

# Sanitary Sewage Overflow Notification Summary Report

Form 3400-184 (R 7/17) Page 1 of 2

**Notice:** An overflow is defined as a release of wastewater from a sewage collection system (SSO) or from a location within a sewage treatment facility (TFO) other than a permitted outfall structure, directly to a water of the state or land surface. Pursuant to s. 283.55(1)(dm), Wis. Stats., s. NR 210.21(4)(5)(6) Wis. Adm. Code and in accordance with reporting requirements in your WPDES permit, permittees shall submit a written report form for each overflow. This record is used to administer the water quality program, and any personally identifiable information may be provided to requesters as required under the Wisconsin Open Records law (ss. 19.31–19.39, Wis. Stats.).

- Sanitary Sewer Overflow (SSO)**  
 **Treatment Facility Overflow (TFO)**

**Use one form per SSO location.** Submit within five calendar days to your Department wastewater representative. Attach additional information as necessary to explain or document each overflow occurrence. A single SSO may be more than one day if the circumstance causing the overflow results in discharge duration more than 24 hours. If there is a stop and restart of the overflow within 24 hours, but it's caused by the same circumstances, report it as one SSO. If the discharges are separated by more than 24 hours, they should be reported as separate SSOs.

## Notifications

### Department Notification

Permittee (Municipality or Facility Name) City of Mequon	Permit No. GP WI-0047341-05
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Person Who Contacted the DNR

Kevin Driscoll	DNR Person Contacted	Date (mm/dd/yyyy)	Time of Day	Within 24 hours?
Jacob Wedesky		05/18/2020	9:00 <input checked="" type="radio"/> am <input type="radio"/> pm	<input checked="" type="radio"/> Yes <input type="radio"/> No

### Public Notification

Date (mm/dd/yyyy)	How the Public was Notified
05/18/2020	Mequon Weekly Bulletin and City's Website

Describe the actual or potential for human exposure or contact with overflowing wastewater

Overflows pumped into drainage swale

Other Notifications (if applicable)	Drinking Water Intake Owner	Date (mm/dd/yyyy)
	Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek	05/18/2020
	Regional Wastewater Treatment Facility	Date (mm/dd/yyyy)
	Milwaukee Metropolitan Sewerage District	05/18/2020

(Satellite collection permittees are required to submit a copy of this report to the regional plant to which they discharge.)

### Wet Weather Information (if applicable)

Was this overflow wet weather related?  Yes  No (skip this section)

Rainfall Start:	05/17/2020	1:30	<input type="radio"/> am <input checked="" type="radio"/> pm	4.1	inches
	Date (mm/dd/yyyy)	Start Time		Rainfall Amount	
Rainfall End:	05/18/2020	3:00	<input checked="" type="radio"/> am <input type="radio"/> pm		
	Date (mm/dd/yyyy)	End Time			

Contributing Soil or Other Conditions (saturated, frozen, soil type, snowmelt, etc.): Saturated conditions

### Overflow Details

Location (Street Address)		
Lift Station "C" 11101 River Road, Mequon		
Location (GPS coordinates, WGS84 standard coordinate system)	Latitude:	Longitude:
	43.22 (e.g. 43.075350)	-87.964 (e.g. -89.379770)

Overflow Start:	05/17/2020	4:15	<input type="radio"/> am <input checked="" type="radio"/> pm	2	hours	48,000	gallons
	Date (mm/dd/yyyy)	Start Time		Duration		Volume	
Overflow End:	05/17/2020	6:15	<input type="radio"/> am <input checked="" type="radio"/> pm				
	Date (mm/dd/yyyy)	End Time					

<b>Cause:</b> (select all that apply)	<b>Overflow Occurred From:</b> (select only one)
<input checked="" type="checkbox"/> Rain	<input checked="" type="radio"/> Lift Station – Name: <u>Lift Station "C" 11101 River Road</u>
<input type="checkbox"/> Snow Melt	<input type="radio"/> Manhole – MH#: _____
<input type="checkbox"/> Flooding	<input type="radio"/> Gravity Sewer Pipe
<input type="checkbox"/> Power Outage	<input type="radio"/> Pressure Sewer Pipe (Forcemain)
<input type="checkbox"/> Other–Explain: _____	<input type="radio"/> River or Stream Crossing – Select one: <input type="radio"/> Forcemain <input type="radio"/> Siphon
	<input type="checkbox"/> Permanent Overflow Structure
	<input type="radio"/> Treatment Plant Unit or Pipe: _____
	<input type="radio"/> Other: _____

**Destination:** (select all that apply)

Ditch – Name of surface water it drains to: Milwaukee River

Storm sewer – Name of surface water it goes to: \_\_\_\_\_

Surface water – Name of waterbody: \_\_\_\_\_

Ground – Seeps into soil: \_\_\_\_\_

Other – Describe: \_\_\_\_\_

**Overflow Explanation** (This includes any information, whether the overflow was unavoidable to prevent loss of life, personal injury, or severe property damage and whether there were feasible alternatives to the overflow.)

Heavy rains over a short period of time caused high alarms at lift stations and surcharging in the system. Bypass pumping is set up when critical elevations in the manholes or wet wells are exceeded. Suction is set at levels to bypass critical elevations to avoid basement back-ups

**Immediate Corrective Action and Steps Taken to Reduce this Overflow Volume and Impacts**

Bypass pumping is set up when critical elevations in the manholes or wet wells are exceeded. Suction is set at levels to bypass critical elevations to avoid basement back-ups

**Long Term Plan to Reduce, Eliminate, Prevent Reoccurrence of this Overflow**

- The City has an annual program to rehabilitate sanitary sewers with the installation of cured-in-place pipe lining in the mainlines and to seal manholes to remove infiltration.
- The City has a program to reduce private property inflow and infiltration from entering the sanitary sewer system, and continues to implement projects in prioritized areas.
- The East Trunk Relief Sewer construction added capacity to the sanitary sewer system and was completed in 2019. .
- A condition assessment for the Ranch Road Lift Station "E" has begun to evaluate upgrades and improvements.

**Building Backups**

Number of building backups occurring during this time in Area of Overflow: 2 +

Locations of Building Backups: 4223 W. Scenic Avenue  
(list each one) 4212 W. SCENIC AVE.

**Certification**

Authorized Representative Name	Authorized Representative Title
Kevin Driscoll	Deputy Director of Utilities
Email Address	Phone Number
kdriscoll@ci.mequon.wi.us	(262) 236-2937

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.

Kevin Driscoll                      05/18/2020  
Signature of Authorized Representative                      Signed Date (mm/dd/yyyy)

**Note: Submit this form to your DNR wastewater representative. Permittees who are required to submit monthly Discharge Monitoring Reports (DMRs) shall report this overflow on the DMR.**

<b>DNR Follow-Up Action (DNR Use Only)</b>	
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