

Year 1 Annual Report
Massachusetts Small MS4 General Permit
Reporting Period: May 1, 2018-June 30, 2019

Please DO NOT attach any documents to this form. Instead, attach all requested documents to an email when submitting the form

Unless otherwise noted, all fields are required to be filled out. If a field is left blank, it will be assumed the requirement or task has not been completed.

Part I: Contact Information

Name of Municipality or Organization:

EPA NPDES Permit Number:

Primary MS4 Program Manager Contact Information

Name: Title:

Street Address Line 1:

Street Address Line 2:

City: State: Zip Code:

Email: Phone Number:

Fax Number:

Stormwater Management Program (SWMP) Information

SWMP Location (web address):

Date SWMP was Last Updated:

If the SWMP is not available on the web please provide the physical address and an explanation of why it is not posted on the web:

Part II: Self Assessment

First, in the box below, select the impairment(s) and/or TMDL(s) that are applicable to your MS4.

Impairment(s)

Bacteria/Pathogens
 Chloride
 Nitrogen
 Phosphorus
 Solids/ Oil/ Grease (Hydrocarbons)/ Metals

TMDL(s)

In State:
 Assabet River Phosphorus
 Bacteria and Pathogen
 Cape Cod Nitrogen
 Charles River Watershed Phosphorus
 Lake and Pond Phosphorus

Out of State:
 Bacteria/Pathogens
 Metals
 Nitrogen
 Phosphorus

Clear Impairments and TMDLs

Next, check off all requirements below that have been completed. By checking each box you are certifying that you have completed that permit requirement fully. If you have not completed a requirement leave the box unchecked. Additional information will be requested in later sections.

Year 1 Requirements

- Develop and begin public education and outreach program
- Identify and develop inventory of all known locations where SSOs have discharged to the MS4 in the last 5 years
 - The SSO inventory is attached to the email submission
 - The SSO inventory can be found at the following website:

- Develop written IDDE plan including a procedure for screening and sampling outfalls
- IDDE ordinance complete
- Identify each outfall and interconnection discharging from MS4, classify into the relevant category, and priority rank each catchment for investigation
 - The priority ranking of outfalls/interconnections is attached to the email submission
 - The priority ranking of outfalls/interconnections can be found at the following website:

<https://www.scituatema.gov/department-of-public-works/pages/ms-4-permit>

- Construction/ Erosion and Sediment Control (ESC) ordinance complete
- Develop written procedures for site inspections and enforcement of sediment and erosion control measures
- Develop written procedures for site plan review
- Keep a log of catch basins cleaned or inspected
- Complete inspection of all stormwater treatment structures

Annual Requirements

- Annual opportunity for public participation in review and implementation of SWMP
- Comply with State Public Notice requirements
- Keep records relating to the permit available for 5 years and make available to the public
- Properly store and dispose of catch basin cleanings and street sweepings so they do not discharge to receiving waters
- Annual training to employees involved in IDDE program
- All curbed roadways have been swept a minimum of one time per year

Bacteria/ Pathogens (Combination of Impaired Waters Requirements and TMDL Requirements as Applicable)

Annual Requirements

*Public Education and Outreach**

- Annual message encouraging the proper management of pet waste, including noting any existing ordinances where appropriate
 - Permittee or its agents disseminate educational material to dog owners at the time of issuance or renewal of dog license, or other appropriate time
 - Provide information to owners of septic systems about proper maintenance in any catchment that discharges to a water body impaired for bacteria
- * Public education messages can be combined with other public education requirements as applicable (see Appendix H and F for more information)*

Phosphorus (Combination of Impaired Waters Requirements and TMDL Requirements as Applicable)

Annual Requirements

*Public Education and Outreach**

- Distribute an annual message in the spring (April/May) that encourages the proper use and disposal of grass clippings and encourages the proper use of slow-release and phosphorus-free fertilizers
 - Distribute an annual message in the summer (June/July) encouraging the proper management of pet waste, including noting any existing ordinances where appropriate
 - Distribute an annual message in the fall (August/September/October) encouraging the proper disposal of leaf litter
- * Public education messages can be combined with other public education requirements as applicable (see Appendix H and F for more information)*

Good Housekeeping and Pollution Prevention for Permittee Owned Operations

- Increase street sweeping frequency of all municipal owned streets and parking lots subject to Permit part 2.3.7.a.iii.(c) to a minimum of two times per year (spring and fall)

Potential structural BMPs

- Any structural BMPs listed in Table 3 of Attachment 1 to Appendix H already existing or installed in the regulated area by the permittee or its agents shall be tracked and the permittee shall estimate the
- phosphorus removal by the BMP consistent with Attachment 1 to Appendix H. Document the BMP type, total area treated by the BMP, the design storage volume of the BMP and the estimated phosphorus removed in mass per year by the BMP in each each annual report

Solids, Oil and Grease (Hydrocarbons), or Metals

Annual Requirements

Good Housekeeping and Pollution Prevention for Permittee Owned Operations

- Increase street sweeping frequency of all municipal owned streets and parking lots to a schedule to target areas with potential for high pollutant loads
- Prioritize inspection and maintenance for catch basins to ensure that no sump shall be more than 50 percent full; Clean catch basins more frequently if inspection and maintenance activities indicate excessive sediment or debris loadings

Use the box below to input additional details on any unchecked boxes above or any additional information you would like to share as part of your self assessment:

Part III: Receiving Waters/Impaired Waters/TMDL

Have you made any changes to your lists of receiving waters, outfalls, or impairments since the NOI was submitted?

Yes No

If yes, describe below, including any relevant impairments or TMDLs:

Part IV: Minimum Control Measures

Please fill out all of the metrics below. If applicable, include in the description who completed the task if completed by a third party.

MCM1: Public Education

Number of educational messages completed during the reporting period:

Below, report on the educational messages completed during the first year. For the measurable goal(s) please describe the method/measures used to assess the overall effectiveness of the educational program.

BMP:1.01 School Program: Stormwater and conservation messaging

Message Description and Distribution Method:

Annual school curriculum, programs, press release, and social media post. Program incorporates demonstrations with groundwater model, watershed model and cleaning dirty water taught to elementary school students and parent volunteers in school program

Targeted Audience:

Responsible Department/Parties:

Measurable Goal(s):

To educate 5th grade students and parent volunteers in Cushing, Wampatuck, Hatherly, and Jenkins Elementary Schools. A press release was issued after the 2018 program to the town, The Globe, the Patriot Ledger, Wicked Local, and the Scituate Mariner. The program was also posted on the NSRWA Facebook page and the Scituate Monthly-Our Town Facebook page.

The 2019 program will run for 4 days when school starts up after summer vacation. We will have numbers of students and parent volunteers, as well as survey results at that time. Similarly, a press release will follow, sent to the town, The Globe, the Patriot Ledger, Wicked Local, and the Scituate Mariner. The program will also be posted on the NSRWA Facebook page and the Scituate Monthly-Our Town Facebook page.

Message Date(s):

Message Completed for: Appendix F Requirements Appendix H Requirements

Was this message different than what was proposed in your NOI? Yes No

If yes, describe why the change was made:

BMP:1.02 Regional Rain Barrel Sale

Message Description and Distribution Method:

Press release, social media post, flyer, web page providing education about water conservation and the reduction of stormwater from impervious surfaces. Annual sale.

Targeted Audience: Residents

Responsible Department/Parties: North and South Rivers Watershed Association as part of the WaterSmart reg

Measurable Goal(s):

A press release to went out to the town, The Globe, the Patriot Ledger, Wicked Local, and the Scituate Mariner. Facebook posts were made on the NSRWA page. Information about the annual sale went out in the NSRWA E-newsletter to 6,000+ subscribers. In this timeframe, there were 1,352 web page views, with 213 on the Rain Barrel and Composter page. There were 17 rain barrels sold in Scituate.

Message Date(s): April 2019

Message Completed for: Appendix F Requirements Appendix H Requirements

Was this message different than what was proposed in your NOI? Yes No

If yes, describe why the change was made:

BMP:1.03 Gardening Green Expo

Message Description and Distribution Method:

Annual regional event for WaterSmart South Shore Communities that provides information on how residents can reduce stormwater pollution from better landscaping practices.

Targeted Audience: Residents

Responsible Department/Parties: North and South Rivers Watershed Association as part of the WaterSmart reg

Measurable Goal(s):

A press release to went out to the town, The Globe, the Patriot Ledger, Wicked Local, and the Scituate Mariner. Several Facebook posts were made on the NSRWA page. Information about the event went out in our E-newsletter 4 times to 6,000+ subscribers each time. In this timeframe, there were 1,078 web page views. There were 500 guests in attendance. The videos of the speakers are now being added to the NSRWA website and shared online and on Facebook.

