## 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**

EPA NPDES Permit Number: M	IAR041060		
Primary MS4 Program Manag	er Contact Inform	nation	
Name: Sean McCarthy		Title: Engineering Supervisor	
Street Address Line 1: 600 Chie	f Justice Cushing H	ighway	
Street Address Line 2:	70.1.0		
City: Scituate	State: MA	Zip Code: 02066	
Email: smccarthy@scituatema.g	ov	Phone Number: (781) 545-8732	
Fax Number: (781) 545-8704			
Stormwater Management Prog	ram (SWMP) Info	ormation	
SWMP Location (web address):	https://www.scitua	tema.gov/department-of-public-works/pages/ms-	4-permi
Date SWMP was Last Updated:	Jan 1, 2019		
If the SWMP is not available on not posted on the web:	the web please prov	vide the physical address and an explanation of w	hy it is

## 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)			
	<ul><li>☒ Bacteria/Pathogens</li><li>☒ Solids/ Oil/ Grease (Hydronia)</li></ul>	☐ Chloride rocarbons)/ Metal	☐ Nitrogen	⊠ Phosphorus
TMDL(s)				
In State:	☐ Assabet River Phosphoru ☐ Charles River Watershed		eria and Pathogen  Lake and Pond	☐ Cape Cod Nitrogen Phosphorus
Out of State:	☐ Bacteria/Pathogens	☐ Metals	□ Nitrogen	☐ Phosphorus
			Cl	ear Impairments and TMDLs
•	<b>upleted that permit requireme</b> dditional information will be r rements		<del>-</del>	equirement leave the box
	op and begin public education	and outreach pro-	gram	
		-	_	
last 5 v	y and develop inventory of all vears	l known locations	where SSOs have dis	scharged to the MS4 in the
last 5 y	years  C The SSO inventory is attached by the company of the company is attached by the company is att			scharged to the MS4 in the
⊠ last 5 y	years	ached to the emai	l submission	scharged to the MS4 in the
last 5 y	years  C The SSO inventory is atta	ached to the emaine found at the fol	I submission lowing website:	
□ last 5 y □ Develo	years  C The SSO inventory is attached to the SSO inventory can be	ached to the emaine found at the fol	I submission lowing website:	
□ last 5 y □ Develo □ IDDE	years C The SSO inventory is atta C The SSO inventory can b  pp written IDDE plan including	ached to the emaine found at the folger a procedure for extion discharging to	I submission lowing website: screening and sampli	ing outfalls
□ last 5 y □ Develo □ IDDE	years C The SSO inventory is attached to the SSO inventory can be provided by written IDDE plan including ordinance complete.	ached to the emaine found at the folding a procedure for extion discharging the estigation utfalls/interconne	I submission lowing website: screening and samplifrom MS4, classify in	ing outfalls  to the relevant category, and he email submission
□ last 5 y □ Develo □ IDDE	The SSO inventory is attached to the SSO inventory can be so price of the SSO inventory can be so written IDDE plan including ordinance complete by each outfall and interconnect yrank each catchment for inventor of the priority ranking of o	ached to the emaine found at the following a procedure for extion discharging the estigation utfalls/interconnectifulls/interco	I submission lowing website: screening and samplified from MS4, classify in ctions is attached to to	ing outfalls  to the relevant category, and he email submission t the following website:
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<ul> <li>□ last 5 y</li> <li>□ Develo</li> <li>□ IDDE</li> <li>□ Identife</li> <li>□ priority</li> <li>□ Constr</li> </ul>	The SSO inventory is attached to the SSO inventory can be specified by written IDDE plan including ordinance complete. The priority ranking of on the priori	ached to the emaine found at the following a procedure for estion discharging the estigation utfalls/interconnection discharging the estigation of the estimate of t	I submission lowing website: screening and samplified from MS4, classify in the ctions is attached to the ctions can be found a f-public-works/pages, dinance complete	ing outfalls  to the relevant category, and he email submission t the following website: /ms-4-permit
□ last 5 y □ Develo □ IDDE □ Identif □ priority □ Constr	The SSO inventory is attached to the SSO inventory can be specified by written IDDE plan including ordinance complete. The priority ranking of on the priori	ached to the emaine found at the following a procedure for estion discharging the estigation utfalls/interconnectiful (ESC) or inspections and entire for extractions and entire for the estimate of the estim	I submission lowing website: screening and samplified from MS4, classify in the ctions is attached to the ctions can be found a f-public-works/pages, dinance complete	ing outfalls  to the relevant category, and he email submission t the following website: /ms-4-permit
□ last 5 y  □ Development   □	The SSO inventory is attaced to the SSO inventory can be soprowing the system of the s	ached to the emaine found at the following a procedure for estion discharging the estigation utfalls/interconnection discharging the estigation of the estimate of	I submission lowing website: screening and samplified from MS4, classify in the ctions is attached to the ctions can be found a f-public-works/pages, dinance complete	ing outfalls  to the relevant category, and he email submission t the following website: /ms-4-permit

## **Annual Requirements**

Town of Scituate Page 3	
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	
☑ All curbed roadways have been swept a minimum of one time per year	
Bacteria/ Pathogens (Combination of Impaired Waters Requirements and TMDL Requirements as Applicab	ole)
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 (s Appendix $H$ and $F$ for more information)	iee
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	Ι
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 (s Appendix $H$ and $F$ for more information)	see
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	l
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

Town of Scituate Page 4

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 cha submitted?	anges to your lists of receiving waters, outfalls, or impairments since the NOI was
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: 6
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: Residents
Responsible Department/Parties: North and South Rivers Watershed Association as part of the WaterSmart reg
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): November 2018
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.

Page 7
VaterSmart reg
cituate ent out in the s, with 213 on
ow residents
VaterSmart reg
cituate went out in b page views. RWA website

### **BMP:1.04** Greenscapes Guide

Message Description and Distribution Method:

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

herbicides)	Page 8
includes)	
Targeted Audience: Residents	
Responsible Department/Parties: North and South Rivers Watershed Ass	sociation as part of the WaterSmart reg
Measurable Goal(s):	F
We promoted the Greenscapes Guide at the Gardening Green Expo and promoted online and on the NSRWA Facebook page with a reach of 2,8 information at least once) and 187 engagements (those that click links, c there were also 344 web page views on the Greenscapes Guide, and 181 page. There have been 6 downloads from Scituate at this time. It will be	31 people (those that viewed the omment, or share). In this timeframe, web page views on Greenscapes
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	s□ No ⊠
If yes, describe why the change was made:	
Message Description and Distribution Method:	
A grass clippings message and a fertilizer message posted on the NSRW	A Facebook page in May.
	A Facebook page in May.
A grass clippings message and a fertilizer message posted on the NSRW	
A grass clippings message and a fertilizer message posted on the NSRW  Targeted Audience: Residents	
A grass clippings message and a fertilizer message posted on the NSRW  Targeted Audience: Residents  Responsible Department/Parties: North and South Rivers Watershed Ass	the NSRWA Facebook page in May.  ewed the information at least once) rtilizer message had a reach of 2,376 tuate Monthly-Our Town Facebook ad targeted to all WaterSmart towns tuate with a reach of 3,161 and 400 "Know Before You Mow!", 23 web
A grass clippings message and a fertilizer message posted on the NSRW Targeted Audience: Residents  Responsible Department/Parties: North and South Rivers Watershed Ass Measurable Goal(s):  A grass clippings message and a fertilizer message were both posted on The grass clippings message had a reach of 11,034 people (those that vie and 472 engagements (those that click links, comment, or share). The ferpeople and 239 engagements. Both messages were also posted to the Scipage. The grass clippings Facebook post was boosted in June with a \$50 with a reach of 9,678 and 266 engagements, and a \$50 ad targeted to Sciengagements. In this timeframe, there were also 357 web page views or	the NSRWA Facebook page in May.  ewed the information at least once) rtilizer message had a reach of 2,376 tuate Monthly-Our Town Facebook ad targeted to all WaterSmart towns tuate with a reach of 3,161 and 400 "Know Before You Mow!", 23 web
A grass clippings message and a fertilizer message posted on the NSRW Targeted Audience:  Residents  Responsible Department/Parties:  North and South Rivers Watershed Ass Measurable Goal(s):  A grass clippings message and a fertilizer message were both posted on The grass clippings message had a reach of 11,034 people (those that vie and 472 engagements (those that click links, comment, or share). The ferpeople and 239 engagements. Both messages were also posted to the Sci page. The grass clippings Facebook post was boosted in June with a \$50 with a reach of 9,678 and 266 engagements, and a \$50 ad targeted to Sci engagements. In this timeframe, there were also 357 web page views on page views on "Best Mowing Practices," and 19 web page views on the Message Date(s): May 2019	the NSRWA Facebook page in May.  Eventhe NSRWA Facebook page in May.  Eventhe information at least once)  Intilizer message had a reach of 2,376  Ituate Monthly-Our Town Facebook  and targeted to all WaterSmart towns  Ituate with a reach of 3,161 and 400  I "Know Before You Mow!", 23 web  Stormwater page.
A grass clippings message and a fertilizer message posted on the NSRW Targeted Audience: Residents  Responsible Department/Parties: North and South Rivers Watershed Ass Measurable Goal(s):  A grass clippings message and a fertilizer message were both posted on The grass clippings message had a reach of 11,034 people (those that vie and 472 engagements (those that click links, comment, or share). The ferpeople and 239 engagements. Both messages were also posted to the Scipage. The grass clippings Facebook post was boosted in June with a \$50 with a reach of 9,678 and 266 engagements, and a \$50 ad targeted to Sciengagements. In this timeframe, there were also 357 web page views on page views on "Best Mowing Practices," and 19 web page views on the Message Date(s): May 2019  Message Completed for: Appendix F Requirements   Appendix	the NSRWA Facebook page in May.  ewed the information at least once) rtilizer message had a reach of 2,376 tuate Monthly-Our Town Facebook ad targeted to all WaterSmart towns tuate with a reach of 3,161 and 400 a "Know Before You Mow!", 23 web Stormwater page.
A grass clippings message and a fertilizer message posted on the NSRW Targeted Audience: Residents  Responsible Department/Parties: North and South Rivers Watershed Ass Measurable Goal(s):  A grass clippings message and a fertilizer message were both posted on The grass clippings message had a reach of 11,034 people (those that vie and 472 engagements (those that click links, comment, or share). The ferpeople and 239 engagements. Both messages were also posted to the Scipage. The grass clippings Facebook post was boosted in June with a \$50 with a reach of 9,678 and 266 engagements, and a \$50 ad targeted to Sciengagements. In this timeframe, there were also 357 web page views on page views on "Best Mowing Practices," and 19 web page views on the Message Date(s): May 2019  Message Completed for: Appendix F Requirements   Appendix	the NSRWA Facebook page in May.  Eventhe NSRWA Facebook page in May.  Eventhe information at least once)  Intilizer message had a reach of 2,376  Ituate Monthly-Our Town Facebook  and targeted to all WaterSmart towns  Ituate with a reach of 3,161 and 400  I "Know Before You Mow!", 23 web  Stormwater page.

Town of Scituate	Page 9
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	ne WaterSmart reg
Measurable Goal(s):	
Pet waste Scoop It cards were distributed to the town clerk's office (100), and the Driftway A (100). An article was written on The Problem of Dog Waste on the South Shore. This was se the Patriot Ledger, Wicked Local, and the Scituate Mariner. The Patriot Ledger wrote a feature press release, and WATD did an on air interview. It was posted on the NSRWA Facebook part of 1,556 people (those that viewed the information at least once) and 197 engagements (those comment, or share), and on the Scituate Monthly-Our Town Facebook page. In this timeframe also 453 web page views on "The Problem of Dog Waste on the South Shore," 22 web page Waste Education page, and 202 web page views on "Addressing the Elephant in the Room - South Shore."	nt to The Globe, are on it from our age with a reach e that click links, me, there were views on the Pet
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 Stormware Program (SWMP) during the reporting period:	ater Management
Discussion meetings were held with residents, engineers and local builders to review and proprogram.	vide input to the
Was this opportunity different than what was proposed in your NOI? Yes ☐ No ☒	

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

Number of outfalls screened: 0

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

Percent	of total	outfalls	screened:	0
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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.  C The catchment investigation data is attached to the email submission
The catchment investigation data can be found at the following website:
the entermient investigation data out to found at the following wessite.
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 D
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

### **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: 30

Number of inspections completed: 60+

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 for the selow, report on the total number of catch basins in the MS applicable:  Report on the actions taken if a catch basin sump is more the inspections/cleaning events:  Following coastal storm events along Scituate's Coastline I sand debris that require immediate cleaning.	S4 system, if known. than 50% full during two consecutive routing	ne
Total volume or mass of material removed for the selow, report on the total number of catch basins in the MS Total number of catch basins: 2500  If applicable: Report on the actions taken if a catch basin sump is more the inspections/cleaning events: Following coastal storm events along Scituate's Coastline Is	S4 system, if known. than 50% full during two consecutive routing	ne
Total number of catch basins in the MS  Total number of catch basins: 2500  If applicable: Report on the actions taken if a catch basin sump is more thinspections/cleaning events: Following coastal storm events along Scituate's Coastline I	S4 system, if known. than 50% full during two consecutive routing	ne
Total number of catch basins: 2500  f applicable: Report on the actions taken if a catch basin sump is more thin spections/cleaning events: Following coastal storm events along Scituate's Coastline I	than 50% full during two consecutive routin	
f applicable: Report on the actions taken if a catch basin sump is more the inspections/cleaning events: Following coastal storm events along Scituate's Coastline I		
Report on the actions taken if a catch basin sump is more thinspections/cleaning events:  Following coastal storm events along Scituate's Coastline l		
inspections/cleaning events:  Following coastal storm events along Scituate's Coastline l		
	low lying catch basins often become inunda	ited with
sand doors that require infinediate eleming.		
Street Sweeping  Describe the status of the written procedures for sweeping	streets and municipal-owned lots:	
Public Ways Sweep annually. Business district including p		
Report on street sweeping completed during the reporting p	period using one of the three metrics below	
Number of miles cleaned: 60		
O Volume of material removed:	[UNITS]	
O Weight of material removed:	[UNITS]	
If amplicable		
If applicable:  For rural uncurbed roadways with no catch basins, describ		4!

## 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 Vactor Truck

#### **Additional Information**

### **Monitoring or Study Results**

O Not applicable

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.

○ 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 Informat	ion			
· ·	additional information relevant to your stormwater management program implementation 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,

Town of Scituate Page 17

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

## 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:	James M Boudreau	Title: Town Administrator
Signature	Signatory may be a duly authorized representative]	Date: 9/25/19

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

2013-2018

508-946-2738 own of Scituate Call Dave Burns W-Sewer Division ber: 50 8-11-13 @ 935 Am

Bob O'Caill back

D'Reporting overflow @ SAPS

6-19- Lotice (@) 30 - 915 Trickel 161 Driftway Scituate, MA 02066 781-545-8736 From: 781-545-0765 (Fax) Date: Total No. of Pages: SHPS COMMENTS: Vave Burns 518-946-272

.9

ķ



TO: DAVE TUNN (EPA)

Fax number: 617-918-0870

From: Bob Rowline

6-19-13 @ 435pm



## Town of Scituate DPW-Sewer Division

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

Total No. of Pages:

8

**COMMENTS:** 

Date:

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

## Reporting Facility

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





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

Scituate Wastewater Treatr	ment Plant	MA	0102695	
Reporting Sewer Authority		Per	mit#	
. Authorized Representative	Transmitting Form:			
Robert	Rowland	781-545-87	36	
First Name	Last Name	Telephone No		
Supervisor		owland@town.scituate.ma.u	is	
Title:		mail Address		
3. Phone Notification	ns:			
and the second s	Dave	Burns		1
. Mass DEP staff contacted:	first name	last name		
Date/Time contacted:	6/11/13	9:35	— ⊠ am	☐ pm
Date/ Time contacted.	Date	Time	V J ain	FT but
EPA staff contacted:	first name.	last name		<u></u>
		1000 1101/100	* george	_
Date/Time EPA contacted:	Date	Time	— ∐am	∐ pm
Board of Health contacted	gent of all the country	i and Classica		
	First Name	Last Name	_	_
Date/Time contacted:	Date	Time	≕ ∏ami	D pm
Other settled (peleatell t	hot apply): TiCo	hean/ation Commission		
4. Others notified (select all the	hat apply);	onservation Commission		
		onservation Commission		
☐ Harbormaster ☐	Shellfish Warden Di	vision of Marine Fisheries		
	Shellfish Warden Di			
☐ Harbormaster ☐ ☐ Downstream Drinking ¹	Shellfish Warden Di	vision of Marine Fisheries		rocker or place
☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana	Shellfish Warden Di	vision of Marine Fisheries		
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☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana C. SSO Information	Shellfish Warden Di Water Supplier Water ager Other: (s	vision of Marine Fisheries rshed Association specify)	— [X] am	Пат
☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana C. SSO Information  1. SSO Discovered:	] Shellfish Warden ☐ Di Water Supplier ☐ Water ager ☐ Other: <u>(s</u>	vision of Marine Fisheries rshed Association	— ⊠ siù	□ pm
☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana C. SSO Information  1. SSO Discovered:  Bob Rowland	Shellfish Warden Di Water Supplier Water ager Other: (s	vision of Marine Fisheries rshed Association specify)	— ⊠ aim	pm
☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana C. SSO Information  1. SSO Discovered:  Bub Rowland	Shellfish Warden Di Water Supplier Water ager Other:  6/11/13 Date	vision of Marine Fisherles rshed Association specify)  7:30 Time		
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☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana C. SSO Information  1. SSO Discovered: By: ☐ Bob Rowland ☐ SSO Stopped:	Shellfish Warden Di Water Supplier Water ager Other:   6/11/13 Date  Sanitary Sewer Manhole	vision of Marine Fisherles rshed Association  pecify)  7:30  Time  10:24  Time  Pump Station	— ⊠ am	pm
☐ Harbormaster ☐ ☐ Downstream Drinking ☐ ☐ Beach Resource Mana C. SSO Information  1. SSO Discovered: By: ☐ Bob Rowland ☐ SSO Stopped:	Shellfish Warden Di Water Supplier Water ager Other:  6/11/13 Date  Sanitary Sewer Manhole	vision of Marine Fisherles rshed Association specify)  7:30 Time  10:24 Time	— ⊠ am	pm
□ Harbormaster □ Downstream Drinking □ Beach Resource Mana C. SSO Information 1. SSO Discovered: By: Bob Rowland 2. SSO Stopped: 3. SSO Discharge from: □ Backup Into Property	Shellfish Warden	vision of Marine Fisherles rshed Association specify)  7:30 Time  10:24 Time  Pump Station influent MH 4-1 prior to Sandapecify)	— ⊠ am	pm
□ Harbormaster □ Downstream Drinking □ Beach Resource Mana C. SSO Information 1. SSO Discovered: By: Bob Rowland 2. SSO Stopped: 3. SSO Discharge from: □ Backup Into Property	Shellfish Warden	vision of Marine Fisherles rshed Association specify)  7:30 Time  10:24 Time  Pump Station influent MH 4-1 prior to Sandappecify) o surface water)	— ⊠ am	pm
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☐ Harbormaster ☐ Downstream Drinking © Beach Resource Mana C. SSO Information  1. SSO Discovered: By: Bob Rowland  2. SSO Stopped: 3. SSO Discharge from: ☐ Backup into Property 4. SSO Discharge to: ☐ G ☐ Direct to Receiving W	Shellfish Warden	vision of Marine Fisherles rshed Association specify)  7:30 Time  10:24 Time  Pump Station influent MH 4-1 prior to Sandappecify) o surface water)	— ⊠ am	□ pm □ pm Station
☐ Harbormaster ☐ Downstream Drinking © Beach Resource Mana C. SSO Information  1. SSO Discovered: By: Bob Rowland By: SSO Stopped: SSO Discharge from: ☐ Backup into Property  4. SSO Discharge to: ☐ G	Shellfish Warden	vision of Marine Fisherles rshed Association  pecify)  7:30 Time  10:24 Time  Pump Station influent MH 4-1 prior to Sandapecify) o surface water) Scituate Harbor	— ⊠ am	pm



