

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

**2013-2020**

6-14-13 Called  
9:59 am Dave Burns (DEP)  
508-946-2738  
left message

10<sup>08</sup> Call Dave Turin EPA  
617-918-1598  
left message

10<sup>15</sup> Call Jennifer S @ BOH



To: DAVE I  
(D) 1130 TALK w/ Harbor Master  
1200 TALK w/ Fire Chief

Fax number: SC  
From: Bob  
Call Dave Burns  
8-11-13 @ 9:35 Am  
left message

① Call back  
② Reporting overflow @ SHPS  
Date: 6-19- noticed @ 7<sup>30</sup> Am - 9:15 Tricked

Total No. of Pages: 8

COMMENTS: 2 SSO @ SHPS



**own of Scituate  
W-Sewer Division**

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

Dave Burns  
508-946-2738



**Town of Scituate  
DPW-Sewer Division**

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

To: DAVE TURIN  
(EPA)

Fax number: 617-918-0870

From: Bob Rowland

Date: 6-19-13 <sup>Faxed</sup> @ 4:35 pm

Total No. of Pages:

8

COMMENTS:

2 SSO @ SHPS



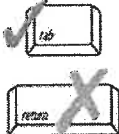
**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number \_\_\_\_\_

**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.



1. Facility Information

Scituate Wastewater Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Robert  
 First Name  
Supervisor  
 Title

Rowland  
 Last Name

781-545-8736  
 Telephone No.  
rrowland@town.scituate.ma.us  
 E-mail Address

**B. Phone Notifications:**

1. **MassDEP staff contacted:** Dave Burns  
 first name last name  
 Date/Time contacted: 6/11/13 9:35  am  pm  
 Date Time
2. **EPA staff contacted:** \_\_\_\_\_  
 first name last name  
 Date/Time EPA contacted: \_\_\_\_\_  
 Date Time  am  pm
3. **Board of Health contacted:** \_\_\_\_\_  
 First Name Last Name  
 Date/Time contacted: \_\_\_\_\_  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

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

**C. SSO Information**

1. SSO Discovered: 6/11/13 7:30  am  pm  
 Date Time  
 By: Bob Rowland
2. SSO Stopped: 6/11/13 10:24  am  pm  
 Date Time
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Influent MH 4-1 prior to Sand Hills Pump Station  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water Scituate Harbor  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
 Backup into Property Basement



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**C. SSO Information (cont.)**

Location: Scituate Ave. Tidal Marsh area next to Sand Hills Pump Station which drains to Scituate Harbor.

5. Estimated SSO Volume at time of this Report: Less than 5,000 gallons

Method of Estimating Volume: Estimated

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:

24" Influent gate at Sand Hills Pump Station was opened up enough over a few hours to prevent flooding of the station and to stop the overflow

Impact Area cleaned and/or disinfected:     Yes     No

Grass area around MH 4-1 which is inside a fence will be raked

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:

Please see SSO dated 6/14/13



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Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**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

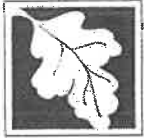
6-19-13  
Date Signed

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

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

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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	



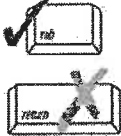
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MA0102695  
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Robert  
 First Name  
Supervisor  
 Title

Rowland  
 Last Name

781-545-8736  
 Telephone No.  
rrowland@town.scituate.ma.us  
 E-mail Address

**B. Phone Notifications:**

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1. **MassDEP staff contacted:** Dave Burns  
 first name last name  
 Date/Time contacted: 6/14/13 9:59  am  pm  
 Date Time
2. **EPA staff contacted:** Dave Turin  
 first name last name  
 Date/Time EPA contacted: 6/14/13 10:08  am  pm  
 Date Time
3. **Board of Health contacted:** Jennifer Sullivan  
 First Name Last Name  
 Date/Time contacted: 6/14/13 10:15  am  pm  
 Date Time
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Scituate Fire Chief  
 (specify)

**C. SSO Information**

1. SSO Discovered: 6/14/13 7:30  am  pm  
 Date Time  
 By: Bob Rowland
2. SSO Stopped: 6/14/13 3:30  am  pm  
 Date Time
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Influent MH 4-1 prior to Sand Hills Pump Station  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water Scituate Harbor  
 (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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**C. SSO Information (cont.)**

Location: Scituate Ave. Tidal Marsh area next to Sand Hills Pump Station which drains to Scituate Harbor.

5. Estimated SSO Volume at time of this Report: > 24,000 gallons and < 48,000 gallons

Method of Estimating Volume: Estimated

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:

Used lead wool to pack excessive clearance between old worn impeller ( which had recently fallen off of shaft due to broken impeller bolt and were waiting for a replacement impeller ) and shaft to make #1 raw sewage pump operational. After #1 pump was put in service the overflow was stopped.

Impact Area cleaned and/or disinfected:     Yes     No

Grass area around MH 4-1 which is inside a fence was sprayed with a bleach solution and will be raked

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:

Replacement impeller is due next week and will be installed when flows permit it.





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*Robert H. Rowland*

\_\_\_\_\_  
Signature of Authorized Representative

*6-19-13*

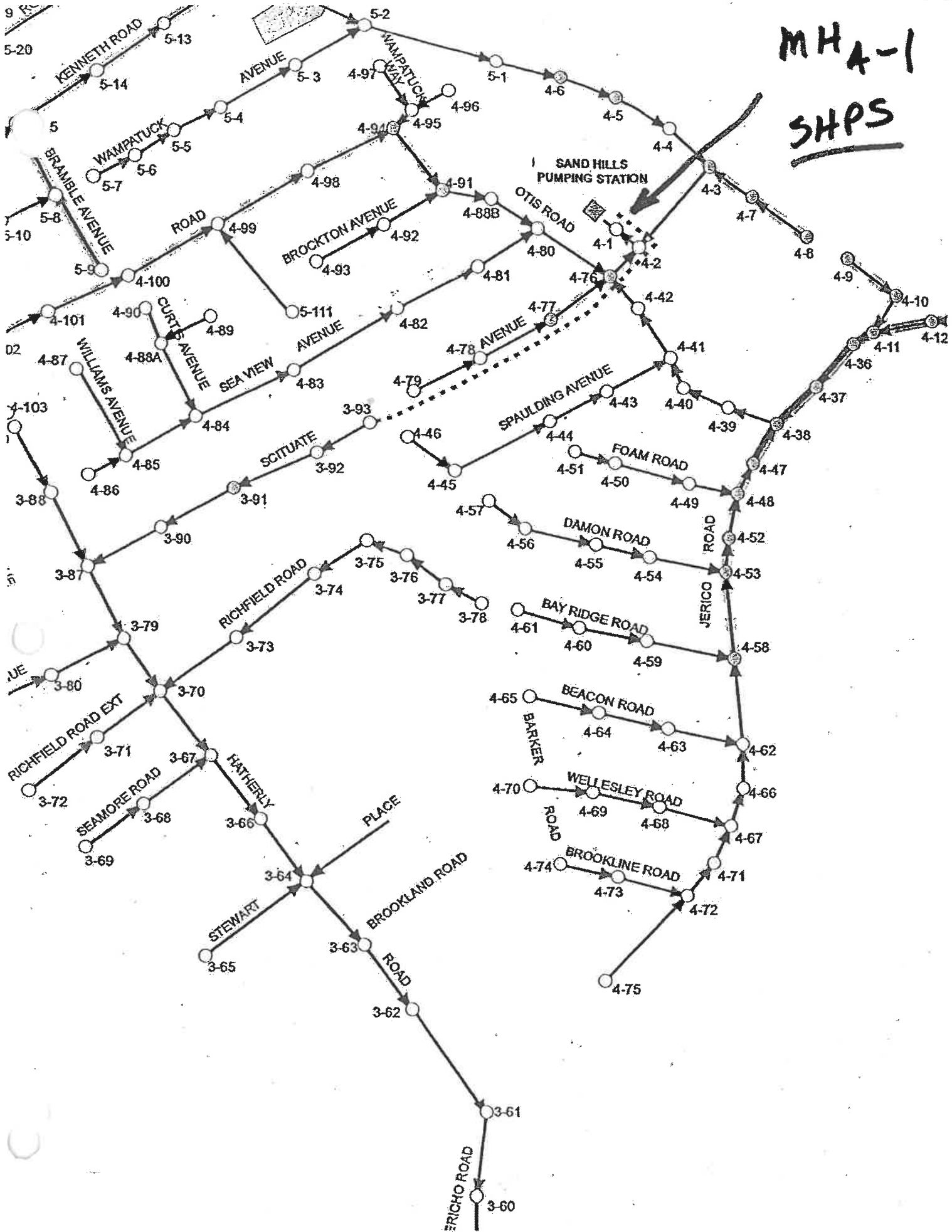
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EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	





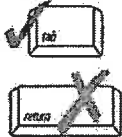
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**1. Facility Information**

Scituate Wastewater Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

**2. Authorized Representative Transmitting Form:**

Robert

Rowland

781-545-8736

First Name

Last Name

Telephone No.

Supervisor

rowland@town.scituate.ma.us

Title

E-mail Address

**B. Phone Notifications:**

- 1. MassDEP staff contacted:** Dave Burns  
 first name last name  
 Date/Time contacted: 3-11-13 2:00 ( ? )  am  pm  
 Date Time
- 2. EPA staff contacted:** \_\_\_\_\_  
 first name last name  
 Date/Time EPA contacted: \_\_\_\_\_  
 Date Time  am  pm
- 3. Board of Health contacted:** \_\_\_\_\_  
 First Name Last Name  
 Date/Time contacted: \_\_\_\_\_  
 Date Time  am  pm
- 4. Others notified (select all that apply):**  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

**C. SSO Information**

- 1. SSO Discovered:** 3-8-13 5:00  
 Date Time  am  pm  
 By: Robert Rowland
- 2. SSO Stopped:** 3-11-13 8:02  
 Date Time  am  pm
- 3. SSO Discharge from:**  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Influent MH 4-1 prior to the Sand Hills P. S.  
 (specify)
- 4. SSO Discharge to:**  Ground Surface (no release to surface water)  
 Direct to Receiving Water Scituate Harbor  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
 Backup into Property Basement



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**C. SSO Information (cont.)**

Location: Scituate Ave. Marsh area next to Sand Hills Pump Station which drains to Scituate Harbor.

5. Estimated SSO Volume at time of this Report: > 250,000 gal. and < 2.5 MGD

Method of Estimating Volume: Estimated

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: Nor'easter storm with coastal flooding on top of high groundwater  
 (Specify)

7. Corrective Actions Taken:

24" Influent gate at the Sand Hills Pump Station was throttled down to 2" to prevent station from flooding

Impact Area cleaned and/or disinfected:     Yes     No

Grass area around MH 4-1 which is inside a fence will be raked this week.

