

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
---	--------------------------------

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

Public Notification

Date (mm/dd/yyyy) 05/18/2020	How the Public was Notified Mequon eNews 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 Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek	Date (mm/dd/yyyy) 05/18/2020
	Regional Wastewater Treatment Facility Milwaukee Metropolitan Sewerage District	Date (mm/dd/yyyy) 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 12:00 <input checked="" type="radio"/> am <input type="radio"/> pm	4.1 inches
Date (mm/dd/yyyy) Start Time	Rainfall Amount
Rainfall End: 05/18/2020 8:00 <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 "J" 515 Cedar Lane, Mequon

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: 43.2 (e.g. 43.075350)	Longitude: -87.902 (e.g. -89.379770)
--	------------------------------------	---

Overflow Start: 05/17/2020 5:00 <input type="radio"/> am <input checked="" type="radio"/> pm	3 hours	30,000 gallons
Date (mm/dd/yyyy) Start Time	Duration	Volume
Overflow End: 05/17/2020 8:00 <input type="radio"/> am <input checked="" type="radio"/> pm		
Date (mm/dd/yyyy) End Time		

Cause: (select all that apply) <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Plugged Pipe <input type="checkbox"/> Snow Melt <input type="checkbox"/> Broken Pipe <input type="checkbox"/> Flooding <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Power Outage <input type="checkbox"/> Contractor Related <input type="checkbox"/> Other—Explain: _____	Overflow Occurred From: (select only one) <input checked="" type="radio"/> Lift Station – Name: <u>Lift Station "J" 515 Cedar Lane</u> <input type="radio"/> Manhole – MH#: _____ <input type="radio"/> Gravity Sewer Pipe <input type="radio"/> Pressure Sewer Pipe (Forcemain) <input type="radio"/> River or Stream Crossing – Select one: <input type="radio"/> Forcemain <input type="radio"/> Siphon <input type="radio"/> Permanent Overflow Structure <input type="radio"/> Treatment Plant Unit or Pipe: _____ <input type="radio"/> Other: _____
--	---