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

FOR DEP USE ONLY	FOR	DEP	USE	ONLY
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Tax Identification Number

_	20017	45	
C.,	SSO Info	rmation (cont.)	
	Location:	Scituate Ave. Tidal Marsh area nex Scituate Harbor.	t to Sand Hills Pump Station which drains to
5,	Estimated S	SO Volume at time of this Report:	Less than 5,000 gallons
	Method of E	stimating Volume:	Estimated
6.	Cause of SS	O Event:	
	□ Rain Even     □ Rai	ent Dump Station Failure	☐ Insufficient Capacity in System
	☐ Treatme	ent Unit failure	* *
	☐ Sewer S	System Blockage:     Pipe Collap	se Root Intrusion Grease Blockage
	Other:	(Specify)	
7.	Corrective A	Actions Taken:	
flo	24" Influent oding of the s	gate at Sand Hills Pump Station was tation and to stop the overflow	opened up enough over a few hours to prevent
	•	,	Yes 🗌 No
	Grass area	around MH 4-1 which is inside a fen	ce will be raked
	Corrective	Actions Completed:	Yes [ No
	einge-se		
	. Comme	ents/Attachments/Follow	-up
	I wish to pr	ovide (select all that apply):	
		ent Additional comments below:	No additional comments or attachments
	Attachm	ient — Vigarioriai continicino potora-	
	. ,	comments and planned actions:	



## Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program

FOR DEP USE ONLY

Tax Identification Number

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

#### E. Certification Statement

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

Signature of Authorized Representative

Deta Simon

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**

A. Reporting Facility

FOR DEP USE ONLY

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Tax Identification Number

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





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

Soft ato Mactawater Treatm	Facility Information Scituate Wastewater Treatment Plant			MA0102695		
Reporting Sewer Authority	Office faire		mit#			
. Authorized Representative T	ransmitting Form:					
Robert	Rowland	781-545-87	736			
First Name	Last Name	Telephone No				
Supervisor	rře	owland@town.scituate.ma.	<u>us</u>			
Title	E-1	mail Address	:			
3. Phone Notification	s:					
	Dave	Burns				
MassDEP staff contacted:	first name	last name				
Date Cline and tested	6/14/13	9:59	🔯 am	П.,		
Date/Time contacted:	Date	Time	— ∠ am	∐ pm		
EPA staff contacted:	Dave	Turin:				
EPA Staff Contacted.	first name	last name				
Date/Time EPA contacted:	6/14/13	10:08	— 🛛 ami	pm		
Date Title Li-A contacted.	Date	Time	<u> </u>			
Board of Health contacted:	Jennifer	Sullivan				
	First Name	Last Name				
Date/Time contacted:	6/14/13	10:15	— ⊠am	Dipm		
	Date	Time				
		inservation Commission vision of Marine Fisheries				
☑ Harbormaster ☐ ☐ Downstream Drinking W	Shellfish Warden	vision of Marine Fisheries				
☑ Harbormaster ☐	Shellfish Warden	vision of Marine Fisheries		de Ste old State State of State State of State State of State State State of State S		
<ul><li>☑ Harbormaster</li><li>☐ Downstream Drinking W</li><li>☐ Beach Resource Manage</li></ul>	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief				
□ Harbormaster     □ Downstream Drinking W     □ Beach Resource Manage     C. SSO Information	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief	— <b>M</b> am			
□ Harbormaster     □ Downstream Drinking W     □ Beach Resource Manage C. SSO Information  SSO Discovered:	Shellfish Warden ☐ Div later Supplier ☐ Water ger ☒ Other: S	vision of Marine Fisheries shed Association cituate Fire Chief pecify)	<u>⊠</u> am	prr		
□ Harbormaster     □ Downstream Drinking W     □ Beach Resource Manage     C. SSO Information	Shellfish Warden ☐ Div later Supplier ☐ Water ger ☑ Other: S (s	vision of Marine Fisheries shed Association cituate Fire Chief pecify) 7:30	— <u> </u> ⊠ am	рт		
□ Harbormaster     □ Downstream Drinking W     □ Beach Resource Manage C. SSO Information  SSO Discovered: By: Bob Rowland	Shellfish Warden ☐ Div later Supplier ☐ Water ger ☑ Other: S (s	vision of Marine Fisheries shed Association cituate Fire Chief pecify) 7:30				
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□ Harbormaster     □ Downstream Drinking W     □ Beach Resource Manage C. SSO Information  SSO Discovered:     □ Bob Rowland SSO Stopped:	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30				
□ Downstream Drinking W     □ Beach Resource Manage  C. SSO Information  SSO Discovered:  By:  Bob Rowland  SSO Stopped:  SSO Discharge from:  □	Shellfish Warden Divider Supplier Water  Ger Other: Society  6/14/13  Date  Sanitary Sewer Manhole	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30 Time	— am	⊠ pm		
□ Harbormaster     □ Downstream Drinking W     □ Beach Resource Manage C. SSO Information  SSO Discovered:     □ Bob Rowland SSO Stopped:	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30 Time	— am	⊠ pm		
□ Downstream Drinking W     □ Beach Resource Manage  C. SSO Information  SSO Discovered:  By:  Bob Rowland  SSO Stopped:  SSO Discharge from:  □	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30 Time  Pump Station offuent MH 4-1 prior to San	— am	⊠ pm		
□ Downstream Drinking W     □ Beach Resource Manage C. SSO Information  1. SSO Discovered:     □ Bob Rowland  2. SSO Stopped:     □ Backup Into Property 4. SSO Discharge to: □ Green	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30 Time  Pump Station influent MH 4-1 prior to San specify) c surface water) Scituate Harbor	— am	⊠ pm		
□ Downstream Drinking W     □ Beach Resource Manage C, SSO Information  SSO Discovered:     Bob Rowland  SSO Stopped: SSO Discharge from:     □ Backup into Property  SSO Discharge to:     □ Gri	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30 Time  Pump Station influent MH 4-1 prior to Sanipecify)  5 surface water)	— am	⊠ pm		
□ Downstream Drinking W     □ Beach Resource Manage     C. SSO Information     □ SSO Discovered:     □ Bob Rowland     □ SSO Stopped:     □ Backup Into Property     □ SSO Discharge to: □ Green	Shellfish Warden	vision of Marine Fisheries shed Association cituate Fire Chief pecify)  7:30 Time  3:30 Time  Pump Station influent MH 4-1 prior to San specify) c surface water) Scituate Harbor	— am	⊠ pn		



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

FOR DEP USE ONLY

Tax Identification Number

C.	SSO Info	mation (cont.)	
	Location: Scituate Ave. Tidal Marsh area next to Scituate Harbor.		Sand Hills Pump Station which drains to
5,	Estimated SS	O Volume at time of this Report:	> 24,000 gallons and < 48,000 gallons
	Method of Es	timating Volume:	Estimated
6.	Cause of SS	D Event:	
	□ Rain Eve	nt 🛛 Pump Station Failure 🔲	Insufficient Capacity in System
	☐ Treatmen	nt Unit failure	
	Sewer S	ystem Blockage: Dipe Collapse	☐ Root Intrusion ☐ Grease Blockage
	Other:	(Specify)	
7,	Corrective A	ctions Taken:	
of s	shaft due to br	ool to pack excessive clearance between oken impeller bolt and were waiting for up operational. After #1 pump was put in	en old worn impeller ( which had recently fallen off a replacement impeller ) and shaft to make #1 a service the overflow was stopped.
	•	cleaned and/or disinfected:   Yearound MH 4-1 which is inside a fence v	s
	Corrective A	ctions Completed: Ye	s 🗍 No
	9		
D	. Comme	nts/Attachments/Follow-up	)
	I wish to pro	vide (select all that apply):	
		nt	No additional comments or attachments
	Additional co	omments and planned actions:	
	Replacemen	nt impelier is due next week and will be	installed when flows permit it.
	par (1745) and year and a second and a second secon		



## 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

#### F. Certification Statement

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

Signature of Authorized Representative

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

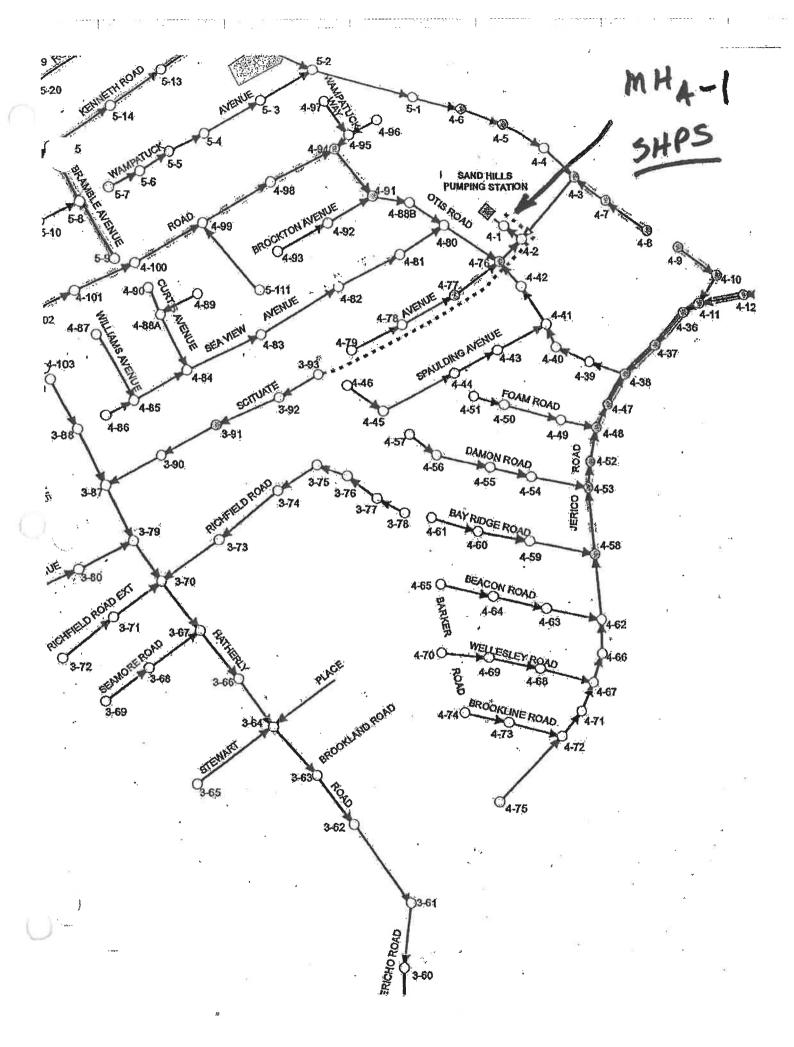
**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

Phone: 888-304-1133





## Massachusetts Department of Environmental Protection Bureau of Resource Protection - Watershed Permitting Program

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

A. Reporting Facility

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

١.	Facility Information					
	Scituate Wastewater Treatment	Plant	MAC10	MA0102695		
	Reporting Sewer Authority	- C-1-1-2	Permit #			
2,	Authorized Representative Trans	smitting Form:				
	Robert	Rowland	781-545-8736			
	First Name	Last Name	Telephone No.			
	Supervisor		rrowland@fown.scituate.ma.us			
_	Title		E-mail Address		**********	
В.	<b>Phone Notifications:</b>					
1.	MassDEP staff contacted:	Dave	Burns			
١.	MASSOEF SIZIT COMREGED.	first name	last name			
	Date/Time contacted:	3-11-13	2:00 (?)	am	⊠ pmi	
		Date	Time		EZI PIII	
2.	EPA staff contacted:	first name.	last name			
	Date/Time EPA contacted:	Dațe	Time	am	pm pm	
3.	Board of Health contacted:	First Name	Last Name		· · · · · · · · · · · · · · · · · · ·	
	Date/Time contacted:	Date	Time	am am	D pm	
4.	Others notified (select all that a	pply);	Conservation Commission			
	☐ Harbormaster ☐ She	ellfish Warden 🔲	Division of Marine Fisheries			
	☐ Downstream Drinking Water	or Supplier 🔲 Wa	atershed Association			
	☐ Beach Resource Manager	Other:	(specify)			
C.	SSO Information		and the last of the second control of the se			
			1			
1.	SSO Discovered:	3-8-13	5:00 Time	. ☐ am	Mg pm	
	Robert Rowland	Date	1 tme	,,,,,,		
	By: Robert Rowland				***	
		3-11-13	8:02			
2.	SSO Stopped:	Date	Time	🛛 am	☐ pm	
3.	SSO Discharge from: 🛛 Sa	anitary Sewer Manho	le 🗵 Pump Station			
		1	Influent MH 4-1 prior to the Sand	Hills P.	Ś.	
	☐ Backup into Property ☐	Other:	(specify)	- FANCE IS S.	<del>Oderna es</del>	
4.	SSO Discharge to:  Groun	d Surface (no releas	e to surface water)			
	1077 - mg/s - 14 y - 16 mg - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Scituate Harbor			
	☑ Direct to Receiving Water		(surface water)			

SSO SHPS 3-8-13 • rev. 01/2013

☐ Catch basin to Receiving Water

☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3

(surface water)



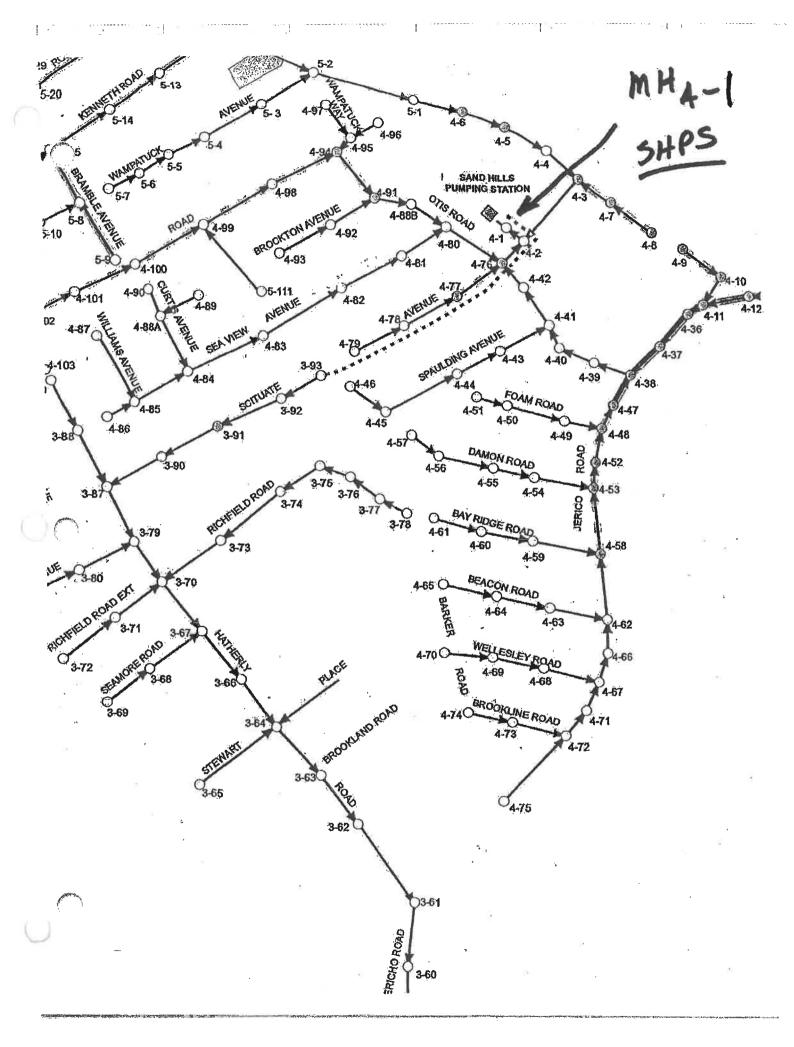
## Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program Sanitary Sower Overflow (SSO)/Bypass