Corrective Actions Completed:     Yes     No

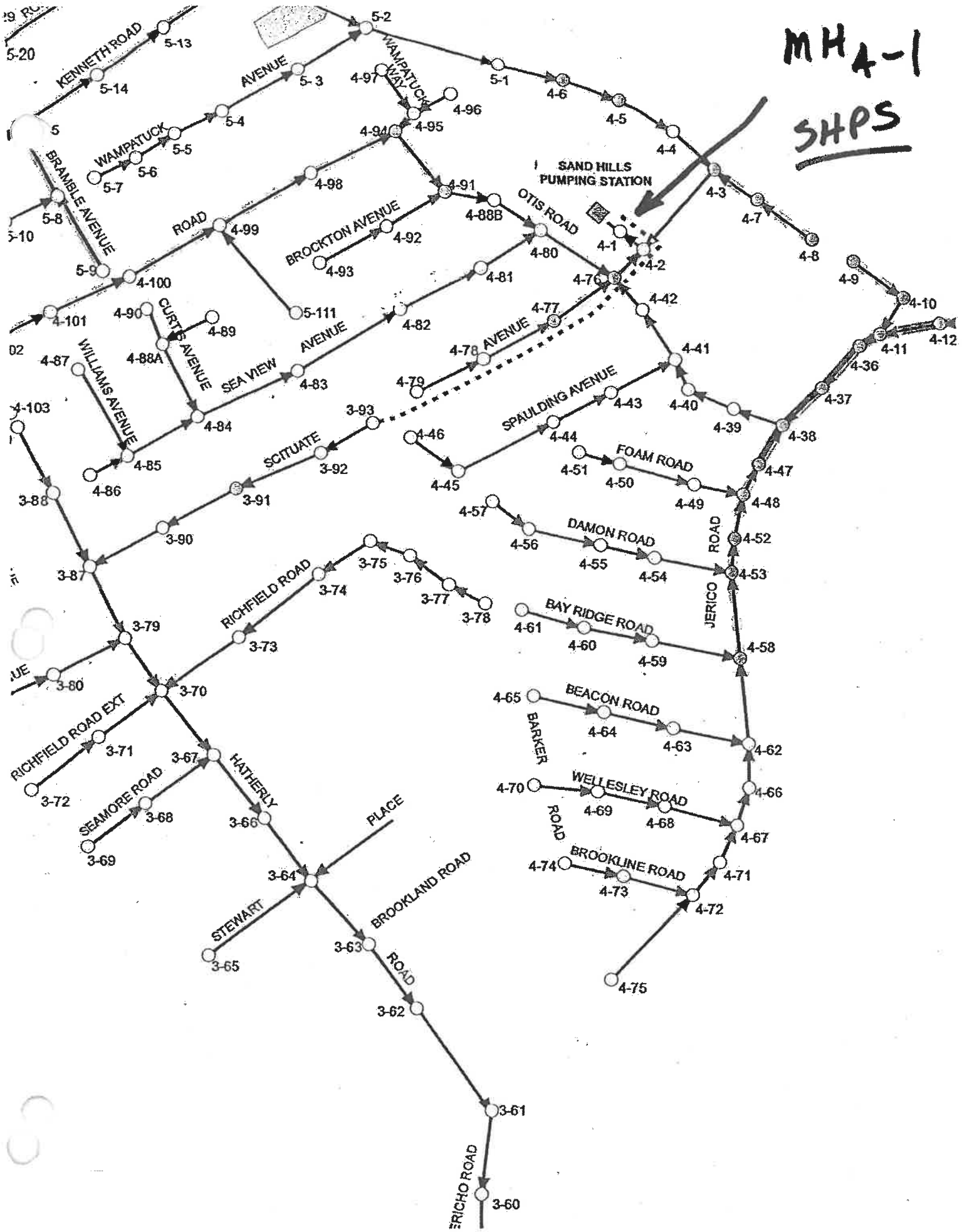
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

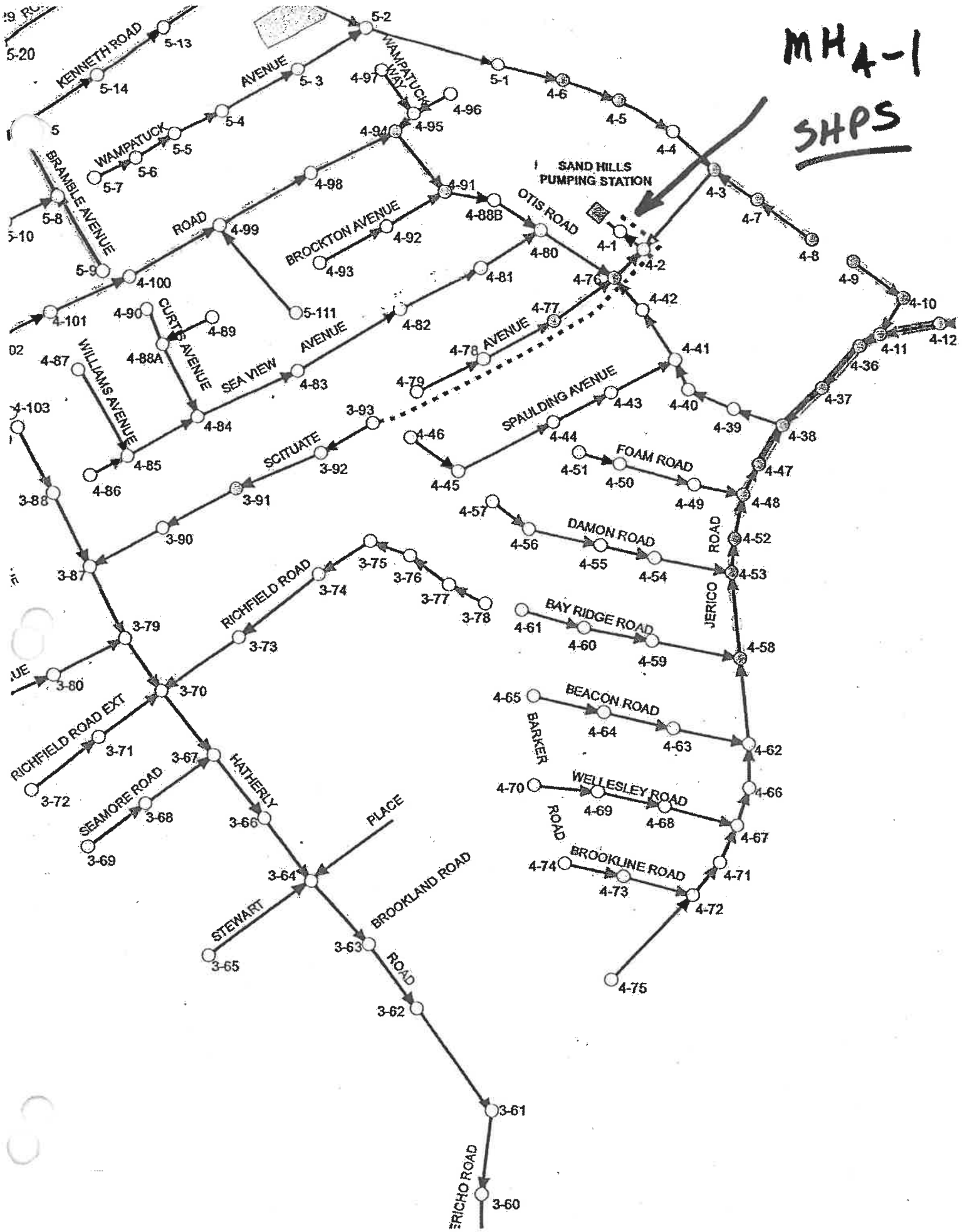
Additional comments and planned actions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



MH4-1  
SHPS

SAND HILLS  
PUMPING STATION





**Massachusetts Department of Environmental Protection**  
**Bureau of Resource Protection – Watershed Permitting Program**  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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1. Facility Information

Scituate Wastewater Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Robert Rowland 781-545-8736  
 First Name Last Name Telephone No.  
Supervisor  
 Title rowland@town.scituate.ma.us  
 E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 3-11-13 2:00 (?)  am  pm  
 Date Time
2. EPA staff contacted: \_\_\_\_\_  
 first name last name  
 Date/Time EPA contacted: \_\_\_\_\_  
 Date Time  am  pm
3. Board of Health contacted: \_\_\_\_\_  
 First Name Last Name  
 Date/Time contacted: \_\_\_\_\_  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

**C. SSO Information**

1. SSO Discovered: 3-9-13 12:10  am  pm  
 Date Time  
 By: Robert Rowland
2. SSO Stopped: 3-11-13 7:06  am  pm  
 Date Time
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: MH 1-7 (12 Hewes Rd.)  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water Scituate Harbor  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
 Backup into Property Basement



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 Bureau of Resource Protection – Watershed Permitting Program  
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**C. SSO Information (cont.)**

Location: Hewes Rd. adjacent marsh area which drains to Scituate Harbor.  
(Description of discharge site or closest address)

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

Sewer System Blockage:     Pipe Collapse     Root Intrusion     Grease Blockage

Other: Nor'easter storm with coastal flooding on top of high groundwater  
(Specify)

7. Corrective Actions Taken:

36" Influent gate at the WWTP was throttled down to 1-3/8" to prevent plant from flooding

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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*Robert P. Scudland*

Signature of Authorized Representative

*3-18-13*

Date Signed

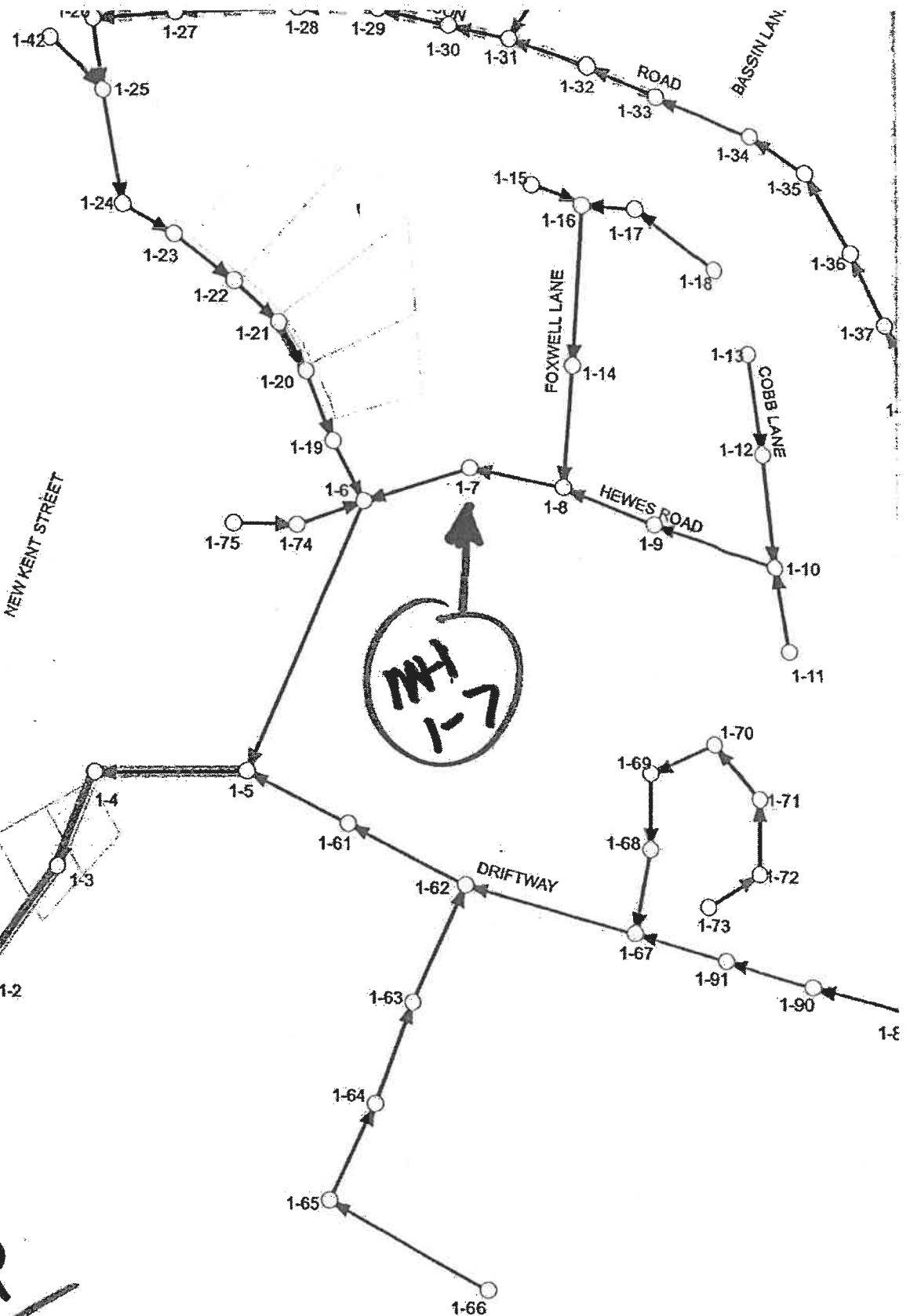
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GREENFIELD TERRACE



WWTP



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MA0102695  
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Robert Rowland 781-545-8736  
 First Name Last Name Telephone No.  
 Supervisor  
 Title E-mail Address rowland@town.scituate.ma.us

**B. Phone Notifications:**

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 3-11-13 2:00 (?)  
 Date Time  am  pm
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 first name last name  
 Date/Time EPA contacted: \_\_\_\_\_  
 Date Time  am  pm
3. Board of Health contacted:  
 First Name Last Name  
 Date/Time contacted: \_\_\_\_\_  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

**C. SSO Information**

1. SSO Discovered: 3-9-13 1:00  
 Date Time  am  pm  
 By: Robert Rowland
2. SSO Stopped: 3-9-13 5:55  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Denite Filters  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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**C. SSO Information (cont.)**

Location: WWTP 161 Driftway, Scituate, MA  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: < 300,000 gal.