Message Date(s): March 2019

Message Completed for: Appendix F Requirements Appendix H Requirements

Was this message different than what was proposed in your NOI? Yes No

If yes, describe why the change was made:

BMP:1.04 Greenscapes Guide

Message Description and Distribution Method:

Digital download of landscaping techniques that reduce stormwater pollutants (fertilizers, pesticides,

herbicides)

Targeted Audience: Residents

Responsible Department/Parties: North and South Rivers Watershed Association as part of the WaterSmart reg

Measurable Goal(s):

We promoted the Greenscapes Guide at the Gardening Green Expo and handed out paper copies. It was promoted online and on the NSRWA Facebook page with a reach of 2,831 people (those that viewed the information at least once) and 187 engagements (those that click links, comment, or share). In this timeframe, there were also 344 web page views on the Greenscapes Guide, and 181 web page views on Greenscapes page. There have been 6 downloads from Scituate at this time. It will be posted again.

Message Date(s): May 2019

Message Completed for: Appendix F Requirements Appendix H Requirements

Was this message different than what was proposed in your NOI? Yes No

If yes, describe why the change was made:

BMP: 1.05 MS4 messages - Grass Clippings, and Fertilizer for May

Message Description and Distribution Method:

A grass clippings message and a fertilizer message posted on the NSRWA Facebook page in May.

Targeted Audience: Residents

Responsible Department/Parties: North and South Rivers Watershed Association as part of the WaterSmart reg

Measurable Goal(s):

A grass clippings message and a fertilizer message were both posted on the NSRWA Facebook page in May. The grass clippings message had a reach of 11,034 people (those that viewed the information at least once) and 472 engagements (those that click links, comment, or share). The fertilizer message had a reach of 2,376 people and 239 engagements. Both messages were also posted to the Scituate Monthly-Our Town Facebook page. The grass clippings Facebook post was boosted in June with a \$50 ad targeted to all WaterSmart towns with a reach of 9,678 and 266 engagements, and a \$50 ad targeted to Scituate with a reach of 3,161 and 400 engagements. In this timeframe, there were also 357 web page views on "Know Before You Mow!", 23 web page views on "Best Mowing Practices," and 19 web page views on the Stormwater page.

Message Date(s): May 2019

Message Completed for: Appendix F Requirements Appendix H Requirements

Was this message different than what was proposed in your NOI? Yes No

If yes, describe why the change was made:

This educational BMP was added since the NOI was submitted to better reach and inform residents about

grass clipping management and fertilizer reduction in spring.

BMP:1.06 Pet Waste Education

Message Description and Distribution Method:

Printed Scoop It cards, web article, press release, and social media posts for June.

Targeted Audience: Residents

Responsible Department/Parties: North and South Rivers Watershed Association as part of the WaterSmart reg

Measurable Goal(s):

Pet waste Scoop It cards were distributed to the town clerk's office (100), and the Driftway Animal Hospital (100). An article was written on The Problem of Dog Waste on the South Shore. This was sent to The Globe, the Patriot Ledger, Wicked Local, and the Scituate Mariner. The Patriot Ledger wrote a feature on it from our press release, and WATD did an on air interview. It was posted on the NSRWA Facebook page with a reach of 1,556 people (those that viewed the information at least once) and 197 engagements (those that click links, comment, or share), and on the Scituate Monthly-Our Town Facebook page. In this timeframe, there were also 453 web page views on "The Problem of Dog Waste on the South Shore," 22 web page views on the Pet Waste Education page, and 202 web page views on "Addressing the Elephant in the Room - Dog Waste on the South Shore."

Message Date(s): June 2019

Message Completed for: Appendix F Requirements Appendix H Requirements

Was this message different than what was proposed in your NOI? Yes No

If yes, describe why the change was made:

Add an Educational Message

MCM2: Public Participation

Describe the opportunity provided for public involvement in the development of the Stormwater Management Program (SWMP) during the reporting period:

Discussion meetings were held with residents, engineers and local builders to review and provide input to the program.

Was this opportunity different than what was proposed in your NOI? Yes No

Describe any other public involvement or participation opportunities conducted during the reporting period:

[Empty text box for public involvement opportunities]

MCM3: Illicit Discharge Detection and Elimination (IDDE)

Sanitary Sewer Overflows (SSOs)

Below, report on the number of SSOs identified in the MS4 system and removed during this reporting period.

Number of SSOs identified:

Number of SSOs removed:

Below, report on the total number of SSOs identified in the MS4 system and removed to date. At a minimum, report SSOs identified since 2013.

Total number of SSOs identified:

Total number of SSOs removed:

MS4 System Mapping

Describe the status of your MS4 map, including any progress made during the reporting period:

mapping was generated in May 2005 by Weston & Sampson. Minor updates have been added to the mapping. The Town recently purchased a GPS locating unit and added the mapping to hand held tablets for DPW departments.

Screening of Outfalls/Interconnections

If conducted, please submit any outfall monitoring results from this reporting period. Outfall monitoring results should include the date, outfall/interconnection identifier, location, weather conditions at time of sampling, precipitation in previous 48 hours, field screening parameter results, and results from all analyses.

- The outfall screening data is attached to the email submission
- The outfall screening data can be found at the following website:

Below, report on the number of outfalls/interconnections screened during this reporting period.

Number of outfalls screened:

Below, report on the percent of total outfalls/ interconnections screened to date.

Percent of total outfalls screened: 0

Catchment Investigations

If conducted, please submit all data collected during this reporting period as part of the dry and wet weather investigations. Also include the presence or absence of System Vulnerability Factors for each catchment.

- The catchment investigation data is attached to the email submission
- The catchment investigation data can be found at the following website:

Below, report on the number of catchment investigations completed during this reporting period.

Number of catchment investigations completed this reporting period: 0

Below, report on the percent of catchments investigated to date.

Percent of total catchments investigated: 0

Optional: Provide any additional information for clarity regarding the catchment investigations below:

Sampling will begin October 2019

IDDE Progress

If illicit discharges were found, please submit a document describing work conducted over this reporting period, and cumulative to date, including location source; description of the discharge; method of discovery; date of discovery; and date of elimination, mitigation, or enforcement OR planned corrective measures and schedule of removal.

- The illicit discharge removal report is attached to the email submission
- The illicit discharge removal report can be found at the following website:

Below, report on the number of illicit discharges identified and removed, along with the volume of sewage removed during this reporting period.

Number of illicit discharges identified: 0

Number of illicit discharges removed: 0

Estimated volume of sewage removed: 0 [UNITS]

Below, report on the total number of illicit discharges identified and removed to date. At a minimum, report on the number of illicit discharges identified and removed since the effective date of the permit.

Total number of illicit discharges identified: 0

Total number of illicit discharges removed: 0

Optional: Provide any additional information for clarity regarding illicit discharges identified, removed, or planned to be removed below:

Employee Training

Describe the frequency and type of employee training conducted during the reporting period:

An overview of the program and testing/reporting requirements was provided to DPW staff including Water, Sewer, Highway and Engineering Departments.

MCM4: Construction Site Stormwater Runoff Control

Below, report on the construction site plan reviews, inspections, and enforcement actions completed during this reporting period.

Number of site plan reviews completed:

Number of inspections completed:

Number of enforcement actions taken:

MCM5: Post-Construction Stormwater Management in New Development and Redevelopment

Ordinance Development

Describe the status of the post-construction ordinance required to be complete in year 2 of the permit term:

Stormwater Bylaw and Permits are overseen by the Planning Board and Conservation Commission.

As-built Drawings

Describe the status of the measures the MS4 has utilized to require the submission of as-built drawings and ensure long term operation and maintenance of completed construction sites required to be complete in year 2 of the permit term:

Following completion of the project asbuilt plans are submitted and reviewed by the Planning Board and Conservation Commission for compliance with the approved design plan.

Street Design and Parking Lots Report

Describe the status of the street design and parking lots assessment due in year 4 of the permit term, including any planned or completed changes to local regulations and guidelines:

Green Infrastructure Report

Describe the status of the green infrastructure report due in year 4 of the permit term, including the findings and progress towards making the practice allowable:

Retrofit Properties Inventory

Describe the status of the inventory, due in year 4 of the permit term, of permittee-owned properties that could be modified or retrofitted with BMPs to mitigate impervious areas and report on any properties that have been modified or retrofitted:

MCM6: Good Housekeeping

Catch Basin Cleaning

Describe the status of the catch basin cleaning optimization plan:

Written catch basin cleaning plan under development

If complete, attach the catch basin cleaning optimization plan or the schedule to gather information to develop the optimization plan:

- The catch basin cleaning optimization plan or schedule is attached to the email submission
- The catch basin cleaning optimization plan or schedule can be found at the following website:

Below, report on the number of catch basins inspected and cleaned, along with the total volume of material removed from the catch basins during this reporting period.

Number of catch basins inspected: 2000

Number of catch basins cleaned: 2000

Total volume or mass of material removed from all catch basins: Unknown [UNITS]

Below, report on the total number of catch basins in the MS4 system, if known.

Total number of catch basins: 2500

If applicable:

Report on the actions taken if a catch basin sump is more than 50% full during two consecutive routine inspections/cleaning events:

Following coastal storm events along Scituate's Coastline low lying catch basins often become inundated with sand debris that require immediate cleaning.

Street Sweeping

Describe the status of the written procedures for sweeping streets and municipal-owned lots:

Public Ways Sweep annually. Business district including parking lots swept weekly.