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

FOR DEP	USF	ON	Υ
IOILDE	$\sim\sim$	CITY	

Tax Identification Number

INOU	incatio	ii k Ottiii	
C. S	SO Infor	mation (cont.)	
Ļ	ocation:	Scituate Ave. Marsh area next to San Harbor.	d Hills Pump Station which drains to Scituate
5. E	stimated SS	O Volume at time of this Report:	> 250,000 gal. and < 2.5 MGD
ìV	lethod of Es	timating Volume:	Estimated
6. C	ause of SSC	D Event:	
	Rain Eve	nt Pump Station Failure	Insufficient Capacity in System
	☐ Treatmer	nt Unit failure	
ιE	Sewer S	ystem Blockage:	☐ Root Intrusion ☐ Grease Blockage
D	Other:	Nor'eastor storm with coastal floodii (Specify)	ng on top of high groundwater
7. (	Corrective Ac	ctions Taken:	
flood		gate at the Sand Hills Pump Station wa	s throttled down to 2" to prevent station from
1,000	5		
-			
-		Market Landson	
_			
	•	cleaned and/or disinfected:   Yearound MH 4-1 which is inside a fence	
-	Olass alca e	around with 4-1 Willow is inside a joine .	will be faced the week.
3			
	Corrective A	ctions Completed:	es 🗌 No
	<del></del>		
D.	Comme	nts/Attachments/Follow-u	p
	I wish to pro	vide (select all that apply):	
		nt	No additional comments or attachments
	Additional o	omments and planned actions:	
,	5		
,		And the second of the second o	





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

FOR DEP USE ONLY

Tax Identification Number

## A. Reporting Facility

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



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

1.	Facility Information								
	Scituate Wastewater Treatment Plant			MA0102695					
	Reporting Sewer Authority			Pent	nit#				
2.	Authorized Representative Transmitting Form:								
	Robert	Rowland		781-545-873	36				
	First Name	Last Name		Telephone No.		•			
	Supervisor			town.scituate.ma.u	S				
	Title		E-mail Addres	38					
В.	<b>Phone Notifications:</b>								
1.	MassDEP staff contacted:	Dave		Burns	1500-1-	_			
١.	MassDEP Staff Contacted.	first name		last name					
	Date/Time contacted:	3-11-13		2:00 (3)	≕ ∏aimi	⊠ pm			
		Date		Time	L am	N bin			
2.	EPA staff contacted:	first name		last name					
	Date/Time EPA contacted:					П			
	Dater Hille LFA Contacted.	Date		Time:	=  am	pm			
3.	Board of Health contacted:	First Name	<del></del>	Last Name		<del></del>			
	Date/Time contacted:		***		- Tam	mg pm.			
		Date		Time:		promote \$45.5%.			
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	the one is all time as a little for a six in a second				Malata a.r. Chronetti			
		3-9-13		12:10		<u></u>			
1.	SSO Discovered:	Date		Time	— ☐ am	🛛 pm			
95	Robert Rowland								
	By;			P					
2.	SSO Stopped:	<u>3-11-13</u>		7:06	— ⊠am	pm			
B	<del>.</del> .	Date		Time	<b>E3</b> 400	١١١٠٩. استنا			
3.	SSO Discharge from: Sanitary Sewer Manhole								
	☐ Backup into Property ☐ Other:			2 Hewes Rd.)					
			(specify)	. 3					
4.	SSO Discharge to:  Groun	nd Surface (no rele		•					
	☑ Direct to Receiving Water		Scituate I		······································				
			3						
	Catch basin to Receiving Water		(surface wa	ter)					
	☐ Backup Into Property Bas	ement		6					

SSO Hewes Rd 3-9-13 • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



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

FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

M. 75-7	·								
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'eastor storm with coastal flooding on top of high groundwater (Specify)								
7.	Corrective Actions Taken:								
	36" Influent gate at the VVWTP was throttled down to 1-3/8" to prevent plant from flooding								
	N								
	Impact Area cleaned and/or disinfected:   Yes  No								
	Corrective Actions Completed: Yes No								
D	D. Comments/Attachments/Follow-up								
	I wish to provide (select all that apply):								
	☐ Additional comments below: ☐ No additional comments or attachments								
	Additional comments and planned actions:								
Vindificial collisions on a burning according									



## 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

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

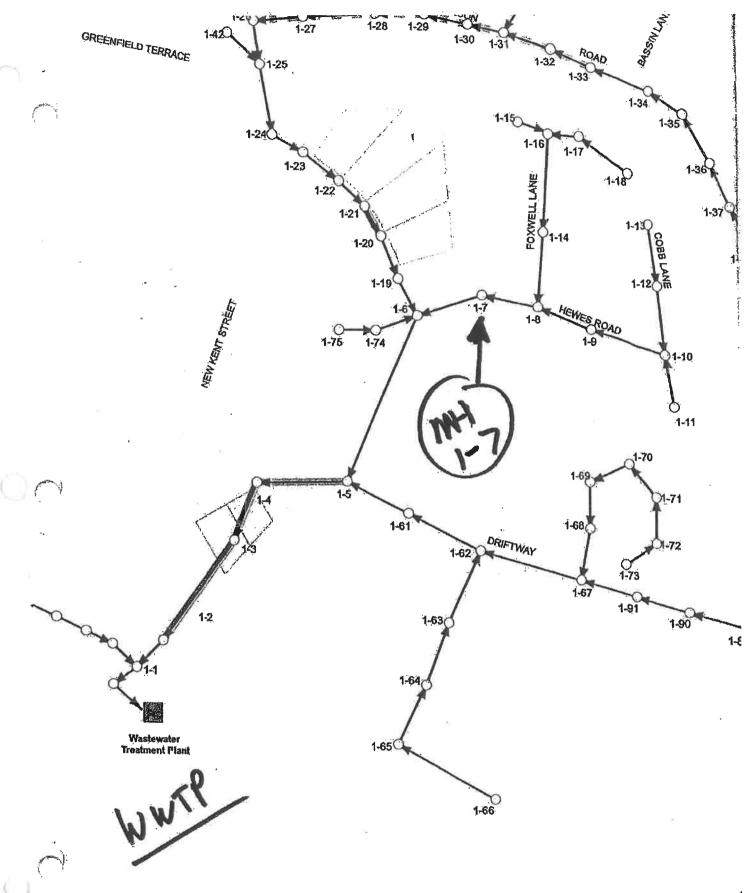
EPA Contact

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

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.

	Facility Information								
	Scituate Wastewater Treatment	Plant	MA0102695						
	Reporting Sewer Authority		Pemit#						
) H'	Authorized Representative Trans	smitting Form:							
	Robert	Rowland 781-545-8736		6					
	First Name	Cast Name	Telephone No. rrowland@town.scituate.ma.us						
	Supervisor Title		3	-					
3	Title E-mail Address  Phone Notifications:								
-	i none nothications.		6						
ŧ.	MassDEP staff contacted:	Dave	Burns		_				
•		first name	last name						
	Date/Time contacted:	3-11-13 Date	2:00 (?) Time	am 🛛 pi	m				
		Date:	11110.						
2.	EPA staff contacted:	first name	last name						
	Date/Time EPA contacted:			- Пат Пр	m				
	Dater time Li A contacted:	Date	Time	P	114				
3.	Board of Health contacted:	First Name	Last Name		-				
	Parks (There are the kinds			- n. n.					
	Date/Time contacted:	Date.	Time	- ∐am ∐p	J pm				
4,	Others notified (select all that apply);								
	☐ Harbormaster ☐ Shellfish Warden ☐ Division of Marine Fisheries								
	☐ Downstream Drinking Water Supplier ☐ Watershed Association								
	☐ Beach Resource Manager	ich Resource Manager  Other:							
_			(specify)						
U,	. SSO Information								
1,	SSO Discovered:	3-9-13	1:00	- ⊠am □ı	m				
7.3		Date	Time	ر مصور ۱۰۰۰ پستا					
	By: Robert Rowland				_				
_		3-9-13	5:55						
2.	SSO Stopped:	Date	Time	— ⊠am ⊟i	pm				
3.	SSO Discharge from: S	anitary Sewer Manhol	*	-					
	☐ Backup Into Property ☑ Other:		Denite Filters (specify)	Active to the state of the stat					
4,	man and the second of the seco								
	☐ Direct to Receiving Water		(suiface waler)		_				
	☐ Catch basin to Receiving	Water	(surface water)	· · · · · · · · · · · · · · · · · · ·	-				

SSODenite Filters 3-9-13 • rev. 01/2013

☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



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

FOR DEP USE ONLY	SE ONLY	1	DEP	Ŕ	O	F
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Tax Identification Number **Notification Form** C. SSO Information (cont.) WWTP 161 Driftway, Scituate, MA Location: (Description of discharge site or closest address) < 300,000 gal. Estimated SSO Volume at time of this Report: SCADA Method of Estimating Volume: 6. Cause of SSO Event: Rain Event Pump Station Failure Insufficient Capacity in System ▼ Treatment Unit failure ☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage Sludge blanket in #3 clarifier overflowing weirs and blinding Denite Filters Other: (Specify) 7. Corrective Actions Taken: #3 clarifier taken out of service after falled attempt to control sludge blanket. Impact Area cleaned and/or disinfected: ☐ Yes ☐ No Yes □ No Corrective Actions Completed: D. Comments/Attachments/Follow-up I wish to provide (select all that apply): No additional comments or attachments Additional comments and planned actions:



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

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

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

lobert lowland

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

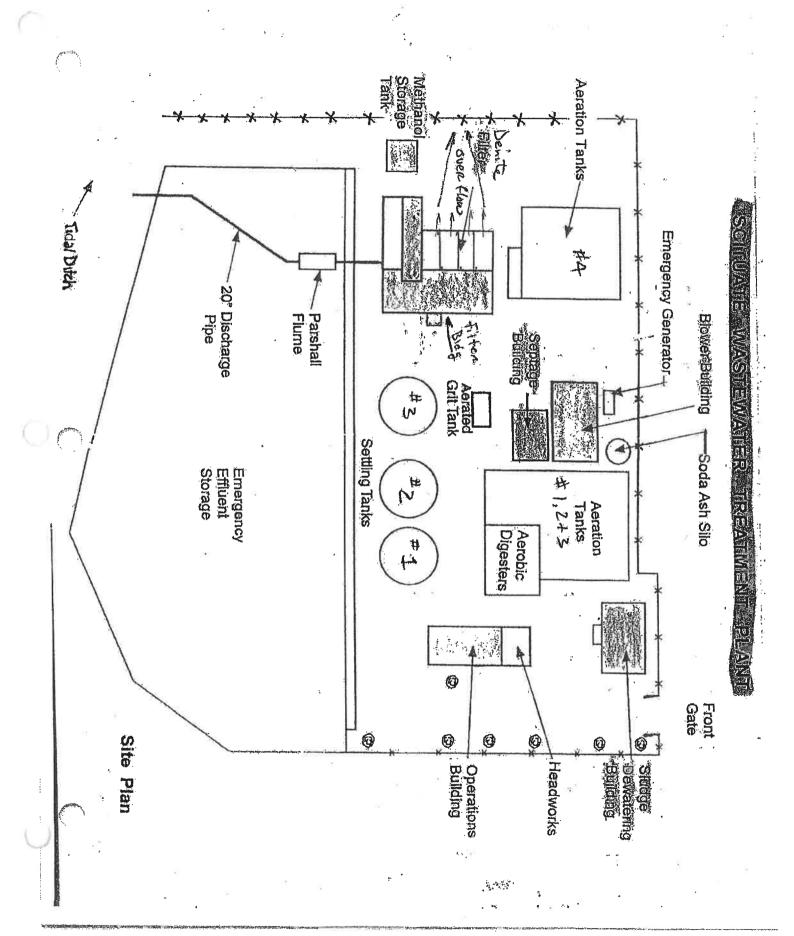
Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

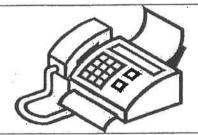
Fax: 617-918-0870

DEP 24-hour emergency



# **Transfer Station**

					2	2019								
		Town		citua	te - I	Recy	cling	Sum	of Scituate - Recycling Summary					
	January	February	March	April	May	June	July	August	September	October	November	December	Total	Total
Materials													Tons	Lbs
Com (Plastics & Tin) - tonage report (\$65 Ton)	25.45	18.58	18.14	32.13	20.99	40.74	26.83	26.26					209.12	418240
Glass - tonage report (Glass) (\$35 Ton)				119.81				28.71	103.08				251.6	503200
Paper - tonage report (\$60 Ton)	67.5	64.33	74.36	54.38	100.64	67.97	92.59	84.28					606.05	1212100
MSW-Semass= Jan 2018-\$100/ton	243.72	189.11	194.41	257.68	226.21	263.56	281.62	310.36					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							i						0	
Percent Recycled	#DIV/01	#DIV/01	#DIV/0]	#DIV/0!	#DIV/01	#DIV/0i	#DIV/0]	#DIV/0!	#DIV/Of	#DIV/0!	#DIV/01	#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							6						0	
Waste oil - Cyn/ Clean Harbors (Gallon)													٥	
Used Anti Freeze - Cyn (Gallon)													٥	
Propane tanks - Mighty Flame (QTY)									200000000				٥	
Fluorescent Lamps (ea-)Complete recycling													٥	
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	90.9	7,43					44.4	



To: Dave Burns

DEP

Fax number: 508-947-6587

From:

1306 ROW LAND



## Town of Scituate DPW-Sewer Division

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

Date:

1-16-14

FAXED 810 Am

Total No. of Pages:

**COMMENTS:** 

SSO on 1-11-14

5mH 6-4



## 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.

Scituate Wastewater Treatme Reporting Sewer Authority	nt Plant	MA0 Permi	102695	
. Authorized Representative Tra	ansmitting Form:			
Robert	Rowland	781-545-8736	==00man*	
First Name	Last Name	Telephone No.		
Supervisor	rrow	and@town.scituate.ma.us		
Title		I Address		
3. Phone Notifications	:			
	Dave	Burns		
. MassDEP staff contacted:	first name	last name		
	1/11/14	3:55	П	<b>⊠</b> pm
Date/Time contacted:	Date	Time	[_] am	₩ btu
2. EPA staff contacted:	first name.	last name	·	
Date/Time EPA contacted:	Date	Time	am	☐ pm
Board of Health contacted:	First Name	Last Name		
Date/Time contacted:	Date	Time	am	pm
4. Others notified (select all tha	t apply);	servation Commission		
☐ Harbormaster ☐ 5	Shellfish Warden 🔲 Divis	ion of Marine Fisheries		
	Mennati Avaidon [7] Divio	IDIT OF MAINTE LISTIETIES		
Downstream Drinking W	7	ned Association		
	ater Supplier   Watersh	ned Association	and the second s	
Downstream Drinking W	ater Supplier	ned Association		1.00
☐ Downstream Drinking Wi ☐ Beach Resource Manag  C. SSO Information	ater Supplier	ed Association city) 9:12	~ ⊠am	Пот
☐ Downstream Drinking W	ater Supplier	ned Association	~ ⊠ am	ind D
☐ Downstream Drinking Wi ☐ Beach Resource Manag  C. SSO Information  1. SSO Discovered: Scituate Police De	ater Supplier	ed Association city) 9:12	~ ⊠ am	prin
☐ Downstream Drinking Windows Beach Resource Manage  C. SSO Information  1. SSO Discovered:	ater Supplier	ed Association  offy)  9:12  Time	~ ⊠ am	mq 🗀
☐ Downstream Drinking Wi ☐ Beach Resource Manag  C. SSO Information  1. SSO Discovered:  By: Scituate Police De	ater Supplier	ed Association  offy)  9:12  Time  11:15	~ ⊠am.	
Downstream Drinking William Beach Resource Manage  C. SSO Information  1. SSO Discovered:  By:  Scituate Police December 2.	ater Supplier	ed Association  cify)  9:12 Time  11:15 Time	4	
Downstream Drinking William Beach Resource Manage  C. SSO Information  1. SSO Discovered:  By:  Scituate Police December 2.	ater Supplier	ed Association  offy)  9:12  Time  11:15	4	miq [_]°
Downstream Drinking William Beach Resource Manage  C. SSO Information  1. SSO Discovered:  By:  Scituate Police December 2.	ater Supplier	ed Association  cify)  9:12 Time  11:15 Time	4	
□ Downstream Drinking Wi □ Beach Resource Manag  C. SSO Information  1. SSO Discovered:  By: Scituate Police De  2. SSO Stopped:  3. SSO Discharge from: □  □ Backup into Property	ater Supplier	9:12. Time  11:15 Time  Pump Station	4	
□ Downstream Drinking Wi □ Beach Resource Manag  C. SSO Information  1. SSO Discovered:  By: Scituate Police De  2. SSO Stopped:  3. SSO Discharge from: □  □ Backup into Property	ater Supplier	9:12. Time  11:15 Time  Pump Station	4	
□ Downstream Drinking Will □ Beach Resource Manag  C. SSO Information  1. SSO Discovered: By: Scituate Police De  Scituate Police De  By: Backup into Property  4. SSO Discharge to: □ Gro	ater Supplier	9:12. Time  11:15 Time  Pump Station  scirty)  surface water)	4	

SSO SMH 6-4 on 1-11-14 • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



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

Tax Identification Number

minature:	
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 let out blockage
	Impact Area cleaned and/or disinfected:   Yes   No
	Corrective Actions Completed:
	,
D	. Comments/Attachments/Follow-up
	I wish to provide (select all that apply):
	Additional comments and planned actions:



### FOR DEP USE ONLY

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

Tax Identification Number

#### E. Certification Statement

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

Signature of Authoritzed Representative

7 (6-7)

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

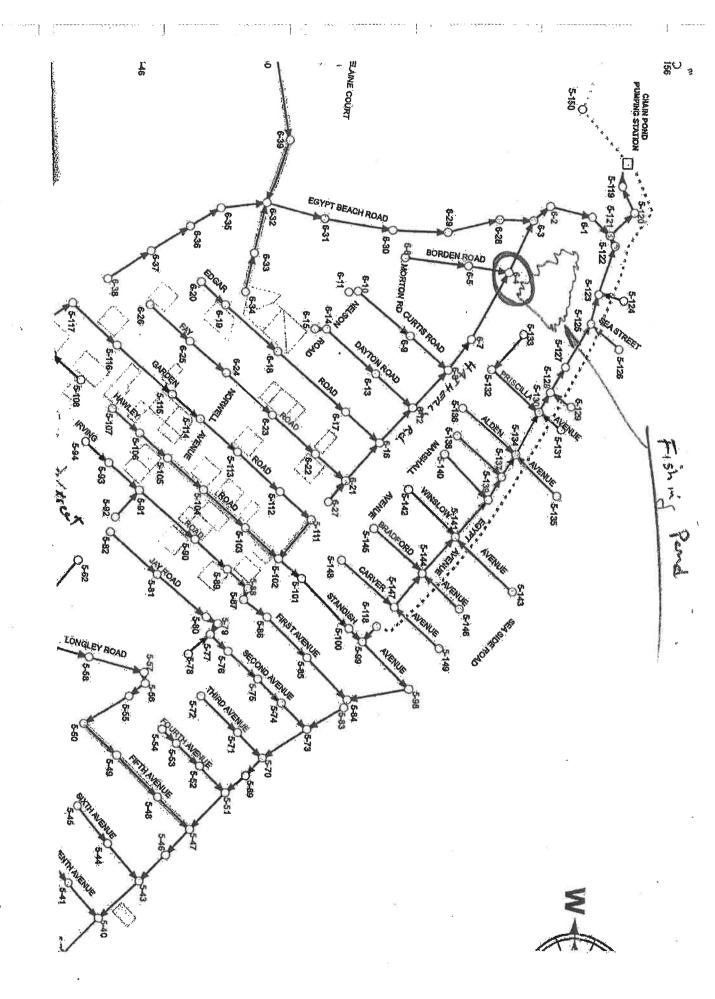
Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency





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

FOR DEP USE ONLY

Tax Identification Number

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



key.

