



11333 N. Cedarburg Rd 60W
Mequon, WI 53092-1930
Phone (262) 236-2937
Fax (262) 242-9655
kdriscoll@ci.mequon.wi.us

www.ci.mequon.wi.us

PUBLIC WORKS/ENGINEERING

August 11, 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:

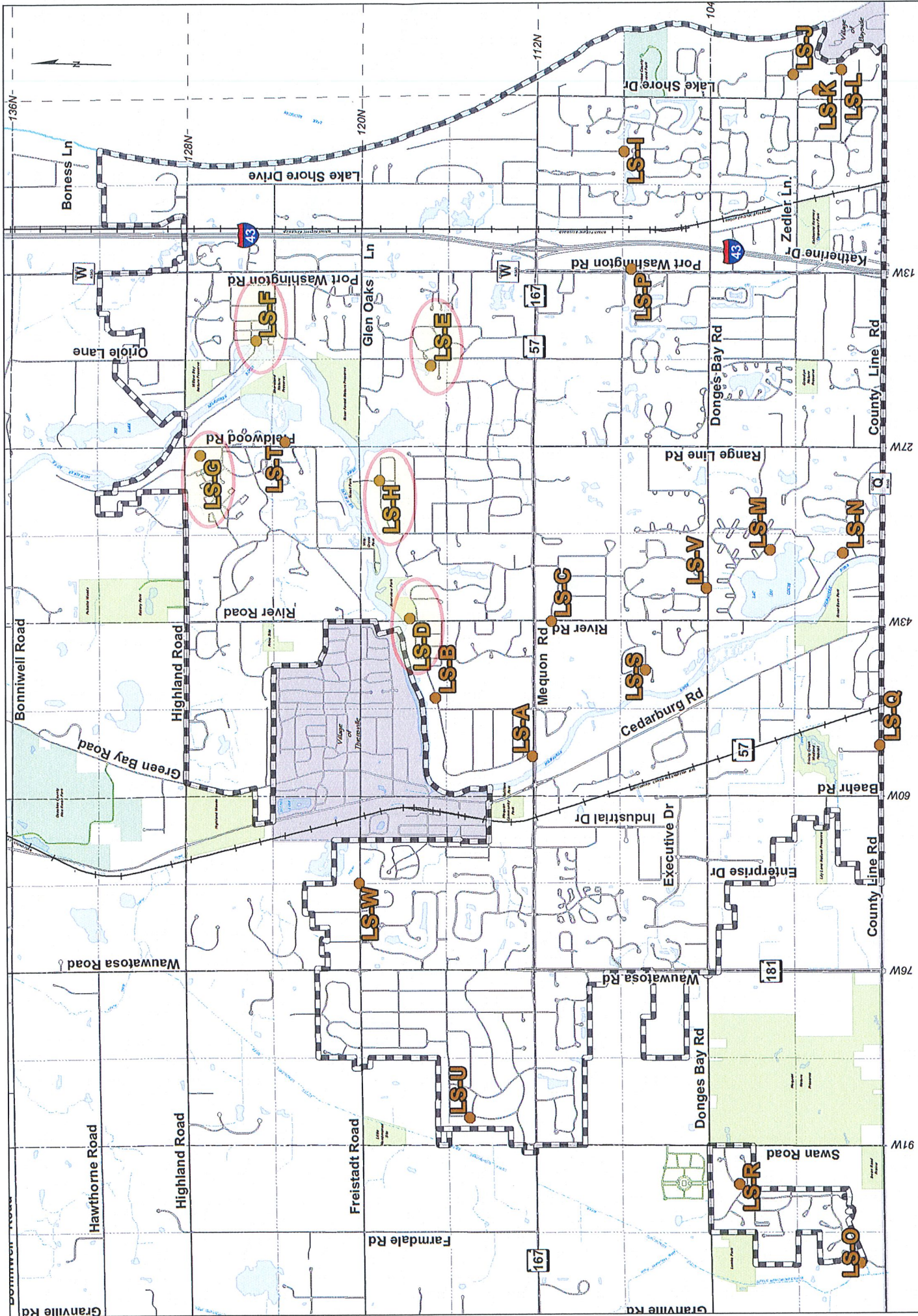
Please find the enclosed Sanitary Sewer Overflow Notification Summary Reports following wet weather bypassing on Sunday, August 8 from five City of Mequon Sanitary Lift Stations as shown on the enclosed map.

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



8/8/2021 550 LOCATIONS - LS A, E, F, G, H

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.