Method of Estimating Volume: SCADA

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: Sludge blanket in #3 clarifier overflowing weirs and blinding Denite Filters  
 (Specify)

7. Corrective Actions Taken:

#3 clarifier taken out of service after failed attempt to control sludge blanket.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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*Robert A. Rowland*

Signature of Authorized Representative

*3-18-13*

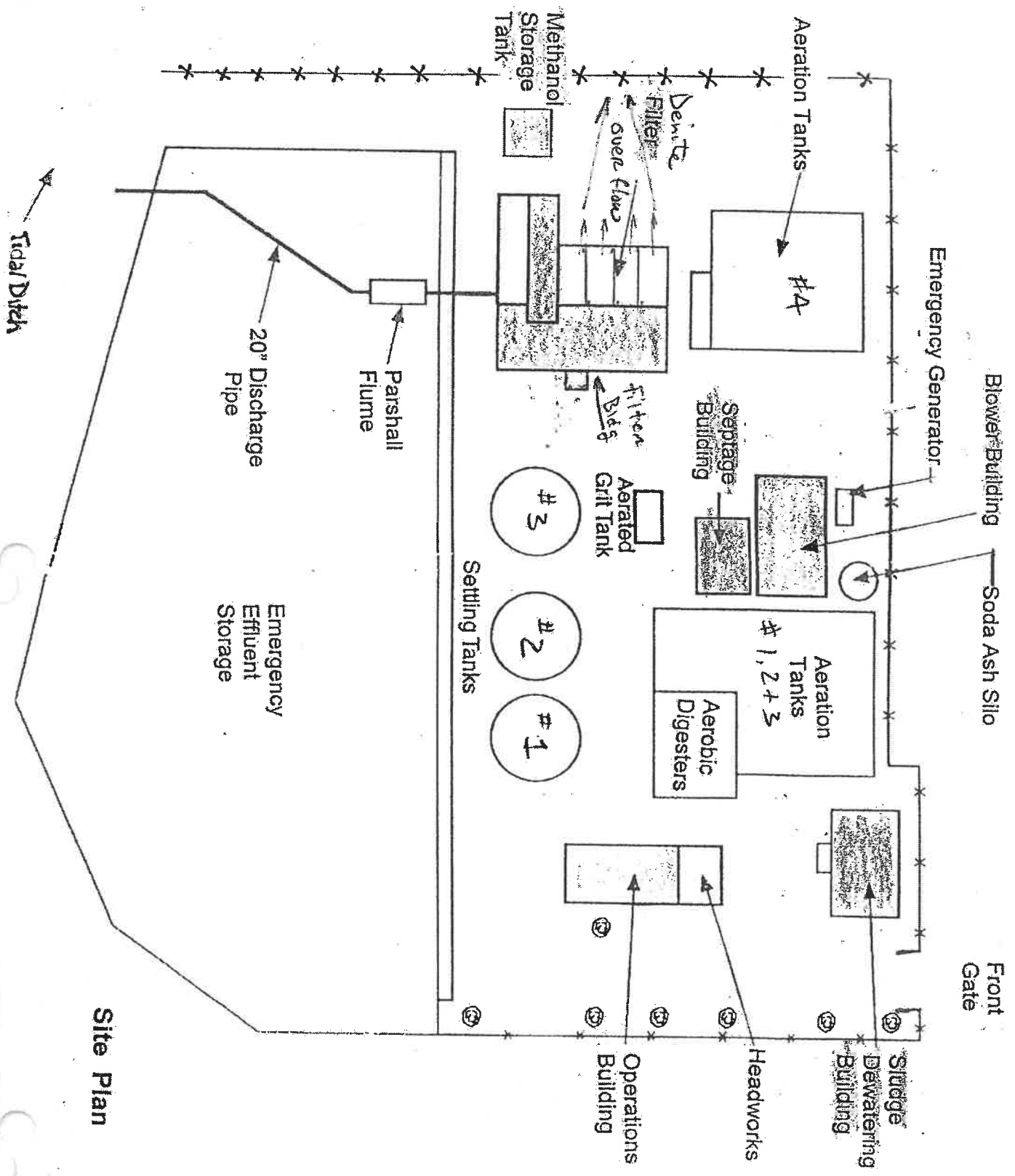
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# SOFTWAIE WASTEWATER TREATMENT PLANT



Site Plan

## Town of Scituate - Recycling Summary

2019

Materials	January	February	March	April	May	June	July	August	September	October	November	December	Total	Total
													Tons	Lbs
Com (Plastics & Tin) - tonnage report (\$65 Ton)	25.45	18.58	18.14	32.13	20.99	40.74	26.83	26.26					209.12	418240
Glass - tonnage report (Glass) (\$35 Ton)				119.81				28.71	103.08				251.6	503200
Paper - tonnage 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					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
<b>TOTAL</b>													0	
<b>Percent Recycled</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>		
C.R.T (\$0.27/ lb) 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 - Cym/ Clean Harbors (Gallon)													0	
Used Anti Freeze - Cyn (Gallon)													0	
Propane tanks - Mighty Flame (QTY)													0	
Fluorescent Lamps (ea-)>Complete recycling													0	
Book Recycle- Recycle That, LLC (0.01 Lbs) Ton													0	
Baystate Textiles (0.05Lbs) Ton	4.7	1.60	5.42	4.70	6.67	7.82	6.06	7.43					44.4	



**Town of Scituate  
DPW-Sewer Division**

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

To: DAVE BURNS  
DEP  
SERO

Fax number: 508-947-6557

From: BOB ROWLAND

Date: 1-16-14 Faxed 8:10 AM

Total No. of Pages: 5

COMMENTS: SSO on 1-11-14  
SMH 6-4



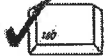
**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number \_\_\_\_\_

**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

Scituate Wastewater Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Robert  
 First Name  
 Supervisor  
 Title

Rowland  
 Last Name  
 rowland@town.scituate.ma.us  
 E-mail Address

781-545-8736  
 Telephone No.

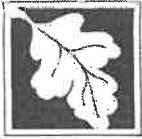
**B. Phone Notifications:**

- MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 1/11/14 3:55  
 Date Time  am  pm
- EPA staff contacted: \_\_\_\_\_  
 first name last name  
 Date/Time EPA contacted: \_\_\_\_\_  
 Date Time  am  pm
- Board of Health contacted: \_\_\_\_\_  
 First Name Last Name  
 Date/Time contacted: \_\_\_\_\_  
 Date Time  am  pm
- Others notified (select all that apply):  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

**C. SSO Information**

- SSO Discovered: 1/11/14 9:12  
 Date Time  am  pm  
 By: Scituate Police Dept.
- SSO Stopped: 1/11/14 11:15  
 Date Time  am  pm
- SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
- SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water Fishing Pond  
 (surface water)  
 Backup into Property Basement





**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**C. SSO Information (cont.)**

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 = 6,000 gallons

Method of Estimating Volume: estimate

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:

Used Sewer Division's Vac-Con to jet out blockage

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

*Robert H. Nowland*

Signature of Authorized Representative

*1-16-14*

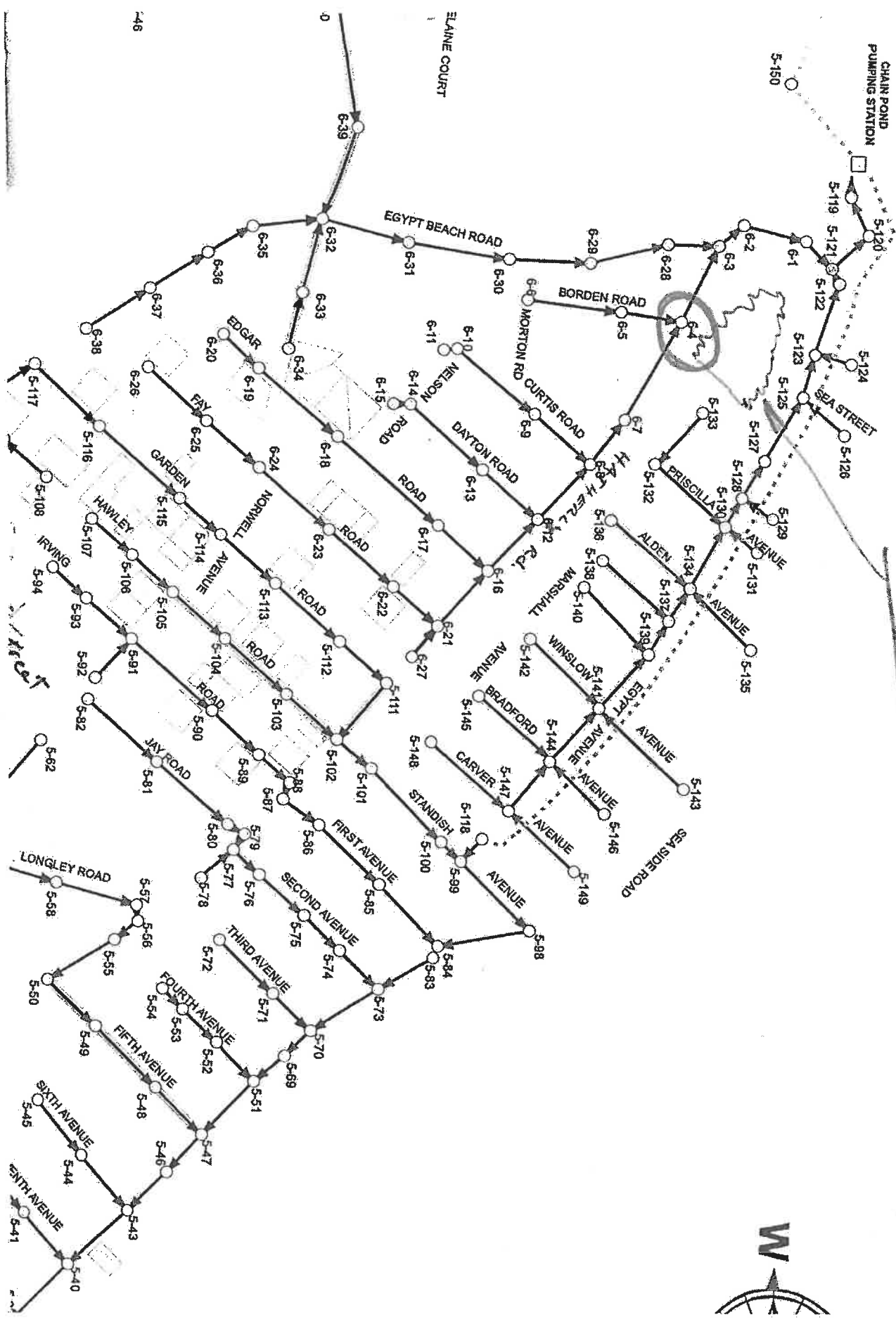
Date Signed

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	

CHAIN POND  
PUMPING STATION



Fishing Pond





**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

**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

Scituate Sewer Department  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Rick  
 First Name  
Interim Supervisor  
 Title

Mosca  
 Last Name

781-545-8736  
 Telephone No.

rmosca@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted: David Burns  
 first name last name  
 Date/Time contacted: 3-27-15 9:35  am  pm  
 Date Time
2. EPA staff contacted: Dave Turrin  
 first name last name  
 Date/Time EPA contacted: 3-27-15 9:42  am  pm  
 Date Time
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 3-27-15 10:55  am  pm  
 Date Time
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_ (specify)

**C. SSO Information**

1. SSO Discovered: 3-27-15 8:40  am  pm  
 Date Time  
 By: Sewer Dept. Staff (William Branton & Nathan Raddcliff)
2. SSO Stopped: 3-28-15 1:45  am  pm  
 Date Time
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_ (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_ (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_ (surface water)  
 Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**C. SSO Information (cont.)**

Location: Hewes Road / Manhole adjacent to utility pole #2  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 49,125 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:

Influent gate to treatment facility adjusted to draw more flow out of collection system, slowing and eventually stopping the spill. Placed staff on watch to monitor spill until it stopped.

Impact Area cleaned and/or disinfected:     Yes     No

Area cleaned of debris

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:

Please see spill pictures (during & after) / map of spill location



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

  
\_\_\_\_\_  
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	Phone: 888-304-1133	



**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

**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.



1. Facility Information

Scituate Sewer Department  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Rick  
 First Name

Mosca  
 Last Name

781-545-8736  
 Telephone No.