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

Α.	Reporting Facility					
1,	Facility Information			\$ 8 % C	40000E	
8	Scituate Sewer Department Reporting Sewer Authority			Permi	102695 t#	
2.	Authorized Representative Tra	nsmitting Form:				
	Rick	Mosca		781-545-8736	3	
	First Name	Last Name		Telephone No.		
	Interim Supervisor			ca@scituatema.gov		
	Title		E-mail	Address		
R	<b>Phone Notifications</b>	( 				
مرحسر			(*)	Burns		
1.	MassDEP staff contacted:	David first name		last name		
1.	faicted meet.	3-27-15		9:35	⊠ am	∏ pm
	Date/Time contacted:	Date		Time	. ⊠ am	L bu
		Dave		Turrin		
2.	EPA staff contacted:	first name		last name		
		3-27-15		9:42	am 🔀	☐ pm
	Date/Time EPA contacted:	Date		Time	Parado Pa	
	* *** *** ****************************	Jen		Keefe Last Name		
3.	Board of Health contacted:	First Name				
	Date/Time contacted:	3-27-15		10:55. Time	⊠ am	pm
	Date\ I live confected*	Date		(e)		
4.	Others notified (select all that	(apply);	☐ Con	servation Commission		
***		hellfish Warden	☐ Divis	sion of Marine Fisheries		
	☐ Downstream Drinking W	ater Supplier	Waters	ned Association		
	Beach Resource Manag	er Other:	(spe	edify)		
-	SSO Information					
	Nº 000 Hitaitimmett	3-27-15		8:40	— ⊠am	miq 🔲
1	SSO Discovered:	Date		Time	— Main	I'm Bitt
,	Course Don't Staff	(William Branton &	Nathan	Raddcliff)		
	By:	AAmienti Dienimott en				
	• •	3-28-15		1:45	— ⊠ am	D pn
2	SSO Stopped:	Date		Time		
;	3. SSO Discharge from:	Sanitary Sewer Ma	anhole	Pump Station		
	☐ Backup into Property	☐ Other:	-	oecify)		
	4. SSO Discharge to: 🛛 Gr	ound Surface (no re	lease to	surface water)		
	☐ Direct to Receiving Wa	iter	<u>(</u> s	urface water)		

(surface water)

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3

SSO 3-27-15 · rev. 01/2013

☐ Catch basin to Receiving Water

☐ Backup Into Property Basement



FOR DEP USE ONLY

Tax Identification Number

Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

. ·	SSO Info	rmation (cont.)	
	Location:	Hewes Road / Manhole adjacent to (Description of discharge site or closest address	utility pole #2
ō.		SO Volume at time of this Report:	49,125 gallons
••		stimating Volume:	CWEA Picture Chart
<b>)</b> .	Cause of SS	O Event:	
	⊠ Rain Eve		Insufficient Capacity in System
	☐ Treatme	ent Unit failure	
	☐ Sewer S	System Blockage:   Pipe Collaps	e 🔲 Root Intrusion 🔲 Grease Blockage
	Other:	(Specify)	Subgraph description or a second plant in the
7.		Actions Taken:	
. ,	Influent gate entually stopp	e to treatment facility adjusted to draw ping the spill. Placed staff on watch to	more flow out of collection system, slowing and monitor spill untill it stopped.
	<del></del>		A CONTRACTOR OF THE CONTRACTOR
	-	a cleaned and/or disinfected:   ed of debris	Yes 🗌 No
	Corrective	Actions Completed:	Yes No
-		to 1844 - Il monto / Sollow	LIP
Ĺ		ents/Attachments/Follow	-wh
		rovide (select all that apply):	
		nent	No additional comments or attachments
		comments and planned actions:	is will beginn
	Please se	ee spill pictures (during & after) / map	ot spiii location
			A per section of the
		and the second s	The second secon



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.

3-30-15

**Date Signed** 

Signature of Authorized Representative

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

A. Reporting Facility

FOR DEP USE ONLY

Tax Identification Number

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





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

1.	Facility Information				
	Scituate Sewer Department			MA0102695	
	Reporting Sewer Authority			Permit#	······································
2.	Authorized Representative Tra	nsmitting Form:			
	Rick	Mosca	781-545-	8736	
	First Name	Last Name	Telephone		
	Interim Supervisor		rmosca@scituatema.gov		
	Title	,	E-mail Address		
В.	<b>Phone Notifications:</b>				
4	THE COMPANY OF PROPERTY OF	David	Burns		
1,	MassDEP staff contacted:	first name	last name		طلة طيت
	Date/Time contacted:	6-15-15	2:50		<b>™</b>
	Date/Time contacted.	Date	Time	am	⊠ pm
2.	EPA staff contacted:	Dave	Turrin		·····
Ζ,,	LEA stail contacted.	first name	last name		
	Date/Time EPA contacted:	6-15-15	2:55	am	⊠ pm
	margay tilled my 1 decisionary	Date	Time	- C,114	EZ bin
3.	Board of Health contacted:	Jen	Keefe		
-,		First Name	Last Name		
	Date/Time contacted:	6-15-15 Date	3:10 Time	— ani	⊠ pm
4.	Others notified (select all that	apply);	☐ Conservation Commission		
	☐ Harbormaster ☐ Sh	ellfish Warden	☐ Division of Marine Fisherie	\$.	
	Downstream Drinking Wat	er Supplier 🔲	Watershed Association		
	☐ Beach Resource Manager	⊠ Other:	DPW Director Kevin Caffe (specify)	rty	·
C	. SSO Information				
	OOO Dinamiumaadu	6-15-15	2:30	— ∏ami	⊠ pm
1.	SSO Discovered:	Date	Time	L am	R⊠ bu≀
	By: Gates School Staff	21-211		***	
2.	SSO Stopped:	6-15-15 Date	4:00 Time	am	⊠ pm
3.	SSO Discharge from:	anitary Sewer Ma	nhole		
	☐ Backup into Property ☐	Other:	(specify)		
4.	SSO Discharge to: X Grou	nd Surface (no rel	ease to surface water)		

(surface water)

(surface water)

☐ Direct to Receiving Water

Catch basin to Receiving Water

☐ Backup into Property Basement



FOR DEPUSE ONLY

Tax Identification Number

Parada at 1 conductor 1 constant 1 tamion de 1 distintinà 1 t	75
Sanitary Sewer Overflow (SSO)/Bypass	
Notification Form	

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:
	Cottective Actions Cottihieren.
D	. Comments/Attachments/Follow-up
	I wish to provide (select all that apply):
	☐ Attachment ☐ Additional comments below: ☑ No additional comments or attachments
	Additional comments and planned actions:



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

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

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

Signature of Authorized Representative

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



## 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 tabkey 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		M	A0102695	
	Reporting Sewer Authority	WATER OF THE PARTY		rmit#	
2,	Authorized Representative Tra	nsmitting Form:			
201	William	Branton	781-545-87		
	First Name	Last Name	Telephone No	),	
	Chief Operator		wbranton@scituatema.gov E-mail Address		
-			E-mail Address		
B,	Phone Notifications:				
á	BELLING PAPER WAS LIFE IN ANALYSIS AND A	David	Burns		
1.	MassDEP staff contacted:	first name	last name	, , , , , , , , , , , , , , , , , , , ,	
	Date/Time contacted:	1-1-2016	9:45	— ⊠ am	mq 🔲
	Dater I Inje contacted.	Date	Time	KN alli	Frrd bin
2.	EPA staff contacted:	Marie	McDonald		
2.,	LI'A start contacted.	first name	last name		
	Date/Time EPA contacted:	1-1-2016	9:47	— 🛛 am	pm
	Date: I IIIe Et M controlog.	Date	Time	2.3	١٠٠٠ ابسية
3.	Board of Health contacted:	<u>Jen</u>	Keefe	Miles 1.0	
V.	Dodle of House of the	First Name	Last Name		
	Date/Time contacted:	1-1-2016 Date	9:50 Tîmê	— 🛛 am	ma
	☐ Downstream Drinking Wa	ter Supplier 🔲 Wa	Division of Marine Fisheries atershed Association  DPW Director, Kevin Caffer (specify)	ty	
C	. SSO Information				
		12-31-2015	6;30	-	K-2l
1.	SSO Discovered:	Date	Time	Lam	⊠ pm
	_ Staff at location, TK	O Mally's Sports Café	3:		
	By:	8			
_	non diaman	12-31-2015	7:30	Пащ	⊠ pm
2.	SSO Stopped:	Date	Time	الله الله	(CZI biri
3.	SSO Discharge from:	Sanitary Sewer Manho	le Pump Station		
	Backup into Property	Other:	(specify)		
4.	SSO Discharge to: 🗵 Grou	ınd Surface (no releas	se to surface water)		
	☐ Direct to Receiving Water	r	(surface water)		
	Catch basin to Receiving	Water	(šurface water)	<del></del>	

Wastewater Overflow/Bypass or Sawage Backup Notification • Page 1 of 3

☐ Backup into Property Basement



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:
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 Cafe. Town is in the process of implementing a grease frap inspection program. The sewer department is currently arranging for vactor services to remove the remaining grease buildup.
department is currently attainging for vactor services to remove the retriaining grease buildup.



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

1-1-2016

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

FOR I	DEP (	JSE	ONL.	Y
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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

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## Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

Tax Identification Number **Notification Form** C. SSO information (cont.) 327 First Parish Road, Gates Intermediate School Location: (Description of discharge site or closest address) 100-300 gallons 5. Estimated SSO Volume at time of this Report: CWEA picture charts and on-site description Method of Estimating Volume: Cause of SSO Event: ☐ Pump Station Fallure ☐ Insufficient Capacity in System Rain Event ☐ Treatment Unit failure ⊠ Sewer System Blockage: □ Pipe Collapse □ Root Intrusion □ Grease Blockage
 Other: (Specify) 7. Corrective Actions Taken: Called local company Sewer Tech to remove blockage with a jet / vactor truck. Kept an operator on site to monitor situation and direct public. Cleaned area of debris. ☐ No Yes Impact Area cleaned and/or disinfected: Area cleared of debris. ✓ Yes ☐ No Corrective Actions Completed: D. Comments/Attachments/Follow-up I wish to provide (select all that apply): ☐ No additional comments or attachments ☐ Attachment ☒ Additional comments below: Additional comments and planned actions: This event was preceded by school staff tving and clearing drain lines within their building. This likely caused a mass of debris and rags to move into the collection system and build up there. We will be tving the collection system as soon as possible to determine if there are any other problems within the collection system.

ssoform • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 2 of 3



FOR DEP USE ONLY

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

Tax Identification Number

### E. Certification Statement

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

Signature of Authorized Representative

6/18/15 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:

Phone: 978-694-3215 Northeast Region

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

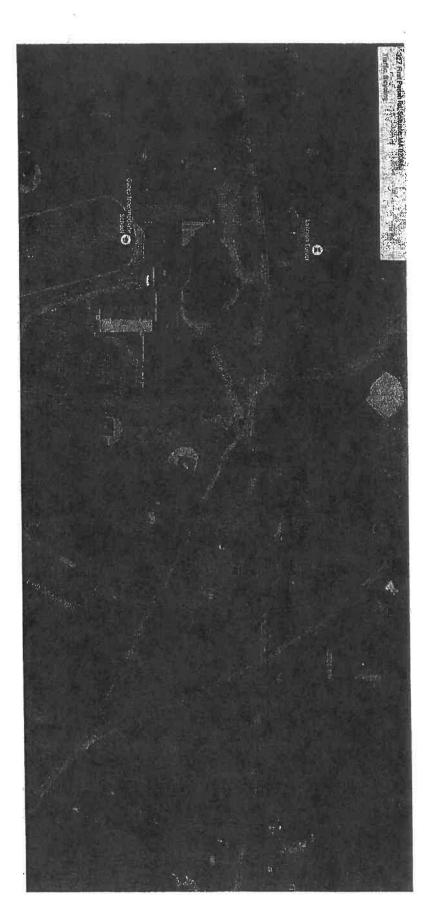
Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



of l

7/18/2015 8:16 AM



Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wastewater Management Program

### 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, 2058 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 ) \* \* \*

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(Time: Jun. 18. 2015 12:18PM

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FOR DEP USE ONLY

Tax Identification Number

#### A. Reporting Facility

**Notification Form** 

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 Treatme Reporting Sewer Authority	nt Facility		A0102695	
2.	Authorized Representative Tra	ansmitting Form:	Pe	cmit #	
	Rick	Mosca	781-545-87	70G	
	First Name	Last Name	Telephone No		
	Interim Supervisor		rmosca@scituatema.gov	<b>,</b>	
	Title		E-mail Address		
В.	<b>Phone Notifications</b>				
1.	MassDEP staff contacted:	Dave	Burns		
,-	mesanti atau conjucted.	first name	last name		
	Date/Time contacted:	6-24-16	12:00	<del>[``</del>	57
	zaro imia gortadeat.	Date	Time	— Lam	⊠ pm
2.	EPA staff contacted:	Dave	Turin		TW1
		first name	last name		
	Date/Time EPA contacted:	6-24-16	12:18	— Tam	⊠ pm
		Date	Time		RZI hin
3:	Board of Health contacted:	Jen	Keefe		
		First Name	Last Name		
	Date/Time contacted:	6-24-16 Date	12:20 Time	— Пат	⊠ pm
	☐ Harbormaster ☐ St☐ Downstream Drinking Wal	1.	Division of Marine Fisheries  /atershed Association  DPW Director (Kevin Caffert (specify)	y)	
C.	SSO Information		(chocul)	<del></del>	
	oob managad	6-24-16	11:00	***************************************	
1.	SSO Discovered:	Date	Time	— ⊠ am	☐ pm
	By: DPW Staff				
2.	SSO Stopped:	6-24-16 Date	1:00 Time	— am	⊠ pm
3.	SSO Discharge from:	anitary Sewer Manh	ole		
	☐ Backup into Property	Other:	E-1 System on Property (specify)	· · · · · · · · · · · · · · · · · · ·	
4.	SSO Discharge to: 🗵 Ground	nd Surface (no relea	se to surface water)		
	☐ Direct to Receiving Water	r	(surface water)	- Swill All	- Andrew Congress - y -
	Catch basin to Receiving	Water	(surface water)		·
	☐ Backup into Property Bas	ement	<b>S</b>		

SSO 6-24-16 • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



FOR DEP USE ONLY

Tax Identification Number

C.	SSO Info	rmation (cont.)
	Location:	42 Ann Vinal Scituate, MA 02068 (Description of discharge site or closest address)
5.	Estimated SS	SO Volume at time of this Report: 10-15 gallons
	Method of Es	stimating Volume:
6.	Cause of SS	O Event:
	☐ Rain Eve	ent Pump Station Failure Insufficient Capacity in System
	☐ Treatme	nt Unit failure
	Sewer S	ystem Blockage:   Pipe Collapse   Root Intrusion   Grease Blockage
	Other:	Leak in E-1 System dicharge line (Specify)
7.	Corrective A	ctions Taken:
	Leak repaire	od
	g	
		cleaned and/or disinfected: 🗵 Yes 🗌 No
	Corrective /	Actions Completed: Yes No
	A debugging to the second seco	
ħ	Commo	nts/Attachments/Follow-up
D		*
	I wish to pr	ovide (select all that apply):
	☐ Attachm	ent
	Additional	comments and planned actions:
,	***	
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## Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEPUSE 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.