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

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) 08/08/2021	Time of Day 11:30	<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) 08/10/2021	How the Public was Notified 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	08/08/2021
	Regional Wastewater Treatment Facility	Date (mm/dd/yyyy)
	Milwaukee Metropolitan Sewerage District	08/08/2021

(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: 08/06/2021 6:00 am pm 5.5 inches
Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: 08/08/2021 3:00 am pm
Date (mm/dd/yyyy) End Time

Contributing Soil or Other Conditions (saturated, frozen, soil type, snowmelt, etc.): Saturated soil as a result of previous rain

Overflow Details

Location (Street Address)
11750 N. River Rd

Location (GPS coordinates, WGS84 standard coordinate system) Latitude: 43.2317 Longitude: -87.9633
(e.g. 43.075350) (e.g. -89.379770)

Overflow Start: 08/08/2021 3:00 am pm
Date (mm/dd/yyyy) Start Time

Overflow End: 08/08/2021 5:30 am pm
Date (mm/dd/yyyy) End Time

Duration 2.5 hours Volume 111,900 gallons

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>River Road Lift Station "D"</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: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

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

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) 08/08/2021	Time of Day 11:30 <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) 08/10/2021	How the Public was Notified 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 Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek	Date (mm/dd/yyyy) 08/08/2021
	Regional Wastewater Treatment Facility Milwaukee Metropolitan Sewerage District	Date (mm/dd/yyyy) 08/08/2021

(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: 08/06/2021 6:00 <input type="radio"/> am <input checked="" type="radio"/> pm	5.5 inches
Date (mm/dd/yyyy) Start Time	Rainfall Amount
Rainfall End: 08/08/2021 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 soil as a result of previous rain

Overflow Details

Location (Street Address)
2020 W. Ranch Rd

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: 43.23 (e.g. 43.075350)	Longitude: -87.9347 (e.g. -89.379770)
--------------------------------------------------------------	-------------------------------------	------------------------------------------

Overflow Start: 08/08/2021 2:00 <input checked="" type="radio"/> am <input type="radio"/> pm	6 hours	1,080,000 gallons
Date (mm/dd/yyyy) Start Time	Duration	Volume
Overflow End: 08/08/2021 8:00 <input checked="" type="radio"/> am <input 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>Ranch Road Lift Station "E"</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: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.)

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 Ranch Road Lift Station E is in the City's program to reduce inflow and infiltration, based on the 2019 planning report. Investigations with sewer exams and clear water compliance inspections are planned for fall 2021 and spring 2022. Grouting laterals and mains along with lining mains that require structural rehabilitation is planned for fall 2022-spring 2023. In 2020 a condition assessment was completed and lift station replacement is planned, following site selection.

Building Backups

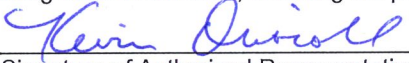
Number of building backups occurring during this time in Area of Overflow: 2

Locations of Building Backups: 1933 W. River Bend Ct.
(list each one) 2028 W. Ranch Rd.

Certification

Authorized Representative Name	Authorized Representative Title
Kevin R. 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.


Signature of Authorized Representative

8/11/2021
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)	
------------------------------------------------	--

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.

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

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) 08/08/2021	Time of Day 11:30	<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) 08/10/2021	How the Public was Notified 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 Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek	Date (mm/dd/yyyy) 08/08/2021
	Regional Wastewater Treatment Facility Milwaukee Metropolitan Sewerage District	Date (mm/dd/yyyy) 08/08/2021

(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: 08/06/2021 6:00 am pm 5.5 inches
 Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: 08/08/2021 3:00 am pm
 Date (mm/dd/yyyy) End Time

Contributing Soil or Other Conditions (saturated, frozen, soil type, snowmelt, etc.): Saturated soil as a result of previous rain

Overflow Details

Location (Street Address)
12439 N. Circle Dr (Riverdale Park Lift Station "F")

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: 43.2444 (e.g. 43.075350)	Longitude: -87.9319 (e.g. -89.379770)
--------------------------------------------------------------	---------------------------------------	------------------------------------------

Overflow Start: 08/08/2021 2:00 am pm 6 hours 356,400 gallons
 Date (mm/dd/yyyy) Start Time Duration Volume

Overflow End: 08/08/2021 8:00 am pm

Date (mm/dd/yyyy) End Time

Cause: (select all that apply)

- Rain Plugged Pipe
 Snow Melt Broken Pipe
 Flooding Equipment Failure
 Power Outage Contractor Related
 Other—Explain: _____

Overflow Occurred From: (select only one)

- Lift Station – Name: _____
 Manhole – MH#: 118.064
 Gravity Sewer Pipe
 Pressure Sewer Pipe (Forcemain)
 River or Stream Crossing – Select one: Forcemain Siphon
 Permanent Overflow Structure
 Treatment Plant Unit or Pipe: _____
 Other: _____

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.)

