pm
	SSO Discharge from: S	anitary Sewer Manhol	e		
	The production for the production of the product	1 Augusta	Filter Bypass Valve opened a	t 4:15PM	
	Backup into Property	Other:	(specify)		
,	SSO Discharge to: Groun	d Surface (no release	to surface water)		
	and the second s		-	St 4-15D84	
	☑ Direct to Receiving Water		Filter Bypass Valve opened		T
		(surface water) Flow going around filters to UV Treatment			
	☐ Catch basin to Receiving	<b>Nater</b>	Post Aeration processing (surface water)	or to discharge	
			familiare states)		
	☐ Backup into Property Base	ement			



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

FOR DEP USE ONLY

Tax Identification Number

C.	SSO Info	mation (cont.)
	Location:	Scituate Wasterwater Treatment Facility  (Description of discharge site or closest address) 800 gpm/total estimated
5.	Estimated SS	O Volume at time of this Report:   volume =720,000 gallons
	Method of Es	timating Volume: mag meter
6.	Cause of SSC	D Event:
	☐ Rain Ever	nt Pump Station Failure Insufficient Capacity in System
	☐ Treatmen	t Unit failure
	☐ Sewer Sy	stem Blockage:   Pipe Collapse  Root Intrusion  Grease Blockage
	X Other:	Increase in flow due to excessive precipitation and coastal flooding (Specify)
7.	Corrective Ac	
	Filter Bypass \	/alve opened to manage treatment of flow at the wastewater facility
	April	Atomic region and the second s
	Impact Area o	cleaned and/or disinfected: X Yes No
	«Marko Rober	
	Corrective Ac	tions Completed: X Yes No
D.	Commen	ts/Attachments/Follow-up
	I wish to provi	ide (select all that apply):
	☐ Attachment	Additional comments below:   No additional comments or attachments
	Additional cor	mments and planned actions:
		- ANNOUNCE OF THE PROPERTY OF



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

FOR DEP USE ONLY

Tax Identification Number

### **E. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

Data Signad

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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



A.	Reporting Facility				
1.	Facility Information				
	Scituate Sewer Division		5.5.4.m.d		
	Reporting Sewer Authority	HIDH	MAU1 Permit	#	A.
2.	Authorized Representative Tra	ansmitting Form:			
	Rick	Mosca	781-545-8736		
	First Name	Last Name	Telephone No.		
	Interim Supervisor	100	rmosca@scituatema.gov	*****	
D		•	E-mail Address		
D.	<b>Phone Notifications</b>				
1.	Mana DED white danger and	Dave	Burns		
1.	MassDEP staff contacted:	first name	last name	M	
	Date/Time contacted:	1-5-17	12:20	<del></del> -	-
	Date/Time contacted:	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Dave	Turin		
<b>4</b>	EFA stair contacted.	first name	last name		
	Date/Time EPA contacted:	1-5-17	12:20		general .
	Date/Time EFA contacted.	Date	Time	am	⊠ pm
3.	Board of Health contacted:	Jen	Keefe		
Ų,	board of riealth contacted.	First Name	Last Name	*******	
	Date/Time contacted:	1-5-17	10:40	-	
	Date/Time contacted:	Date	Time	🛛 am	pm
4.	Others notified (select all that	apply);	☑ Conservation Commission		
	☐ Harbormaster ☐ Sh	nellfish Warden [	☐ Division of Marine Fisheries		
	☐ Downstream Drinking Wat	er Supplier	Vatershed Association		
	☐ Beach Resource Manage	Other:	Scituate DPW Director (specify)		THE RECORDED BUILDING
C.	SSO Information				
		4 5 47	0.00		
1.	SSO Discovered:	1-5-17 Date	9:30 Time	⊠ am	pm
	Scituate DPW Staff	Date	1 1116		,
	By: October DF VV Stati		6 shakarayan yawayan yawayan sanaran yawa		
		1-5-17	n-òò		
2.	SSO Stopped:	Date	2:00 Time	am	⊠ pm
3.	SSO Discharge from:	anitary Sewer Manh			
		,, ,, ,, ,, ,, ,, ,			
	☐ Backup into Property ☐	Other:	(specify)		***************************************
4.	SSO Discharge to:   Grou	nd Surface (no relea	ase to surface water)		
	☐ Direct to Receiving Water	,	Louisting a violant		
	☐ Catch basin to Receiving		(surface water)		
			(surface water)		
	☐ Backup into Property Bas	ement			



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

Tax Identification Number

Ç.	SSO Information (cont.)			
	Location: Intersection of Egypt Beach Road a (Description of discharge site or closest address)	nd Bay Avenue		
5.	Estimated SSO Volume at time of this Report:	5-10 gpm/1350-2700 gallons total		
	Method of Estimating Volume:	visual estimate		
3.	Cause of SSO Event;			
	☐ Rain Event ☐ Pump Station Failure [	☐ Insufficient Capacity in System		
	☐ Treatment Unit failure			
	Sewer System Blockage: □ Pipe Collapse	e Root Intrusion Grease Blockage		
	Other: (Specify)			
r.	Corrective Actions Taken:			
	Vactor Service in to jet line and free blockage			
	Impact Area cleaned and/or disinfected:	Yes □ No		
	Corrective Actions Completed:	Yes □ No		
<b>)</b> .	Comments/Attachments/Follow-u	1b		
	I wish to provide (select all that apply):			
	☐ Attachment ☐ Additional comments below:	No additional comments or attachments		
	Additional comments and planned actions:	Additional comments and planned actions:		
	· · · · · · · · · · · · · · · · · · ·	1900mmanus de la constitución de		
	per at your extra service and the service at the se	THE RESIDENCE OF THE PARTY OF T		



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

1-5-17

Date Signed

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

### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

emergency Phone: 888-304-1133



Sanitary Sewer Overflow (SSO)/Bypass **Notification Form** 

4. SSO Discharge to: Ground Surface (no release to surface water)

☐ Direct to Receiving Water

☐ Catch basin to Receiving Water

Backup into Property Basement

FOR DEP USE ONLY	FOR	DEP	USF	ONI	v
------------------	-----	-----	-----	-----	---

Tax Identification Number

### A. Reporting Facility

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





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

1.	Facility Information				
	Town of Scituate Wastewater	Troofmant Dis			
	Reporting Sewer Authority	rreduitent Plant	MAO	102695	
2.	7.1.7		Pemi		
۷.	Light Chicae Hall A	ansmitting Form:			
	William	_	A		
	First Name	Branton Last Name	781-545-8736		
	interim Supervisor	coor Mattie	Telephone No.		
	Title	The state of the s	WBranton@ScituateMA.gov		
B	. Phone Notifications		E-mail Address		
	- Hono Nothications	·			
1.	MassDEP staff contacted:	Dave	Power.		
1.1	massiber stall contacted:	first name	Burns		
	Date/Time contacted:	7/11/2017	last name		
	Duter fine Contacted:	Date	12:29 Time	am	N/A
2.	EPA staff contacted:	Dave			⊠ pm
7.	- Contacted.	first name	Turin last name		
	Date/Time EPA contacted:	7/11/2017	12:31		
	Duter fillig Li A contacted:	Date	Time	am	⊠ pm
3.	Board of Health contacted:	Jenn	Keefe	Land Citi	KZI bili
	or rically contacted.	First Name	Last Name		V
	Date/Time contacted:	7/11/2017	11:07		
	- List the contacted.	Date	Time	⊠ am	pm
4.	Others notified (select all that a	ander.			F
	The state of the s	ppiy),	Conservation Commission		
	☐ Harbormaster ☐ She	ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Water	r Supplier	/atershed Association		
	Reach Porouras Manage	57.0	Director of Public Works		
	☐ Beach Resource Manager	⊠ Other:	(specify)	was done - build	Accessed to the second
C.	SSO Information				
1.	SSO Discovered:	7/11/2017	7:45		
		Date	Time	⊠ am	□ pm
	By: William Branton		340		
		744 3 70 6 3		THE STREET, AND STREET, COMMAND	
2.	SSO Stopped:	7/11/2017 Date	8:00		K7
			Time	L am	⊠ pm
}.	SSO Discharge from:   Sa	nitary Sewer Manho	ple  Pump Station		
	K		American Construction and Section 1995 (1)		
	□ Backup into Property □	Other:	(specify)		the last qualification and and
			(aboout)		

(surface water)

(surface water)



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

# **Notification Form**

FOR:		