2052

6-4-16

Signature of Authorized Representative

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



FOR DEP USE ONLY

Tax Identification Number

## Notification Form A. Reporting Facility

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



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

1.	Facility Information				
	Scituate Wastewater Treatmen	t Facility	MAO	102695	
	Reporting Sewer Authority		Permi		
2.	Authorized Representative Trans	nsmitting Form:			
	Rick	Mosca	781-545-8736	3	
	First Name	Last Name	Telephone No.		
	Interim Supervisor		rmosca@scituatema.gov		
	Title		E-mail Address		
В.	Phone Notifications:				
1.	MassDEP staff contacted:	Dave	Burns		
••	made DEL Digiti Contiduotos.	first name	last name		
	Date/Time contacted:	2-8-16	10:22	àm	⊠ pm
		Date	Time	L ani)	⊠ hìu
2,	EPA staff contacted:	Marie	McDonald McDonald		
		first name	last name		
	Date/Time EPA contacted:	2-8-16 Date	10:25	am	⊠ pm
	•	Jen	Time	1	E-S Pin
3.	Board of Health contacted:	First Name	Keefe. Last Name		
		2-8-16	10:30		
	Date/Time contacted:	Date	Time	am	D pm
4.	Others notified (select all that a	ipply);	Conservation Commission		
		ellfish Warden	☑ Division of Marine Fisheries		
	<b>1</b>				
	☐ Downstream Drinking Water	er Supplier 🔲 🕏	latershed Association		
	☐ Beach Resource Manager	Other:	Agenti and the second	- test	
_			(specify)		
Ç,	SSO Information				
1.	SSO Discovered:	2-8-16	7:00	Ti	:1521
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ń	SSO Stopped:	2-8-16	7:20	г.	K-21
۷.	990 grothed:	Date	Time	am	⊠ pm
3.	SSO Discharge from:   Se	anitary Sewer Manh	ole		
	☐ Backup into Property 区	Other:	Filter Bypass Valve openned at	10PM	
	T decide into a tobotty	i Ontor.	(specify)		
4.	SSO Discharge to:  Groun	d Surface (no relea	se to surface water)		
	☐ Direct to Receiving Water		Filter Bypass Valve openned at (surface water)	10PM	
	☐ Catch basin to Receiving \	Nater	Flow going around filters to UV Post Aeration prior to discharge		t and

☐ Backup into Property Basement



FOR DEP USE ONLY

3.	SSO Info	rmation (cont.)	
	Location:	Scituate Wastewater Treatment (Description of discharge site or closest	Facility address)
	Estimated SS	SO Volume at time of this Report:	1650 gpm
		timating Volume:	mag meter
	Cause of SS	O Event;	
	☐ Rain Eve	nt Pump Station Failure	☐ Insufficient Capacity in System
	☐ Treatmen	nt Unit failure	
	☐ Sewer Sy	/stem Blockage:   Pipe Colla	pse Root Intrusion Grease Blockage
	☑ Other:	Increase in flow due to coastal (Specify)	
7.	Corrective Ac	**************************************	
			become manageable for the treatment facility to
.aı	idiq.		
		cleaned and/or disinfected:	Yes No
	Bypass Valve	currently open	
	Bypass Valve		
D.	Bypass Valve Corrective Ac Bypass Valve	e currently open	] Yes 🔲 No
Э,	Corrective Ac Bypass Valve	ecurrently open	] Yes 🔲 No
Ď,	Corrective Ac Bypass Valve	e currently open etions Completed: e currently open its/Attachments/Follow ide (select all that apply):	] Yes 🔲 No
<b>D.</b>	Corrective Ac Bypass Valve  Commen I wish to prov	e currently open etions Completed: e currently open its/Attachments/Follow ide (select all that apply):	Yes No



FOR DEP USE ONLY

Tax Identification Number

#### **E. Certification Statement**

**Notification Form** 

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

2/ 9/2

2-9-16

Signature of Authorized Representative

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

FOR DEP USE ONLY

Tax Identification Number

### A. Reporting Facility

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





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

1.	Facility Information				
	Scituate Wastewater Treatment	Facility		MA0102695	
	Reporting Sewer Authority			Permit #	
2.	Authorized Representative Tran	ismitting Form:			
	Rick	Mosca	781-545-		
	First Name	Last Name	Telephone	No.	
	Interim Supervisor		rmosca@scituatema.gov	og jage den en e	
	Title		E-mail Address		
В.	<b>Phone Notifications:</b>				
		Dave-	Burns		
1.	MassDEP staff contacted:	first name	last name		
		4-28-16	9:30	🖂	П.
	Date/Time contacted:	Date	Time	—— ⊠ am	pm
	a an air an air	Dave	Turin		
2.	EPA staff contacted:	first name	last name	5	
		4-28-16	9:50	.1021	r-i
	Date/Time EPA contacted:	Date	Timë	──── ⊠ am	pm
		Jen	Keefe		
3.	Board of Health contacted:	First Name	Last Name		
		4-28-16	9:15		П
	Date/Time contacted:	Date	Time	🔀 am.	pm
4.	•	*, **	Conservation Commission Division of Marine Fisherie		
	☐ Downstream Drinking Wat	er Supplier 🔲 W	atershed Association		
	☐ Beach Resource Manager	⊠ Other:	Kevin Cafferty (DPW Dire (specify)	ctor)	
C	. SSO Information				
		4-28-16	7:00	K71	<b></b>
1,	SSO Discovered:	Date	Time	—— ⊠am	pm
	Sewer Division Staf	F			
	Ву:	The state of the s			
		4-28-16	7:30	🛛 am	
2.	SSO Stopped:	Date	Time	i⊠ ain	L_l pm
3,	SSO Discharge from: 🔲 S	anitary Sewer Manh	ole Pump Station		
	Backup into Property	Other:	Clarifier overflow at treat (specify).	ment plant.	
4	SSO Discharge to: Grou	nd Surface (no relea	se to surface water)		
	☐ Direct to Receiving Water	Ť	(surface water)		
	Catch basin to Receiving	Water	(surface water)		

Clarifler SSO 4-28-16 • rev. 01/2013

☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



FOR DEP USE ONLY

Tex Identification Number

N	otification Form	Láx Ideutiucatoù Mniupei
C.	SSO Information (cont.)	
	Location: Clarifiers at WWTP. Overflow onto	parking lot and into catch basins.
5.	Estimated SSO Volume at time of this Report:	931,667 gallons
	Method of Estimating Volume:	Flow metering
6.	Cause of SSO Event:	
ų.	☐ Rain Event ☐ Pump Station Failure	☐ Insufficient Capacity in System
	☐ Treatment Unit failure	Ti manuscriff antipunit iii a farein
		se 🔲 Root Intrusion 🔲 Grease Blockage
	SCADA system failure (PLC Sig	* " /
	Other: (Specify)	
7,	Corrective Actions Taken:	
for	The SCADA system has been programmed to g any of the SCADA driven PLC units. Programmi	enerate an alarm when a signal loss condition occur ng was done 4-28-16.
		it.
	•	Yes No
	Corrective Actions Completed:	Yes No
Ē	. Comments/Attachments/Follow	-up
•		•
	I wish to provide (select all that apply):	57 March 186 and annual state of the character
	☐ Attachment ☐ Additional comments below:	No additional comments or attachments
	Additional comments and planned actions:	
		and the second s
	And the section of th	



## 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.

2762

4-28-16

Signature of Authorized Representative

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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.

	Scituate Sewer Department		'ha a' o	ionaar	
	Reporting Sewer Authority		IVIAU Permi	102695 t#	
),	Authorized Representative Tra	ansmilling Form		- 1-	
	Rick	<del>.</del>	704 E4E 070		
	First Name	Mosca Last Name	781-545-8736 Telephone No.	)	
	Interim Supervisor		rmosca@scituatema.gov		
	Title		E-mail Address		
3,	<b>Phone Notifications</b>	A.			
	6	David	Burns		
	MassDEP staff contacted:	first name	last name		-
		4-25-16	8:25		
	Date/Time contacted:	Date	Time	am	⊠ pm
		Marie	McDonald		
2.	EPA staff contacted:	first name	last name		-
		4-25-16	8:30	parray	
	Date/Time EPA contacted:	Date	Time	am	⊠ pm
	4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Jen	K <b>ee</b> fe		
<b>}</b> ,	Board of Health contacted:	First Name	Last Name	- An ball	
	Donas (Ppina a de auto van de	4-25-16	8:35	<b></b>	678
	Date/Time contacted:	Date	Time	∟ am	⊠ pm
ţ,	Others notified (select all that	apply);	Conservation Commission		
	grang .				
	☐ Harbormaster ☐ SI	nellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Wa	ter Supplier     Wa	tershed Association		
			DPW Director Kevin Cafferty		
	☐ Beach Resource Manage	8 m n			
		r 🛛 Other:			
		r 🗵 Other:	(specify)		er venere i lar slave, per spe <u>ere slave</u> (desp
C.	SSO Information	n www.onr.ktsu	(specify)		
	SSO Information	4-25-16	(specify)	□ am	[⊠] pm
	SSO Information SSO Discovered:	n www.onr.ktsu	(specify)	□ am	⊠ pm
	SSO Information SSO Discovered:	4-25-16	(specify)	□·am	⊠ pm
	SSO Information SSO Discovered:	<u>4-25-16</u> Date	(specify)  3:00  Time		
1.	SSO Information SSO Discovered:	4-25-16 Date 4-25-16	3:00 Time 8:00	□ am	
1.	SSO Information SSO Discovered: By: DPW Staff SSO Stopped:	4-25-16 Date 4-25-16 Date	3:00 Time 8:00 Time		
1. 2.	SSO Information SSO Discovered: By: DPW Staff SSO Stopped:	4-25-16 Date 4-25-16	3:00 Time 8:00 Time		
<b>C.</b> 1. 2.	SSO Information  SSO Discovered:  By: DPW Staff  SSO Stopped:  SSO Discharge from:	4-25-16 Date 4-25-16 Date	3:00 Time 8:00 Time		
1. 2. 3.	SSO Information  SSO Discovered:  By: DPW Staff  SSO Stopped:  SSO Discharge from:	4-25-16 Date  4-25-16 Date  Sanitary Sewer Manhol	(specify)  3:00 Time  8:00 Time  e  Pump Station  (specify)		
1. 2.	SSO Information  SSO Discovered:  By: DPW Staff  SSO Stopped:  SSO Discharge from:   Backup into Property	4-25-16 Date  4-25-16 Date  Sanitary Sewer Manhol  Other:	(specify)  3:00 Time  8:00 Time  e  Pump Station  (specify)		⊠ pm
1. 2. 3.	SSO Information  SSO Discovered:  By: DPW Staff  SSO Stopped:  SSO Discharge from: SSO Discharge from: Grouped:  SSO Discharge to: Grouped:	4-25-16 Date  4-25-16 Date  Sanitary Sewer Manhol  Other:  Ind Surface (no release	(specify)  3:00 Time  8:00 Time  Pump Station  (specify)  to surface water)		
2.	SSO Information  SSO Discovered:  By: DPW Staff  SSO Stopped:  SSO Discharge from: SSO Discharge to: Group Group Direct to Receiving Water	4-25-16 Date  4-25-16 Date  Sanitary Sewer Manhol  Other: Ind Surface (no release	(specify)  3:00 Time  8:00 Time  e Pump Station  (specify)  to surface water)		

4-25-16 Scituate High School SSO • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



FOR DEP USE ONLY

**Tax Identification Number** 

Notification Form

C. SSO Information (cont.)			
	Location:	Scituate High School (Description of discharge site of closest addres	i suura
5.	Estimated SSO Volume at time of this Report: 16,218 gallons max, if school in session. Scho		
	Method of Estimating Volume:		day ends @ 2PM, discharge found @ 3PM.  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 Ad	etions Completed:   Ye	s 🗌 No
D.	Comments/Attachments/Follow-up		
I wish to provide (select all that apply):			
	☐ Attachment ☐ Additional comments below: ☑ No additional comments or attachments  Additional comments and planned actions:		
	•		



FOR DEP USE ONLY

Tax Identification Number

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

#### E. Certification Statement

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

2/42\_

4-25-16

Signature of Authorized Representative

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

FOR DEP USE ONLY

Tax Identification Number

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



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

A.	Reporting Facility				
1.	Facility Information				
	Scituate Wastewater Treatme	nt Coeffic	. 252		
	Reporting Sewer Authority	IL Facility		02695	
ı.			Permit	#	
2,	Authorized Representative Tra	ansmitting Form:			
	William	Branton	781-545-8736		
	First Name	Last Name	Telephone No.		
	Assistant Chief Operator		wbranton@scituatema.gov		
_	Title		E-mail Address		
B.	<b>Phone Notifications</b>				
	The state of the s	_			
1.	MassDEP staff contacted:	Dave	Burns		
,,,	***************************************	first name	last name		
	Date/Time contacted:	2-8-16	10:22	am	D pm
		Date	Time	<u>                                      </u>	₩ pπ
2.	EPA staff contacted:	Marie	McDonald McDonald		
		first name	last name		
	Date/Time EPA contacted:	2-8-16	10:25	am	⊠ pmi
	4	Date	Time	L. ann	KZI İMI
3.	Board of Health contacted:	Jen	Keefe		
		First Name	Last Name		
	Date/Time contacted:	2-8-16 Date	10:30		⊠ pm
4,	Others notified (select all that  Harbormaster Si  Downstream Drinking Wa	nellfish Warden	Conservation Commission  Division of Marine Fisheries atershed Association		
	☐ Beach Resource Manage	r M Other	DPW Director		
_		MA Officia	(specify)		
C	SSO Information				
		8848	-		
1.	SSO Discovered:	2-8-16 Date	Time	☐ am	⊠ pm
	William Branton	Date	r n tách		Stead P'11
	By: Villiam Diamon				
		2-10-16	12:50		
2.	SSO Stopped:	Date	Time	am am	<b>⊠</b> pm
3.	SSO Discharge from:	Sanitary Sewer Manh	*		
			Partial Filter Bypass		
	☐ Backup Into Property	Other:	(specify)		
4.	SSO Discharge to: Grou	and Surface (no releas	21.		
	☐ Direct to Receiving Wate	r.	Herring River (surface water)		
	The Asset based all money as	. TERRITURE LA	₩ 144 14 14 14 14 14 14 14 14 14 14 14 14		
	Catch basin to Receiving		(aurface water)	**********	
	☐ Backup Into Property Ba	sement			

asoform • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



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140	DUTIGATION FORM
C. 9	SSO Information (cont.)
1	Location: 161 Driftway, Scituate Sewer Treatment Facility (Description of discharge site of closest address)
5.	Estimated SSO Volume at time of this Report: 1,877,650
	Method of Estimating Volume: Mag meter
6.	Cause of SSO Event:
	☐ Rain Event ☐ Pump Station Fallure ☐ Insufficient Capacity in System
	☐ Treatment Unit failure
	☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage ☐ Other: Increase in flow due to coastal flooding
7.	Corrective Actions Taken:
	Brought online another aeration basin, backwashed filter beds, adjusted main influent gate.
•	Impact Area cleaned and/or disinfected:     Yes   No
Đ.	Bypass directed flow into UV disenfection channel. UV system placed into hand at 100% on all bar 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 thoughout the day as plant returned to normal operation, until bypass was able to be fully closed at 12:50
D	. Comments/Attachments/Follow-up
	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 a report total amount bypassed. All bypassed effluent still passed through disenfection systems and post aeration.
.01/201	Wastewater Overllow/Bypass of Sewage Backup Notification + Page 2 of



FOR DEP USE ONLY

Tax Identification Number

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

#### E. Certification Statement

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

Signature of Acthorized Representative

2-10-16

**Date Signed** 

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

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

Northeast Region.

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 608-946-2750

Fax: 508-947-6557

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



FOR DEP USE ONLY

Tax Identification Number

### **Notification Form** A. Reporting Facility

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





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

14	Facility Information	e at with			
	Scituate Wastewater Treatmer Reporting Sewer Authority	nt Facility		A0102695	
_	•		P.E	rmlt#	
2.	Authorized Representative Tra	insmitting Form:			
	Rick	Mosca	781-545-8		
	First Name	Last Name	Telephone No	).	- STAIN
	Interim Supervisor Title		rmosca@scituatema.gov E-mail Address		
R	Phone Notifications:		r uždi voniora		
برصا	i none nouncations.	•			
1.	MassDEP staff contacted:	Dave	Burns		
••		first name	last name		
	Date/Time contacted:	2-8-16 Date	10;22	— ∏am	⊠ pm
		Marie	Time McDonald		
2.	EPA staff contacted:	first name	last name		
		2-8-16	10:25	<u></u>	-
	Date/Time EPA contacted:	Date	Time	i am	⊠ pm
3.	Board of Health contacted:	Jen	Keefe		
Q,	Doard of Health Contracted.	First Name	Last Name		V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Date/Time contacted:	2-8-16	10:30	— Пат	mq 🗵
		Date	Time	<u></u>	EZI bu
4.	Others notified (select all that	apply);	Conservation Commission		
	⊠ Harbormaster ☐ Sh	ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Wat	er Supplier 🔲 W	Vatershed Association		
	☐ Beach Resource Manager	Other:	(specify)		
C.	SSO Information				
		2-8-16	7:00	£	
1.	SSO Discovered:	Date	Time	am 🔲 am	🔀 pm
	William Branton				
	By:				
2.	SSO Stopped:	<u>2-8-16</u>	7:20	- Dam	⊠ pm
		Date	Time		Married Seaton
3.	SSO Discharge from:	anitary Sewer Manh	ole Pump Station		
	☐ Backup Into Property □	Other:	Filter overflow at treatment (specify)	olant	
4.	SSO Discharge to: 🛛 Grou	nd Surface (no relea	se to surface water)		
	☐ Direct to Receiving Water	,	(surface water)		
	☐ Catch basin to Receiving	Water	(surface water)	Market og for fill state for fill state for fill state of the second state of the seco	in programme and an annual section of the section o
	☐ Backup Into Property Bas	ement			

SSO Filter Overflow 2-8-16 • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



FOR DEP USE ONLY

Tax Identification Number

**Notification Form** 

L 5. Æ	SSO Information (cont.)  Location: Scituate Wastewater treatment Facilit (Description of discharge site or closest addressest addres	
5. E	(Description of discharge site or closest address Estimated SSO Volume at time of this Report:	is)
N	•	Approximately 5,000 gallons
60	Method of Estimating Volume:	visual
	Cause of SSO Event	
	☐ Rain Event ☐ Pump Station Failure ☐	Insufficient Capacity in System
Ι	Treatment Unit failure	
	Sewer System Blockage: Pipe Collapse    Other:   Increased flow from coastal flooding	☐ Root Intrusion ☐ Grease Blockage
7. (	Corrective Actions Taken:	,
	filters backwashed, flow to proceess cut back	
) 5	Impact Area cleaned and/or disinfected: 🗵 Ye	MANUAL AND DESCRIPTION OF THE PROPERTY OF THE
,	Corrective Actions Completed:	es 🗆 No
D.	Comments/Attachments/Follow-u	p
	I wish to provide (select all that apply):	ş.
	☐ Attachment ☐ Additional comments below: ☐	No additional comments or attachments
	Additional comments and planned actions:	



FOR DEP USE ONLY

Tax Identification Number

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

#### E. Certification Statement

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

2/ 00

2-9-16

Signature of Authorized Representative

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

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Phone: 508-946-2750

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Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