Interim Supervisor  
 Title

mosca@scituatema.gov  
 E-mail Address

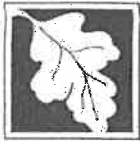
**B. Phone Notifications:**

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

1. **MassDEP staff contacted:** David Burns  
 first name last name  
 Date/Time contacted: 6-15-15 2:50  
 Date Time  am  pm
2. **EPA staff contacted:** Dave Turrin  
 first name last name  
 Date/Time EPA contacted: 6-15-15 2:55  
 Date Time  am  pm
3. **Board of Health contacted:** Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 6-15-15 3:10  
 Date Time  am  pm
4. **Others notified (select all that apply);**  Conservation Commission  
 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**

1. **SSO Discovered:** 6-15-15 2:30  
 Date Time  am  pm  
 By: Gates School Staff
2. **SSO Stopped:** 6-15-15 4:00  
 Date Time  am  pm
3. **SSO Discharge from:**  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
4. **SSO Discharge to:**  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
 Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**C. SSO Information (cont.)**

Location: Gates School  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 900 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 removed by jetting truck.

Impact Area cleaned and/or disinfected:     Yes     No

Area cleaned of debris

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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

\_\_\_\_\_  
Signature of Authorized Representative

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 emergency	Phone: 888-304-1133	



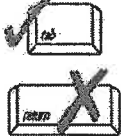
**Massachusetts Department of Environmental Protection**  
**Bureau of Resource Protection – Watershed Permitting Program**  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**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.



1. Facility Information

Scituate Sewer Department  
Reporting Sewer Authority

MA0102695  
Permit #

2. Authorized Representative Transmitting Form:

William  
First Name

Branton  
Last Name

781-545-8736  
Telephone No.

Chief Operator  
Title

wbranton@scituatema.gov  
E-mail Address

**B. Phone Notifications:**

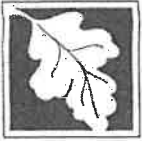
See DEP Regional Office telephone and fax numbers at the end of this form.

- |                               |                            |                              |  |
|-------------------------------|----------------------------|------------------------------|--|
| 1. MassDEP staff contacted:   | <u>David</u><br>first name | <u>Burns</u><br>last name    |  |
| Date/Time contacted:          | <u>1-1-2016</u><br>Date    | <u>9:45</u><br>Time          | <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| 2. EPA staff contacted:       | <u>Marie</u><br>first name | <u>McDonald</u><br>last name |  |
| Date/Time EPA contacted:      | <u>1-1-2016</u><br>Date    | <u>9:47</u><br>Time          | <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| 3. Board of Health contacted: | <u>Jen</u><br>First Name   | <u>Keefe</u><br>Last Name    |  |
| Date/Time contacted:          | <u>1-1-2016</u><br>Date    | <u>9:50</u><br>Time          | <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |

4. Others notified (select all that apply);
- Conservation Commission
- 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**

1. SSO Discovered: 12-31-2015 6:30  
Date Time  am  pm
- By: Staff at location, TKO Mally's Sports Café
2. SSO Stopped: 12-31-2015 7:30  
Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station
- Backup into Property  Other: \_\_\_\_\_  
(specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)
- Direct to Receiving Water \_\_\_\_\_  
(surface water)
- Catch basin to Receiving Water \_\_\_\_\_  
(surface water)
- Backup into Property Basement



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

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**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:     Yes     No

Area cleaned of debris \_\_\_\_\_

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:

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.



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass  
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**E. Certification Statement**

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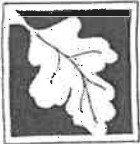
Signature of Authorized Representative

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
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Central Region	Phone: 508-792-7650	Fax: 508-792-7621
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**Massachusetts Department of Environmental Protection**  
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**A. Reporting Facility**

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1. Facility Information

Town of Scituate, Sewer Division  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name

Branton  
 Last Name

751-545-8736  
 Telephone No.

Chief Operator  
 Title

wbranton@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted:

David  
 first name

Burns  
 last name

Date/Time contacted:

6/17/15  
 Date

5:01  
 Time

am  pm

2. EPA staff contacted:

Dave  
 first name

Turin  
 last name

Date/Time EPA contacted:

6/17/15  
 Date

5:03  
 Time

am  pm

3. Board of Health contacted:

Jen  
 First Name

Keefe  
 Last Name

Date/Time contacted:

6/17/15  
 Date

5:05  
 Time

am  pm

4. Others notified (select all that apply);

Conservation Commission

Harbormaster

Shellfish Warden

Division of Marine Fisheries

Downstream Drinking Water Supplier

Watershed Association

Beach Resource Manager

Other:

Scituate DPW Director, Kevin Cafferty  
 (specify)

**C. SSO Information**

1. SSO Discovered:

6/17/15  
 Date

2:30  
 Time

am  pm

By:

Called in by a worker from another town division.

2. SSO Stopped:

6/17/15  
 Date

3:55  
 Time

am  pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property

Other:

(specify)

4. SSO Discharge to:

Ground Surface (no release to surface water)

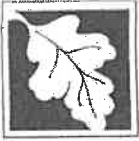
Direct to Receiving Water

(surface water)

Catch basin to Receiving Water

(surface water)

Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
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**C. SSO Information (cont.)**

Location: 327 First Parish Road, Gates Intermediate School  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 100-300 gallons

Method of Estimating Volume: CWEA picture charts and on-site description

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:

Called local company Sewer Tech to remove blockage with a jet / vactor truck. Kept an operator on site to monitor situation and direct public. Cleaned area of debris.

Impact Area cleaned and/or disinfected:     Yes     No

Area cleared of debris.

Corrective Actions Completed:     Yes     No

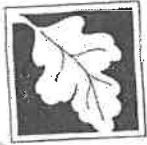
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

This event was preceded by school staff tving and clearing drain lines within their building. This likely caused a mass of debris and rags to move into the collection system and build up there. We will be tving the collection system as soon as possible to determine if there are any other problems within the collection system.



**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

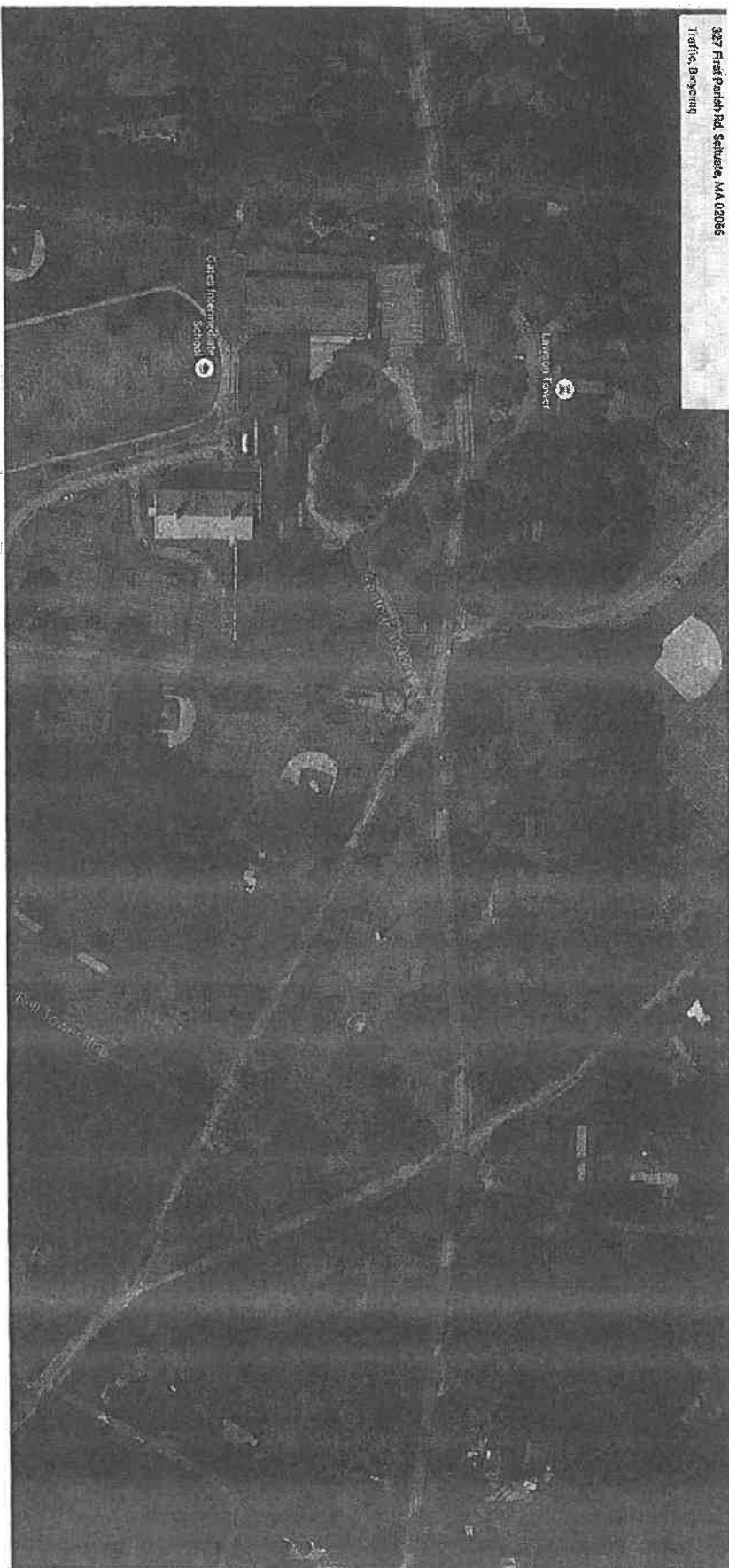
6/18/15

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	Phone: 888-304-1133	







## 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	

Reason for error  
 E. 1) Hang up or line fail  
 E. 2) Busy  
 E. 3) No answer  
 E. 4) No facsimile connection  
 E. 5) Exceeded max. E-mail size



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

**A. Reporting Facility**

Important: When filling out forms on this computer, save 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, Sewer Division  
 Reporting Sewer Authority  
 MAC102895  
 Permit #

2. Authorized Representative Transmitting Form:  
 William  
 First Name  
 Chief Operator  
 Title  
 Brandon  
 Last Name  
 751-545-8736  
 Telephone No.  
 wbranton@scituatema.gov  
 Email Address

**B. Phone Notifications:**

1. MassDEP staff contacted:  
 David  
 First Name  
 8/17/15  
 Date  
 5:01  
 Time  
 am  pm

2. EPA staff contacted:  
 Dana  
 First Name  
 8/17/15  
 Date  
 5:03  
 Time  
 am  pm

3. Board of Health contacted:  
 Jen  
 First Name  
 8/17/15  
 Date  
 5:05  
 Time  
 am  pm

4. Others notified (select all that apply):  
 Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Scituate DEPW Director, Kevin Caffery  
 (specify)

**C. SSO Information**

1. SSO Discovered:  
 8/17/15  
 Date  
 2:30  
 Time  
 am  pm  
 By: Called in by a worker from another town division.

2. SSO Stopped:  
 8/17/15  
 Date  
 3:56  
 Time  
 am  pm

3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)

4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface 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 \_\_\_\_\_

**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.



**1. Facility Information**

Scituate Wastewater Treatment Facility MA0102695  
 Reporting Sewer Authority Permit #

**2. Authorized Representative Transmitting Form:**

Rick Mosca 781-545-8736  
 First Name Last Name Telephone No.  
Interim Supervisor rmosca@scituatema.gov  
 Title E-mail Address

**B. Phone Notifications:**

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

- 1. MassDEP staff contacted:** Dave Burns  
 first name last name  
 Date/Time contacted: 6-24-16 12:00  
 Date Time  am  pm
- 2. EPA staff contacted:** Dave Turin  
 first name last name  
 Date/Time EPA contacted: 6-24-16 12:18  
 Date Time  am  pm
- 3. Board of Health contacted:** Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 6-24-16 12:20  
 Date Time  am  pm
- 4. Others notified (select all that apply);**  Conservation Commission  
 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**

- 1. SSO Discovered:** 6-24-16 11:00  
 Date Time  am  pm  
 By: DPW Staff
- 2. SSO Stopped:** 6-24-16 1:00  
 Date Time  am  pm
- 3. SSO Discharge from:**  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: E-1 System on Property  
 (specify)
- 4. SSO Discharge to:**  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_ (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_ (surface water)  
 Backup into Property Basement



