



11333 N. Cedarburg Rd 60W
Mequon, WI 53092-1930
Phone (262) 236-2934
Fax (262) 242-9655
mseidl@ci.mequon.wi.us

www.ci.mequon.wi.us

PUBLIC WORKS/ENGINEERING

January 28, 2021

JACOB WEDESKY
WISCONSIN DEPARTMENT OF NATURAL RESOURCES
2300 NORTH DR. MARTIN LUTHER KING JR. DRIVE
MILWAUKEE, WI 53212

Subject: Sanitary Sewer Overflow Notification Summary Report

Mr. Wedesky:

Please find the enclosed Sanitary Sewer Overflow Notification Summary Report in response to a sanitary force main break on Wednesday, January 27 from the City's Lift Station "Q" located on County Line Road.

Please email kdriscoll@ci.mequon.wi.us or call (262) 236-2937 with any questions.

Sincerely,

Kevin Driscoll, P.E.
Deputy Director of Utilities

Cc: Kristen Lundeen – Director of Public Works / City Engineer

Sanitary Sewage Overflow Notification Summary Report

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.)."

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	Date (mm/dd/yyyy) 01/27/2021	Time of Day 12:00	<input checked="" type="radio"/> am <input type="radio"/> pm	Within 24 hours? <input checked="" type="radio"/> Yes <input type="radio"/> No
DNR Person Contacted Jacob Wedesky				

Public Notification

Date (mm/dd/yyyy) 01/28/2021	How the Public was Notified Mequon Weekly Bulletin and City's Website
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Describe the actual or potential for human exposure or contact with overflowing wastewater

Force Main break within drainage ditch along north side of County Line Road near Garden Drive

Other Notifications (if applicable)	Drinking Water Intake Owner Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek	Date (mm/dd/yyyy) 01/27/2021
	Regional Wastewater Treatment Facility Milwaukee Metropolitan Sewerage District	Date (mm/dd/yyyy) 01/27/2021

(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: _____ am pm _____ inches
 Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: _____ am pm _____
 Date (mm/dd/yyyy) End Time

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

Overflow Details

Location (Street Address)
5300 W. County Line Road

Location (GPS coordinates, WGS84 standard coordinate system) Latitude: 43.19167 Longitude: -87.975
 (e.g. 43.075350) (e.g. -89.379770)

Overflow Start: 01/27/2021 10:30 am pm
 Date (mm/dd/yyyy) Start Time

Overflow End: 01/27/2021 2:30 am pm
 Date (mm/dd/yyyy) End Time

Duration: 4 hours Volume: 1,720 gallons

Cause: (select all that apply) <input type="checkbox"/> Rain <input type="checkbox"/> Snow Melt <input type="checkbox"/> Flooding <input type="checkbox"/> Power Outage <input type="checkbox"/> Other—Explain: _____ <input type="checkbox"/> Plugged Pipe <input checked="" type="checkbox"/> Broken Pipe <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Contractor Related	Overflow Occurred From: (select only one) <input type="radio"/> Lift Station – Name: _____ <input type="radio"/> Manhole – MH#: _____ <input type="radio"/> Gravity Sewer Pipe <input checked="" 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: _____
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Destination: (select all that apply)

Ditch – Name of surface water it drains to: Tributary 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.)
 Force Main break of ductile iron pipe built in 1971 may be attributed to frozen soil.

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

On 1/27/2021, the City's underground contractor was contacted and completed a spot repair of the force main.

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

Replacement of this lift station force main is a priority for the City. Staff has included replacement of this force main as part of its 5-year Capital Improvement program, and is moving forward with replacement in addition to addressing any utility relocation costs and pavement replacement in County Line Road near the railroad corridor.

Building Backups

Number of building backups occurring during this time in Area of Overflow: 0

Locations of Building Backups:
(list each one)

Certification

Authorized Representative Name Kevin R. Driscoll	Authorized Representative Title Deputy Director of Utilities
Email Address kdriscoll@ci.mequon.wi.us	Phone Number (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 R. Driscoll 01/28/2021
 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.

DNR Follow-Up Action (DNR Use Only)	
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