Tax Identification Number

C.	SSO Info	rmation (cont.)				
	Location:	111 First Parish Road, Scituate, MA 0 (Description of discharge site or closest addres				
5.	Estimated SS	SO Volume at time of this Report:	100 Gallons			
	•	itimating Volume:	Estimate given by Service Master (Cleaning Service)			
6.	Cause of SS	O Event:				
	☐ Rain Eve	ent Pump Station Failure	Insufficient Capacity in System			
	☐ Treatme	nt Unit failure				
	☐ Sewer S	ystem Blockage:   Pipe Collapse	☐ Root Intrusion ☐ Grease Blockage			
	Other:	(Specify)	aphidide interest present mendelectric transfer and a second of the present of th			
7.	Corrective A	ctions Taken:				
an	Contacted Drain Shooter to jet potential blockage on homeowner's property and TV line. Sewer department jetted collection system in the street and removed debris Service Master contacted to clean and disinfect backup on / in homeowner's property. Excavated sewer lateral line and replaced 4 feet of damaged pipe with schedual 40 PVC. Please see attached note for detail of events.					
	Property cle	cleaned and/or disinfected: X Ye aned by Service Master. Sewage and cand disposed of at the treatment plant te for disposal.	es			
	Corrective A	ctions Completed:	es 🛭 No			
		4 <sup>th</sup> Service Master is continuing to work potentially contaminated material is ren	with homeowner at 111 First Parish to ensure that noved and disenfected.			
D	. Comme	nts/Attachments/Follow-u	p			
	I wish to pro	ovide (select all that apply):				
		ent	No additional comments or attachments			
	Additional c	omments and planned actions:				
	Please see	attached letter.	A Serie Manuel Series Control of the			
	Angeling a spelling in the control of the control o	Notes of the Control				
			and the second s			



### Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

7/14/2017

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

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Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA Contact

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

To whom it may concern,

At 7:30am on July 11th 2017 the Sewer Department was called to investigate a sewage backup into the property at 111 First Parish Road. Initial inspection showed the collection system flowing freely with no manholes holding water. At this time Homeowner contacted Drainshooter to jet and clear their private line. Bloackage was initially suspected to be in a wye where an accessory dwelling was tied into the same line. Home owner and renter at accessory dwelling informed to suspend water use while blockage is being cleared and repairs made. Drainshooter unable to clear blockage and called the Sewer Department back at 9:30am to investigge further. The Sewer Department immediately began camering and jetting the sewer main in the street while Drainshooter camered the private line out of the property. Camera on either end was unable to fully transverse sewer latteral off main in the street. Jetting from the collection system in the street revealed crushed stone and debris in collection system. At this time (10:58am) the sewer department began notifying related parties that there was a problem with the sewer lateral and began excavating area to make repairs. Service Master contacted to clean backup at property. Sewer line was found to be damaged in two locations on the clay lateral and PVC connection point. Damage to sewer line is suspected to be related to recent construction on watermain which tranverses above the sewerline at this location. Water department notifyied and remained onsite during repair to monitor condition of waterline. At 8PM four feet of damaged sewer line was replaced with schedual 40 PVC and sewer service to the property restored. Lines were flushed prior and after repair and then jetted by vactor to remove any remaining debris. If there are any questions please contact the Town of Scituate Sewer Department at 781-545-8736.

Sincerely.

William Branton

Intrum Supervisor

781-545-8736

\* \* \* Communication Result Report ( Jul. 17, 2017 7:48AM ) \* \* \*

Fax Header)

Te/Time: Jul. 17. 2017 7:46AM

File No. Møde	Destination	Pg(s)	Result	Page Not Sent
3297 Memory TX	16179180870	P. 4	OK	هيها لهود بهود ومق جلت أشدر مست وهد يعدو حدث مست حدث حدث حوث وجد فجد حجر معظ م

Reason for error
E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. F-mail size.

E. 2) Busy E. 4) No facsimile connection

2	Bureau of Resource Prote Sanitary Sewer Ov	ent of Environmen ction — Watershed F rarflow (SSO)/	Sormetelian Pana	FOR DEP USE ON
C. C. C. C.	<b>Notification Form</b>		nypass	Tax Identification Number
	A. Reporting Facility			
Importent: When				
May out forms on the computer.	1. Facility Information			
ting dely the fact boy to move your career - do not	Town of Sciluste Wastewell Reporting Seven Authority	ter Treatment Plant		MAG102695
and the return	2. Authorized Representative	Transmitting Form:		* active is
	William	Brentun	701 0	ie indali
NET.	First Marea.	Lost Norms	Telepho Telepho	5-8736
in Va	interim Supervisor		WBranton@SchrateMA	
			E-mail Aridones	***************************************
	B. Phone Notification	18:		
See DEP Regional Office	t. MassDEP staff contacted:	Octyc Brai arross	Burns	-
Science ered	Date/Time contacted:	7/11/2017	12:29	
the and of this		Data	Tene	— O 🛇
fourt.	2. EPA staff confected:	Dave	Turin	
		7/11/2017	green leni	
	Date/Time EPA contacted:	Dele	1231 Tree	Den 23
	3: Board of Health contacted:	Jenn	Keefe	
75	- Dome of the and test account	First Name	Last Harna	
	Data/Time contacted:	7/11/2017	\$1:07	419
		Date	E acute	(S) am []
	4. Others notified (netert all the	at apply);	Conservation Commission	n
	☐ Harbonnaster ☐	Shellish Warden	Division of Mayine Fisheri	h4-
	☐ Counstream Drinking W		aberaised Association	
			Director of Public Works	
	☐ Beach Resource Manes	gics DC Other:	(Specify)	
	G. SSO Information	-10		
	1. SSO Discovered:	7/11/2017	7:45	
	1442 (2)	Date	Time	- Men []
	By: Violium Brankin			
	2. SSC Stopped:	7/11/2017	800	
	3. SSO Discharge from:	Sanitary Same Manha	is D Pump Station	
	time to a		m I'm Laurb 20000	
	**************************************	Other.	(absolit)	-
	4. SSO Discharge to:  Gro	ound Surface (no release	e to surface water)	
•	☐ Direct to Receiving Wat	ter :	(surface weter)	
	Catch bean to Receiving	g Water	(eurlace water)	
	🗵 Backup into Property Br	esement	Comments.	
steform-2+pey, (	09/2013	See. 3. 14. 6		
12000		skandennyika On	ntionallypus or Sawage Backup	/ Hothodian - Page 1 of 3

Fax Headerl

te/Time: Jul. 17. 2017 7:47AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
3298 Memory TX	15089476557	P. 4	OK	<del></del>

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy E. 4) No facsimile connection

家	FOR DEP USE ONLY		
	Sanitary Sewer Overflow Notification Form		Yan Identification Number
	A. Reporting Facility		
Ring out forms	1. Facility Information		
on the correputes,	Town of Schuste Wastewater Treatme	int Plant	*****
pay to move your	Heparing Sauge Authority		NA0102895 Power #
tree this recurs	2. Authorized Representative Transmitter	g Fonn;	
4			545-8736
C.V.	intuim Supervisor	WBranton@SchuateM	hone Ro. A cov
	B. Phone Notifications:	E-mail Address	2127
			-
Sea DEP Regional Office	1 Manual Parant contacted: Dave Wat no	Burns but name	
for numbers at	Date/Time contacted: 7/11/2	2017 12:29	Den Mpn
the end of the	2 EPA statt contacted Dave	Tiroe Tinon	Class KAbia
	18.00 165	Sended strike CEED	
	Date Date	12:31 Time	O == 13 pm
. %	3. Board of Heelth contacted: Jenn	wng Keefe Last Name	
	Doto/Time contacted: 2/11/2	2017 11:07	B 6
	Others molified (select all that apply);	These	
		Conservation Commiss	ion
	☐ Harbormaster ☐ Shelfish W		pries.
	Downstream Drinking Water Suppl	ler Watershed Association	
	☐ Beach Resource Manager ⊠ Ot	her. Director of Public Worl	19
	C. SSO Information	(spec#y)	********
		7/11/2017 7:45	
	1. SSO Discovered:	7:45 Dots Time	— ⊠aen ∏pm
	By: William Brombon		
	2. SSO Stopped:	7/11/2017 8:00	Oen Xm
	3. SSO Discharge from: Sanitary E		CT-10. 905 hills
	☐ Backup into Property ☐ Other		III III The American
	4. SSO Discharge to:   Ground Sarles	Streety CO INO milesso to surface water.	
cs;	☐ Offect to Receiving Water		
	Catch basin to Receiving Water	(turizza autor)	
	Backup Into Property Besoment	(surface water)	
\$\$0500m-2 - ecy.	runi	William Indiana and an analysis of the second	
		Washineter Oriellon/Dypanic or Savinge Bac	City 1 sept - noticellated was



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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