Report on street sweeping completed during the reporting period using one of the three metrics below.

Number of miles cleaned: 60

Volume of material removed: [UNITS]

Weight of material removed: [UNITS]

If applicable:

For rural uncurbed roadways with no catch basins, describe the progress of the inspection, documentation, and targeted sweeping plan:

Winter Road Maintenance

Describe the status of the written procedures for winter road maintenance including the storage of salt and sand:

Salt and salt brine is the typical application for winter roadway maintenance. A new salt storage shed was constructed in 2016 at the Highway Department, Captain Peirce Road. Salt is applied at the recommended MassDOT of 240 lbs/Ln Mile.

Inventory of Permittee-Owned Properties

Describe the status of the inventory, due in year 2 of the permit term, of permittee-owned properties, including parks and open spaces, buildings and facilities, and vehicles and equipment, and include any updates:

Inventory of Town Owned Buildings and Parks currently being compiled.

O&M Procedures for Parks and Open Spaces, Buildings and Facilities, and Vehicles and Equipment

Describe the status of the operation and maintenance procedures, due in year 2 of the permit term, of permittee-owned properties (parks and open spaces, buildings and facilities, vehicles and equipment) and include maintenance activities associated with each:

Currently being compiled

Stormwater Pollution Prevention Plan (SWPPP)

Describe the status of any SWPPP, due in year 2 of the permit term, for permittee-owned or operated facilities including maintenance garages, public works yards, transfer stations, and other waste handling facilities where pollutants are exposed to stormwater:

Below, report on the number of site inspections for facilities that require a SWPPP completed during this reporting period.

Number of site inspections completed:

Describe any corrective actions taken at a facility with a SWPPP:

O&M Procedures for Stormwater Treatment Structures

Describe the status of the written procedure for stormwater treatment structure maintenance:

Hydrodynamic Structures are cleaned annually by Vector Truck

Additional Information

Monitoring or Study Results

Results from any other stormwater or receiving water quality monitoring or studies conducted during the reporting period not otherwise mentioned above, where the data is being used to inform permit compliance or permit effectiveness must be attached.

- Not applicable
- The results from additional reports or studies are attached to the email submission
- The results from additional reports or studies can be found at the following website(s):

If such monitoring or studies were conducted on your behalf or if monitoring or studies conducted by other entities were reported to you, a brief description of the type of information gathered or received shall be described below:

Additional Information

Optional: Enter any additional information relevant to your stormwater management program implementation during the reporting period. Include any BMP modifications made by the MS4 if not already discussed above:

Activities Planned for Next Reporting Period

Please confirm that your SWMP has been, or will be, updated to comply with all applicable permit requirements including but not limited to the year 2 requirements summarized below. (Note: impaired waters and TMDL requirements are not listed below)

Yes, I agree

- Complete system mapping Phase I
- Begin investigations of catchments associated with Problem Outfalls
- Develop or modify an ordinance or other regulatory mechanism for post-construction stormwater runoff from new development and redevelopment
- Establish and implement written procedures to require the submission of as-built drawings no later than two years after the completion of construction projects
- Develop, if not already developed, written operations and maintenance procedures
- Develop an inventory of all permittee owned facilities in the categories of parks and open space,

- buildings and facilities, and vehicles and equipment; review annually and update as necessary
- Establish a written program detailing the activities and procedures the permittee will implement so that the MS4 infrastructure is maintained in a timely manner
- Develop and implement a written SWPPP for maintenance garages, public works yards, transfer stations, and other waste handling facilities where pollutants are exposed to stormwater
- Enclose or cover storage piles of salt or piles containing salt used for deicing or other purposes
- Develop, if not already developed, written procedures for sweeping streets and municipal-owned lots
- Develop, if not already developed, written procedures for winter road maintenance including storage of salt and sand
- Develop, if not already developed, a schedule for catch basin cleaning
- Develop, if not already developed, a written procedure for stormwater treatment structure maintenance
- Develop a written catchment investigation procedure (*18 months*)

Annual Requirements

- Annual report submitted and available to the public
- Annual opportunity for public participation in review and implementation of SWMP
- Keep records relating to the permit available for 5 years and make available to the public
- Properly store and dispose of catch basin cleanings and street sweepings so they do not discharge to receiving waters
- Annual training to employees involved in IDDE program
- Update inventory of all known locations where SSOs have discharged to the MS4 in the last 5 years
- Continue public education and outreach program
- Update outfall and interconnection inventory and priority ranking and include data collected in connection with the dry weather screening and other relevant inspections conducted
- Implement IDDE program
- Review site plans of construction sites as part of the construction stormwater runoff control program
- Conduct site inspection of construction sites as necessary
- Inspect and maintain stormwater treatment structures
- Log catch basins cleaned or inspected
- Sweep all uncurbed streets at least annually

Provide any additional details on activities planned for permit year 2 below:

Part V: Certification of Small MS4 Annual Report 2019

40 CFR 144.32(d) Certification

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, I certify that 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.

Name: Title:

Signature: Date:

(Signatory may be a duly authorized representative)

Town of Scituate
Sanitary Sewer Overflow's
(SSO)

2013-2018

6-11-13 Called
9:59 AM Dave Burns (DEP)
508-946-2738
left message

10:08 call Dave Turin EPA
617-918-1598
left message

10:15 call Bennett @ BOH



**Town of Scituate
W-Sewer Division**

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

To: DAVE 1
(D) 11:30 Talk of Harbor Master
12:00 Talk of Fire Chief
Call Dave Burns

Fax number: SC
From: Bob
6-11-13 @ 9:35 AM
left message
① Call back

② Reporting overflow @ SHPS

Date: 6-19- noticed @ 7:30 AM - 9/15 Tricked

Total No. of Pages: 8

COMMENTS: 2 SSO @ SHPS

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 ^{Faxed} @ 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.

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
first name
6/11/13
Date

Burns
last name
9:35
Time

am pm

Date/Time contacted:

2. EPA staff contacted:

first name

Date

last name

Time

am pm

Date/Time EPA contacted:

3. Board of Health contacted:

First Name

Date

Last Name

Time

am pm

Date/Time contacted:

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:

6/11/13
Date

7:30
Time

am pm

By:

Bob Rowland

2. SSO Stopped:

6/11/13
Date

10:24
Time

am pm

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).

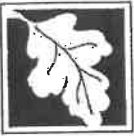
Direct to Receiving Water

Scituate Harbor
(surface water)

Catch basin to Receiving Water

(surface water)

Backup into Property Basement



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 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



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

6-19-13
Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	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 Plant MA0102695
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

Robert Rowland 781-545-8736
 First Name Last Name Telephone No.
Supervisor rrowland@town.scituate.ma.us
 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: 6/14/13 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



Massachusetts Department of Environmental Protection
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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.



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.