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

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Tax Identification Number

**C. SSO Information (cont.)**

Location: 42 Ann Vinal Scituate, MA 02066  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 10-15 gallons

Method of Estimating Volume: visual

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: Leak in E-1 System discharge line  
(Specify)

7. Corrective Actions Taken:

Leak repaired

Impact Area cleaned and/or disinfected:     Yes     No

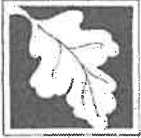
Corrective Actions Completed:     Yes     No

**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:



**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

6-4-16  
\_\_\_\_\_  
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	Phone: 888-304-1133	



**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

**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.



1. Facility Information

Scituate Wastewater Treatment Facility  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Rick Mosca 781-545-8736  
 First Name Last Name Telephone No.  
Interim Supervisor  
 Title rmosca@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 2-8-16 10:22  
 Date Time  am  pm
2. EPA staff contacted: Marie McDonald  
 first name last name  
 Date/Time EPA contacted: 2-8-16 10:25  
 Date Time  am  pm
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 2-8-16 10:30  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

**C. SSO Information**

1. SSO Discovered: 2-8-16 7:00  
 Date Time  am  pm  
 By: William Branton
2. SSO Stopped: 2-8-16 7:20  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Filter Bypass Valve opened at 10PM  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water Filter Bypass Valve opened at 10PM  
 (surface water)  
 Catch basin to Receiving Water Flow going around filters to UV Treatment and  
Post Aeration prior to discharge  
 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

**C. SSO Information (cont.)**

Location: Scituate Wastewater Treatment Facility  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 1650 gpm

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 coastal flooding  
 (Specify)

7. Corrective Actions Taken:

Filter Bypass Valve will remain open until flows become manageable for the treatment facility to handle

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Impact Area cleaned and/or disinfected:     Yes     No

Bypass Valve currently open

Corrective Actions Completed:     Yes     No

Bypass Valve currently open

**D. Comments/Attachments/Follow-up**

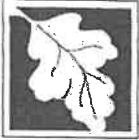
I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

Please see the attached time line of events

\_\_\_\_\_  
 \_\_\_\_\_



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

2-9-16

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	Phone: 888-304-1133	





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

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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

Scituate Wastewater Treatment Facility MA0102695  
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

Rick Mosca 781-545-8736  
 First Name Last Name Telephone No.  
Interim Supervisor rmosca@scituatema.gov  
 Title E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 4-28-16 9:30  am  pm  
 Date Time
2. EPA staff contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 4-28-16 9:50  am  pm  
 Date Time
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 4-28-16 9:15  am  pm  
 Date Time
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Kevin Cafferty (DPW Director)  
 (specify)

**C. SSO Information**

1. SSO Discovered: 4-28-16 7:00  am  pm  
 Date Time  
 By: Sewer Division Staff
2. SSO Stopped: 4-28-16 7:30  am  pm  
 Date Time
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Clarifier overflow at treatment plant.  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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

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**C. SSO Information (cont.)**

Location: Clarifiers at WWTP. Overflow onto parking lot and into catch basins.  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 931,667 gallons

Method of Estimating Volume: Flow metering

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: SCADA system failure (PLC Signal Loss).  
 (Specify)

7. Corrective Actions Taken:

The SCADA system has been programmed to generate an alarm when a signal loss condition occurs for any of the SCADA driven PLC units. Programming was done 4-28-16.

Impact Area cleaned and/or disinfected:     Yes     No

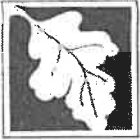
Corrective Actions Completed:     Yes     No

**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:



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

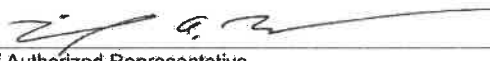
FOR DEP USE ONLY

Tax Identification Number

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**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	Phone: 888-304-1133	



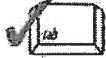
**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**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

Scituate Sewer Department  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Rick

Mosca

781-545-8736

First Name

Last Name

Telephone No.

Interim Supervisor

rmosca@scituatema.gov

Title

E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted: David Burns  
 first name last name  
 Date/Time contacted: 4-25-16 8:25  
 Date Time  am  pm
2. EPA staff contacted: Marie McDonald  
 first name last name  
 Date/Time EPA contacted: 4-25-16 8:30  
 Date Time  am  pm
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 4-25-16 8:35  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 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**

1. SSO Discovered: 4-25-16 3:00  
 Date Time  am  pm  
 By: DPW Staff
2. SSO Stopped: 4-25-16 8:00  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface 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 \_\_\_\_\_

**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 gpd (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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Watershed Permitting Program  
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**E. Certification Statement**

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Signature of Authorized Representative

4-25-16

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	Phone: 888-304-1133	



**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 \_\_\_\_\_

**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.



1. Facility Information

Scituate Wastewater Treatment Facility  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name

Branton  
 Last Name

781-545-8736  
 Telephone No.

Assistant Chief Operator  
 Title

wbranton@scituatema.gov  
 E-mail Address

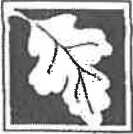
**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 2-8-16 10:22  am  pm  
 Date Time
2. EPA staff contacted: Marie McDonald  
 first name last name  
 Date/Time EPA contacted: 2-8-16 10:25  am  pm  
 Date Time
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 2-8-16 10:30  am  pm  
 Date Time
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Director  
 (specify)

**C. SSO Information**

1. SSO Discovered: 2-8-16 7  am  pm  
 Date Time  
 By: William Branton
2. SSO Stopped: 2-10-16 12:50  am  pm  
 Date Time
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Partial Filter Bypass  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water Herring River  
 (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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

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Tax Identification Number

**C. SSO Information (cont.)**

Location: 161 Driftway, Scituate Sewer Treatment Facility  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 1,877,650

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 coastal flooding  
(Specify)

7. Corrective Actions Taken:

Brought online another aeration basin, backwashed filter beds, adjusted main influent gate.

Impact Area cleaned and/or disinfected:     Yes     No

Bypass directed flow into UV disinfection channel. UV system placed into hand at 100% on all banks. UV system to remain at 100% for the week following this event to ensure channel is disinfected. Manual hose and scrub cleaning as needed on sides.

Corrective Actions Completed:     Yes     No

Bypassed amount throttled back throughout the day as plant returned to normal operation, until bypass was able to be fully closed at 12:50

**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:

This is a follow-up to the SSO reported on 2-8 to make all parties aware that the bypass is over and report total amount bypassed. All bypassed effluent still passed through disinfection systems and post aeration.





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

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.

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Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
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 Bureau of Resource Protection – Watershed Permitting Program  
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Tax Identification Number \_\_\_\_\_

**A. Reporting Facility**

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1. Facility Information

Scituate Wastewater Treatment Facility MA0102695  
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

Rick Mosca 781-545-8736  
 First Name Last Name Telephone No.  
Interim Supervisor rmosca@scituatema.gov  
 Title E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 2-8-16 10:22  
 Date Time  am  pm
2. EPA staff contacted: Marie McDonald  
 first name last name  
 Date/Time EPA contacted: 2-8-16 10:25  
 Date Time  am  pm
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 2-8-16 10:30  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: \_\_\_\_\_  
 (specify)

**C. SSO Information**

1. SSO Discovered: 2-8-16 7:00  
 Date Time  am  pm  
 By: William Branton
2. SSO Stopped: 2-8-16 7:20  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Filter overflow at treatment plant  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
 Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
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**C. SSO Information (cont.)**

Location: Scituate Wastewater treatment Facility  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: Approximately 5,000 gallons

Method of Estimating Volume: visual

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 flooding  
 (Specify)

7. Corrective Actions Taken:

filters backwashed, flow to process cut back

Impact Area cleaned and/or disinfected:     Yes     No

Corrective Actions Completed:     Yes     No

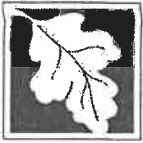
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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

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Signature of Authorized Representative

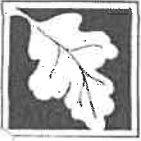
2-9-16

Date Signed

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

FOR DEP USE ONLY

Tax Identification Number

**A. Reporting Facility**

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1. Facility Information

Scituate Wastewater Treatment Facility MA0102695  
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

Rick Mosca 781-545-8736  
 First Name Last Name Telephone No.  
Interim Supervisor rmosca@scituatema.gov  
 Title E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 1-26-17 7:24  
 Date Time  am  pm
2. EPA staff contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 1-26-17 7:25  
 Date Time  am  pm
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 1-26-17 7:52  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Director (7:56 AM)  
 (specify)

**C. SSO Information**

1. SSO Discovered: 1-26-17 3:30  
 Date Time  am  pm  
 By: Scituate WWTP Staff
2. SSO Stopped: 1-26-17 2:20  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Filter Bypass Valve opened at 3:30AM  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water Filter Bypass Valve opened at 3:30AM  
 (surface water)  
 Catch basin to Receiving Water Flow going around filters to UV Treatment and  
Post Aeration prior to discharge  
 Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**C. SSO Information (cont.)**

Location: Scituate Wastewater Treatment Facility  
 (Description of discharge site or closest address)

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 precipitation and coastal flooding  
 (Specify)

7. Corrective Actions Taken:

Filter Bypass Valve opened to manage treatment of flow at the wastewater facility

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**

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.

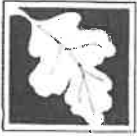
Signature of Authorized Representative

Date Signed

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EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	



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

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Tax Identification Number \_\_\_\_\_

**A. Reporting Facility**

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1. Facility Information

Scituate Waterwater Treatment Facility

MA102695

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Nathan

Ratcliffe

781-545-8736

First Name

Last Name

Telephone No.

Acting Interim Supervisor

nratcliffe@scituatema.gov

Title

E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted:

Dave

Burns

first name

last name

Date/Time contacted:

4/7/17

5:00

Date

Time

am

pm

2. EPA staff contacted:

Dave

Turin

first name

last name

Date/Time EPA contacted:

4/7/17

didn't have phone #

Date

Time

am

pm

3. Board of Health contacted:

Jen

Keefe

First Name

Last Name

Date/Time contacted:

4/7/17

Town Hall closed

Date

Time

am

pm

4. Others notified (select all that apply);

Conservation Commission

Harbormaster

Shellfish Warden

Division of Marine Fisheries

Downstream Drinking Water Supplier

Watershed Association

Beach Resource Manager

Other:

Kevin Cafferty (4:00 PM)

(specify)

**C. SSO Information**

1. SSO Discovered:

4/7/17

1:00

Date

Time

am

pm

By: Scituate WWTP staff

2. SSO Stopped:

4/7/17

2:30

Date

Time

am

pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property

Other:

Manhole overflow on Hewes Rd.

(specify)

4. SSO Discharge to:

Ground Surface (no release to surface water)

Direct to Receiving Water

(surface water)

Catch basin to Receiving Water

(surface water)

Backup into Property Basement





**Massachusetts Department of Environmental Protection**  
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**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: visual

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:     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**

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.

*[Handwritten Signature]*  
Signature of Authorized Representative

4/10/17  
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
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Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
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**Massachusetts Department of Environmental Protection**  
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**Sanitary Sewer Overflow (SSO)/Bypass**  
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**A. Reporting Facility**

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

1. Facility Information

Scituate Wastewater Treatment Facility

MA102695

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Nathan

Ratcliffe

781-545-8736

First Name

Last Name

Telephone No.