### FOR DEP USE ONLY

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

Tax Identification Number

## Important: When filling out forms 1. Fa on the computer,

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					
	Reporting Sewer Authority		MA0102695 Permit #			
2.	Authorized Representative Trans	smitting Form:				
	Rick	Mosca	781-545-8736			
	First Name	Last Name	Telephone No.	*Au-		
	Interim Supervisor		rmosca@scituatema.gov			
_	Title		E-mail Address			
В.	B. Phone Notifications:					
	The state of the s	Dave	Burns			
1.	MassDEP staff contacted:	first name.	last name			
	Date/Time contacted:	1-26-17	7:24	NZI	<u></u>	
	Dater Hijle Contacted.	Date	Time	⊠ am	pm	
2,	EPA staff contacted:	Dave	Turin		.6/	
	F	first name 1-26-17	last name			
	Date/Time EPA contacted:	1-20-17 Date	7:25 Time	🛛 am	☐ pm	
		Jen	Keefe	10	v .,	
3.	Board of Health contacted:	First Name	Last Name	***************************************		
		1-26-17	7:52			
	Date/Time contacted:	Date	Time	🛛 am	L_l pm	
4.	Others notified (select all that a	pply);	Conservation Commission			
		ellfish Warden D	☑ Division of Marine Fisheries	15		
	Downstream Drinking Water	er Supplier 🛭 🖾 V	Vatershed Association			
	☐ Beach Resource Manager	Other:	DPW Director (7:56 AM)			
_			(specify)			
Ų,	SSO Information					
4	CCO-Dincovareit	1-26-17	3:30	(CZ)	·	
1,	SSO Discovered:	Date	Time	⊠ am	☐ pm	
	By: Scituate WWTP Staf					
2.	SSO Stopped:	1-26-17	2:20	☐ am	<b>⊠</b> pm	
	ood diopper.	Date	Time	الله لب	15∵2l but	
3.	SSO Discharge from:	anitary Sewer Manh	•	\$		
	☐ Backup into Property 区	Other:	Filter Bypass Valve openned at (specify)	3:30AM	<del>,</del>	
4.	SSO Discharge to: Groun	d Surface (no relea	·			
	☑ Direct to Receiving Water		Filter Bypass Valve openned at (surface water)			
	☐ Catch basin to Receiving \	Water .	Flow going around filters to UV Post Aeration prior to discharge	Freatmen	it and	

☐ Backup into Property Basement



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**Notification Form** Tax Identification Number C. SSO Information (cont.) Scituate Wastewater Treatment Facility Location: (Description of discharge site or closest address) 1500 gpm/total estimated 5. Estimated SSO Volume at time of this Report: volume=975,000gallons mag meter Method of Estimating Volume: 6. Cause of SSO Event: □ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System ☐ Treatment Unit failure ☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage Increase in flow due to excessive precipitation and coastal flooding ☑ Other: 7. Corrective Actions Taken: Filter Bypass Valve openned to manage treatment of flow at the wastewater facility impact Area cleaned and/or disinfected: Yes ☐ No Corrective Actions Completed: T No X Yes D. Comments/Attachments/Follow-up I wish to provide (select all that apply): ☐ Attachment ☐ Additional comments below: No additional comments or attachments Additional comments and planned actions:



FOR DEP USE ONLY

Tax Identification Number

### **Notification Form** E. Certification Statement

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

Signature of Authorized Representative

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

FOR DEP USE ONLY

Tax Identification Number

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





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

3 Roard of Health contacted: Jen Keefe	
Scituate Waterwater Treatment Facility Reporting Sewer Authority  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:  1. MassDEP staff contacted:  Dave Burns  first name last name  4/7/17 5:00  Date Time am   2. EPA staff contacted:  Date Time last name  Date/Time EPA contacted:  Date Time last name  Jan MassDEP staff contacted:  EPA staff contacted:  Date Time last name  Jan MassDEP staff contacted:  Keefe	
Reporting Sewer Authority  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:  1. MassDEP staff contacted:  Dave Burns  first name last name  4/7/17 5:00  Date Time am Mass name  Dave Turin  Last Name last name  4/7/17 didn't have phone #  Date Time am Mass name  Aff/17 didn't have phone #	
Nathain   Ratcliffe   781-545-8736     First Name	
First Name    Acting Interim Supervisor    Title  B. Phone Notifications:  1. MassDEP staff contacted:  Date/Time contacted:  Date  Date/Time EPA contacted:  Date	
Acting Interim Supervisor  Title  E-mail Address  B. Phone Notifications:  1. MassDEP staff contacted:  Date/Time contacted:  Date  Date  Date  Date  Date  Time  Date  Date/Time EPA contacted:  Date  Date  Date  Date  Date  Date  Date  Date  Time  Date  Turin  Jen  Begard of Hegith contacted:  Jen  Time  Jen  Keefe	
Title  E-mail Address  B. Phone Notifications:  1. MassDEP staff contacted:  Date/Time contacted:  Date  Date/Time contacted:  Date  Date  Date  Date  Date  Turin  Date  Date/Time EPA contacted:  Date  Date  Date  Date  Time  Date  Turin  Jen  Regret of Hegith contacted:  Jen  Keefe	
B. Phone Notifications:  1. MassDEP staff contacted:  Date/Time contacted:  Date/Time contacted:  Date	
1. MassDEP staff contacted:  Date/Time contacted:  Date  Dat	
1. MassDEP staff contacted:  Date/Time contacted:  Date  Dat	
Date/Time contacted:  Date  Date  Date  Dave  Turin  last name  Turin  last name  A/7/17  Date  Date/Time EPA contacted:  Date/Time EPA contacted:  Date  Jen  Keefe	
Date/Time contacted:  Date  Date  Date  Date  Date  Date  Time  Turin  last name didn't have phone # Time  Jen  Keefe	
2. EPA staff contacted:  Date/Time EPA contacted:  Date/Time EPA contacted:  Date  D	nm
2. EPA staff contacted:  Date/Time EPA contacted:  Date  Date  Date  Time  Jen  Keefe	hixi
Date/Time EPA contacted:  A/7/17  Date  Time  Jen  Keefe	_
3 Regard of Heighth contacted:  Jen Keefe	
3 Reard of Health contacted:	þm
5. Board of Fleatiff Contacted. First Name 4/7/17 Last Name Town Half closed	
	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 X Other: Kevin Cafferty (4:00 PM)	
C. SSO Information	_
1. SSO Discovered: 4/7/17 1:00 Time am X	pm
Scituate WWTP staff	
By:	-
2. SSO Stopped: 4/7/47 2:30 Tam X	pm
Date Time Ljam	μιn
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)	

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☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



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

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14	vunçauon Follik	i six loguralisation virtubet
C.	SSO Information (cont.)	
5.	Location: Hewes Road Scituate, MA  (Description of discharge site or closest addresses and the control of this Report:	ess) Approximately 100-150 gallons
	Method of Estimating Volume:	visual
6,	Cause of SSO Event:	
	☐ Rain Event ☐ Pump Station Failure ☐ Treatment Unit failure	Insufficient Capacity in System
	Sewer System Blockage: Pipe Collapse Increased flow from coastal flowing of (Specify)	
7,	Corrective Actions Taken: Allowed more flow into the WWTP to relieve the system	n until high tide receded.
	The state of the s	All the second s
	Impact Area cleaned and/or disinfected:	es 🗍 No
	444	
	Corrective Actions Completed:	es 🔲 No
_		
D.	Comments/Attachments/Follow-u	p
	I wish to provide (select all that apply):	
	☐ Attachment ☐ Additional comments below: ☐	No additional comments or attachments
	Additional comments and planned actions:	



### 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

1110111

Date Signed

Fax: 978-694-3499

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

and the second control of the second control

Southeast Region Phone: 508-946-2750 Fax: 508-947-6557

Central Region Phone: 508-792-7650 Fax: 508-792-7621

Western Region Phone: 413-784-1100 Fax: 413-784-1149

EPA Contact Phone: 617-918-1870 Fax: 617-918-0870

DEP 24-hour emergency Phone: 888-304-1133



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

FOR DEP USE ONLY

Tax Identification Number

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





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

	Facility Information Scituate Wastewater Treatment I	Facility		MA102695	
	Reporting Sewer Authority	***************************************	Pen	mit#	
•	Authorized Representative Tra	nsmitting Form:			
	Nathan	Ratcliffe	781-545-87	36	
	First Name	Last Name	Telephone No.	-	
	Interim Supervisor		nratcliffe@scituatema.gov		
_	Title		E-mail Address		
3.	<b>Phone Notifications:</b>				
	ER	Dave	Burns		
•	MassDEP staff contacted:	first:name	last name		
	Date/Time contacted:	4/4/17	4:20 Time	am 🗍 am	X pm
		Date Dave	Time Turin	Bellevill	
•	EPA staff contacted:	first name	last name		*****
	make from a first a contact of the	4/4/17	4:30		r w
	Date/Time EPA contacted:	Date	Time	am	pro 🎦
	Board of Health contacted:	Jen	Keefe		
•	Tradital Applications	First Name 4/4/17	Last Name 4:25		
	Date/Time contacted:	Date	Time	am 🗌	X pm
-			Conservation Commission		
••	Others notified (select all that   X  Harbormaster    X  Sh    Downstream Drinking Wat	elifish Warden	Division of Marine Fisheries tershed Association		
•	X Harbormaster X Sh	ellfish Warden 🗵 er Supplier 🗵 Wa	Division of Marine Fisheries		
	X Harbormaster	ellfish Warden 🗵 er Supplier 🗵 Wa	Division of Marine Fisheries tershed Association DPW Director (4:10 PM)		
	X Harbormaster	elifish Warden 🗵 er Supplier 🗵 Wa	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)		
	X Harbormaster	ellfish Warden 🗵 er Supplier 🗵 Wa	Division of Marine Fisheries tershed Association DPW Director (4:10 PM)	— am	X pn
	X Harbormaster	elifish Warden   er Supplier   Other:  4/4/17  Date	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify) 4:15	— ∐am	X prr
	X Harbormaster	elifish Warden   er Supplier   Other:  4/4/17  Date	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15	— ∐ am	X pri
	X Harbormaster	elifish Warden   er Supplier   Other:  4/4/17  Date	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15 Time  7:00	— ☐ am	
	X Harbormaster	elifish Warden   er Supplier   Other:  4/4/17  Date  4/5/17  Date	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15 Time  7:00 Time	r <del>i</del>	⊠ pn
	X Harbormaster	elifish Warden   er Supplier   Other:  4/4/17  Date	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15 Time  7:00 Time	r <del>i</del>	
<b>3.</b>	X Harbormaster	elifish Warden   er Supplier   Other:  4/4/17  Date  4/5/17  Date	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15 Time  7:00 Time	— Ö am	
1. 2. 3.	X Harbormaster	elifish Warden  er Supplier   Other:  4/4/17  Date  4/5/17  Date  Sanitary Sewer Manho	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15 Time  7:00 Time  Pump Station Filter Bypass Valve opened at (specify)	— Ö am	
<b>C.</b> 1. 2.	Name	er Supplier	Division of Marine Fisheries tershed Association DPW Director (4:10 PM) (specify)  4:15 Time  7:00 Time  Pump Station Filter Bypass Valve opened at (specify)	— ∑ am 4:15PM	
3.	Marbormaster   X Sharbormaster   X Sharbormaster   X Sharbormation   Beach Resource Manager   SSO Information   SSO Discovered:   Soituate WWTP Staff   SSO Stopped:   SSO Discharge from:   SSO Discharge from:   SSO Discharge   SSO Disch	er Supplier	Division of Marine Fisheries  tershed Association  DPW Director (4:10 PM) (specify)  4:15  Time  7:00  Time  Pump Station  Filter Bypass Valve opened at (specify) e to surface water)	4:15PM t 4:15PM d filters to UV	□ pr

☐ Backup into Property Basement



### FOR DEP USE ONLY

Tax Identification Number

	ouncation form	i ax ide junçation i yoli ibet
N:	SSO Information (cont.)	
<b>5</b> .	Location: Scituate Wasterwater Treatment Facility (Description of discharge site or closest address Estimated SSO Volume at time of this Report:	s) 800 gpm/total estimated volume =720,900 gallons mag meter
	Method of Estimating Volume:	
6.	Cause of SSO Event:	
	☐ Rain Event ☐ Pump Station Failure ☐	Insufficient Capacity in System
	☐ Treatment Unit failure	
	Sewer System Blockage: Pipe Collapse    Other: Increase in flow due to excessive precipation of the collapse   Pipe Collapse	Root Intrusion Grease Blockage
7.	Corrective Actions Taken: Filter Bypass Valve opened to manage treatment of flow	at the wastewater facility
	Impact Area cleaned and/or disinfected:	s 🔲 No
	Corrective Actions Completed:	s 🔲 No
D	. Comments/Attachments/Follow-up	
	I wish to provide (select all that apply):	
	☐ Attachment ☐ Additional comments below: ☑	No additional comments or attachments
	The state of the s	



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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 tine and imprisonment for knowing yeartions.

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



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

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Tax Identification Number

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



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

A.	Reporting Facility				
1.	Facility Information				
	Scituate Sewer Division		MAO	102695	
	Reporting Sewer Authority	sen/	Permi		-to-t-le
2.	Authorized Representative Train	nsmitting Form:			
	Rick	Mosca	781-545-8736	}	
	First Name	Last Name	Telephone No.	1,5	
	Interim Supervisor Title		rmosca@scituatema.gov E-mail Address		
B.	Phone Notifications:		The second second second		
		Daire	Demina		
1,	MassDEP staff contacted:	Dave first name	Burns last name		
		1-5-17	12:20		
	Date/Time contacted:	Date	Time	am	🛛 pm
_		Dave	Turin		
2.	EPA staff contacted:	first name	last name		
	Park Time FDA contested.	1-5-17	12:20	F-1.	
	Date/Time EPA contacted:	Date	Time	am	🗵 pm
3.	Board of Health contacted:	Jen	Keefe		
Ç,	board or meanin contracted.	First Name	Last Name		
	Date/Time contacted:	1-5-17	10:40	X am	<u> </u>
	Dato, into contractor.	Date	Time	<u>⊼</u> A am	pm
4.	Others notified (select all that a	ipply);	☑ Conservation Commission		
	☐ Harbormaster ☐ She	ellfish Warden	☐ Division of Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier	Watershed Association		
	☐ Beach Resource Manager	Other:	Scituate DPW Director (specify)		
C.	SSO Information				
_	000 Di	1-5-17	9:30	K-71	_
1.	SSO Discovered:	Date	Time	⊠ am	L pm
	By: Scituate DPW Staff				
		1-5-17	2:00	geniaring	***************************************
2.	SSO Stopped:	Date	Time	am am	⊠ pm
3.	SSO Discharge from: 🛛 S	anitary Sewer Mar	nhole		
	☐ Backup into Property ☐	Other:	(specify)		11
4.	SSO Discharge to:   Groun	nd Surface (no rele	ease to surface water)		
	☐ Direct to Receiving Water		(surface water)		·:
	Catch basin to Receiving	<b>W</b> ater	(surface water)		

SSO 1-5-17 • rev. 01/2013

☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



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

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Tax Identification Number C. SSO Information (cont.) Intersection of Egypt Beach Road and Bay Avenue Location: (Description of discharge site or closest address) 5-10 gpm/1350-2700 gallons total 5. Estimated SSO Volume at time of this Report: visual estimate Method of Estimating Volume: 6. Cause of SSO Event; Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System ☐ Treatment Unit fallure Other: (Specify) 7. Corrective Actions Taken: Vactor Service in to jet line and free blockage ✓ Yes □ No Impact Area cleaned and/or disinfected: ☐ No ✓ Yes Corrective Actions Completed: D. Comments/Attachments/Follow-up I wish to provide (select all that apply): ☐ Attachment ☐ Additional comments below: No additional comments or attachments Additional comments and planned actions:



FOR DEP USE ONLY

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

-5-17

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



FOR DEP USE ONLY

Tax Identification Number

### Rangeling English

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.

Backup into Property Basement

•	" According Facility				
1.	Facility Information				
	Town of Scituate Wastewater Reporting Sewer Authority	Treatment Plant	MAO	102695	
2.	Authorized Representative Tr	tonionaliti	Perm	t#	***
	William	ansmitting Form:	201		
	First Name	Branton	781-545-8736	:	
	Interim Supervisor	Last Name	Telephone No.		
22	Title		WBranton@ScituateMA.gov		
B	Phone Notifications	i e	E-mail Address		
.,	· · · · · · · · · · · · · · · · · · ·	<sup>1</sup> ♥			
1.	MassDEP staff contacted:	Dave	Burns		
	- January Co.	first name	last name		
	Date/Time contacted:	7/11/2017	12:29		
		Date	Time	am am	⊠ pm
2.	EPA staff contacted:	Dave	Turin		
		first name	last name		
	Date/Time EPA contacted:	7/11/2017	12:31		
		Date	Time	am	⊠ pm
3.	Board of Health contacted:	Jenn	Keefe		
	.,	First Name	Last Name		
	Date/Time contacted:	7/11/2017	11:07	E	
		Date	Time	🛛 am	pm
4.	Others notified (select all that	apply);	Gonservation Commission		
	☐ Harbormaster ☐ Sh	nellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Wat	er Supplier 🎞 🕠	/atershed Association		
	☐ Beach Resource Manager	Other:	Director of Public Works		
C	SSO Information		(specify)		
<b>~</b> .	OSC Intomination				
1.	SSO Discovered:	<i>7</i> /11/2017	7:45		
1 +	330 Discovered:	Date	Timé	⊠ am	mq 🔲
	By: William Branton		(1116)		
	Ly.			-	
2.	SSO Stopped:	7/11/2017	8:00		
<del>-</del>	soo ctopped.	Date	Time	am am	⊠ pmi
3.	SSO Discharge from: S	anitary Sewer Manho	ola: T Duma Oladas		
		mineral detact thistille	ble		
	Backup into Property      □	Other:			
			(specify)		
4.	SSO Discharge to:	d Surface (no releas	se to surface water\		
	Brand	***************************************	The second secon		
	☐ Direct to Receiving Water		(surface water)		**************************************
			fanitace matet.		
	☐ Catch basin to Receiving \	Nater	(surface water)	- todensor-	······································
			faire reduce and cost		

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Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

		DEP	HOE	OÁIL	V
į	-OK	DEP	USE	ONL	٠٢.