Robert A. Rowland

Signature of Authorized Representative

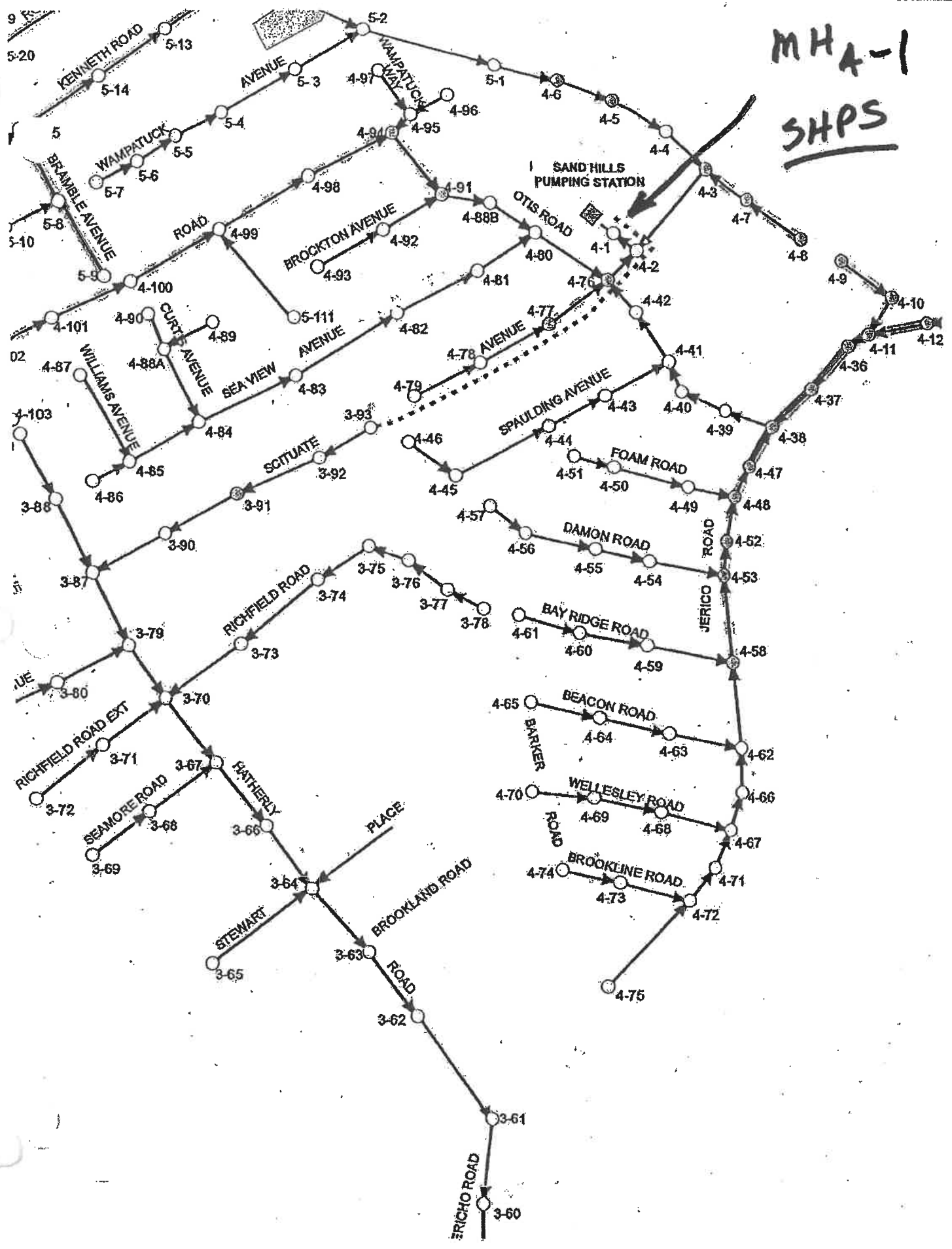
6-19-13

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-8557
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

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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 rrowland@fown.scituate.ma.us
 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: 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



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

Tax Identification Number

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 < 2.6 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

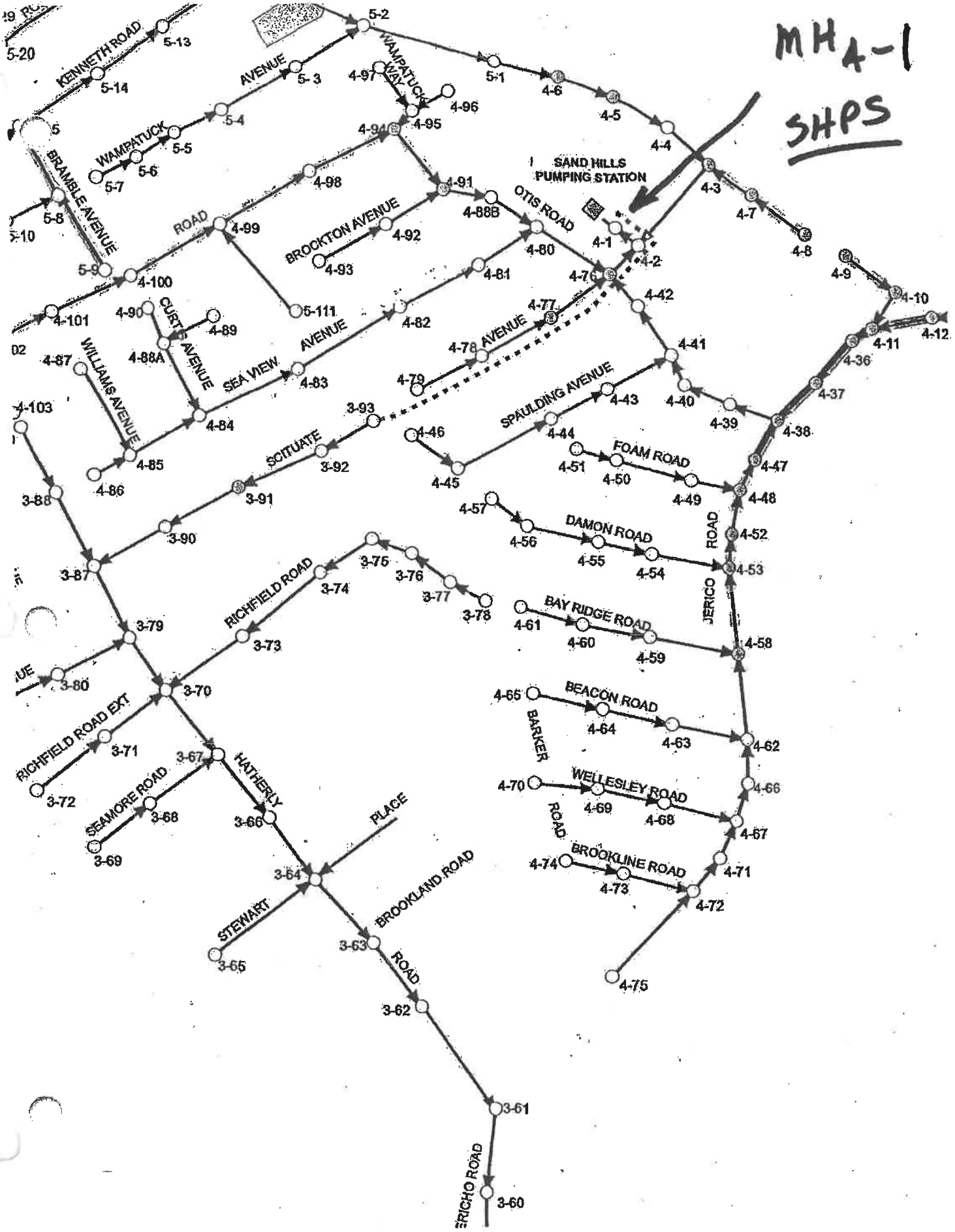
D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

Attachment Additional comments below: No additional comments or attachments

Additional comments and planned actions:

MHA-1
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

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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 E-mail Address rowland@town.scituate.ma.us

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
3-11-13	2:00 (?)
Date	Time
	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
- EPA staff contacted:

first name	last name
Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm
- Board of Health contacted:

First Name	Last Name
Date	Time
	<input 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: _____ (specify)

C. SSO Information

- SSO Discovered:

3-9-13	12:10
Date	Time
	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm

By: Robert Rowland
- SSO Stopped:

3-11-13	7:06
Date	Time
	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
- SSO Discharge from:

Sanitary Sewer Manhole Pump Station

Backup into Property Other: MH 1-7 (12 Hewes Rd.) (specify)
- 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



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

FOR DEP USE ONLY

Tax Identification Number

C. SSO Information (cont.)

Location: Hewes 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:



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

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Robert P. Rowland

Signature of Authorized Representative

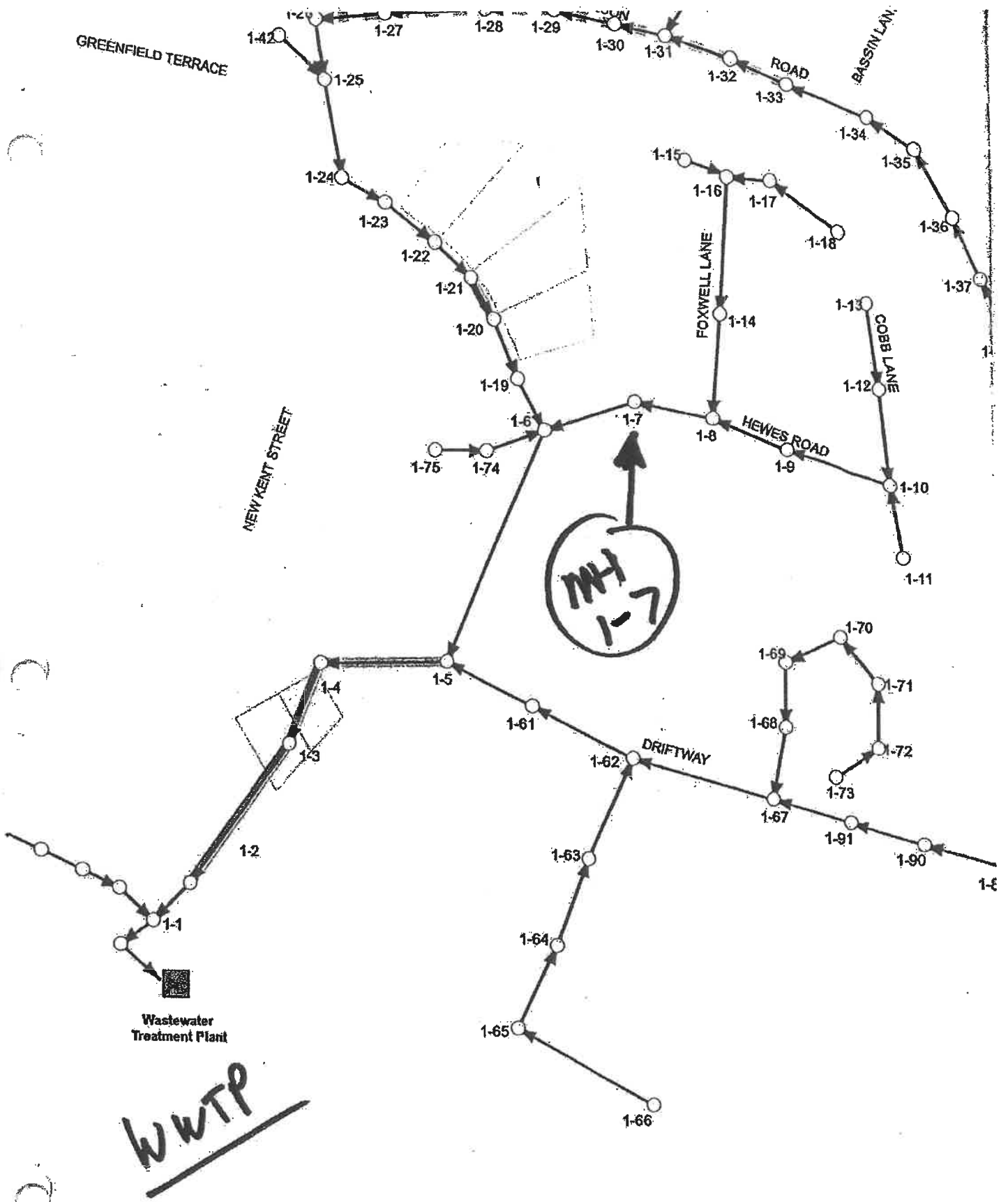
3-18-13

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	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 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: 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)