Interim Supervisor

nratcliffe@scituatema.gov

Title

E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted:

Dave

Burns

first name

last name

4/4/17

4:20

Date/Time contacted:

Date

Time

am

pm

2. EPA staff contacted:

Dave

Turin

first name

last name

4/4/17

4:30

Date/Time EPA contacted:

Date

Time

am

pm

3. Board of Health contacted:

Jen

Keefe

First Name

Last Name

4/4/17

4:25

Date/Time contacted:

Date

Time

am

pm

4. Others notified (select all that apply);

Conservation Commission

Harbormaster

Shellfish Warden

Division of Marine Fisheries

Downstream Drinking Water Supplier

Watershed Association

Beach Resource Manager

Other:

DPW Director (4:10 PM)

(specify)

**C. SSO Information**

1. SSO Discovered:

4/4/17

4:15

Date

Time

am

pm

By:

Scituate WWTP Staff

2. SSO Stopped:

4/5/17

7:00

Date

Time

am

pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property

Other:

Filter Bypass Valve opened at 4:15PM

(specify)

4. SSO Discharge to:

Ground Surface (no release to surface water)

Direct to Receiving Water

Filter Bypass Valve opened at 4:15PM

(surface water) Flow going around filters to UV Treatment and

Post Aeration prior to discharge

Catch basin to Receiving Water

(surface water)

Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
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**C. SSO Information (cont.)**

Location: Scituate Wastewater Treatment Facility  
 (Description of discharge site or closest address) 800 gpm/total estimated

5. Estimated SSO Volume at time of this Report: volume =720,000 gallons

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 precipitation and coastal flooding  
 (Specify)

7. Corrective Actions Taken:

Filter Bypass Valve opened to manage treatment of flow at the wastewater facility

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Impact Area cleaned and/or disinfected:     Yes     No

\_\_\_\_\_  
 \_\_\_\_\_

Corrective Actions Completed:     Yes     No

\_\_\_\_\_

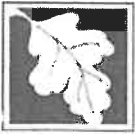
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I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Massachusetts Department of Environmental Protection  
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Signature of Authorized Representative

Date Signed

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**Massachusetts Department of Environmental Protection**  
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**A. Reporting Facility**

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1. Facility Information

Scituate Sewer Division  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

Rick  
 First Name

Mosca  
 Last Name

781-545-8736  
 Telephone No.

Interim Supervisor  
 Title

rmosca@scituatema.gov  
 E-mail Address

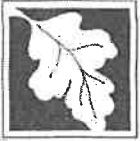
**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 1-5-17 12:20  
 Date Time  am  pm
2. EPA staff contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 1-5-17 12:20  
 Date Time  am  pm
3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 1-5-17 10:40  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Scituate DPW Director  
 (specify)

**C. SSO Information**

1. SSO Discovered: 1-5-17 9:30  
 Date Time  am  pm  
 By: Scituate DPW Staff
2. SSO Stopped: 1-5-17 2:00  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface 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 \_\_\_\_\_

**C. SSO Information (cont.)**

Location: Intersection of Egypt Beach Road and Bay Avenue  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 5-10 gpm/1350-2700 gallons total

Method of Estimating Volume: visual estimate

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:

Vactor Service in to jet line and free blockage

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Impact Area cleaned and/or disinfected:     Yes     No

\_\_\_\_\_  
 \_\_\_\_\_

Corrective Actions Completed:     Yes     No

\_\_\_\_\_

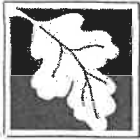
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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

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	



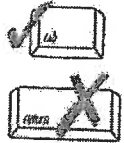


**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**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

Town of Scituate Wastewater Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name  
 Interim Supervisor  
 Title

Branton  
 Last Name

781-545-8736  
 Telephone No.

WBranton@ScituateMA.gov  
 E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted:

Dave

first name

Burns

last name

Date/Time contacted:

7/11/2017

12:29

Date

Time

am  pm

2. EPA staff contacted:

Dave

first name

Turin

last name

Date/Time EPA contacted:

7/11/2017

12:31

Date

Time

am  pm

3. Board of Health contacted:

Jenn

First Name

Keefe

Last Name

Date/Time contacted:

7/11/2017

11:07

Date

Time

am  pm

4. Others notified (select all that apply);

Conservation Commission

Harbormaster

Shellfish Warden

Division of Marine Fisheries

Downstream Drinking Water Supplier

Watershed Association

Beach Resource Manager

Other:

Director of Public Works  
 (specify)

**C. SSO Information**

1. SSO Discovered:

7/11/2017

Date

7:45

Time

am  pm

By: William Branton

2. SSO Stopped:

7/11/2017

Date

8:00

Time

am  pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property

Other:

(specify)

4. SSO Discharge to:

Ground Surface (no release to surface water)

Direct to Receiving Water

(surface water)

Catch basin to Receiving Water

(surface 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

**C. SSO Information (cont.)**

Location: 111 First Parish Road, Scituate, MA 02066  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 100 Gallons

Method of Estimating Volume: Estimate given by Service Master (Cleaning Service)

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:

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.

Impact Area cleaned and/or disinfected:     Yes     No

Property cleaned by Service Master. Sewage and contaminated ground water from excavation pumped out and disposed of at the treatment plant. Solid material from excavation removed and hauled off site for disposal.

Corrective Actions Completed:     Yes     No

As of July 14<sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure that any and all potentially contaminated material is removed and disinfected.

**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:

Please see attached letter.



**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

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
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	

To whom it may concern,

At 7:30am on July 11<sup>th</sup> 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 Drainsooter to jet and clear their private line. Blockage 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. Drainsooter unable to clear blockage and called the Sewer Department back at 9:30am to investigate further. The Sewer Department immediately began cameraing and jetting the sewer main in the street while Drainsooter cameraed the private line out of the property. Camera on either end was unable to fully transverse sewer lateral 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 notified 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

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

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3297	Memory TX	16179180870	P. 4	OK	

Reason for error  
 E. 1) Hang up or line fail  
 E. 2) Busy  
 E. 3) No answer  
 E. 4) No facsimile connection  
 E. 5) Exceeded max. E-mail size



Massachusetts Department of Environmental Protection  
 Bureau of Resource Protection - Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass Notification Form**  
 FOR DEP USE ONLY  
 For Identification Number

A. Reporting Facility

1. Facility Information  
 Town of Schuette Wastewater Treatment Plant  
 Reporting Sewer Authority MA0102695  
 Parcel #

2. Authorized Representative Transmitting Form:  
 William Dranon  
 First Name Last Name 781-545-8736 Telephone No.  
 Interim Supervisor  
 Title WDranon@SchruteMA.gov Email Address

B. Phone Notifications:

1. MassDEP staff contacted: Date: 7/11/2017 Time: 12:29 [ ] am [x] pm  
 Date/Time contacted: 7/11/2017 12:29  
 2. EPA staff contacted: Date: 7/11/2017 Time: 12:31 [ ] am [x] pm  
 Date/Time EPA contacted: 7/11/2017 12:31  
 3. Board of Health contacted: Date: 7/11/2017 Time: 11:07 [x] am [ ] pm  
 Date/Time contacted: 7/11/2017 11:07  
 4. Others notified (select all that apply):  
 Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Director of Public Works (specify)

C. SSO Information

1. SSO Discovered: Date: 7/11/2017 Time: 7:45 [x] am [ ] pm  
 By: William Dranon  
 2. SSO Stopped: Date: 7/11/2017 Time: 8:00 [ ] am [x] pm  
 3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: (specify)  
 4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement

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

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

Reason for error  
 E. 1) Hang up or line fail  
 E. 2) Busy  
 E. 3) No answer  
 E. 4) No facsimile connection  
 E. 5) Exceeded max. E-mail size



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

**A. Reporting Facility**

**1. Facility Information**

Town of Schuette Wastewater Treatment Plant  
 Reporting Owner Authority: MA0102695 Permit#

**2. Authorized Representative Transmitting Form:**

William Branton  
 First Name Last Name Telephone No. 781-545-8736  
 Title: WBranton@SchuetteMA.gov  
 E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted: Date: 7/11/2017 Time: 12:24  
 Date/Time contacted: 7/11/2017 12:24  am  pm
2. EPA staff contacted: Date: 7/11/2017 Time: 12:31  
 Date/Time EPA contacted: 7/11/2017 12:31  am  pm
3. Board of Health contacted: Jerin Keefe  
 Date/Time contacted: 7/11/2017 11:07  am  pm

4. Others notified (select all that apply):  
 Conservation Commission  
 Harbormaster  Sheriff's Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Director of Public Works (specify)

**C. SSO Information**

1. SSO Discovered: 7/11/2017 7:45  
 Date Time  am  pm  
 By: William Branton
2. SSO Stopped: 7/11/2017 8:00  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water: (surface water)  
 Catch basin to Receiving Water: (surface water)  
 Backup into Property Basement



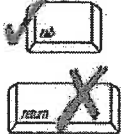
Massachusetts Department of Environmental Protection  
Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass  
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**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.



1. Facility Information

Scituate Sewer Division  
Reporting Sewer Authority

MA0102695  
Permit #

2. Authorized Representative Transmitting Form:

Rick Mosca 781-545-8736  
First Name Last Name Telephone No.  
Interim Supervisor  
Title mosca@scituatema.gov  
E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
first name last name  
Date/Time contacted: 1-18-17 7:55  
Date Time  am  pm
2. EPA staff contacted: \_\_\_\_\_  
first name last name  
Date/Time EPA contacted: \_\_\_\_\_  
Date Time  am  pm
3. Board of Health contacted: \_\_\_\_\_  
First Name Last Name  
Date/Time contacted: \_\_\_\_\_  
Date Time  am  pm
4. Others notified (select all that apply):  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Scituate DPW Director  
(specify)

**C. SSO Information**

1. SSO Discovered: 1-18-17 7:30  
Date Time  am  pm  
By: Scituate DPW Staff
2. SSO Stopped: 1-18-17 \_\_\_\_\_  
Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Loose grit material spilled out of dumpster onto ground during dumpster removal.
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
(surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
(surface 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

**C. SSO Information (cont.)**

Location: 161 Driftway Scituate, MA 02066 (Scituate Waste Water Department)  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: One cubic yard

Method of Estimating Volume: visual estimate

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: Spill out of dumpster container during dumpster removal.  
 (Specify)

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:     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:

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





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

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	



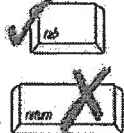
**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Watershed Permitting Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

FOR DEP USE ONLY

Tax Identification Number

**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.



1. Facility Information

Scituate Wastewater Treatment Facility MA0102695  
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

William Branton 781-545-8736  
 First Name Last Name Telephone No.  
chief operator / Interim Supervisor WBranton@ScituateMA.gov  
 Title E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted: David Burns  
 first name last name  
 Date/Time contacted: 5-29-17 12:04  
 Date Time  am  pm
2. EPA staff contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 5-29-17 12:08  
 Date Time  am  pm
3. Board of Health contacted: Jennifer Keefe  
 First Name Last Name  
 Date/Time contacted: 5-29-17 12:08  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 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**

1. SSO Discovered: 5-28-17 740  
 Date Time  am  pm  
 By: Michael Angland
2. SSO Stopped: 5-28-17 1120  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water Harbor  
 (surface water)  
 Backup into Property Basement



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

**C. SSO Information (cont.)**

Location: 116 Front Street, line extended down Cole Parkway from intersection on Front Street  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 1,100

Method of Estimating Volume: Visual estimate based on SCAP Spill Estimation 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:

Contacted Araco Sewer and Drain services Inc. and they jetted the line until the grease blockage was broken up. Area cleaned of debris and other material and washed down. Araco is to return within a couple days time to reinspect, jet and vactor out any remaining grease buildup.

Impact Area cleaned and/or disinfected:     Yes     No

Area cleaned up and washed down.

Corrective Actions Completed:     Yes     No

Initial correction completed. Followup work to be completed within same week.

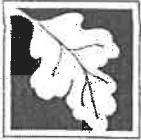
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

Blockaged caused by grease buildup, area is to be reinspected and any remaining grease removed by vactor truck. Board of Health has been contacted and will comment on condition of grease traps at this location.