Tax Identification Number

C. SSO Information (cont.)  Location:  111 First Parish Road, Scituate, MA 02068 (Description of discharge after or closest address)  5. Estimated SSO Volume at time of this Report:  Method of Estimating Volume:  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 primped out and disposed of at the treatment plant. Soild material from excavation removed and hauled off site for disposal.  Corrective Actions Completed: Yes No  As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  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.			
Description of discharge site or closest address)	C,	C. SSO Information (cont.)	
5. Estimated SSO Volume at time of this Report:    Method of Estimating Volume:		Location: 111 First Parish Road, Scituate, MA 02066	ANA CONTRACTOR OF THE CONTRACT
Method of Estimating Volume:    Cause of SSO Event:		100 Gallon	S
6. Cause of SSO Event:  Rain Event Pump Station Failure Insufficient Capacity in System 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 debrits. Service Master contacted to clean and disinfect backup on / in homeowner's property. Excavated sewer lateral line and replaced 4 feet of damaged pipe with schedual 40 PVC. Please see attached note for detail of events.  Impact Area cleaned and/or disinfected: Yes No Property cleaned by Service Master, Sewage and contaminated ground water from excavation pumped out and disposed of at the treatment plant. Solid material from excavation removed and hauled off: site for disposal.  Corrective Actions Completed: Yes No As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  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:	<b>5</b> .	Estimate g	iven by Service Master (Cleaning
Rain Event			All the second districts
Treatment Unit failure  Sewer System Blockage: ☑ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage  Other: ☐ 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. Soild material from excavation removed and hauled off site for disposal.  Corrective Actions Completed: ☐ Yes ☒ No As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  D. Comments/Attachments/Follow-up  I wish to provide (ŝelect ali that apply): ☑ Attachment ☐ Additional comments below: ☐ No additional comments or attachments Additional comments and planned actions:	6.	The state of the s	
□ Other: (Specify)  7. Corrective Actions Taken: Contacted Drain Shooter to Jet potential blockage on homeowner's property and TV line. Sewer department jetted collection system in the street and removed debris. Service Master contacted to clean and disinfect backup on / in homeowner's property. Excavated sewer lateral line and replaced 4 feet of damaged pipe with schedual 40 PVC. Please see attached note for detail of events.  Impact Area cleaned and/or disinfected: □ Yes □ No Property cleaned by Service Master, Sewage and contaminated ground water from excavation pumped out and disposed of at the treatment plant. Solid material from excavation removed and hauled off site for disposal.  Corrective Actions Completed: □ Yes □ No As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  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:		Rain Event Pump Station Failure Insufficien	t Capacity in System
Corrective Actions Taken: Contacted Drain Shooter to jet potential blockage on homeowner's property and TV line. Sewer department jetted collection system in the street and removed debris. Service Master contacted to clean and disinfect backup on / in homeowner's property. Excavated sewer lateral line and replaced 4 feet of damaged pipe with schedual 40 PVC. Please see attached note for detail of events.  Impact Area cleaned and/or disinfected:   Yes   No Property cleaned by Service Master, Sewage and contaminated ground water from excavation pumped out and disposed of at the treatment plant. Solid material from excavation removed and hauled off site for disposal.  Corrective Actions Completed:   Yes   No As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  D. Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Attachment  Additional comments and planned actions:		Treatment Unit failure	
7. Corrective Actions Taken: Contacted Drain Shooter to jet potential blockage on homeowner's property and TV line. Sewer department jetted collection system in the street and removed debris. Service Master contacted to clean and disinfect backup on / in homeowner's property. Excavated sewer lateral line and replaced 4 feet of damaged pipe with schedual 40 PVC. Please see attached note for detail of events.  Impact Area cleaned and/or disinfected:   Yes   No Property cleaned by Service Master, Sewage and contaminated ground water from excavation pumped out and disposed of at the treatment plant. Solid material from excavation removed and hauled off site for disposal.  Corrective Actions Completed:   Yes   No As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  D. Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Attachment  Additional comments and planned actions:		☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root I	ntrusion
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department jetted collection system in the street and removed genrs. Service master durated to clearly and disinfect backup on / in homeowner's property. Excavated sewer lateral line and replaced 4 feet of damaged pipe with schedual 40 PVC. Please see attached note for detail of events.  Impact Area cleaned and/or disinfected:   Yes   No  Property cleaned by Service Master, Sewage and contaminated ground water from excavation pumped out and disposed of at the treatment plant. Solid material from excavation removed and hauled off site for disposal.  Corrective Actions Completed:   Yes   No  As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  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:	7.		
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As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  D. Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Attachment		Property cleaned by Service Master, Sewage and contaminate pumped out and disposed of at the treatment plant. Solid mater	ed ground water from excavation
As of July 14 <sup>th</sup> Service Master is continuing to work with homeowner at 111 First Parish to ensure the any and all potentially contaminated material is removed and disenfected.  D. Comments/Attachments/Follow-up  I wish to provide (select all that apply):  Attachment		Corrective Actions Completed:	No
I wish to provide (select all that apply):  ☑ Attachment ☐ Additional comments below: ☐ No additional comments or attachments  Additional comments and planned actions:		As of July 14th Service Master is continuing to work with home	owner at 111 First Parish to ensure that disenfected.
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Additional comments and planned actions:		I wish to provide (select all that apply):	
	17	☑ Attachment ☐ Additional comments below: ☐ No additional	onal comments or attachments
Please see attached letter.		Additional comments and planned actions:	
		Please see attached letter.	Missour-water
		and the state of t	The second secon



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

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

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

Signature of Authorized Representative

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

To whom it may concern,

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

Sincerely,

William Branton

Intrum Supervisor

781-545-8736

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

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

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够	Massachusetts Department Bureau of Resource Protectio Sanitary Sewer Over	FOR DEP USE ONLY			
	Notification Form			Tex Mandification Ma	गंभ
	A. Reporting Facility				
Insperience Vinea	1. Facility Information				
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cursin - do not use the recurs key.	2. Authorized Representative Trans	SOURCES FORMS		Pondt#	
	Williams First Home	Similar	781-8-	(5-8136	
- 75	Interior Supervisor	Lustemo	William Control of School of School	om No.	
	Tills		E-mail Address 5	llov.	
	B. Phone Notifications:				
Sea DEP	1. Manufact and contacted:	Davo	Buma bul name		
Hegicist Office Istrations and for combans of	Delections contacted;	7/11/2017 Date	12:29	O.m	Di
the end of this."	2: EPA steff contacted:	Davis	Tinge Tingt		ROB Invit
	Dele/Time EPA contacted;	7/11/2017	12.31		
		Jenn	Time Keele	O EST	DQ pn.
Ť	3. Board of Health contacted:	First Name	Last Namo	<del></del>	
	Doto/Time contacted:	7/11/2017	11:07 Time:	— ×	(I) pre
	4. Cithera notified (select all that a	eely): C	Conservation Commissis	TIC	
	☐ Harbonnaster ☐ Sho	Wish Warderi [	Division of Marine Flahe	des.	
	Downstream Decking Water	rSuppler 17 W	aterched Association		
	Beach Resource Manager		Director of Public Work	2	
	C. SSO Information	101-cuier:	(specify)		
		*Atmos	as tu		
	1. 660 Discovered:	7/11/2017.	7:46 35:14		Die
	tly: Willom Branton				
	2. SSO Stopped:	7/11/2017 Page	- 8:00 Tree	Om-	(X) bin
	3. SSO Discharge from: [] Sa	rikary Senrer Manh	55		m-0,0 g-117
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			(checopy)		7-1-1
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	Backup Into Property Bees	ment			
deployed - very	dalzola.	William D	vertical/Sypness or General (Inc)	aio-Holification e Pana	Cata:



### 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 teturn





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

A.	Reporting Facility						
1.	Facility Information						
	Scituate Sewer Division		A.A.	A0102695			
	Reporting Sewer Authority			mit#			
2.	Authorized Representative Tran	nsmitting Form:					
	Rick	Mosca	781-545-8	736			
	First Name	Last Name	Telephone N	0.			
	Interim Supervisor	٠٠ - الله الله الله الله الله الله الله ال	rmosca@scituatema.gov		- h *		
	Title		E-mail Address				
В.	Phone Notifications:						
_		Dave	Burns				
1.	MassDEP staff contacted:	first name	last name				
	Posts Prince a sentenda de	1-18-17	7:55	<b>6</b> —3:	-		
	Date/Time contacted:	Date	Time	— 🛛 am	pm		
2.	EPA staff contacted:	first hame	last name				
	Date/Time EPA contacted:	Date	Time	— 🔲 am	pm pm		
3.	Board of Health contacted:	First Name	Last Name				
	Date/Time contacted:	Date	Time	— am	☐ pm		
4.	Others notified (select all that a	ipply);	Conservation Commission				
	☐ Harbormaster ☐ She	ellfish Warden 🔲	Division of Marine Fisheries				
	Downstream Drinking Water	er Supplier 🔲 Wa	atershed Association				
	☐ Beach Resource Manager	Other:	Scituate DPW Director (specify)	<del>-</del>			
C.	SSO Information						
		4.40 47	7.70				
1.	SSO Discovered:	1-18-17 Date	7:30 Time	— 💹 ám	☐ pm		
	Scituate DPW Staff	54,0	(mago,				
	By:		unniburur Seyddiren Joseph	· · · · · · · · · · · · · · · · · · ·			
2.	SSO Stopped:	1-18-17		<u> </u>	т		
٠٤.	SSC Stopped.	Date	Time	Lam	L pm		
3,	SSO Discharge from: 🛛 Sa	anitary Sewer Manho	.,				
	☐ Backup Into Property 区	Other:	Loose grit material spilled o ground during dumpster ren		r onto		
4.	SSO Discharge to:  Ground Surface (no release to surface water)						
	☐ Direct to Receiving Water		(surface water)				
	☐ Catch basin to Receiving \	<i>N</i> ater	(surface water)				

SSO Dumpster 11817 • rev. 01/2013.

☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



FOR DEP USE ONLY

Tax Identification Number

C. SSO Information (cont.)
Location: 161 Driffway 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.

SSO Dumpster 11817 • rev. 01/2013

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 2 of 3



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

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

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

Signature of Authorized Representative

1-18-17

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650.

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

FOR DEP USE ONLY

Tax Identification Number

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





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

A.	Reporting Facility				
1.	Facility Information				
	Scituate Wastewater Treatment	Facility	MA010	2000	
	Reporting Sewer Authority	ruonty	Permit #		
2	Authorized Representative Tran	nsmitting Form;	• •		
	William	Branton	781-545-8736		
	First Name	Last Name	Telephone No.		
	chief Operator / Interim Supervi	sor	WBranton@ScituateMA.gov		
_	Title		E-mail Address		
В.	Phone Notifications:				
		David	Burns		
1.	MassDEP staff contacted:	first name	last name		
	Date/Time contacted:	5-29-17	12:04	K71	<b>—</b>
	Date/ Ime contacted:	Date	Time	🛛 am	pm
ب	EPA staff contacted:	Dave	Turin		
7.		first name	last name		
	Date/Time EPA contacted:	5-29-17 Date	12:08 Time	⊠ am	pm pm
	H_	Jennifer	Keefe		
3.	Board of Health contacted:	First Name	Last Name		
	Designation of the second	5-29-17	12:08	K-76 .	-
	Date/Time contacted:	Date	Time	🛛 am	∐ pm
4.	Others notified (select all that a	pply);	Conservation Commission		
	☐ Harbormaster ☐ She	ellfish Warden	Division of Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier 🔲 W	Vatershed Association		
	☐ Beach Resource Manager	Other:	DPW Driector, Kevin Cafferty (specify)		
C,	SSO Information				
		5-28-17	:740	party.	-
1.	SSO Discovered:	Date	Time	am	⊠ pm
	By: Michael Angland		The Control of the Co		
2.	SSO Stopped:	5-28-17	1120	am	<b>⊠</b> pm
	oco otoppot.	Date	Time		EZ bin
3.	SSO Discharge from: S	anitary Sewer Manh	nole Pump Station		
	☐ Backup into Property ☐	Other:	(specify)		No. of St.
4.	SSO Discharge to:   Groun	d Surface (no relea	se to surface water)		•
	☐ Direct to Receiving Water		(surface water)	Metadomoroum	
			Harbor		
	□ Catch basin to Receiving \     \[     \]	Water	(surface water)		

ssoform-1.doc • rev. 01/2013

☐ Backup into Property Basement

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3



FOR DEP USE ONLY

Tax Identification Number

Mounication Form	rax identification Number
C. SSO Information (cont.)	
Location: 116 Front Street, line extended down (Description of discharge site or closest addre	Cole Parkway from Intersection on Front Street
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 broken up. Area cleaned of debris and other material a days time to reinspect, jet and vactor out any remaining	d they jetted the line until the grease blockage was nd washed down. Araco is to return within a couple grease buildup
,	
Impact Area cleaned and/or disinfected:   Area cleaned up and washed down.	es No
Corrective Actions Completed:	es 🗆 No
Initial correction completed. Followup work to be co	
D. Comments/Attachments/Follow-u	p
I wish to provide (select all that apply):	
☐ Attachment ☑ Additional comments below: ☐	No additional comments or attachments
Additional comments and planned actions:	
Blockaged caused by grease buildup, area is to be by vactor truck. Board of Health has been contacte this location.	e reinspected and any remaining grease removed ed and will comment on condition of grease traps at



### 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 to knowing violations.

Signature of Authorized Representative

5-30-2017

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA Contact** 

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency



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

FOR 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.

4.	Reporting Facility							
i.	Facility Information							
	Town of Scituate, Wastewater 1	reatment Plant	MAO10	MA0102695				
	Reporting Sewer Authority	and the same of th	Permit					
2.	Authorized Representative Transmitting Form:							
	William	Branton	781-545-8736					
	First Name	Last Name	Telephone No.					
	Interim Supervisor Title		WBranton@ScituateMA.gov E-mail Address					
<b>D</b>	Phone Notifications:		E Indu Jeditos					
Ο,	Filone Nouncations.							
1.	MassDEP staff contacted:	Dave	Burns					
	massili still stillaich,	first name	last name					
	Date/Time contacted:	7/5/2017 Date	2:02 Time	am am	⊠ pm			
		Dave	Turin					
2.	EPA staff contacted:	first name	last name					
	proc. And property of the processing Action Control of the Control	7/5/2017		Ö	KŽ			
	Date/Time EPA contacted:	Date	Time	am am	⊠ pm			
3.	Board of Health contacted:	Jennifer	Keefe					
٥.	podici of Florial Companies.	First Name	Last Name					
	Date/Time contacted:	7/7/2017 Date	9:22 Time	🛛 am	pm			
4,	Others notified (select all that a	apply);	Conservation Commission					
	☐ Harbormaster ☐ Sh	elifish Warden	Division of Marine Fisheries					
	Downstream Drinking Water	er Supplier 🔲 Wa	tershed Association					
	☐ Beach Resource Manager	Other:	Director of Public Works (specify)					
C	. SSO Information							
1.	SSO Discovered:	7/4/2017 *Pl comments s		am	⊠ pm			
	By: Mike Angland, on-ca							
2.	SSO Stopped:	7/6/2017 Date	7 Time	am	<b>⊠</b> pm			
3,	SSO Discharge from:   S	anitary Sewer Manho	le					
	☐ Backup into Property ☑	Other:	Pipe collapse, discharge from re (specify)	bad surfac	ce			
4.	SSO Discharge to:	nd Surface (no release	e to surface water)					
	☐ Direct to Receiving Water		(surface water)		·			
	Catch basin to Receiving	Water	(surface water)					

Wastewater Overflow/Bypass or Sewage Backup Notification • Page 1 of 3

☐ Backup into Property Basement



FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass

**Notification Form** Tax Identification Number C. SSO information (cont.) 47 Rebecca Road, Scituate MA 02066, Infront of house on street. Location: (Description of discharge site or closest address) 50-100 gallons 5. Estimated SSO Volume at time of this Report: Visual Estimate Method of Estimating Volume: 6. Cause of SSO Event: Rain Event ☐ Pump Station Failure Insufficient Capacity in System Treatment Unit failure ☐ Sewer System Blockage: ☑ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage Other: (Specify) 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 camered the collection system and lateral services in the area. Camera inspections revealed residual waste pooling in lateral line for 47 Rebecca Road. Homeowner and current occupant (rental property) notifyied 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 Flushed service line and removed all water and debris from site. Damaged lateral replaced with PVC pipe and repltched. 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.