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

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



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: 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:



**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 P. Rowland

Signature of Authorized Representative

3-18-13

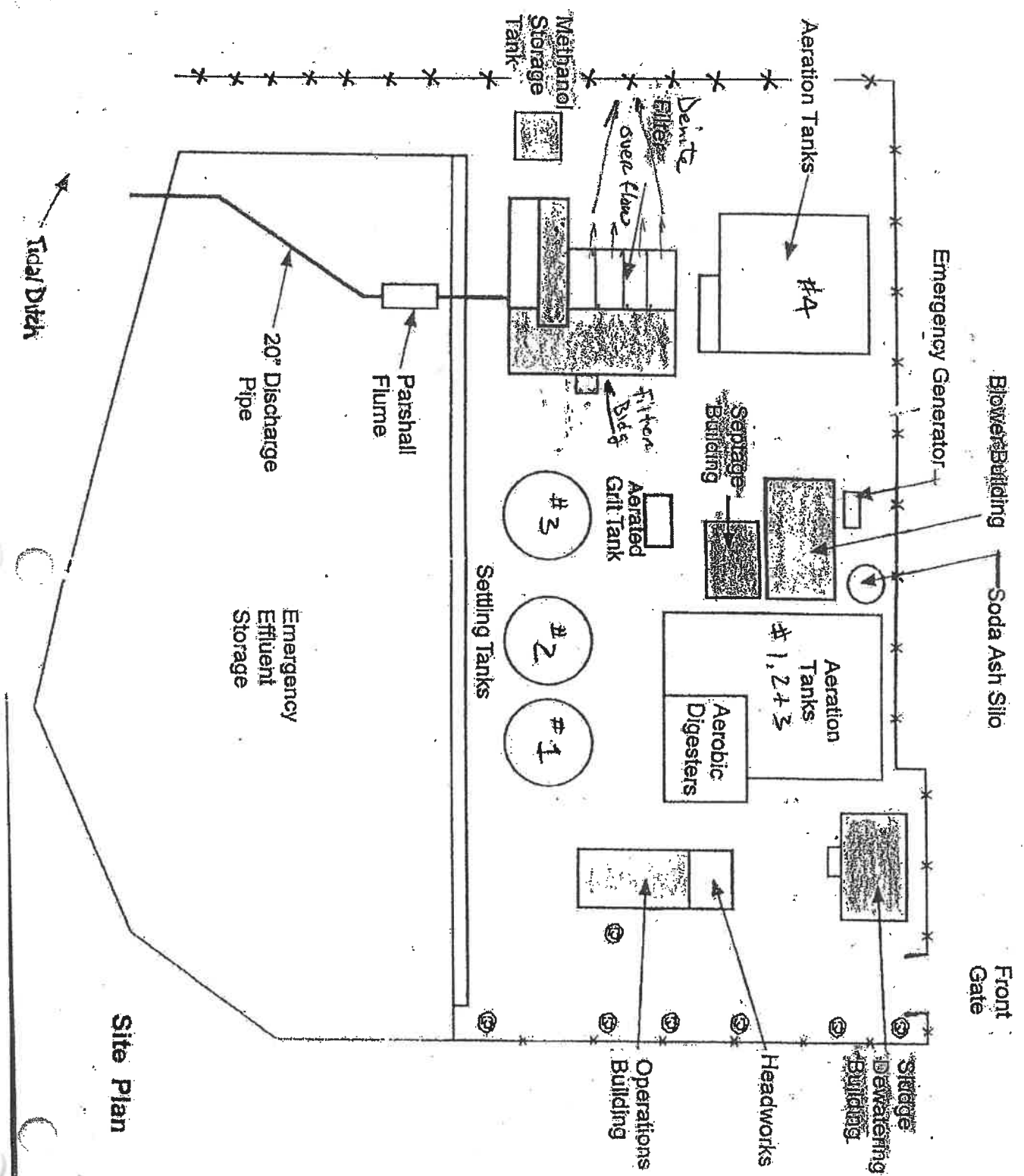
Date Signed

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

SOLIDWASTE WASTEWATER TREATMENT PLANT



Site Plan

Transfer Station

2019

Town of Scituate - Recycling Summary

Materials	January	February	March	April	May	June	July	August	September	October	November	December	Total	Total
	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	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
TOTAL													0	
Percent Recycled	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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 - Cyn/ 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	

22259.60



**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

FOR DEP USE ONLY

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

Tax Identification Number

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
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Robert H. Nowland

Signature of Authorized Representative

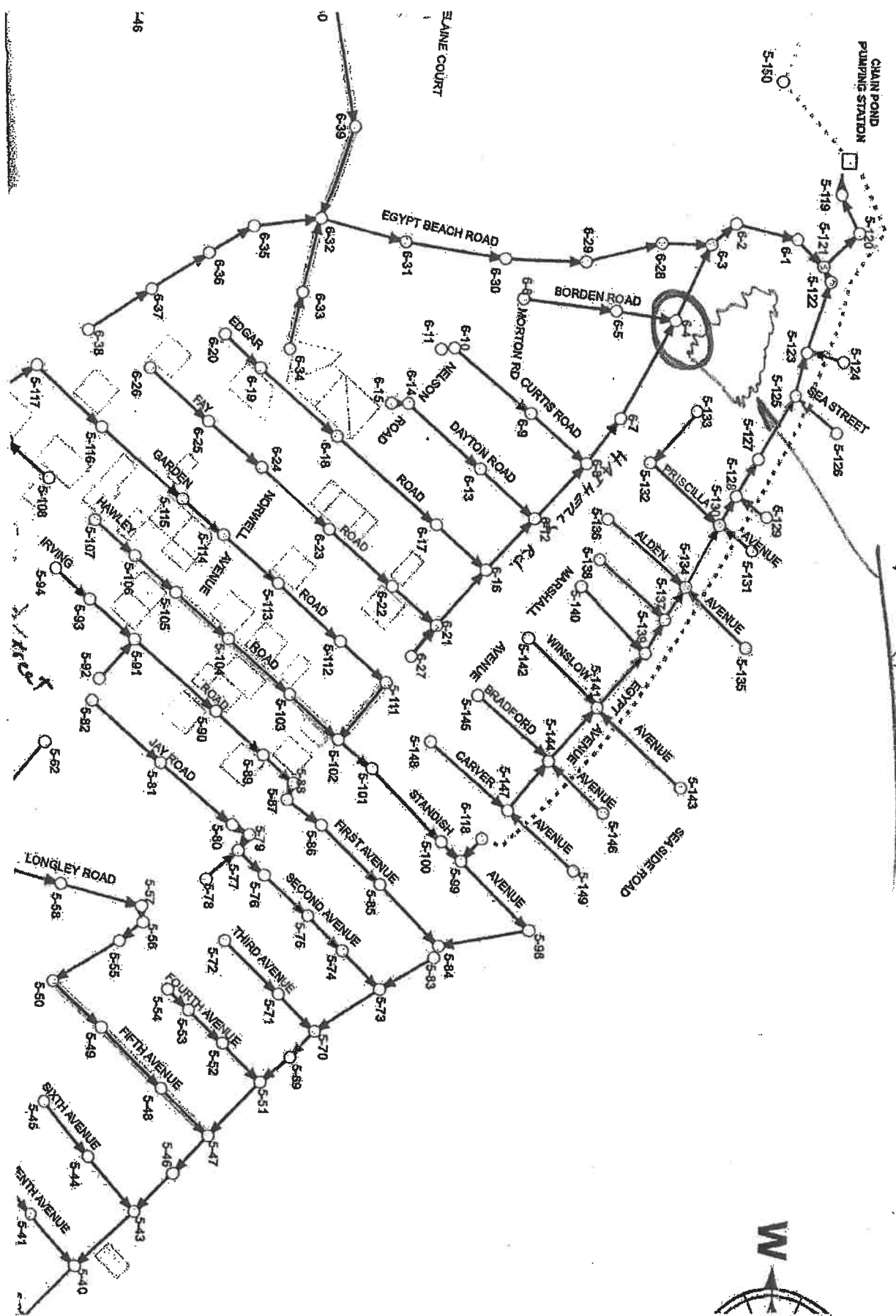
1-16-14

Date Signed

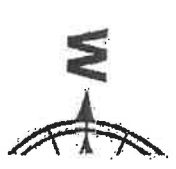
Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