**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

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	Phone: 888-304-1133	



**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

**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.



1. Facility Information

Town of Scituate, Wastewater Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William	Branton	781-545-8736
First Name	Last Name	Telephone No.
Interim Supervisor	WBranton@ScituateMA.gov	
Title	E-mail Address	

**B. Phone Notifications:**

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

- MassDEP staff contacted:**

Dave	Burns
first name	last name
7/5/2017	2:02
Date	Time
	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
- EPA staff contacted:**

Dave	Turin
first name	last name
7/5/2017	2:10
Date	Time
	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
- Board of Health contacted:**

Jennifer	Keefe
First Name	Last Name
7/7/2017	9:22
Date	Time
	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
- Others notified (select all that apply);**

Conservation Commission

Harbormaster     Shellfish Warden     Division of Marine Fisheries

Downstream Drinking Water Supplier     Watershed Association

Beach Resource Manager     Other: Director of Public Works  
 (specify)

**C. SSO Information**

- SSO Discovered:** 7/4/2017 \*Please see 12:30  
 comments section Time  am  pm

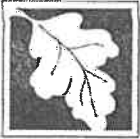
By: Mike Angland, on-call operator
- SSO Stopped:** 7/6/2017  
 Date Time 7  am  pm
- SSO Discharge from:**  Sanitary Sewer Manhole     Pump Station

Backup into Property     Other: Pipe collapse, discharge from road surface  
 (specify)
- SSO Discharge to:**  Ground Surface (no release to surface water)

Direct to Receiving Water \_\_\_\_\_ (surface water)

Catch basin to Receiving Water \_\_\_\_\_ (surface water)

Backup into Property Basement



# Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number \_\_\_\_\_

## C. SSO Information (cont.)

Location: 47 Rebecca Road, Scituate MA 02066, Infront of house on street.  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 50-100 gallons

Method of Estimating Volume: Visual Estimate

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:

Sewer collection system was immediately checked on July 4th by the Sewer Department's on-call operator and found to be flowing normally, checked with homeowners who reported no issues with flushing or backups. Water on street was initially thought to be caused by leaking water service. On July 5<sup>th</sup> the Town's Sewer Division camered the collection system and lateral services in the area. Camera inspections revealed residual waste pooling in lateral line for 47 Rebecca Road. Homeowner and current occupant (rental property) notified of problem and advised to not use their sewer service while repairs were underway. Site was excavated and found clay lateral line damaged on the top section of the pipe and poor pitch.

Impact Area cleaned and/or disinfected:     Yes     No

Water, sewage, and debris removed from area and disposed of.

Corrective Actions Completed:     Yes     No

Flushed service line and removed all water and debris from site. Damaged lateral replaced with PVC pipe and repitched.

## 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:

Problem was initially thought to be a leaking water service and was not confirmed to be a sewer overflow until visual inspection of the lateral in the street on July 6<sup>th</sup>. The lateral service was replaced immediately after identifying problem. The Town of Scituate is currently in the design and planning process for removing and replacing all of the old clay service connections in this area of the collection system.



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

  
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	Phone: 888-304-1133	

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

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3291	Memory TX	16179180870	P. 3	OK	

Reason for error  
 E. 1) Hang up or line fail  
 E. 2) Busy  
 E. 3) No answer  
 E. 4) No facsimile connection  
 E. 5) Exceeded max. E-mail size



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

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Tax Map/Section Number

**A. Reporting Facility**

Reporters: 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, Wastewater Treatment Plant  
 Reporting Owner Authority: MA0102695 Permit #

2. Authorized Representative Transmitting Form:  
 William Bronson 781-565-9736  
 First Name Last Name Telephone No.  
 Interim Supervisor  
 Title: WBronson@ScituateMA.gov E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted: Dave Burns  
 First Name Last Name  
 Date/Time contacted: 7/5/2017 2:02  
 Date Time  am  pm

2. EPA staff contacted: Dave Triffin  
 First Name Last Name  
 Date/Time EPA contacted: 7/5/2017 2:10  
 Date Time  am  pm

3. Board of Health contacted: Jennifer Keefe  
 First Name Last Name  
 Date/Time contacted: 7/7/2017 8:22  
 Date Time  am  pm

4. Offices notified (select all that apply):  
 Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Director of Public Works (specify)

**C. SSO Information**

1. SSO Discovered: 7/4/2017 \*Please see comments section 12:30  
 Date Time  am  pm  
 By: Mike Angland, on-call operator

2. SSO Stopped: 7/5/2017 7  
 Date Time  am  pm

3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Pipe collapse, discharge from road surface (specify)

4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3292	Memory TX	15089476557	P. 3	OK	

Reason for error  
 E. 1) Hang up or line fail  
 E. 2) Busy  
 E. 3) No answer  
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**Massachusetts Department of Environmental Protection**  
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 use the return  
 key.



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

**A. Reporting Facility**

1. Facility Information  
 Town of Scituate Wastewater Treatment Plant  
 Reporting Sewer Authority MA0102695 Permit #  
 2. Authorized Representative Transmitting Form.  
 William Brandon 781-545-8730  
 First Name Last Name Telephone No.  
 Interim Supervisor WBrandon@ScituateMA.gov  
 Title E-mail Address

**B. Phone Notifications:**

1. MA/DEP staff contacted: Dave Burns  
 First Name Last Name  
 Date/Time contacted: 7/5/2017 2:32  
 Date Time  am  pm  
 2. EPA staff contacted: Dave Turk  
 First Name Last Name  
 Date/Time EPA contacted: 7/5/2017 2:19  
 Date Time  am  pm  
 3. Board of Health contacted: Jennifer Keefe  
 First Name Last Name  
 Date/Time contacted: 7/7/2017 9:22  
 Date Time  am  pm  
 4. Others notified (select all that apply):  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: Director of Public Works  
 (specify)

**C. SSO Information**

1. SSO Discovered: 7/4/2017 12:30  
 Date Time  am  pm  
 By: Mike England, on-call operator  
 2. SSO Stopped: 7/5/2017 7  
 Date Time  am  pm  
 3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Pipe collapse, discharge from road surface  
 (specify)  
 4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (Surface water)  
 Catch basin to Receiving Water (Surface water)  
 Backup into Property Basement



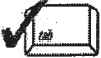
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**Bureau of Water Protection – Wastewater Management Program**  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

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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.



1. Facility Information

Town of Scituate, WWTP  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name  
 Interim Supervisor / Chief Operato  
 Title

Branton  
 Last Name

781-545-8736  
 Telephone No.

wbranton@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

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

1. **MassDEP staff** contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 3/3/2018 5:43  
 Date Time  am  pm
2. **EPA staff** contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 3/3/2018 5:45  
 Date Time  am  pm
3. **Board of Health** contacted: Jenn Keefe  
 First Name Last Name  
 Date/Time contacted: 3/3/2018 5:52  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Director  
 (specify)

**C. SSO Information**

1. SSO Discovered: 3/3/2018 3:00  
 Date Time  am  pm  
 By: Homeowner
2. SSO Stopped: 3/3/2018 4:51  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)  
 Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
 Bureau of Water Protection – Wastewater Management Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**C. SSO Information (cont.)**

Location: 37 Oceanside Drive, Scituate MA, 02066  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 5,000 gallons

Method of Estimating Volume: Approximation based on conversation with homeowner.

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: Unprecedented coastal flooding  
 (Specify)

7. Corrective Actions Taken:

Once WWTP staff were aware of the backup, plant staff began implementing a plan to gain emergency access to the pump station which serves this area of the collection system. Pump station had six feet of ocean flood waters surrounding station. Operators gained access to station to preform maintenance on the standby pump and make various adjustments to increase the flow rate from the Sand Hills Pump Station.

Impact Area cleaned and/or disinfected:     Yes     No

Area immediately pumped out. Awaiting followup from homeowner and professional cleaning service to restore area.

Corrective Actions Completed:     Yes     No

Pump was found to be overheating. Needed to be de-raged, regreased. While deragging pump impeller was found to be damaged but still operational.

**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:

The town of Scituate is currently building up the sea walls in this area to prevent or reduce the severity of ocean flooding. Scituate is also in the planning stages of replacing gravity sewers in this area with water tight low pressure force mains which would not be subject to the same type of surcharging by flood waters.



**Massachusetts Department of Environmental Protection**  
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**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

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---

**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

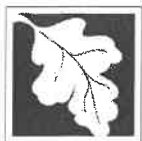
Date Signed

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

---

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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	Phone: 888-304-1133	



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



1. Facility Information

Town of Scituate Waste Water Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William First Name	Branton Last Name	781-545-8736 Telephone No.
Interim Supervisor / Chief Operato Title		wbranton@scituatema.gov E-mail Address

**B. Phone Notifications:**

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

- |                                    |                    |                    |  |
|------------------------------------|--------------------|--------------------|--|
| 1. <b>MassDEP staff</b> contacted: | Dave<br>first name | Burns<br>last name |  |
| Date/Time contacted:               | 3/5/2018<br>Date   | 2:25<br>Time       | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| 2. <b>EPA staff</b> contacted:     | Dave<br>first name | Turin<br>last name |  |
| Date/Time EPA contacted:           | 3/5/2018<br>Date   | 2:30<br>Time       | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| 3. Board of Health contacted:      | Jenn<br>First Name | Keefe<br>Last Name |  |
| Date/Time contacted:               | 3/5/2018<br>Date   | 2:42<br>Time       | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
4. Others notified (select all that apply);  Conservation Commission
- Harbormaster     Shellfish Warden     Division of Marine Fisheries
- Downstream Drinking Water Supplier     Watershed Association
- Beach Resource Manager     Other: DPW Director  
 (specify)

**C. SSO Information**

1. SSO Discovered: 3/5/2018 3:00  
 Date Time  am  pm
- By: William Branton
2. SSO Stopped: 3/8/2018 11:25  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station
- Backup into Property  Other: Partial bypass around sand filters  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)
- Direct to Receiving Water Herring River \*Indirect bypass still recieves treatment.
- Catch basin to Receiving Water \_\_\_\_\_  
 (surface water)
- Backup into Property Basement



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

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**C. SSO Information (cont.)**

Location: Scituate WWTP 161 Driftway, Scituate MA, 02066 \*Tertiary Sand Filters  
 (Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 1,629,570

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: Sand Filters can not sustain high flows after plant inflow becomes surcharged.  
 (Specify)

7. Corrective Actions Taken:

Partially bypassing the sand filters allows the Scituate WWTP to continue to treat and operate under high flow conditions. After several days of flows exceeding 3 MGD the sand filters become overwhelmed and can not handle the high flows. When filters are in partial bypass only enough flow to sustain filter operation is bypassed. Bypass flow rate was constantly adjusted throughout the event to maximize the amount of flow passing through the sand filters.

Impact Area cleaned and/or disinfected:     Yes     No

When the Scituate WWTP enters a partial bypass of its sand filters the UV disinfection system is locked at 100% dosage capacity on all banks. During the event we continued to sample for fecal and enterococcus coliforms. The geometric mean for fecal coliforms for the week was: 0.28 / 100mls sampled and enterococcus coliforms 0 / 100 mls sampled.

Corrective Actions Completed:     Yes     No

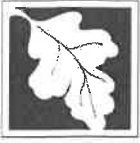
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

In FY18 the Scituate WWTP will be upgrading its filter pannel program to allow for additional controls and monitoring of the sand filters. The filter pannel will also be integrated into the WWTP SCADA system to allow for remote operation of processes. These improvements will allow the sand filters to be operated in a fashion that will minimize the need to bypass them and reduce their recovery time once bypassed.



**Massachusetts Department of Environmental Protection**  
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**Sanitary Sewer Overflow (SSO)/Bypass**  
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**E. Certification Statement**

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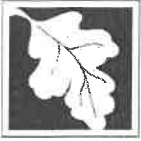
\_\_\_\_\_  
 Signature of Authorized Representative

3/12/2018  
 Date Signed

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EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
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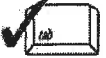
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**A. Reporting Facility**

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

1. Facility Information

Town of Scituate Waste Water Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name  
 Interim Supervisor / Chief Operato  
 Title

Branton  
 Last Name

781-545-8736  
 Telephone No.

wbranton@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

1. **MassDEP staff** contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 3/8/2018 3:30  
 Date Time  am  pm
2. **EPA staff** contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 3/8/2018 3:33  
 Date Time  am  pm
3. **Board of Health** contacted: Jenn Keefe  
 First Name Last Name  
 Date/Time contacted: 3/8/2018 3:28  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Director  
 (specify)

**C. SSO Information**

1. SSO Discovered: 3/8/2018 1:30  
 Date Time  am  pm  
 By: Plant Operator
2. SSO Stopped: 3/8/2018 2:30  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water Tidal creek to Kent Street Marshes (surface water)  
 Backup into Property Basement





**Massachusetts Department of Environmental Protection**  
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**C. SSO Information (cont.)**

Location: Hewes Road, Scituate MA, 02066  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 7,100 gallons

Method of Estimating Volume: CWRC Spill Estimate Charts

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: System surcharged see below\*  
(Specify)

7. Corrective Actions Taken:

During the storm rain falls and coastal flooding surcharged the sewer system. On March 8<sup>th</sup> plant staff needed to take one of the influent pumps offline to remove rags and preform maintenance on the pump before the pump failed. The pump was offline for the shortest amount of time possible for the service, but in those brief moments the surcharged flows overflowed from the manhole on hewes road.

Impact Area cleaned and/or disinfected:     Yes     No

Lime applied to area and area scooped and cleared of soil and debris.