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

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

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

Signature of Authorized Representative

7/7/2017

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA Contact

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

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

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. 3) No answer
E. 5) Freeded many Francis size

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

1	Messachusetts Department of Environmental Protection Bureau of Resource Protection —Watershed Permitting Program Sanitary Sawer Overflow (SSO) Bypass					FOR DEP USE ONLY	
	N	otification Form	• • • • •	A SECTION OF	Tex.Mer	(Nortlan III	ember
	Ā	Reporting Facility	*			-	
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grift. amp pointegrium.	,2		អនុរាធិនាជ Foren:				
<b>A</b>		William First Name	Brenton.		546 8736		
William)		Interior Supervisor	Coultians	Wittenhore(hiscitule)	phone (So.		
1	-	70%		R-mail Address	ANTHON		
	В	Phone Notifications	<b>.</b>				
See DEF	1.	MacaDEP staff contacted:	Dave	Burm			
Received Cities	••		7/6/2017	100 Fermi			
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going" This folice and frame	2,	EPA Matt contacted:	Davo first same	Dirin			_
		beliefmiliet many and any	7/5/2017	2:10			
		Date/Time EPA contacted:	Clebq	Their	····	<b>—</b>	🔯 prot
	3,	Board of Hoelth contacted:	Jennifer Firstitum	Kanle Leri Keme		_	_
		Disto/Time contricted:	7/1/2017	9:22		200	-
		2. 2.11	Date	Tine		652 ew	- Dba
	Æ,	Officer (solog) boildon molffo.	epply);	Conservation Commi	stion		
		☐ Harbormaster ☐ SI	neillsh Werden	Ovision of Marino Fla	tieries		
		Downstream Orleiding Wa	ier Suppilar 🔲	Watershood Association			
		Bouch Resource Manage		Director of Public Wi	odia		
	F	. 880 Information		(specify)	-		-
	-	· ooo ninomiddon	satistic co	1.00			
	1.	SSO Discovered;		7 Pisase see 12:30		O 400	<b>2</b> ~
		By: Maco Angland, on c		The animal Principle			
			zenis:				
	2	SSO Stopped:	7/6/2013 Optia	Drite		T m	120 pe
	3	. SSO Discharge from: [] :	Spritary Sener Ha	ndola. 🗓 Europ State	MA.		
		Backup Into Property	Oline:	Pipe collapso, disch	otge from r	oed surk	CB
	4	. SSO Discharge to: 🛛 Gro	and Startagia from an				
	,	Direct to Reculving Weter					
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		Calch back to Receiving		(sorfers yeaks)			
		☐ Backup lolo Property Ba	<b>Insma</b> e				
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\* \* \* Communication Result Report (Jul. 7, 2017 3:34PM) \* \* \*

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

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

Reason for error

E. 1) Hang up or line fail

E. 3) No answer

E. 3 No answer

E. 2) Busy E. 4) No farsimile consection

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	Ā.	Reporting Facility				-
espontant Whan ting out forms						
in the commission	4.	Facility Information	والمواصوات		434	
es only the lab		Town of Scharlo, Westewster Reporting Sever Authority	Treatment Plant		MA0102695	
es gastayna) sinca - sas brit	2.	Authorized Representative To	anamillinia Fiam:			
4:		William	Branton	781-6	46-0730	
		First Nacce	Last Harne	.Tglepa	otte No:	
		Interim Supervisor		Williamone Schusterile Emel Address	Laov	
-0	B	Phone Notifications		Substantia		
	-					
N DEP	1.	Manachter statt contacted:	Dave	Intres	·	
gard Diles		Date/Time contacted:	7/5/2017	2:02		
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edit Garan da Anim	2	EPA steff contacted:	Daye fot name	Turlo		
			7/5/2017	instrueran 2:10		
		Date/Time EPA contacted:	Dolo Dolo	- <u>Z:10</u>	D=p	图字
		Board of Health contacted:	Janoffer	Kitele		
	Œ,	raduals or Material exturaction:	First News	Lest Name		
		Date/fine contacted:	711/2017	9-22	agri	en.
		☐ Hinhomoster ☐ S ☐ Downstream Orinking W		] Division of Maxina Fluti Nationshed Association	eries;	
		These Resource Marcon	or 52 Others	Director of Public War	ks	
	1	☐ Betch Resource Minnap	er 🖾 Other:	Director of Public Wor (specify)	ks .	
	Č	☐ Beach Resource Monago 5. 580 Information	er 🗵 Other:		ksi	
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		. 880 Information	7/4/2017 comment	Please see 12:30		<b>Z</b> per
		. 880 Information	7/4/2017 comment call operator	Please see 12:30		<b>Z</b> per
	ï.	5. 550 Information  SEC Discovered:  By: Mite Analond, on-	7/4/2017 comment	Please see 12:30		
	1.	BSO Information  880 Discovered:  By: Mile Amsterd, on-	7/4/2017 Comment call operator 7/4/2017 Date	(specify)  Please sep 12:30 s section temp		
	1.	5. 550 Information  SEC Discovered:  By: Mite Analond, on-	7/4/2017 Comment call operator 7/4/2017 Date	(spacky)  *Pleased evg 12:30 section  *Three hole   Pump Station		Di pe
	1.	BSO Information  880 Discovered:  By: Mile Amsterd, on-	7/4/2017 comment coll operator 7/4/2017 Cole	Please sep 32-30 ima 3 section ima 4 ima 5 ima 5 ima 6		D) pro
	ī. 2	SSO Information SSO Discorned: By: Mike Analond, on- SSO Slopped: SSO Discharge from: [7]	7/4/2017 comment cost operator 7/4/2017 Costs Special Cost	Please ses 12-30 s section time  Three hole I Pump Station Pipe collapse, diachs (pacety)		<b>5</b> 0 pm
	ī. 2	i. 850 Information  850 Disconnect:  By: Mike Ampland, on  850 Stopped:  850 Utscharge from: [1]  [1] Backup Into Property	Ti4/2017 comment cost operator Ti6/2017 Data Sanitary Severa Man	(specty)  *Please ses 12-20 ****  ****  ****  ****  ****  ****  ****		D) pro
	ī. 2	i. 850 Discommedia  850 Discommedia  By: Milita Angland, one  850 Stoppedi  850 Discharge from: [1]  [1] Backup Into Propinty  850 Discharge for [2] Ser  [1] Utraci (a Receiving West	Tid 2017 comment con operator Tid 2017 Comment Con operator Tid 2017 Con	(specty)  "Please ses 12-20 tms  "Three hole   Funo Station Plue Glapse, dische (secso) sesse to suntaco walter)		D) pro
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# Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanitary Sower Overflow (SSOVBypass

# 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, WWTP			MA0102695					
	Reporting Sewer Authority			Permit #					
2.	Authorized Representative Tra	nsmitting Form:							
	Wiliam	Branton	781	-545-8736					
	First Name	Last Name	Tele	phone No.					
	Interium Supervisor / Chief Ope	erato	wbranton@scituatem	a.gov					
	Title		E-mail Address						
В.	<b>Phone Notifications:</b>								
		Dave	Burns						
1.	MassDEP staff contacted:	first name	last name						
		3/3/2018	5:43		<b>N</b>				
	Date/Time contacted:	Date	Time	ar	n 🛛 pm				
		Dave	Turin						
2.	EPA staff contacted:	first name	last name						
		3/3/2018	5:45	_					
	Date/Time EPA contacted:	Date	Time	ar 🗀	n ⊠pm				
		Jenn	Keefe						
3.	Board of Health contacted:	First Name	Last Name	**************************************					
		3/3/2018	5:52	_	_				
	Date/Time contacted:	Date	Time	aı	n 🛛 pm				
4.	Others notified (select all that a	apply);	☐ Conservation Commis	ssion					
	☐ Harbormaster ☐ Sh	ellfish Warden	Division of Marine Fisl	heries					
	☐ Downstream Drinking Water	er Supplier 🔲 \	Watershed Association						
	☐ Beach Resource Manager	Other:	DPW Director (specify)						
C,	SSO Information								
		3/3/2018	3:00	_	,a				
1.	SSO Discovered:	Date	Time	a	n 🛛 pm				
	Homeowner								
	By:								
_	000 01	3/3/2018	4:51	— Па	n 🛛 pm				
2.	SSO Stopped:	Date	Time	[_] \$1	ıı ⊠ buı				
3.	SSO Discharge from:	anitary Sewer Man	hole	n					
	☑ Backup into Property  ☐	Other:	(specify)						
4.	SSO Discharge to: Groun	d Surface (no relea	ase to surface water)						
	☐ Direct to Receiving Water								
	☐ Difect to Mederaling Mater	•	(surface water)						

☐ Catch basin to Receiving Water

(surface water)



SSO37OceansideDriveMarch2018 • rev. 01/2018

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

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

FOR	DEP	LISE	ONLY	1
FUL	DEF		CINE	

Tax Identification Number

C,	SSO Information (cont.)		
	37 Oceanside Drive		
	(Description of discharge	e site or closest addres	
5.	Estimated SSO Volume at time of	f this Report:	5,000 gallons
	Method of Estimating Volume:		Approximation based on conversation with homeowner.
6.	Cause of SSO Event:		
	☐ Rain Event ☐ Pump St	ation Failure 🔲	Insufficient Capacity in System
	☐ Treatment Unit failure		
	Sewer System Blockage: [	Pipe Collapse	☐ Root Intrusion ☐ Grease Blockage
	Other: Unprecedented of (Specify)	coastal flooding	
7.	Corrective Actions Taken:		
six ma	feet of ocean flood waters surrour	ding station. Opera	s area of the collection system. Pump station had ators gained access to station to preform djustments to increase the flow rate from the Sand
	Impact Area cleaned and/or disin Area immediately pumped out. At to restore area.		om homeowner and professional cleaning service
	Corrective Actions Completed:	⊠ Ye	s 🗌 No
	Pump was found to be overheating impeller was found to be damage	ng. Needed to be ded but still operation	le-raged, regreased. While deragging pump nal.
D	Comments/Attachmer	nts/Follow-up	)
	I wish to provide (select all that a	pply):	
	Attachment  Additional com	ments below:	No additional comments or attachments
	Additional comments and planne	d actions:	
	severity of ocean flooding. Scitua	ite is also in the pla	a walls in this area to prevent or reduce the anning stages of replacing gravity sewers in this h would not be subject to the same type of



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

FOR DEP USE ONLY

Tax Identification Number

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

#### E. Certification Statement

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

Signature of Authorized Representative

3/9/2018

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA** 

Phone: 617-918-1510

**EPA for Southeast** 

Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast,

Central and Western Phone: 617-918-1747 Regions, Douglas

Koopman

Fax: 617-918-0747

DEP 24-hour emergency



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

### FOR DEP USE ONLY

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

Tax Identification Number

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





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

A.	Reporting Facility				
1.	Facility Information				
	Town of Scituate Waste Water	Treatment Plant	MA0102	2695	
	Reporting Sewer Authority	Treatment idit	Permit #		
2.	Authorized Representative Train	nsmitting Form:	*t		
	William	Branton	781-545-8736		
	First Name	Last Name	Telephone No.		
	Interium Supervisor / Chief Ope	erato	wbranton@scituatema.gov		
	Title		E-mail Address		
В.	Phone Notifications:	•			
4	Manager and a second	Dave	Burns		
1.	MassDEP staff contacted:	first name	last name		
	Date/Time contacted:	3/5/2018	2:25	□am	mq 🔀
	Date/Time contacted.	Date	Time	a	E-SI PIII
2.	EPA staff contacted:	Dave	Turin		
۷.	El Adail contactos.	first name	last name		
	Date/Time EPA contacted:	3/5/2018	2:30 Time	am am	🛛 pm
		Date	Keefe		
3.	Board of Health contacted:	Jenn First Name	Last Name		
		3/5/2018	2:42		_
	Date/Time contacted:	Date	Time	am	🛛 pm
4.	Others notified (select all that a	pply);	Conservation Commission		
		ellfish Warden	Division of Marine Fisheries		
	Downstream Drinking Water	er Supplier 🔲 Wa	tershed Association		
	☐ Beach Resource Manager	Other:	DPW Director		
_	46		(specify)		
C.	SSO Information				
	SSO Discovered:	3/5/2018	3:00	□am	pm pm
1.	550 Discovered.	Date	Time	a	K-Zi bitt
	By: William Branton	1000			
7	SSO Stopped:	3/8/2018	11:25	⊠ am	pm pm
2.	SSO Stopped.	Date	Time	E'A Brill	p
3.	SSO Discharge from:   Sa	anitary Sewer Manhol	•		
1	☐ Backup into Property  区	Other:	Partial bypass around sand filters (specify)		
4.	SSO Discharge to: Groun	d Surface (no release	e to surface water)		
	☑ Direct to Receiving Water		Herring River *Indirect bypass still treatment.	recieve	)S
	☐ Catch basin to Receiving V	Vater	(surface water)		

☐ Backup into Property Basement



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

Sanitary Sewer Overflow (SSO)/Bypass

FOR DEP USE ONLY

Tax Identification Number **Notification Form** C. SSO Information (cont.) Scituate WWTP 161 Driftway, Scituate MA, 02066 \*Tertiary Sand Filters Location: (Description of discharge site or closest address) 1,629,570 5. Estimated SSO Volume at time of this Report: Mag Meter Method of Estimating Volume: 6. Cause of SSO Event: ☐ Pump Station Failure Insufficient Capacity in System Rain Event ☐ Treatment Unit failure Sewer System Blockage: Pipe Collapse Root Intrusion Grease Blockage Sand Filters can not sustain high flows after plant inflow becomes surcharged. Other: 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 systain filter operation is bypassed. Bypass flow rate was constantly adjusted throughout the event to maximize the amount of flow passing through the sand filters. ✓ Yes ☐ No Impact Area cleaned and/or disinfected: 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 entercoccus coliforms. The geometric mean for fecal coliforms for the week was: 0.28 / 100mls sampled and entercoccus coliforms 0 / 100 mls sampled. ☐ No Corrective Actions Completed: D. Comments/Attachments/Follow-up I wish to provide (select all that apply): ■ No additional comments or attachments ☐ Attachment ☐ Additional comments below: 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**

FOR DEP USE ONLY

Tax Identification Number

#### E. Certification Statement

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

Signature of Authorized Representative

3/12/2018

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

**EPA** 

Phone: 617-918-1510

**EPA for Southeast** Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast.

Central and Western

Regions, Douglas

Koopman

Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour

emergency



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

FOR DEP USE ONLY

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

Tax Identification Number

#### A. Reporting Facility

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



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

1.	Facility Information				
	Town of Scituate Waste Water Reporting Sewer Authority	Treatment Plant	MAC Perm	102695 it#	
2.	Authorized Representative Tra	nsmitting Form:			
	William	Branton	781-545-873	6	
	First Name	Last Name	Telephone No.		
	Interium Supervisor / Chief Op	erato	wbranton@scituatema.gov		
	Title		E-mail Address		
B.	<b>Phone Notifications:</b>		di .		
	à	Dave	Burns		
1.	MassDEP staff contacted:	first name	last name		
		3/8/2018	3:30	_	_
	Date/Time contacted:	Date	Time	∐ am	<b>⊠</b> pm
2		Dave	Turin		
2.	EPA staff contacted:	first name	last name		
		3/8/2018	3:33	_	577
	Date/Time EPA contacted:	Date	Time	am	<b>⊠</b> pm
		Jenn	Keefe		
3.	Board of Health contacted:	First Name	Last Name		
		3/8/2018	3:28		
	Date/Time contacted:	Date	Time	am	⊠ pm
4.		ellfish Warden	Conservation Commission   Division of Marine Fisheries		
	☐ Downstream Drinking Water	er Supplier 🔲 🗤	atershed Association		
	☐ Beach Resource Manager	Other:	DPW Director (specify)		
C.	SSO Information		•		
	000 Discoursely	3/8/2018	1:30		<b>5</b> 2
1.	SSO Discovered:	Date	Time	L am	⊠ pm
	Plant Operator				
	By:				
2	CCO Ctannadi	3/8/2018	2:30	Пат	⊠ pm
2.	SSO Stopped:	Date	Time	∐ am	₩ ÞIII
3.	SSO Discharge from: 🛛 Sa	anitary Sewer Manho	ele Pump Station		
	☐ Backup into Property ☐	Other:	(specify)		
4.	SSO Discharge to: 🛛 Groun	d Surface (no releas	e to surface water)		
	☐ Direct to Receiving Water		(surface water)		
	☐ Catch basin to Receiving \	Vater	Tidal creek to Kent Street Mars (surface water)	hes	

☐ Backup into Property Basement



# Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanifary Sower Overflow (SSOVRypass

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

Tax Identification Number

Troution Form	
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:	,100 gallons
Method of Estimating Volume:	WRC Spill Estimate Charts
6. Cause of SSO Event:	
☐ Rain Event ☐ Pump Station Failure ☐ Ir	nsufficient 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 surchar needed to take one of the influent pumps offline to remove before the pump failed. The pump was offline for the short in those brief moments the surcharged flows overflowed from	rags and preform maintenance on the pump est amount of time possible for the service, but
Impact Area cleaned and/or disinfected:   Lime applied to area and area scooped and cleared of  Corrective Actions Completed:   Yes  D. Comments/Attachments/Follow-up  I wish to provide (select all that apply):  ☐ Attachment ☐ Additional comments below: ☐ N  Additional comments and planned actions:	□ No soil and debris. □ No □ No



### Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management 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

3/12/2018

Date Signed

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

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

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA

Phone: 617-918-1510

EPA for Southeast

Region, David Turin

Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast.

Central and Western

Regions, Douglas

Koopman

Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour

emergency



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

#### Sanitary 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





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

	Town of Scituate, Waste Wate	er Treatment Plant		MA0102695		
	Reporting Sewer Authority			Permit #		
2.	Authorized Representative Tr	ansmitting Form:				
	William	Branton	781-5	45-8736		
	First Name	Last Name	Teleph	one No.		
	Interium Supervisor / Chief Op	perato	wbranton@scituatema.	gov		
	Title		E-mail Address			
В.	Phone Notifications	e •				
1.	MassDEP staff contacted:	Dave	Burns			
١.	MASSIEF STATE CONTROCTED.	first name	last name			
	Date/Time contacted:	3/4/2018	4:10	— Пат	⊠ pm	
	Duter I III/O contactou.	Date	Time	a	EZI PIII	
2.	EPA staff contacted:	Dave	Turin			
		first name	last name			
	Date/Time EPA contacted:	3/4/2018	4:14	am	⊠ pm	
		Date	Time			
3.	Board of Health contacted:	Jenn First Name	Keefe Last Name			
			4:20			
	Date/Time contacted:	3/4/2018 Date	Time	am	⊠ pm	
4.	Others notified (select all that  Harbormaster	apply);	Conservation Commissi			
	☐ Downstream Drinking War		_ /atershed Association			
		F72	DPW Director			
	☐ Beach Resource Manage	r 🔯 Other:	(specify)			
C.	SSO Information					
4	SSO Discovered:	3/4/2018	10	am		
1.	SSO Discovered.	Date	Time	△ am	pm	
	By: WWTP Operator					
2.	SSO Stopped:	3/5/2018	5:45	am	m pm	
۷.	оос оторреа.	Date	Time		EZI PIII	
3.	SSO Discharge from:	anitary Sewer Manh	ole			
	☐ Backup into Property ☐	Other:	(specify)			
4.	SSO Discharge to: Grou	nd Surface (no relea	se to surface water)			
	☐ Direct to Receiving Water		(surface water)			
		Water	Scituate Harbor and / o	r Sand Hills Beach	storm	

☐ Backup into Property Basement



## Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Senitory Source Overflow (SSO)/Pypage

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Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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Tax Identification Number

C. SSO Information (cont.) Manhole immediately infront of Sand Hills Pump Station, at 89 Scituate Ave, Scituate Location: MA, 02066 103,750 \* see comments 5. Estimated SSO Volume at time of this Report: CWRC spill estimation chart Method of Estimating Volume: 6. Cause of SSO Event: Pump Station Failure Insufficient Capacity in System Rain Event ☐ Treatment Unit failure ☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage Historic repeated coastal flooding at every high tide for several days in a row. Other: (Specify) 7. Corrective Actions Taken: Pump at station malfuctioned 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 ontop 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 signifigantly higher but unable to estimate due to flood waters. Impact Area cleaned and/or disinfected: ☐ No Area severaly flooded and washed out during and after the overflow event. Once the area was afe 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 resiliancy against storm flows. The station was upgraded last year to include a standby duty pump. In FY19 one of the remaining old pumps will be rebuilt or replaced. Flood doors will be added to the building to prevent flood water from entering the station/well via the doors. Scituate in FY19 is going to be replacing an

area of gravity sewers that send flows to this station. We estimate to remove over 40,000 gallons of daily I/I flows with this project. Pending results additional force mains will be installed in this area.



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

FOR DEP USE ONLY

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

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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

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