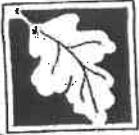
MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
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EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	



Fish in Pond





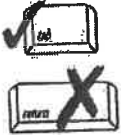
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
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Tax Identification Number

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 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

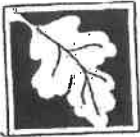
D. Comments/Attachments/Follow-up

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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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	

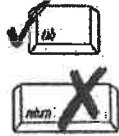


Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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



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

A. Reporting Facility

1. Facility Information

Scituate 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:

1. MassDEP staff contacted: David Burns
 first name last name
 Date/Time contacted: 6-15-15 2:50 am pm
 Date Time
2. EPA staff contacted: Dave Turrin
 first name last name
 Date/Time EPA contacted: 6-15-15 2:55 am pm
 Date Time
3. Board of Health contacted: Jen Keefe
 First Name Last Name
 Date/Time contacted: 6-15-15 3:10 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 Kevin Cafferty
 (specify)

C. SSO Information

1. SSO Discovered: 6-15-15 2:30 am pm
 Date Time
 By: Gates School Staff
2. SSO Stopped: 6-15-15 4:00 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
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

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

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

6-16-15
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

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

A. Reporting Facility

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:

1. MassDEP staff contacted: David Burns
 first name last name
 Date/Time contacted: 1-1-2016 9:45 am pm
 Date Time
2. EPA staff contacted: Marie McDonald
 first name last name
 Date/Time EPA contacted: 1-1-2016 9:47 am pm
 Date Time
3. Board of Health contacted: Jen Keefe
 First Name Last Name
 Date/Time contacted: 1-1-2016 9:50 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, Kevin Cafferty
 (specify)

C. SSO Information

1. SSO Discovered: 12-31-2015 6:30 am pm
 Date Time
- By: Staff at location, TKO Mally's Sports Café
2. SSO Stopped: 12-31-2015 7:30 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
Notification Form

FOR DEP USE ONLY

Tax Identification Number

C. SSO Information (cont.)

Location: TKO Malley's Sports Café, 194 Front St, Scituate, MA 02066
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 10-20 gallons

Method of Estimating Volume: CWEA Picture Chart

6. Cause of SSO Event:

Rain Event Pump Station Failure Insufficient Capacity in System

Treatment Unit failure

Sewer System Blockage: Pipe Collapse Root Intrusion Grease Blockage

Other: _____
(Specify)

7. Corrective Actions Taken:

Blockage cleared by manually breaking up the obstruction with the assistance of a hot water hose.

Impact Area cleaned and/or disinfected: 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 vector services to remove the remaining grease buildup.



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

1-1-2016

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-8557
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	



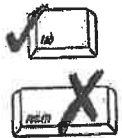
Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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, Sewer Division
 Reporting Sewer Authority

MA0102695
 Permit #

2. Authorized Representative Transmitting Form:

William
 First Name
 Chief Operator
 Title

Branton
 Last Name

751-545-8736
 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:

David
 first name
 6/17/15
 Date

Burns
 last name
 5:01
 Time

am pm

Date/Time contacted:

2. EPA staff contacted:

Dave
 first name
 6/17/15
 Date

Turin
 last name
 5:03
 Time

am pm

Date/Time EPA contacted:

3. Board of Health contacted:

Jen
 First Name
 6/17/15
 Date

Keefe
 Last Name
 5:05
 Time

am pm

Date/Time contacted:

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
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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 / vacuor 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 fixing 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 fixing 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

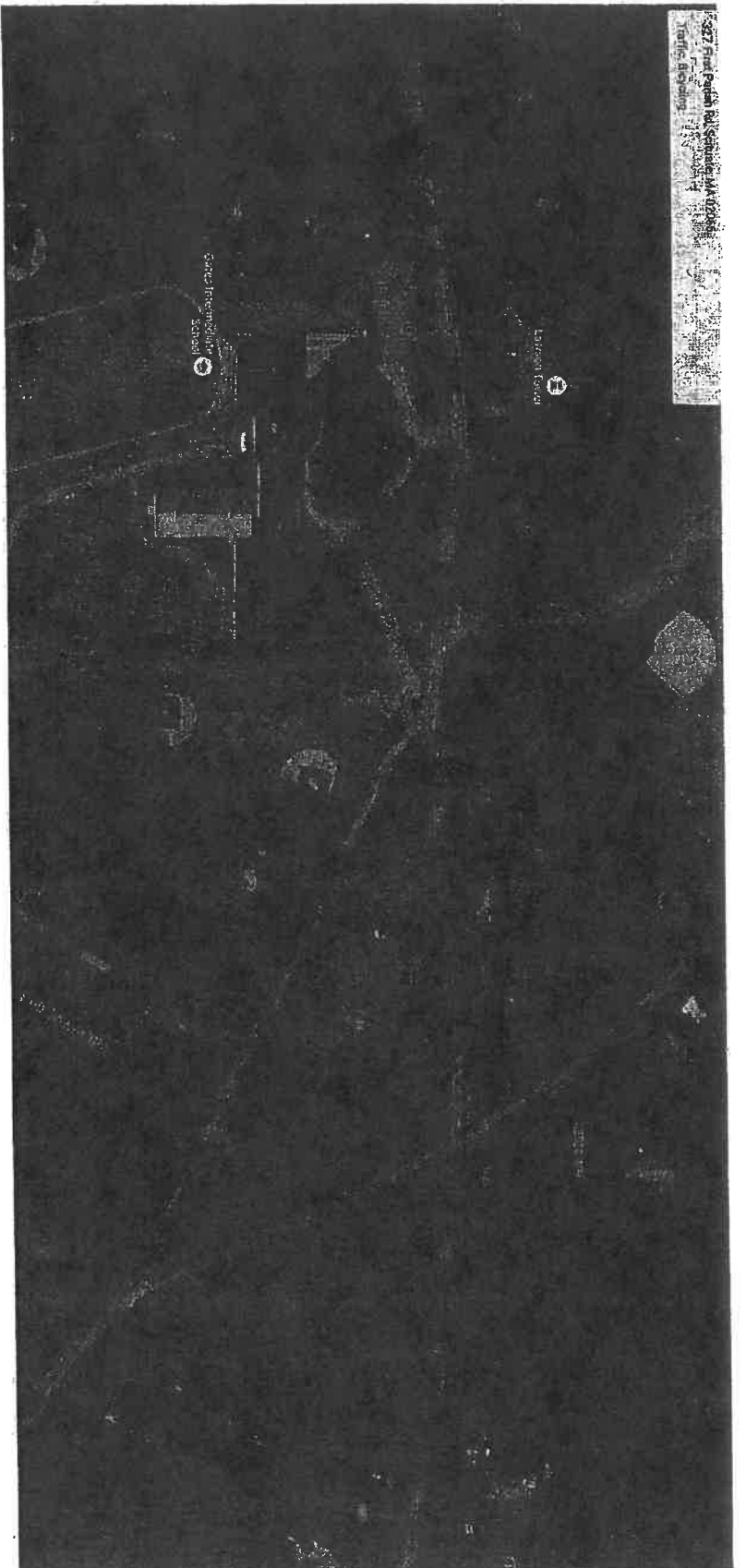
6/18/15

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	



Google



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

* * * Communication Result Report (Jun. 18. 2015 12:19PM) * * *

Fax Header).

Timer 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

Your Identification Number

A. Reporting Facility

1. Facility Information:

Town of Schuette, Sewer Division MA0102005
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

William Backson 781-645-8236
 Title Last Name Telephone No.
 Chief Operator
 Website: @schuette.ma.gov
 E-mail Address

B. Phone Notifications:

1. MA DEP staff contacted: David 8/17/15 2:01 not per
- Date/Time contacted: 8/17/15 2:01 not per
2. EPA staff contacted: David 8/17/15 6:03 not per
- Date/Time EPA contacted: 8/17/15 6:03 not per
3. Board of Health contacted: John 8/17/15 6:05 not per
- Date/Time contacted: 8/17/15 6:05 not per

4. Others notified (select all that apply): Conservation Commission
 Health Officer State Fish Warden Division of Marine Fisheries
 Downstream Drinking Water Supplier Watershed Association
 Beach Resource Manager Other: Schuette DEP Director, Kevin Coffey

C. SSO Information

1. SSO Discovered: 8/17/15 2:30 not per
 By: Called in by e-mail from notification division.
2. SSO Discharge: 8/17/15 2:55 not per
 Discharge from: Sanitary Sewer Manhole Pump Station
 Backup into Property Other: (specify)
3. 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
 Reporting Sewer Authority

MA0102895
 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**

FOR DEP USE ONLY

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

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



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

A. Reporting Facility

1. Facility Information

Scituate Wastewater Treatment Facility
 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:

Dave
 first name

Burns
 last name

Date/Time contacted:

2-8-16
 Date

10:22
 Time

am pm

2. EPA staff contacted:

Marie
 first name

McDonald
 last name

Date/Time EPA contacted:

2-8-16
 Date

10:25
 Time

am pm

3. Board of Health contacted:

Jen
 First Name

Keefe
 Last Name

Date/Time contacted:

2-8-16
 Date

10:30
 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
 Date

7:00
 Time

am pm

By: William Branton

2. SSO Stopped:

2-8-16
 Date

7:20
 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

FOR DEP USE ONLY

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

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
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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

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
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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

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 Facility
 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:

Dave
 first name
4-28-16
 Date

Date/Time contacted:

Burns
 last name
9:30
 Time

am pm

2. EPA staff contacted:

Dave
 first name
4-28-16
 Date

Date/Time EPA contacted:

Turin
 last name
9:50
 Time

am pm

3. Board of Health contacted:

Jen
 First Name
4-28-16
 Date

Date/Time contacted:

Keefe
 Last Name
9:15
 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 (DPW Director)
 (specify)

C. SSO Information

1. SSO Discovered:

4-28-16
 Date

7:00
 Time

am pm

By:

Sewer Division Staff

2. SSO Stopped:

4-28-16
 Date

7:30
 Time

am pm

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)

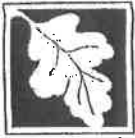
Direct to Receiving Water

(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

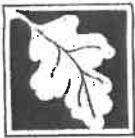
Corrective Actions Completed: Yes No

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

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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	

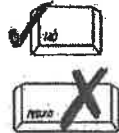


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Bureau of Resource Protection – Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
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See DEP Regional Office telephone and fax numbers at the end of this form.

A. Reporting Facility

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
 first name

Burns
 last name

Date/Time contacted:

4-25-16
 Date

8:25
 Time

am pm

2. EPA staff contacted:

Marie
 first name

McDonald
 last name

Date/Time EPA contacted:

4-25-16
 Date

8:30
 Time

am pm

3. Board of Health contacted:

Jen
 First Name

Keefe
 Last Name

Date/Time contacted:

4-25-16
 Date

8:35
 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
 Date

3:00
 Time

am pm

By: DPW Staff

2. SSO Stopped:

4-25-16
 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)

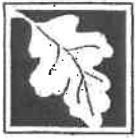
Direct to Receiving Water

(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

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Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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: 16,218 gallons 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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**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

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
 first name

Burns
 last name

Date/Time contacted:

2-8-16
 Date

10:22
 Time

am pm

2. EPA staff contacted:

Marie
 first name

McDonald
 last name

Date/Time EPA contacted:

2-8-16
 Date

10:25
 Time

am pm

3. Board of Health contacted:

Jen
 First Name

Keefe
 Last Name

Date/Time contacted:

2-8-16
 Date

10:30
 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:

2-8-16
 Date

7
 Time

am pm

By:

William Branton

2. SSO Stopped:

2-10-16
 Date

12:50
 Time

am pm

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: 1,877,850

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
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:

2-10-16

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3216	Fax: 978-694-3499
Southeast Region	Phone: 608-946-2750	Fax: 608-947-6557
Central Region	Phone: 508-792-7660	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

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1. Facility Information

Scituate Wastewater Treatment Facility
 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:

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



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

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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
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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
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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
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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

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

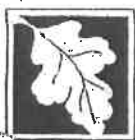
B. Phone Notifications:

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 am pm
 Date Time
2. EPA staff contacted: Dave Turin
 first name last name
 Date/Time EPA contacted: 1-26-17 7:25 am pm
 Date Time
3. Board of Health contacted: Jen Keefe
 First Name Last Name
 Date/Time contacted: 1-26-17 7:52 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 (7:56 AM)
 (specify)

C. SSO Information

1. SSO Discovered: 1-26-17 3:30 am pm
 Date Time
 By: Scituate WWTP Staff
2. SSO Stopped: 1-26-17 2:20 am pm
 Date Time
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=975,000 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

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

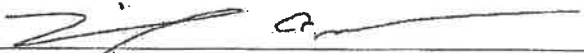
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Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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

1-26-17
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
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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

Scituate Wastewater Treatment Facility
Reporting Sewer Authority MA102695
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
Dave Turin
2. EPA staff contacted: Jen
first name last name
Date/Time EPA contacted: 4/7/17 didn't have phone #
Date Time am pm
Jen Keefe
3. Board of Health contacted: Jen
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
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow (SSO)/Bypass
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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:



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
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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
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
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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 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 am pm
- 2. EPA staff contacted:** Dave Turin
first name last name
4/4/17 4:30
Date Time am pm
- 3. Board of Health contacted:** Jen Keefe
First Name Last Name
4/4/17 4:25
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
 Catch basin to Receiving Water Post Aeration prior to discharge
(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 Wastewater Treatment Facility
(Description of discharge site or closest address) 800 gpm/total estimated
volume = 720,000 gallons

5. Estimated SSO Volume at time of this Report: _____

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:

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

Impact Area cleaned and/or disinfected: Yes No

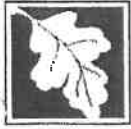
Corrective Actions Completed: Yes No

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:



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.

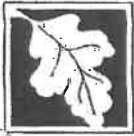

Signature of Authorized Representative

4/5/17
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	



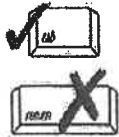
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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
 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
 first name

Burns
 last name

Date/Time contacted:

1-5-17
 Date

12:20
 Time

am pm

2. EPA staff contacted:

Dave
 first name

Turin
 last name

Date/Time EPA contacted:

1-5-17
 Date

12:20
 Time

am pm

3. Board of Health contacted:

Jen
 First Name

Keefe
 Last Name

Date/Time contacted:

1-5-17
 Date

10:40
 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
 Date

9:30
 Time

am pm

By:

Scituate DPW Staff

2. SSO Stopped:

1-5-17
 Date

2:00
 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: 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:

Vector 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

A. Reporting Facility

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



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

1. Facility Information

Town of Scituate Wastewater 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

Title

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 14th 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.



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

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:

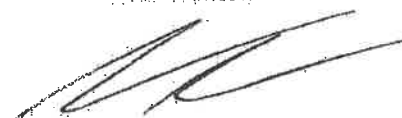
Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	

To whom it may concern,

At 7:30am on July 11th 2017 the Sewer Department was called to investigate a sewage backup into the property at 111 First Parish Road. Initial inspection showed the collection system flowing freely with no manholes holding water. At this time Homeowner contacted 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

* * * Communication Result Report (Jul. 17. 2017 7:48AM) * * *
Fax Header)

File/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
 The Notification Number

Reprinted: When filling out form on the computer, use only the left key because your cursor - do not use the right key.

A. Reporting Facility

1. Facility Information
 Name of Reporting Facility: Town of Schenck Wastewater Treatment Plant Plant # MA0100990
 Reporting Agency: _____

2. Authorized Representative Transferring Form:
 William _____ Director 781-545-2730
 First Name Last Name Telephone No.
 Inform Supervisor: _____
 Title: _____ Email Address: WBRooland@SchuMA.gov

B. Phone Notifications:

1. Mass DEP staff contacted: Date: 7/11/2017 Time: 12:29 am pm
 Date/Time contacted: _____

2. EPA staff contacted: Date: 7/11/2017 Time: 12:31 am pm
 Date/Time EPA contacted: _____

3. Board of Health contacted: Date: 7/11/2017 Time: 11:07 am pm
 Date/Time contacted: _____

4. Others notified (select all that apply): Conservation Commission
 Nonharmful Shellfish Harvest 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 am pm
 By: William Broukan

2. SSO Stopped: Date: 7/11/2017 Time: 8:00 am pm

3. SSO Discharge from: Sanitary Sewer Mainline Pump Station
 Backup into Property Other: _____

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

* * * Communication Result Report (Jul. 17. 2017 7:49AM) * * *

Form Header

Date/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

a. 1) Hang up or line fail	E. 2) Busy
b. 3) No answer	E. 4) No facsimile connection
c. 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
The Notification Number

A. Reporting Facility

1. Facility Information
 Town of Schuette Wastewater Treatment Plant
 Reporting Sewer Authority MA0102885
 Permit #

2. Authorized Representative Transcribing Form
 Wilton
 First Name Last Name 781-845-8128 Telephone No.
 Initials Supervisor WBranon@SchuetteMA.gov
 Title Email Address

B. Phone Notifications:

1. MassDEP staff contacted:
 Date 7/11/2017 Time 12:29 am pm

2. EPA staff contacted:
 Date 7/11/2017 Time 12:31 am pm

3. Board of Health contacted:
 Date 7/11/2017 Time 11:07 am pm

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

C. SSO Information:

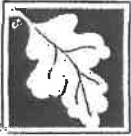
1. SSO Discovered:
 Date 7/11/2017 Time 7:46 am pm
 by: Wilton Branon

2. SSO Stopped:
 Date 7/11/2017 Time 8:00 am pm

3. SSO Discharge from: Sanitary Sewer Mainline 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

6/2016-2 - rev. 6/2016. Watershed Overflow/Bypass or Storage Backup Notification - Page 1 of 3