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

A.	Reporting Facility							
1.	Facility Information							
	Scituate Sewer Division MA0102695							
	Reporting Sewer Authority	and the state of t	Permit #	1000	Understand			
2.	Authorized Representative Tra	nsmitting Form:						
	Rick	Mosca	781-545-8736					
	First Name	Last Name	Telephone No.					
	Interim Supervisor Title	name A.A.	rmosca@scituatema.gov E-mail Address					
R	Phone Notifications:		Little Address					
. دیا	Thore Notifications.							
1.	MassDEP staff contacted:	Dave	Burns					
• •	THE TOTAL CONTRACT OF STREET	first name	last name		TOTAL CONTROL OF			
	Date/Time contacted:	1-18-17	7:55	⊠ am				
		Date	Time	∠ ann	pm			
2.	EPA staff contacted:	first name	last name					
		mot name	last name					
	Date/Time EPA contacted:	Date	Time	am	pm pm			
^	Disal -611-10							
3.	Board of Health contacted:	First Name	Last Name		harries has established a back			
	Date/Time contacted:	Whiteham, And Williams and Andrews			P			
	Date/Time Contacted,	Date	Time	∐ am	pm			
4.	Others notified (select all that a	ipply):	Conservation Commission					
	,							
	☐ Harbormaster ☐ She	ellfish Warden	Division of Marine Fisheries					
	Downstream Drinking Water	er Supplier 🔲 Wa	atershed Association					
	☐ Beach Resource Manager	☑ Other:	Scituate DPW Director					
	<u> </u>	Ø Other.	(specify)					
C.	SSO Information							
		1-18-17	7:30					
1.	SSO Discovered:	Date	Time	🛛 am	☐ pm			
	Scituate DPW Staff	÷	,					
	By:			AND AND ASSESSMENT OF THE PERSON OF T	OHOMO W. AMMAN			
2.	SSO Stopped:	1-18-17		ŕ	r1			
۵.,	ooo diopped.	Date	Time	∐ am	pm			
3.	SSO Discharge from: X Sa	initary Sewer Manho	le					
		•						
	☐ Backup into Property ☐	Other:	Loose grit material spilled out of di ground during dumpster removal.	ımpstei	r onto			
4	55051			***************************************				
4.	SSO Discharge to: X Groun	d Surface (no release	e to surface water)					
	Direct to Describe Water							
	☐ Direct to Receiving Water		(surface water)	10.50				
	☐ Catch basin to Receiving V	Vater						
		र सामग्री,	(surface water)					
	Backup into Property Base	ment						



### Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number C. SSO Information (cont.) 161 Driffway Scituate, MA 02066 (Scituate Waste Water Department) Location: (Description of discharge site or closest address) One cubic yard 5. Estimated SSO Volume at time of this Report: visual estimate Method of Estimating Volume: 6. Cause of SSO Event: Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System ☐ Treatment Unit failure ☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage Spill out of dumpster container during dumpster removal. Other: 7. Corrective Actions Taken: . Site cleaned up with backhoe and material put back into dumpster container. Impact Area cleaned and/or disinfected: Yes ☐ No Corrective Actions Completed: ☐ No D. Comments/Attachments/Follow-up I wish to provide (select all that apply): Attachment Additional comments below: ☐ No additional comments or attachments

Before and after pictures of the site emailed to Mr. Dave Burns (DEP SERO) along with this report.

Additional comments and planned actions:



#### Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

1-18-17

**Date Signed** 

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

emergency Phone: 888-304-1133



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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



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

A.	Reporting Facility							
1.	Facility Information							
	Coltinate Mantageria Transfer and Carlling							
	Reporting Sewer Authority	t raciity	MA0102695 Permit #					
2.	Authorized Representative Train	nsmitting Form:	ı, onfut u					
	William	Branton	781-545-8736					
	First Name	Last Name	Telephone No.	***************************************	MATERIAL CONTRACTOR CO			
	chief Operator / Interim Superv	isor	WBranton@ScituateMA.gov					
	Title		E-mail Address					
В.	<b>Phone Notifications:</b>							
1.	MassDEP staff contacted:	David	Burns					
1.	wassper stati contacted:	first name	last name					
	Date/Time contacted:	5-29-17	12:04	NZ	<u></u>			
	Bate/Time contacted.	Date	Time	🛛 am	pm			
2.	EPA staff contacted:	Dave	Turin					
•	- II dia do motos.	first name	last name		- MANAGEMENT CONT.			
	Date/Time EPA contacted:	5-29-17	12:08	⊠ am	Г			
	,	Date	Time	M am	∐ pm			
3.	Board of Health contacted:	<u>Jennifer</u>	<u>Keefe</u>					
		First Name	Last Name					
	Date/Time contacted:	5-29-17 Date	12:08 Time	⊠ am	mq			
1	Others notified /select all that a		- <del></del>					
4. Others notified (select all that apply);								
	☐ Harbormaster ☐ She	ellfish Warden 🔲	Division of Marine Fisheries					
	☐ Downstream Drinking Water	er Supplier 🔲 Wa	atershed Association					
	☐ Beach Resource Manager	Other:	DPW Driector, Kevin Cafferty (specify)		- Immenu			
C.	SSO Information							
4	000 Discourants	5-28-17	740					
1,	SSO Discovered:	Date	Time	∐ am	⊠ pm			
	By: Michael Angland	W. A						
	Lly.							
2.	SSO Stopped:	5-28-17	1120	П	⊠ pm			
	oco otoppou.	Date	Time	L am	₩ pm			
3.	SSO Discharge from: Sa	initary Sewer Manho	le Pump Station					
	☐ Backup into Property ☐	Other:	(specify)	***************************************				
4.	SSO Discharge to:   Groun	d Surface (no releas	e to surface water)		•			
	☐ Direct to Receiving Water		(surface water)					
	☐ Catch basin to Receiving V	Vater	Harbor (surface water)	an management	adMir bulling			
	Rackup into Property Rase	mant						



Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

C.	SSO Info	rmation (cont.)	
	Location:	116 Front Street, line extended down (Description of discharge site or closest address	Cole Parkway from intersection on Front Street
5.	Estimated SS	O Volume at time of this Report:	1,100
		timating Volume:	Visual estimate based on SCAP Spill Estimation Chart
6.	Cause of SSC	D Event:	
	☐ Rain Eve	nt Pump Station Failure	Insufficient Capacity in System
	☐ Treatmen	t Unit failure	
	⊠ Sewer Sy	stem Blockage:	☐ Root Intrusion ☒ Grease Blockage
	Other:	(Specify)	
7.	Corrective Ac	tions Taken:	
bro day	ken up. Area d	aco Sewer and Drain services Inc. and leaned of debris and other material ar pect, jet and vactor out any remaining	I they jetted the line until the grease blockage was and washed down. Araco is to return within a couple grease buildup.
		cleaned and/or disinfected: 🏻 🔀 Ye	s No
	Corrective Ac	tions Completed:	es 🗌 No
	Initial correcti	on completed. Followup work to be co	mpleted within same week.
D.	Commen	ts/Attachments/Follow-up	*
	I wish to prov	ide (select all that apply):	
	☐ Attachment	Additional comments below:	No additional comments or attachments
	Additional cor	mments and planned actions:	
	Blockaged ca	used by grease buildup, area is to be	reinspected and any remaining grease removed dand will comment on condition of grease traps at
			And the second s



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

5-30-2017

**Date Signed** 

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR		

Tax Identification Number

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





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

٩.	Reporting Facility					
۱.	Facility Information					
	Town of Scituate, Wastewater Reporting Sewer Authority	Freatment Plant		MA0 Perm	102695 it#	···········
2.	Authorized Representative Trans	nsmitting Form:				
	William First Name	Branton Last Name		781-545-8730	3	
	Interim Supervisor Title	Last Natile		Telephone No. ②ScituateMA.gov	***************************************	
<b>3</b>	Phone Notifications:		E-mail Addres	SS.		
ο,	Phone Notifications:					
١,	MassDEP staff contacted:	Dave first name		Burns last name	10 mm and a common or	
		7/5/2017		2:02		
	Date/Time contacted:	Date	######################################	Time	am	⊠ pm
		Dave		Turin		
2.	EPA staff contacted:	first name	***************************************	last name	To all your ald the time his my bigg	***************************************
		7/5/2017		2:10		t
	Date/Time EPA contacted:	Date		Time	am	⊠ pm
_		Jennifer		Keefe		
3.	Board of Health contacted:	First Name	***************************************	Last Name		#P4
		7/7/2017		9:22		
	Date/Time contacted:	Date		Time	🛛 am	pm
4.	Others notified (select all that a	pply);	Conservation	on Commission		
	☐ Harbormaster ☐ She	ellfish Warden	Division of I	Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier 🔲 Wa	itershed Ass	sociation		
	☐ Beach Resource Manager	Other:	Director of (specify)	Public Works		aaraagginghoogquadg ag (ga, (ga, ga, d
C.	SSO Information					
1.	SSO Discovered:	7/4/2017 *P		12:30	am	⊠ pm
		comments s	section	Time		E S Pi
	By: Mike Angland, on-ca	II operator				
	*	7/6/2017		7		
2.	SSO Stopped:	Date		Time	am	⊠ pm
3,	SSO Discharge from: S	anitary Sewer Manho	le 🗌 Pu	ımp Station		
	☐ Backup into Property ⊠	Other:	Pipe collar (specify)	ose, discharge from	road surfac	<u>:e</u>
4.	SSO Discharge to:  Groun	d Surface (no release	e to surface	water)		
	☐ Direct to Receiving Water		(surface wate	er)		
	Catch basin to Receiving \	Water	(surface wate			······································
	☐ Backup into Property Base	ement				



## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

N	otificatio	on Form		Tax Identification Number
C.	SSO Info	rmation (cont.)		
	Location:	47 Rebecca Road, Scituate MA 021 (Description of discharge site or closest add	066, Infront of house on streets)	eet.
5.	Estimated S	SO Volume at time of this Report:	50-100 gallons	
	Method of Es	stimating Volume:	Visual Estimate	No.
6.	Cause of SS	O Event:		
	☐ Rain Eve	ent Pump Station Failure	☐ Insufficient Capacity in	System
	☐ Treatme	nt Unit failure		
	☐ Sewer S	ystem Blockage: 🛛 Pipe Collaps	e 🔲 Root Intrusion 🔲	Grease Blockage
	Other:	(Specify)	A MINISTER A	Section Butter
7.	Corrective A	ctions Taken:		
we	re underway. 3 d poor pitch.	aled residual waste pooling in lateral property) notifyied of problem and ac Site was excavated and found clay lateral and and found clay lateral and and/or disinfected:	lvised to not use their sewe ateral line damaged on the t	r service while renairs
	Water, sewa	ge, and debris removed from area ar	nd disposed of.	
		ctions Completed:  Vice line and removed all water and ditched.		ateral replaced with PVC
D.	Commer	nts/Attachments/Follow-i	In .	
			- 1	
		/ide (select all that apply):		
	☐ Attachmer	it Additional comments below:	☐ No additional comments o	r attachments
		mments and planned actions:		
	overflow unti immediately	initially thought to be a leaking water I visual inspection of the lateral in the after identifying problem. The Town	e street on July 6 <sup>th</sup> . The late of Scituate is currently in the	ral service was replaced e design and planning



Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

7/7/2017

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

\* \* \* Communication Result Report (Jul. 7. 2017 3:33PM) \* \* \*

e/Time: Jul. 7. 2017 3:31PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
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Reason for error

E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 4) No facsimile connection

KV.	Bureau of Resource Protein Sanitary Sewer Ov Notification Form	FOR DE	Tax blandification from her			
				Tax Month	Acetion 86	मारीकर
	A. Reporting Facility		100			
sportest: When ing out forms the computer,	1. Facility Information.					
of some time tech	Town of Schuste, Wastewa	ter Treatment Plant		MADIC	2695	
FREE - do sut	Reporting Sower Authority  2. Authorized Renovementation:			Posnii 4		
у.	<ol> <li>Authorized Representative *</li> <li>William</li> </ol>					
	First Harry	Brainton East Name		-545-8736 charma No.		
	Interim Supervisor		Wildenfor@Schualet			
	B. Phone Notification		E-mail Address			-
	D. FIIONS MOUNCAUGH	1867				
is DEP	1. MassDEP staff contacted:	Dave for same	Burns			
bos energy	Date/Time contacted:	7/6/2017	test name 2:02	,		
t nombans et end of this		Date	Ting		C) acr	M pm
rus,	2. EPA staff contacted:	Davo fist same	Turin led name	***************************************		
	Date/Time EPA contacled:	7/5/2017 Oate	2:10		[] <sub>429</sub>	f01
	3. Board of Health contacted:	Jerwifur	Thu		( I mid	SZSE PAT
	an power of treasur printectors	First Name	Last Norm			
	Data/Time contacted:	7/7/2017 Date	9.22		⊠ em	Пип
	4. Offices notified (solect all the	et aunivi:	Conservation Commis	-7		
	_		_			
			Division of Marine Flui	Snos		
	☐ Downstream Drinking Vi	later Supplier 1	Natershed Association			
	Beach Resource Manag	per 🔯 Other:	Director of Public Wo	iks		
	C. SSO information			·	<u></u>	
	SSO Discovered:		Pleasa see 12:30		_	es.
	Due Mike Angland, on	Comment Call operator	8 SECTION Time		□ em	KA bu
	BA: wase verificator mi					_
	2. SSO Stopped:	780/2017 Data	7 The	******	∐ ami	XI pr
	3. SSO Discharge from:	Secilary Sever Man	hole   Pump Station	1		
	☐ Backup into Property	Other:	Pipe collapse, dische	tgë from ros	d surlac	<b>10</b>
	4. SSO Discharge to: 🖾 😉	ound Surface (no note	3 7			
	Direct to Receiving We		-			
	Calch basin to Receiving	ig Water	(sorface water)			
	☐ Backup into Property B		(Surfaces water)			

\* \* \* Communication Result Report (Jul. 7, 2017 3:34PM) \* \* \*

e/Time: Jul. 7. 2017 3:31PM

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Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 5) Exceeded max. E-mail size

8	S	assachusetts Departmei reau of Resource Protect anitary Sewer Ove	ion Watershed Permitti	ing Program ISS	FOR DEP USE OF	1401
	_	otlfication Form			Tacr Identification Numb	er.
	A.	Reporting Facility				
und: Vinea el Acums	i.	Fecility Information				
computer:		Town of Schusto, Westernite	or Transformed Disease		*******	
TOWN YOUR		Reporting Sewer Autority	THOMAS I ENG.		MA0102695	
return	2.	Authorized Representative Tr	ansmitting Form.			
Th.		William	Branton	781-545	-8736	
_		First Name Interim Supervisor	Last Harne	Telephone	a No.	-
<b>1</b> 5		Title		mbn@ScitustekiA g Address	OV.	
	B	Phone Notifications		20007		
				_		
al Orles	1.	ManaDEP staff contacted:	Carve.	Burns last same		
ne and moers of		Dete/Time contacted:	7/5/2017	2:02	1771 87	<b>7</b>
in the			Date Dave	Yime		N pm
	2	EPA winff contacted:	first name	Turin .		
		Date/Time EPA contacted:	7/5/2017	2:10	Den 5	a
	-2	residence and a second of	Date Jennifier	Keele	ET-Mil R	71 bits
	3);	Board of Health contacted:	First Home	Last Name		-
		Date/Time contacted:	7/7/2017	9:22	133 am [	٦
		Ant to the same of the best of	Date	Three	e	ing facial
	7.	Others notified (select all the	tep(xy); LIConse	evation Commission	ļ	
		☐ Harbornaster ☐ S	Shellfish Warden Divisio	or of Marine Fisherin	25	
		Downstream Drinking W.	olar Sandiar III Walanda	d Association		
	-	☐ Beach Resource Manag	er Other: Expect	tor of Public Works		
	C	SSO Information	Late or Management of the Contract of the Cont		***************************************	
			7/4/2017 *Please s	see 12:30		
	1.,	SSO Discovered:	comments section		— Dan I	XI per
		By: Mike Angland, on-	call operator			
		w3.				
	2		7/6/2017	7		
		SSO Stopped:	Date	Titom	— D. I	× pr
			Date	7 Tiros	— D= 1	<b>М</b> ра
		SSO Stopped:	Sanitary Sevent Manhole [	collapse, discharge		
	3,	SSO Stopped: SSO Discharge from:	Sanifary Sevent Manthole [   Pipe (need)	collapse, discharge		
	3,	SSO Stopped:	Sanifary Sevent Manthole [   Pipe (need)	collapse, discharge		
	3,	SSO Stopped: SSO Discharge from:	Sanitary Surver Manhole [ ]  Other: Pipe (need) part of Surface (no release to sur	collapse, discharge sy) alsce water)		
	3,	SSO Skopped:  SSO Discharge from:   SSO Discharge for  SSO Discharge for  SG Gri  Ulfract to Receiving Wall	Sanitary Street Manhote   Fige     Other: Proper to the country of	coffepse, discharge sy) aface water)		
	3,	SSO Stopped:  SSO Discharge from:   El Backup Into Property  SSO Discharge to:   El Grid	Onto Sanitary Survey Manhole [  Other: Pipe Operation Surface (no release to su  ter surface	collapse, discharge sy) alsce water)		



# Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanitary Sewer Overflow (SSO)/Bypass

## **Sanitary Sewer Overflow (SSO)/Bypass Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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