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Massachusetts Department of Environmental Protection**  
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\_\_\_\_\_  
 Signature of Authorized Representative

3/12/2018  
 Date Signed

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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	Phone: 888-304-1133	



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**A. Reporting Facility**

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1. Facility Information

Town of Scituate, Waste Water Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name

Branton  
 Last Name

781-545-8736  
 Telephone No.

Interim Supervisor / Chief Operato  
 Title

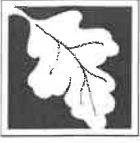
wbranton@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

1. **MassDEP staff** contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 3/4/2018 4:10  am  pm  
 Date Time
2. **EPA staff** contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 3/4/2018 4:14  am  pm  
 Date Time
3. **Board of Health** contacted: Jenn Keefe  
 First Name Last Name  
 Date/Time contacted: 3/4/2018 4:20  am  pm  
 Date Time
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Director  
 (specify)

**C. SSO Information**

1. SSO Discovered: 3/4/2018 10  
 Date Time  am  pm  
 By: WWTP Operator
2. SSO Stopped: 3/5/2018 5:45  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
 (specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
 (surface water)  
 Catch basin to Receiving Water Scituate Harbor and / or Sand Hills Beach storm  
water discharge basin  
 Backup into Property Basement



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

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**C. SSO Information (cont.)**

Location: Manhole immediately in front of Sand Hills Pump Station, at 89 Scituate Ave, Scituate MA, 02066

5. Estimated SSO Volume at time of this Report: 103,750 \* see comments

Method of Estimating Volume: CWRC spill estimation 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: Historic repeated coastal flooding at every high tide for several days in a row.  
 (Specify)

7. Corrective Actions Taken:

Pump at station malfunctioned 3 times over the course of the event. Plant staff were on standby for such an event, pump repairs were completed and pump was operational within 30 minutes of each failure. Contemplated using mobile pumps to keep up with flood flows, but unable to move equipment near area due to hazardous flooding which would have destroyed equipment. Due to flooding plant staff were instructed to search for other manholes nearby this location. I expect that the flood waters sitting on top of the spilling manhole pushed the overflow to other areas of the collection system. Overflow volume estimate includes overflows from nearby manholes on Brockton Ave. near the pump station. Actual spill volume expected to be significantly higher but unable to estimate due to flood waters.

Impact Area cleaned and/or disinfected:     Yes     No

Area severely flooded and washed out during and after the overflow event. Once the area was safe enough lime was applied to the grounds affected, area scooped and cleared of soil and debris and disposed of.

Corrective Actions Completed:     Yes     No

Attached please find a picture of the area during the event.

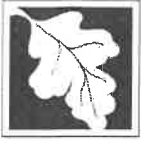
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

The Sand Hills pump station is currently in part 2 of a 2 part project to upgrade its resiliency 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.



**Massachusetts Department of Environmental Protection**  
**Bureau of Water Protection – Wastewater Management Program**  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**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	Phone: 888-304-1133	



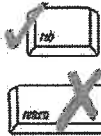
**Massachusetts Department of Environmental Protection**  
**Bureau of Resource Protection – Watershed Permitting Program**  
**Sanitary Sewer Overflow (SSO)/Bypass**  
**Notification Form**

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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.



**1. Facility Information**

Town of Scituate, Waste Water Treatment Plant  
 Reporting Sewer Authority

MA0102695  
 Permit #

**2. Authorized Representative Transmitting Form:**

Nathan Ratcliffe  
 First Name Last Name  
 Acting Supervisor/Chief Operator  
 Title

781-545-8736  
 Telephone No.  
 nratcliffe@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

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

- 1. MassDEP staff contacted:**
- |                      |                       |                   |  |
|----------------------|-----------------------|-------------------|--|
|                      | Dave                  | Burns             |  |
| Date/Time contacted: | first name<br>6/14/19 | last name<br>2:30 | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
|                      | Date<br>Dave          | Time<br>Turin     |  |
- 2. EPA staff contacted:**
- |                          |                       |                   |  |
|--------------------------|-----------------------|-------------------|--|
| Date/Time EPA contacted: | first name<br>6/14/19 | last name<br>2:35 | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
|                          | Date<br>Andrew        | Time<br>Scheele   |  |
- 3. Board of Health contacted:**
- |                      |                       |                   |  |
|----------------------|-----------------------|-------------------|--|
| Date/Time contacted: | First Name<br>6/14/19 | Last Name<br>3:15 | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
|                      | Date                  | Time              |  |
- 4. Others notified (select all that apply);**
- Conservation Commission  
 Harbormaster     Shellfish Warden     Division of Marine Fisheries  
 Downstream Drinking Water Supplier     Watershed Association  
 Beach Resource Manager     Other: Kevin Cafferty, DPW Director  
 (specify)

**C. SSO Information**

- 1. SSO Discovered:** 6/14/19 10:00  
 Date Time  am  pm  
 By: Michael Angland, Plant Operator
- 2. SSO Stopped:** 6/14/19 12:15  
 Date Time  am  pm
- 3. SSO Discharge from:**  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: (specify)
- 4. SSO Discharge to:**  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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

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**C. SSO Information (cont.)**

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

Method of Estimating Volume: CWRC spill estimation 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:

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:     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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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	Phone: 888-304-1133	



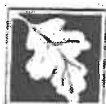
Broadcast Report

P 1  
 09/11/2020 00:29  
 Serial No. AA6#017006016  
 TC: 6295

Addressee	Start Time	Time	Prints	Result	Note
6179180820	09-11 00:15	00:00:56	000/003	No Ans	
5089476557	09-11 00:29	00:00:54	000/003	NG	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPS:Page Separation TX, MIX:Mixted Original TX, CALL:Manual TX, CSAC:Psac, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCDE:F-Code, RTX:Re-TX, RLY:Relay, MXX:Confidential, BOL:bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: Rx from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipts Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, FOUR:Receiving page Over, FIL:File Error, DCID:Code Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.



**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 \_\_\_\_\_

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  
 Town of Scituate, Sewer Division  
 Reporting Sewer Authority MA0102695 Permit #

2. Authorized Representative Transmitting Form:  
 William Branton 781-545-8736  
 First Name Last Name Telephone No.  
 Supervisor  
 Title wbranton@scituatema.gov E-mail Address

**B. Phone Notifications:**

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 9/9/2020 3:02  
 Date Time  am  pm

2. EPA staff contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 9/9/2020 3:05  
 Date Time  am  pm

3. Board of Health contacted: Jen Keefe  
 First Name Last Name  
 Date/Time contacted: 9/9/2020 3:21  
 Date Time  am  pm

4. Others notified (select all that apply):  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Assistant Director: 12:01PM (specify)

**C. SSO Information**

1. SSO Discovered: 9/9/2020 10:57  
 Date Time  am  pm  
 By: Town Worker Near Work Site

2. SSO Stopped: 9/9/2020 3:30  
 Date Time  am  pm

3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: Private force line was struck (specify)

4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water (surface water)  
 Catch basin to Receiving Water (surface water)  
 Backup into Property Basement



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

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**A. Reporting Facility**

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1. Facility Information

Town of Scituate, Sewer Division  
 Reporting Sewer Authority

MA0102695  
 Permit #

2. Authorized Representative Transmitting Form:

William  
 First Name  
 Supervisor  
 Title

Branton  
 Last Name

781-545-8736  
 Telephone No.

wbranton@scituatema.gov  
 E-mail Address

**B. Phone Notifications:**

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

1. MassDEP staff contacted:

Dave  
 first name

Burns  
 last name

Date/Time contacted:

9/9/2020  
 Date

3:02  
 Time

am  pm

2. EPA staff contacted:

Dave  
 first name

Turin  
 last name

Date/Time EPA contacted:

9/9/2020  
 Date

3:05  
 Time

am  pm

3. Board of Health contacted:

Jen  
 First Name

Keefe  
 Last Name

Date/Time contacted:

9/9/2020  
 Date

3:21  
 Time

am  pm

4. Others notified (select all that apply);

Conservation Commission

Harbormaster

Shellfish Warden

Division of Marine Fisheries

Downstream Drinking Water Supplier

Watershed Association

Beach Resource Manager

Other:

DPW Assistant Director: 12:01PM  
 (specify)

**C. SSO Information**

1. SSO Discovered:

9/9/2020  
 Date

10:57  
 Time

am  pm

By: Town Worker Near Work Site

2. SSO Stopped:

9/9/2020  
 Date

3:30  
 Time

am  pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property

Other:

Private force line was struck  
 (specify)

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

Direct to Receiving Water

(surface water)

Catch basin to Receiving Water

(surface water)

Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
 Bureau of Water Protection – Wastewater Management Program  
**Sanitary Sewer Overflow (SSO)/Bypass**  
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**C. SSO Information (cont.)**

Location: Intersection of Branch Street and Central Park Drive, Scituate MA 02066  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 50-80 gallons

Method of Estimating Volume: Approx volume of booring hole for replacement pole. The line is only active when a pump is on\*

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: Telepone pole replacement, line stuck by equipment.  
(Specify)

7. Corrective Actions Taken:

\*The force line is inactive unless a pump is on, as it is a private extension that discharges into a gravity line downstream. Scituate operators were able to locate and turn off the connected pumps such that the spill was contained within the hole for the replacement pole. The wastes were removed with a pump truck and the site cleaned and washed down afterwards. Local drainlayer contracted to repair pipe. Excavation done with town's vac-con vehicle to contain and remove any contaminated debris from the site.

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:

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**Massachusetts Department of Environmental Protection**  
**Bureau of Water Protection – Wastewater Management Program**  
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Signature of Authorized Representative

*[Handwritten Signature]*  
Date Signed

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**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	Phone: 888-304-1133	



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

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Tax Identification Number

**A. Reporting Facility**

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1. Facility Information

Town of Scituate

Reporting Sewer Authority

MA0102695

Permit #

2. Authorized Representative Transmitting Form:

William

First Name

Supervisor

Title

Branton

Last Name

wbranton@scituatema.gov

E-mail Address

781-545-8736

Telephone No.

**B. Phone Notifications:**

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

1. MassDEP staff contacted: Dave Burns  
 first name last name  
 Date/Time contacted: 5/28/2021 3:42  
 Date Time  am  pm
2. EPA staff contacted: Dave Turin  
 first name last name  
 Date/Time EPA contacted: 5/28/2021 3:45  
 Date Time  am  pm
3. Board of Health contacted: Andrew Scheele  
 First Name Last Name  
 Date/Time contacted: 6/1/2021 8:50  
 Date Time  am  pm
4. Others notified (select all that apply);  Conservation Commission  
 Harbormaster  Shellfish Warden  Division of Marine Fisheries  
 Downstream Drinking Water Supplier  Watershed Association  
 Beach Resource Manager  Other: DPW Director  
(specify)

**C. SSO Information**

1. SSO Discovered: 5/28/2021 2:40  
 Date Time  am  pm  
 By: School Staff
2. SSO Stopped: 5/28/2021 4:00  
 Date Time  am  pm
3. SSO Discharge from:  Sanitary Sewer Manhole  Pump Station  
 Backup into Property  Other: \_\_\_\_\_  
(specify)
4. SSO Discharge to:  Ground Surface (no release to surface water)  
 Direct to Receiving Water \_\_\_\_\_  
(surface water)  
 Catch basin to Receiving Water \_\_\_\_\_  
(surface water)  
 Backup into Property Basement



**Massachusetts Department of Environmental Protection**  
Bureau of Water Protection – Wastewater Management Program  
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**C. SSO Information (cont.)**

Location: 606 Chief Justice Cushing Hwy  
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 5  
Method of Estimating Volume: Visual estimate

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:

Used jetting vacuum vehicle to breakup and remove blockage from collection system line between two manholes within parking lot has buildup of paper products. Spill absorbant deployed around manhole that had small release around rim. Disinfected area with sprayer.

Impact Area cleaned and/or disinfected:     Yes     No

Corrective Actions Completed:     Yes     No

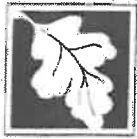
**D. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

- Attachment     Additional comments below:     No additional comments or attachments

Additional comments and planned actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Massachusetts Department of Environmental Protection**  
**Bureau of Water Protection – Wastewater Management Program**  
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6/1/2021

Signature of Authorized Representative

Date Signed

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Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
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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	Phone: 888-304-1133	