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 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

mosca@scituatema.gov
 E-mail Address

B. Phone Notifications:

1. MassDEP staff contacted:

Dave
 first name
1-18-17
 Date

Burns
 last name
7:55
 Time

am pm

Date/Time contacted:

2. EPA staff contacted:

 first name

 Date

 last name

 Time

am pm

Date/Time EPA contacted:

3. Board of Health contacted:

 First Name

 Date

 Last Name

 Time

am pm

Date/Time contacted:

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
 Date

7:30
 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

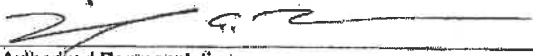
FOR DEP USE ONLY

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

Tax Identification Number

E. Certification Statement

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



Signature of Authorized Representative

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
 Reporting Sewer Authority

MA0102695
 Permit #

2. Authorized Representative Transmitting Form:

William
 First Name

Branton
 Last Name

781-645-8736
 Telephone No.

chief Operator / Interim Supervisor
 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:

David
 first name

Burns
 last name

Date/Time contacted:

5-29-17
 Date

12:04
 Time

am pm

2. EPA staff contacted:

Dave
 first name

Turin
 last name

Date/Time EPA contacted:

5-29-17
 Date

12:08
 Time

am pm

3. Board of Health contacted:

Jennifer
 First Name

Keefe
 Last Name

Date/Time contacted:

5-29-17
 Date

12:08
 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
 Date

740
 Time

am pm

By: Michael Angland

2. SSO Stopped:

5-28-17
 Date

1120
 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
Notification Form

FOR DEP USE ONLY

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
 First Name

Branton
 Last Name

781-545-8736
 Telephone No.

Interim Supervisor
 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: 7/5/2017 2:02
 Date Time am pm
2. EPA staff contacted: Dave Turin
 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 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 *Please see comments section 12:30
 Time am pm
 By: Mike Angland, on-call operator
2. SSO Stopped: 7/6/2017 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



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

6. 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 5th the Town's Sewer Division cameraed 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 6th. 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

FOR DEP USE ONLY

Tax Identification Number

E. Certification Statement

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



Signature of Authorized Representative

7/7/2017

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	

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

(Fax Header)

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

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Reprint this form
only if you are
not the original
sender. Do not
reprint this form
if you are the
original sender.

1. Facility Information

Town of Scituate, Wastewater Treatment Plant
Reporting State Authority: MA0162085 Permit #

2. Authorized Representative Transmittal Form:

Wastewater Supervisor: [Signature] Title: [Signature]
Phone Number: 781-666-8735
E-mail Address: [Signature]

B. Phone Notifications:

- 1. Mass DEP staff contacted: Date/Time contacted: 7/6/2017 2:02 PM
- 2. EPA staff contacted: Date/Time EPA contacted: 7/6/2017 2:10 PM
- 3. Board of Health contacted: Date/Time contacted: 7/7/2017 8:24 PM
- 4. Others notified (check all that apply):
 - 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: 7/6/2017 12:30 PM
- 2. SSO Stopped: 7/6/2017 7:00 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
 Catch basin to Receiving Water
 Backup into Property Reservoir

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

Fax Header)

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



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

FOR DEP USE ONLY
 Test Identification Number

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

A. Reporting Facility

1. Facility Information
 Town of Schaeff, Wastewater Treatment Plant MA0102695
 Reporting Over Authority Permit #

2. Authorized Representative Transferring Form
 William Branigan 761-846-8736
 Title: Interim Supervisor Last Name Telephone No.
 W.Branigan@cturbani.com Email Address

B. Phone Notifications:

1. MassDEP staff contacted: Date: 7/6/2017 Time: 2:32 [] am [X] pm
 Dept Name: []
 Date/Time EPA contacted: 7/6/2017 2:10 [] am [X] pm
 Dept Name: []
 3. Board of Health contacted: Jennifer Keefe
 Date/Time contacted: 7/6/2017 8:22 [X] am [] pm
 Dept Name: []
 4. Others notified (select all that apply):
 Conservation Commission
 Hydromaster 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 [] am [X] pm
 By: Mike Angland, on-call operator
 2. SSO Stopped: 7/6/2017 7 [] am [X] 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 (Specify)
 Catch Basin to Receiving Water (Specify)
 Backup into Property Basement



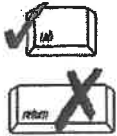
Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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:**
- | | | | |
|----------------------|---------------------------|---------------------------|--------------------------------------------------------------------|
| | <u>Dave</u>
first name | <u>Burns</u>
last name | |
| Date/Time contacted: | <u>3/3/2018</u>
Date | <u>5:43</u>
Time | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
2. **EPA staff contacted:**
- | | | | |
|--------------------------|---------------------------|---------------------------|--------------------------------------------------------------------|
| | <u>Dave</u>
first name | <u>Turin</u>
last name | |
| Date/Time EPA contacted: | <u>3/3/2018</u>
Date | <u>5:45</u>
Time | <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
3. **Board of Health contacted:**
- | | | | |
|----------------------|---------------------------|---------------------------|--------------------------------------------------------------------|
| | <u>Jenn</u>
First Name | <u>Keefe</u>
Last Name | |
| Date/Time contacted: | <u>3/3/2018</u>
Date | <u>5:52</u>
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: 3/3/2018 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
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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

FOR DEP USE ONLY

Tax Identification Number

E. Certification Statement

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

Signature of Authorized Representative

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	



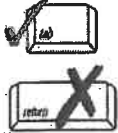
Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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 Waste Water Treatment Plant MA0102695
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

William	Branton	781-545-8736
First Name	Last Name	Telephone No.
Interim Supervisor / Chief Operato	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
 Date/Time contacted: 3/5/2018 2:25 am pm
 Date Time
- EPA staff contacted:** Dave Turin
 first name last name
 Date/Time EPA contacted: 3/5/2018 2:30 am pm
 Date Time
- Board of Health contacted:** Jenn Keefe
 First Name Last Name
 Date/Time contacted: 3/5/2018 2:42 am pm
 Date Time
- 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

- SSO Discovered: 3/5/2018 3:00 am pm
 Date Time

By: William Branton
- SSO Stopped: 3/8/2018 11:25 am pm
 Date Time
- SSO Discharge from: Sanitary Sewer Manhole Pump Station

Backup into Property Other: Partial bypass around sand filters
 (specify)
- 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

FOR DEP USE ONLY

Tax Identification Number

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

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Tax Identification Number

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Signature of Authorized Representative

3/12/2018

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions, Douglas Koopman	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	



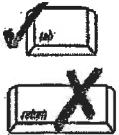
Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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.

- MassDEP staff contacted:

Dave first name	Burns last name
3/8/2018 Date	3:30 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
- EPA staff contacted:

Dave first name	Turin last name
3/8/2018 Date	3:33 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
- Board of Health contacted:

Jenn First Name	Keefe Last Name
3/8/2018 Date	3:28 Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
- Others notified (select all that apply);

<input type="checkbox"/> Conservation Commission
<input type="checkbox"/> Harbormaster <input checked="" type="checkbox"/> Shellfish Warden <input type="checkbox"/> Division of Marine Fisheries
<input type="checkbox"/> Downstream Drinking Water Supplier <input type="checkbox"/> Watershed Association
<input type="checkbox"/> Beach Resource Manager <input checked="" type="checkbox"/> Other: DPW Director (specify)

C. SSO Information

- SSO Discovered:

3/8/2018 Date	1:30 Time	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
------------------	--------------	--------------------------------------------------------------------

 By: Plant Operator
- SSO Stopped:

3/8/2018 Date	2:30 Time	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
------------------	--------------	--------------------------------------------------------------------
- SSO Discharge from:

<input checked="" type="checkbox"/> Sanitary Sewer Manhole	<input type="checkbox"/> Pump Station
<input type="checkbox"/> Backup into Property	<input type="checkbox"/> Other: (specify)
- SSO Discharge to:

<input checked="" type="checkbox"/> Ground Surface (no release to surface water)	
<input type="checkbox"/> Direct to Receiving Water	(surface water)
<input checked="" type="checkbox"/> Catch basin to Receiving Water	Tidal creek to Kent Street Marshes (surface water)
<input type="checkbox"/> Backup into Property Basement	



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

FOR DEP USE ONLY

Tax Identification Number

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 8th 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
Bureau of Water Protection – Wastewater Management Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

E. Certification Statement

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Signature of Authorized Representative

3/12/2018

Date Signed

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

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions, Douglas Koopman	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	



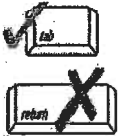
Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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 Branton
 First Name Last Name
 Interim Supervisor / Chief Operato
 Title

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: 3/4/2018 4:10
 Date Time am pm
2. **EPA staff** contacted: Dave Turin
 first name last name
 Date/Time EPA contacted: 3/4/2018 4:14
 Date Time am pm
3. **Board of Health** contacted: Jenn Keefe
 First Name Last Name
 Date/Time contacted: 3/4/2018 4:20
 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
 (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



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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.



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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	