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

A.	Reporting Facility				
1.	Facility Information				
	Town of Scituate, WWTP		N	MA0102695	
	Reporting Sewer Authority			Permit #	
2.	Authorized Representative Train	nsmitting Form:			
	Wiliam	Branton	781-545-8	3736	
	First Name	Last Name	Telephone N	No.	
	Interium Supervisor / Chief Ope	erato	wbranton@scituatema.gov		
	Title		E-mail Address		
В.	<b>Phone Notifications:</b>		·		
	Steen DED staff counts stady	Dave	Burns		
1.	MassDEP staff contacted:	first name	last name		
	Date/Time contacted:	3/3/2018	5:43		₩
	Date/Time contacted.	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Dave	Turin		
٠.	Li A stall contacted.	first name	last name		
	Date/Time EPA contacted:	3/3/2018	5:45	am	⊠ pm
	pate/ Time El / Contacted.	Date	Time		EZI bili
3.	Board of Health contacted:	Jenn	Keefe		
•	Board of Floater Contactod.	First Name	Last Name		
	Date/Time contacted:	3/3/2018	5:52	— Пат	⊠ pm
		Date	Time	_	
1.	Others notified (select all that a	pply);	Conservation Commission		
	☐ Harbormaster ☐ She	ellfish Warden	Division of Marine Fisheries		
			Division of Marino Fictiono		
	☐ Downstream Drinking Water	r Supplier 🔲 Wa	atershed Association		
	☐ Beach Resource Manager	☑ Other:	DPW Director		
	☐ Beach Resource Manager	☑ Other.	(specify)		
3.	SSO Information				
		3/3/2018	3:00		
١.	SSO Discovered:	Date	Time	am	⊠ pm
	Homeowner Homeowner				
	By:				
1	CCO Stannadi	3/3/2018	4:51		
2.	SSO Stopped:	Date	Time	am	⊠ pm
3.	SSO Discharge from:	nitary Sewer Manho	le		
	Backup into Property □	Other:	(specify)		
ŀ.	SSO Discharge to: Ground	d Surface (no release			
	☐ Direct to Receiving Water		(surface water)		
	_		(Sullage Water)		
	Catch basin to Receiving W	/ater	(surface water)		

□ Backup into Property Basement



FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass **Notification Form** Tax Identification Number

C.	SSO Infor	mation (cont.)	
		37 Oceanside Drive, Scituate MA, 020 (Description of discharge site or closest address	
5.		O Volume at time of this Report:	5,000 gallons
J.		imating Volume:	Approximation based on conversation with homeowner.
3.	Cause of SSO	Event:	
		t	Insufficient Capacity in System
	☐ Treatment	: Unit failure	
	☐ Sewer Sys	stem Blockage:	☐ Root Intrusion ☐ Grease Blockage
	Other:	Unprecedented coastal flooding (Specify)	
7.	Corrective Act	ions Taken:	
six ma	ergency access feet of ocean fl	s to the pump station which serves this ood waters surrounding station. Opera ie standby pump and make various ad	taff began implementing a plan to gain area of the collection system. Pump station had stors gained access to station to preform justments to increase the flow rate from the Sand
	•		s ☐ No m homeowner and professional cleaning service
	Corrective Act	ions Completed: X Yes	
		nd to be overheating. Needed to be de ound to be damaged but still operation	e-raged, regreased. While deragging pump al.
D.	Comment	s/Attachments/Follow-up	
	I wish to provid	de (select all that apply):	
	☐ Attachment	Additional comments below:	No additional comments or attachments
	Additional com	nments and planned actions:	
	severity of oce	an flooding. Scituate is also in the plar r tight low pressure force mains which	walls in this area to prevent or reduce the nning stages of replacing gravity sewers in this would not be subject to the same type of



FOR DEP USE ONLY

Tax Identification Number

### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

3/9/2018

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA** 

Phone: 617-918-1510

**EPA for Southeast** Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast.

Central and Western

Regions, Douglas

Koopman

Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour

emergency



Sanitary Sewer Overflow (SSO)/Bypass **Notification Form** 

FOR DEP USE ONLY

Tax Identification Number

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





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

Α.	Reporting Facility				
1.	Facility Information				
	Town of Scituate Waste Water Reporting Sewer Authority	Treatment Plant		A0102695 mit #	
2.	Authorized Representative Tra	nsmitting Form:			
	William	Branton	781-545-87		
	First Name	Last Name	Telephone No.		
	Interium Supervisor / Chief Operation	erato	wbranton@scituatema.gov E-mail Address		
R	Phone Notifications:				
υ.	i none notifications.				
1.	MassDEP staff contacted:	Dave	Burns		
1.	Massber stan contacted.	first name	last name		
	Date/Time contacted:	3/5/2018	2:25	_ D.m	⊠ pm
	Date/Time contacted.	Date	Time	am	⊠ bm
2.	EPA staff contacted:	Dave	Turin		
٠.	LFA stail contacted.	first name	last name		
	Date/Time EPA contacted:	3/5/2018	2:30	- D	M
	Date/Time LFA Contacted.	Date	Time	am	🛛 pm
3.	Board of Health contacted:	Jenn	Keefe		
<i>)</i> .	Doard of Fleatiff Contacted.	First Name	Last Name		
	Date/Time contacted:	3/5/2018	2:42	— ☐ am	⊠ pm
	Bate/Time contacted.	Date	Time		₩ Þill
1.	Others notified (select all that a	pply);	Conservation Commission		
		ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier 🔲 Wa	atershed Association		
	☐ Beach Resource Manager	Other:	DPW Director (specify)		
С.	SSO Information				
		3/5/2018	3:00		
١.	SSO Discovered:	Date	Time	⇒ 🔲 am	🔀 pm
	_ William Branton				
	By:				
		3/8/2018	11:25		
2.	SSO Stopped:	Date	Time	<sup>⊸</sup> ⊠ am	pm pm
3.	SSO Discharge from:	nitary Sewer Manho	le		
-		0.11	Partial bypass around sand fill	ters	
	☐ Backup into Property 🖂	Other:	(specify)		
ŀ.	SSO Discharge to:  Ground	d Surface (no release	e to surface water)		
	□ Direct to Receiving Water		Herring River *Indirect bypass treatment.	still recieve	s
	☐ Catch basin to Receiving V	/ater	(surface water)		
	☐ Backup into Property Baser	ment			



# Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

### **Notification Form**

Tax Identification Number

$\overline{\mathbf{C}}$	SSO Info	rmation (cont.)							
٠.	Scituate WM/TP 161 Driftway, Scituate MA, 02066, *Tertian, Sand Filters								
	Location:	(Description of discharge site or closest address	e MA, 02006 "Tertlary Sand Filters is)						
5.	Estimated SS	O Volume at time of this Report:	1,629,570						
	Method of Es	timating Volume:	Mag Meter						
6.	Cause of SS	O Event:							
	☐ Rain Eve	nt	Insufficient Capacity in System						
	☐ Treatmer	nt Unit failure							
	☐ Sewer Sy	ystem Blockage:	☐ Root Intrusion ☐ Grease Blockage						
			ows after plant inflow becomes surcharged.						
7.		(Specify)							
ope	h flow conditio I can not hand eration is bypa	ns. After several days of flows exceedi le the high flows. When filters are in pa	te WWTP to continue to treat and operate under ng 3 MGD the sand filters become overwhelmed artial bypass only enough flow to systain filter adjusted throughout the event to maximize the						
	When the Sci locked at 100 entercoccus of	% dosage capacity on all banks. Durin	f its sand filters the UV disinfection system is g the event we continued to sample for fecal and al coliforms for the week was: 0.28 / 100mls						
	Corrective Ac	tions Completed:	s 🗌 No						
D.	Commen	ts/Attachments/Follow-up							
	I wish to prov	ide (select all that apply):							
	☐ Attachment	t 🛮 Additional comments below: 🔲	No additional comments or attachments						
	Additional cor	nments and planned actions:							
	and monitoring system to allo	ng of the sand filters. The filter pannel we we for remote operation of processes. ∃ In a fashion that will minimize the need	er pannel program to allow for additional controls vill also be integrated into the WWTP SCADA These improvements will allow the sand filters to to bypass them and reduce their recovery time						



Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

3/12/2018

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

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**EPA** 

Phone: 617-918-1510

EPA for Southeast Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast.

Central and Western

Regions, Douglas

Phone: 617-918-1747

Fax: 617-918-0747

Koopman

DEP 24-hour emergency



# **Sanitary Sewer Overflow (SSO)/Bypass Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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



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

### A. Reporting Facility

	Facility Information  Town of Scituate Waste Wate	r Trootmont Dlant		NA 0400005	
	Reporting Sewer Authority	i Treatment Plant		MA0102695 Permit #	
2.	Authorized Representative Tra	ansmitting Form:			
	William	Branton	781-545	5-8736	
	First Name	Last Name	Telephone		
	Interium Supervisor / Chief Op	erato	wbranton@scituatema.go	V	
	Title		E-mail Address		
В	. Phone Notifications	:			
		Dave	Burns		
1,	MassDEP staff contacted:	first name	last name		
	Date/Time contrated	3/8/2018	3:30		<b>5</b> 7
	Date/Time contacted:	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Dave	Turin		
۷.	LI A stan contacted.	first name	last name		
	Date/Time EPA contacted:	3/8/2018	3:33	——	⊠ pm
	Date. Timo El 7 Contactos.	Date	Time	L am	EŽI ÞIII
3.	Board of Health contacted:	Jenn	Keefe		
		First Name 3/8/2018	Last Name		
	Date/Time contacted:	Date	3:28 Time	am	⊠ pm
			_		
4.	Others notified (select all that	apply);	Conservation Commission		
	☐ Harbormaeter		,		
	☐ Harbormaster ☐ Sh		Division of Marine Fisherie		
		ellfish Warden	,		
	☐ Harbormaster ☐ Sh ☐ Downstream Drinking Wat	ellfish Warden	Division of Marine Fisherie atershed Association		
		ellfish Warden   er Supplier   W	DPW Director		
<u></u>	☐ Downstream Drinking Wat	ellfish Warden   er Supplier   W	Division of Marine Fisherie atershed Association		
C.	☐ Downstream Drinking Wat	ellfish Warden   er Supplier   W	DPW Director		
	☐ Downstream Drinking Wat ☐ Beach Resource Manager  SSO Information	ellfish Warden   er Supplier   W	DPW Director	s	<b>⊠</b>
<b>C.</b>	☐ Downstream Drinking Wat ☐ Beach Resource Manager  SSO Information  SSO Discovered:	ellfish Warden ☐ er Supplier ☐ W ☑ Other:	Division of Marine Fisherie atershed Association DPW Director (specify)		<b>⋈</b> pm
	☐ Downstream Drinking Wat ☐ Beach Resource Manager  SSO Information  SSO Discovered:  Plant Operator	ellfish Warden  er Supplier	Division of Marine Fisherie  atershed Association  DPW Director (specify)  1:30	s	<b>⋈</b> pm
	☐ Downstream Drinking Wat ☐ Beach Resource Manager  SSO Information  SSO Discovered:	ellfish Warden  er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30  Time	s	<b>⊠</b> pm
	☐ Downstream Drinking Wat ☐ Beach Resource Manager  SSO Information  SSO Discovered:  Plant Operator	ellfish Warden  er Supplier	Division of Marine Fisherie  atershed Association  DPW Director (specify)  1:30  Time	s	
1.	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered:  By: Plant Operator  SSO Stopped:	ellfish Warden  er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time	s am	⊠ pm
1.	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered:  By: Plant Operator  SSO Stopped:	ellfish Warden  er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time	s am	
1. 2.	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered:  By:  Plant Operator  SSO Stopped:  SSO Discharge from: □ Sa	ellfish Warden  er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time	s am	
1. 2.	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered:  By: Plant Operator  SSO Stopped:	ellfish Warden  er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time	s am	
<ol> <li>2.</li> <li>3.</li> </ol>	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered: By: Plant Operator  SSO Stopped:  SSO Discharge from: □ SSO Discharg	er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time  2:30 Time  Description  Time  Time  Description  Time  Time	s am	
1. 2.	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered:  By:  Plant Operator  SSO Stopped:  SSO Discharge from: □ Sa	er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time  2:30 Time  Description  Time  Time  Description  Time  Time	s am	
<ol> <li>2.</li> <li>3.</li> </ol>	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered: By: Plant Operator  SSO Stopped:  SSO Discharge from: □ SSO Discharg	er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30  Time  2:30  Time  Dle Pump Station  (specify)  e to surface water)	s am	
<ol> <li>2.</li> <li>3.</li> </ol>	□ Downstream Drinking Water □ Beach Resource Manager  SSO Information  SSO Discovered: By: Plant Operator  SSO Stopped: SSO Discharge from: SSO D	er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30 Time  2:30 Time  Dle	s am	
<ol> <li>2.</li> <li>3.</li> </ol>	□ Downstream Drinking Wat □ Beach Resource Manager  SSO Information  SSO Discovered: By: Plant Operator  SSO Stopped: SSO Discharge from: □ Sackup into Property  SSO Discharge to: □ Ground	er Supplier	Division of Marine Fisherie atershed Association  DPW Director (specify)  1:30  Time  2:30  Time  Dle Pump Station  (specify)  e to surface water)	s am	



FOR DEP USE ONLY

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

C.	SSO Info	rmation (cont.)						
	Location:	Hewes Road, Scitt						
5.	Estimated SS	SO Volume at time of	•	,	100 g	allons		
	Method of Es	timating Volume:		C	WRC	Spill Estima	ite Charts	
6.	Cause of SS0	D Event:						
		nt ☐ PumpS	tation Failure	⊠ In	suffici	ent Capacit	y in System	
	☐ Treatmer	nt Unit failure		_			,	
	_	/stem Blockage:	☐ Pipe Colla	nse F	1 Roc	nt Intrusion	☐ Grease	a Blockage
	☐ Other:	System surcharg	- •					- Blookage
7.	Corrective Ac							
bef	eded to take or ore the pump	orm rain falls and co ne of the influent pu failed. The pump wa ments the surcharge	mps offline to i as offline for the	emove e shorte	rags a	and preform ount of time	maintenand possible fo	ce on the pump r the service, but
	•	cleaned and/or disin to area and area so		Yes ared of		No nd debris.		
	Corrective Ac	itions Completed:		Yes		No		
D.	I wish to provi	ts/Attachmer ide (select all that a t	apply): nments below:	_	o additi	ional comme	nts or attachn	nents



#### Massachusetts Department of Environmental Protection Bureau of Water Protection - Wastewater Management Program Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

**Notification Form** 

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.

Signature of Authorized Representative

3/12/2018

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA** 

Phone: 617-918-1510

EPA for Southeast Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast,

Central and Western

Regions, Douglas

Koopman

Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour

emergency



# Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanitary Sower Overflow (SSO)/Bypass

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

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





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

Reporting Facility						
Facility Information						
Town of Scituate, Waste Water	Treatment Plant		MA0102695			
Reporting Sewer Authority						
Authorized Representative Tra	nsmitting Form:					
William	Branton	781-545-	8736			
First Name	Last Name					
	erato					
Title		E-mail Address				
Phone Notifications:						
MacaDED staff contacts d	Dave	Burns				
Wassber stall contacted.	first name	last name				
Date/Time contacted:	3/4/2018		Пат	mq 🖾		
Date, Time contacted.	_	· · · · · ·	a			
EPA staff contacted:						
Date/Time EPA contacted:			am	pm		
	_					
Board of Health contacted:	First Name	Last Name				
	3/4/2018	4:20		<b>5</b> -3		
Date/Time contacted:	Date	Time	am	🛛 pm		
·		Conservation Commission  Division of Marine Fisheries				
☐ Downstream Drinking Water Supplier ☐ Watershed Association						
D Booch Bosource Monager	Othor:	DPW Director				
	Other.	(specify)				
SSO Information						
600 B:	3/4/2018	10	57			
SSO Discovered:	Date	Time	am	∐ pm		
By: WWTP Operator						
	3/5/2018	5:45		_		
SSO Stopped:	Date	Time	am	⊠ pm		
SSO Discharge from: 🛛 Sa	nitary Sewer Manho	le				
☐ Backup into Property ☐	Other:	(				
		•				
_	a duriace (no release	to surface water;				
☐ Direct to Receiving Water		(surface water)				
	/ater		and Hills Beach	storm		
	Facility Information Town of Scituate, Waste Water Reporting Sewer Authority Authorized Representative Transwilliam First Name Interium Supervisor / Chief Operative Title  Phone Notifications:  MassDEP staff contacted:  Date/Time contacted:  Date/Time EPA contacted:  Date/Time contacted:  Others notified (select all that a select all	Facility Information Town of Scituate, Waste Water Treatment Plant Reporting Sewer Authority  Authorized Representative Transmitting Form:  William Branton First Name Interium Supervisor / Chief Operato Title  Phone Notifications:  MassDEP staff contacted: Date/Time contacted: Date/Time EPA contacted: Date/Time EPA contacted:  Board of Health contacted: Date/Time contacted: Date/Time contacted: Date/Time contacted: Date/Time contacted: Date/Time EPA contacted: Board of Health contacted: Date/Time Contacted: Date Date/Time Contacted: Date Date  Others notified (select all that apply);  All Harbormaster  Shellfish Warden  Downstream Drinking Water Supplier  Waster  Beach Resource Manager  Other:  SSO Information  SSO Discovered:  WWTP Operator  SSO Stopped:  SSO Stopped:  Sanitary Sewer Manhoo  Backup into Property Other:  SSO Discharge to: Ground Surface (no release)	Facility Information Town of Scituate, Waste Water Treatment Plant Reporting Sewer Authority  Authorized Representative Transmitting Form:  William Branton Last Name Interium Supervisor / Chief Operato Title  Phone Notifications:  MassDEP staff contacted: Date Date Time  EPA staff contacted: Date Date Date First name Date/Time cPA contacted: Date Date Date Date Date Date Time  Board of Health contacted: Date Date/Time contacted: Date Date/Time contacted: Date Date/Time contacted: Date Date Dotate Time  Board of Health contacted: Date Date Date Date Dotate Time  Conservation Commission  A:14 Z20 Date Date Date Date Date Dotate Dotat	Facility Information  Town of Scituate, Waste Water Treatment Plant Reporting Sewer Authority  Authorized Representative Transmitting Form:  William Branton Last Name Last Name Understanding Scituate and Jove Email Address  Phone Notifications:  MassDEP staff contacted: Dave First Name Date/Time contacted: Dave Turin Date/Time EPA contacted: Date Date Date Date Date Date Date Date		

☐ Backup into Property Basement



FOR DEP USE ONLY

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

C.	C. SSO Information (cont.)				
	Location:	Manhole immediately infront of Sand I MA, 02066	nd Hills Pump Station, at 89 Scituate Ave, Scituate		
5.	Estimated SS	60 Volume at time of this Report:	103,750 * see comments		
	Method of Estimating Volume:		CWRC spill estimation chart		
6.	Cause of SS	O Event:			
	□ Rain Eve	nt Pump Station Failure	Insufficient Capacity in System		
	☐ Treatmer	nt Unit failure			
	☐ Sewer Sy	ystem Blockage:	☐ Root Intrusion ☐ Grease Blockage		
	Other:	Historic repeated coastal flooding at (Specify)	every high tide for several days in a row.		
7.	Corrective Ac	tions Taken:			
Cor due inst the esti	th an event, puntemplated using to hazardous tructed to sear spilling manholimate includes	ump repairs were completed and pump ing mobile pumps to keep up with flood flooding which would have destroyed on the for other manholes nearby this located to be pushed the overflow to other areas	te of the event. Plant staff were on standby for was operational within 30 minutes of each failure. I flows, but unable to move equipment near area equipment. Due to flooding plant staff were tion. I expect that the flood waters sitting ontop of of the collection system. Overflow volume rockton Ave. near the pump station. Actual spill estimate due to flood waters.		
	Impact Area	cleaned and/or disinfected: X	s 🔲 No		
			fter the overflow event. Once the area was afe ea scooped and cleared of soil and debris and		
	Corrective Ac	tions Completed:	s 🗌 No		
	Attached plea	ase find a picture of the area during the	event.		
D.	Commen	ts/Attachments/Follow-up			
	I wish to prov	ide (select all that apply):			
		t 🛛 Additional comments below: 🗌	No additional comments or attachments		
	Additional cor	mments and planned actions:			
	The Sand Hills pump station is currently in part 2 of a 2 part project to upgrade its resiliancy against storm flows. The station was upgraded last year to include a standby duty pump. In FY19 one of the remaining old pumps will be rebuilt or replaced. Flood doors will be added to the building to prevent flood water from entering the station/well via the doors. Scituate in FY19 is going to be replacing an area of gravity sewers that send flows to this station. We estimate to remove over 40,000 gallons of daily I/I flows with this project. Pending results additional force mains will be installed in this area.				



FOR DEP USE ONLY

#### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

3/9/2018

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA** 

Phone: 617-918-1510

EPA for Southeast Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast.

Regions, Douglas Koopman

Central and Western Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour emergency



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

### FOR DEP USE ONLY

Tax Identification Number

# Notification Form A. Reporting Facility

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



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

1.	Facility Information					
	Town of Scituate, Waste Water 7	realment Plant		MA010269	5	
	Reporting Sewer Authority			Permit#		
2.	Authorized Representative Tran	nsmitting Form:				
	Nathan	Ratcliffe		781-545-8736		
	First Name	Last Name	7	elephone No.	······································	
	Acting Supervisor/Chief Operator		nratcliffe@scituate	ma.gov		
	Title		E-mail Address			
В.	<b>Phone Notifications:</b>					
		Dave	Burns			
1	MassDEP staff contacted:	first name	last nar		PHYS A.	
		6/14/19	2:30	,		interes.
	Date/Time contacted:	Date	Time		am	X pm
2	EPA staff contacted:	Dave	Turin			
2.	EPA Stall Contacted.	first name	last nar			
	Date/Time EPA contacted:	6/14/19	2:35	F	am	<b>⋈</b> pm
		Date Andrew	Time Sche	_		
3.	Board of Health contacted:	First Name	Last Na		_	
		6/14/19	3:1	<del>-</del>		
	Date/Time contacted:	Date	Time		am	N pm
4.	- Land	ellfish Warden	Conservation Com	Fisheries		
	☐ Downstream Drinking Water	er Supplier 🔲 Wa	tershed Association	n		
	Darch Danauma Managar	DI Othor	Kevin Cafferty, DF	W Director		
_	☐ Beach Resource Manager	☑ Other:	(specify)			
C.	SSO Information					
		6/14/19	10	:00		
1.	SSO Discovered:	Date	Time		am	pm
	Michael Angland, F	Plant Operator				
	By:	41.1.44		0.45		
2.	SSO Stopped:	6/14/19		2:15	am	X pm
<b>-</b>	COO CLOPPOG.	Date	Time	Recorded		
3.	SSO Discharge from:	anitary Sewer Manhol	e Pump Sta	ation		
	☐ Backup into Property ☐	Other:	(specify)			
4.	SSO Discharge to:	nd Surface (no release	e to surface water)			

(surface water)

(surface water)

☐ Direct to Receiving Water

☐ Catch basin to Receiving Water

☐ Backup into Property Basement



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

FOR DEP USE ONLY

Tax Identification Number

	Location: Corner of Ford Place & Country Way Scituate, MA  (Description of discharge site or closest address)
5.	Estimated SSO Volume at time of this Report:  50 to 60 gallons
Ų.	CWRC spill estimation chart
	Method of Estimating Volume:
6.	Cause of SSO Event:
	Rain Event Pump Station Failure Insufficient Capacity in System
	☐ Treatment Unit failure
	🗵 Sewer System Blockage: 🗌 Pipe Collapse 🔲 Root Intrusion 🔼 Grease Blockage
	Other: (Specify)
7.	Corrective Actions Taken:
	Dispatched Sewer Division Vac-Con jetted line to free up blockage.
	Impact Area cleaned and/or disinfected:   Yes  No  Bleached affected area put down speedy dry, cleaned it up and disposed of it in an appropriately.
	Corrective Actions Completed: X Yes No
D.	Comments/Attachments/Follow-up
	I wish to provide (select all that apply):
	☐ Attachment ☐ Additional comments below: ☒ No additional comments or attachments.
	Additional comments and planned actions:



FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

6/14/19

Date Signed

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

Addressee	Start Time	Time	Prints	Result	Note	
6179180820 5089476557	09-11 00:15 09-11 00:29		,	No Ans NG		

Note

Communication OK, 8-OK: Stop Communication, PW-OFF: Power Switch OFF.

18 RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
18 RECEIPT Refused, Busy: M-Fulliwemory Full: LOUG: Receiving length Over,
18 RECEIVING page Over, FIL:File Error, DC: Decode Error, MDN: MDN Response Error,
19 N Response Error, PRINT: Compulsory Hemory Document Print;
10 Compulsory Memory Document Delete, SeND: Compulsory Memory Document Send. Result



### Massachusetts Department of Environmental Protection Bureau of Water Protection - Wastewater Management Program

FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass **Notification Form** Tax Identification Number A. Reporting Facility Important: When filling out forms on the computer, use only the tab 1. Facility Information Town of Scituate, Sewer Division MA0102695 key to move your Permit# cursor - do not use the return key. 2. Authorized Representative Transmitting Form: William Branton 781-545-8736 First Name Тејерполе Мо Supervisor Tide wbranton@scituatema.gov E-mail Address **B. Phone Notifications:** Dave Burns 1. MassDEP staff contacted: lest na 9/9/2020 3:02 Date/Time contacted: ☐ am ⊠pm Date Time Dave Turin 2. EPA staff contacted: first name 9/9/2020 3:05

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

	Dater i ime EPA contacted:	Date	1	Time	- BM	o ⊠ pm
2	December 23 to 191	Jen		Keefe		
3.	Board of Health contacted:	First Name	· · · · · · · · · · · · · · · · · · ·	Last Name		
	Date/Time contacted:	9/9/2020		3:21		_
	Date Time Contacted:	Date	***************************************	Time	·· am	⊠ pm
4.	Others notified (select all that a	ppty);	Conservati	ion Commission		
	☐ Harbormaster ☐ She	llfish Warden	Division of	Marine Fisherles		
	Downstream Drinking Water	r Supplier 🔲	Watershed As	sociation		
	Beach Resource Manager	☑ Other:	DPW Assi (specify)	stant Director: 12:01	PM	
C.	SSO Information					***************************************
1.	SSO Discovered:	9/9/2020	)	10:57	63	
••	_	Date		Time	🗵 am	☐ pm
	By: Town Worker Near W	ork Site				
2.	SSO Standards	9/9/2020	).	3:30		
4.	SSO Stopped:	Date		Time	arti	⊠ pm
3.	SSO Discharge from: San	itary Sewer Man	nhole 🗌 Pu	mp Station		
	☐ Backup into Property	Other:	Private forc	a line was struck	······	·
4.	SSO Discharge to:  Ground	Surface (no rele	**	vator)		
	-			,		
	☐ Direct to Receiving Water		(aurface water	)		
١	Catch basin to Receiving Wa	ter	(surface water			
			(Surface water	)		
	Backup Into Property Baseme	ent				
1/2018	1	Mastauntes	Dineferri Processor	Courses Seed to Marke to		



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP US	E ONLY
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Tax	lder	rtific	atic	n	Numb	er

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





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

Δ	. Reporting Facility		***************************************	***************************************	
1.	Facility Information				
	Town of Scituate, Sewer Divis	sion	1440		
	Reporting Sewer Authority	SION	MA01	102695	4
2.		ansmitting Form:	remit	#	
	William	Branton	781-545-8736		
	First Name	Last Name	Telephone No.	r	
	Supervisor		wbranton@scituatema.gov		
_	Title	V	E-mail Address		
B	. Phone Notifications	•			
1.	MassDEP staff contacted:	Dave	Burns		
• •	massber statt contacted.	first name	last name	······································	······
	Date/Time contacted:	9/9/2020	3:02		N
	- Dates Fill to Golfied (Co.	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Dave	Turin		
		first name	last name		
	Date/Time EPA contacted:	9/9/2020	3:05	П	<b></b>
		Date	Time	∟ am	⊠ pm
3.	Board of Health contacted:	Jen	Keefe		
		First Name	Last Name		
	Date/Time contacted:	9/9/2020 Date	3:21 Time	□am	⊠ pm
	<ul><li>☐ Harbormaster</li><li>☐ Downstream Drinking Wate</li><li>☐ Beach Resource Manager</li></ul>	ellfish Warden [ er Supplier ☐ W ☑ Other:	_] Division of Marine Fisheries  Vatershed Association  _DPW_Assistant Director: 12:01PM	1	
<u> </u>		☑ Otner:	(specify)		\$
C.	SSO Information			www.effern digital	
1.	SSO Discovered:	9/9/2020	10:57	<b>I</b> ⊠I	
		Date	Time	⊠ am	pm
	By: Town Worker Near W	ork Site		Armon dom	- Commence of the Commence of
2.	SSO Stopped:	9/9/2020	3:30	гт	<b>⊠</b>
		Date	Time	∐ am	⊠ pm
3.	SSO Discharge from:   Sa.	nitary Sewer Manho	ole  Pump Station		
	☐ Backup into Property 🛛	Other:	Private force line was struck (specify)	A.,	
١	SSO Discharge to: 🗵 Ground	l Surface (no releas	e to surface water)		
İ	☐ Direct to Receiving Water		(surface water)	**************************************	***************************************
-	Catch basin to Receiving W	ater	(surface water)	***	· · · · · · · · · · · · · · · · · · ·
[	Backup into Property Basen	nent			



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

C	. SSO Info	rmation (cont.)	
	Location:	Intersection of Branch Street and (Description of discharge site or closest as	Central Park Drive, Scituate MA 02066
5.	Estimated SS	60 Volume at time of this Report:	50-80 gallons
		timating Volume:	Approx volume of booring hole for replacement pole. The line is only active when a pump is on
6.	Cause of SS	O Event:	
	☐ Rain Eve	nt Pump Station Failure	☐ Insufficient Capacity in System
	☐ Treatmen	t Unit failure	
	☐ Sewer Sy	stem Blockage:	se Root Intrusion Grease Blockage
	Other:	Telepone pole replacement, line (Specify)	
7.	Corrective Act		
tna pur	ivity line downs it the spill was o mp truck and the cavation done v	tream. Scituate operators were able contained within the hole for the rep e site cleaned and washed down a	s it is a private extension that discharges into a e to locate and turn off the connected pumps such placement pole. The wastes were removed with a fterwards. Local drainlayer contracted to repair pipe. ain and remove any contaminated debris from the
	Impact Area cl	eaned and/or disinfected:	Yes  No
	Corrective Acti	ons Completed:	Yes
	I wish to provid  ☐ Attachment	s/Attachments/Follow-Le (select all that apply):  Additional comments below: ments and planned actions:	IP  No additional comments or attachments
	- Adding the second of the sec		



FOR DEP USE ONLY

# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

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

#### MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA** 

Phone: 617-918-1510

EPA for Southeast Region, David Turin Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast,

Central and Western

Regions, Douglas Koopman Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour emergency



### Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**

FOR DEP USE ONLY

Tax Identification Number

### Danasti

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





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

2.

3.

4.

. 4	A. Reporting Facility					
<b>'</b> 1	Facility Information					
	Town of Scituate			MA	0102695	i
	Reporting Sewer Authority			Pem		
2	2. Authorized Representative Tr	ansmitting Form:				
	William	Branton		781-545-873		
	First Name	Last Name		Telephone No.	00	**************************************
	Supervisor		wbranton@	scituatema.gov		
-	Title		E-mail Addres			
E	3. Phone Notifications	4				
1.	. MassDEP staff contacted:	Dave		Burns		
	. massber stall contacted.	first name		last name		
	Date/Time contacted:	5/28/2021	And the second second	3:42	am am	pm
		Date Dave		Time Turin	am	j <u>v∠</u> ] þπ
2.	EPA staff contacted:	first name	***************************************	last name		***************************************
	D	5/28/2021		3:45		
	Date/Time EPA contacted:	Date		Time	am am	☑ pm
3.	Board of Health contacted:	Andrew		Scheele		
٠.	Don't of Floatin contacted.	First Name		Last Name	3/3/3/4/3	
	Date/Time contacted:	6/1/2021 Date		8:50 Time	am am	□ pm
	☐ Harbormaster ☐ Sheach Resource Manager		Division of M  Vatershed Asso  DPW Director			
_		☑ Other:	(specify)	***************************************		***************************************
C,	. SSO Information					
1.	SSO Discovered:	5/28/2021		2:40	<del></del> 1	
	_ School Staff	Date		Time	i am	☑ pm
	By:	**************************************				
2	SSO Stands	5/28/2021		4:00		
2.	SSO Stopped:	Date		Time	am am	🔽 pm
3.	SSO Discharge from: 🛛 Sa	nitary Sewer Manh	ole 🗌 Pum	p Station		
	☐ Backup into Property ☐	Other:	(specify)		· · · · · · · · · · · · · · · · · · ·	
4.	SSO Discharge to: Ground	Surface (no releas		iter)		
	☐ Direct to Receiving Water					
	☐ Catch basin to Receiving W	ater	(surface water)			
	_		(surface water)		***************************************	anne Address management an
	Backup into Property Basen	nent				



FOR DEP USE ONLY

Tax Identification Number

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

(	C. SSO Information (cont.)				
	Location:	606 Chief Justice Cushing Hwy			
5	i. Estimated S	(Description of discharge site or closest address SO Volume at time of this Report:	555)		
		stimating Volume:	Visual estimate		
6	. Cause of SS	O Event:			
	☐ Rain Eve	ent  Pump Station Failure	Insufficient Capacity in System		
	☐ Treatmer	nt Unit failure			
	Sewer Sy	stem Blockage:	☐ Root Intrusion ☐ Grease Blockage		
	Other:	(Specify)			
7.			remove blockage from collection system		
	line between two manholes within parking lot has buildup of paper products. Spill absorb				
			lease around rim. Disinfected area with sprayer.		
	Impact Area cl	leaned and/or disinfected:   ✓ Yes	<b>_</b>		
	Corrective Acti	ions Completed:	□ No		
	The second secon	Marie			
<b>5</b> .	Comments	s/Attachments/Follow-up	····		
		•			
		e (select all that apply):			
			lo additional comments or attachments		
	Additional comr	ments and planned actions:			
4					
40					



# Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

Date Signed

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Phone: 617-918-1510

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EPA for Northeast,

Central and Western

Regions, Douglas
Koopman

Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour emergency