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 Riverdale Park Lift Station "F" is in the City's program to reduce inflow and infiltration, based on the 2019 planning report. In 2020 investigation was completed following exams and clear water compliance inspections in 2021. Grouting laterals and mains along with lining mains that require structural rehabilitation is planned for spring 2022.

The Riverdale Park Lift Station "F" had a recent condition assessment begin in 2021, and planning for implementing recommendations is anticipated.

Building Backups

Number of building backups occurring during this time in Area of Overflow: 4

Locations of Building Backups: 2024 W. Highland Rd., 12445 N. Center Dr.
(list each one) 12641 N. River Forest Dr., 12632 N. River Forest Dr.

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.


Signature of Authorized Representative

8/11/2021
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)

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

Person Who Contacted the DNR
Kevin Driscoll

DNR Person Contacted Jacob Wedesky	Date (mm/dd/yyyy) 08/08/2021	Time of Day 11:30	<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) 08/10/2021	How the Public was Notified 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 Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek	Date (mm/dd/yyyy) 08/08/2021
	Regional Wastewater Treatment Facility Milwaukee Metropolitan Sewerage District	Date (mm/dd/yyyy) 08/08/2021

(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: 08/06/2021 6:00 am pm 5.5 inches
 Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: 08/08/2021 3:00 am pm
 Date (mm/dd/yyyy) End Time

Contributing Soil or Other Conditions (saturated, frozen, soil type, snowmelt, etc.): Saturated soil as a result of previous rain

Overflow Details

Location (Street Address)
12735 N. Fieldwood Dr.

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: <u>43.2494</u> (e.g. 43.075350)	Longitude: <u>-87.945</u> (e.g. -89.379770)
--------------------------------------------------------------	----------------------------------------------	------------------------------------------------

Overflow Start: 08/08/2021 3:15 am pm
 Date (mm/dd/yyyy) Start Time

Overflow End: 08/08/2021 4:45 am pm
 Date (mm/dd/yyyy) End Time

Cause: (select all that apply) **Overflow Occurred From:** (select only one)

- Rain
- Snow Melt
- Flooding
- Power Outage
- Other—Explain: _____
- Plugged Pipe
- Broken Pipe
- Equipment Failure
- Contractor Related

- Lift Station – Name: Fieldwood Drive Lift Station "G"
- Manhole – MH#: _____
- Gravity Sewer Pipe
- Pressure Sewer Pipe (Forcemain)
- River or Stream Crossing— Select one: Forcemain Siphon
- Permanent Overflow Structure
- Treatment Plant Unit or Pipe: _____
- Other: _____

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.)

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. In addition, the Fieldwood Drive Lift Station "G" had a recent condition assessment begin in 2021, and planning for implementing recommendations is anticipated.

Building Backups

Number of building backups occurring during this time in Area of Overflow: 3

Locations of Building Backups: 12642 N. Yvonne Dr.
(list each one) 12552-12554 W. Woodland Dr. (condo shared lateral)

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.


Signature of Authorized Representative

8/11/2021
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)	
-----------------------------------------------	--

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

Person Who Contacted the DNR
Kevin Driscoll

DNR Person Contacted Jacob Wedesky Date (mm/dd/yyyy) 08/08/2021 Time of Day am pm Within 24 hours? Yes No

Public Notification

Date (mm/dd/yyyy) 08/10/2021 How the Public was Notified 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)
	<u>Milwaukee Water Works, South Milwaukee, Cudahy, Oak Creek</u>	<u>08/08/2021</u>
	<u>Regional Wastewater Treatment Facility</u>	Date (mm/dd/yyyy)
	<u>Milwaukee Metropolitan Sewerage District</u>	<u>08/08/2021</u>

(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: 08/06/2021 6:00 am pm 5.5 inches
Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: 08/08/2021 3:00 am pm
Date (mm/dd/yyyy) End Time

Contributing Soil or Other Conditions (saturated, frozen, soil type, snowmelt, etc.): Saturated soil as a result of previous rain

Overflow Details

Location (Street Address)
2932 W. Riverland Dr

Location (GPS coordinates, WGS84 standard coordinate system) Latitude: 43.2353 Longitude: -87.9475
(e.g. 43.075350) (e.g. -89.379770)

Overflow Start: 08/08/2021 3:00 am pm 1.5 hours 31,500 gallons
Date (mm/dd/yyyy) Start Time Duration Volume

Overflow End: 08/08/2021 4:30 am pm
Date (mm/dd/yyyy) End Time

Cause: (select all that apply) Rain Plugged Pipe Snow Melt Broken Pipe Flooding Equipment Failure Power Outage Contractor Related Other—Explain: _____

Overflow Occurred From: (select only one) Lift Station – Name: Riverland Drive Lift Station "H" Manhole – MH#: _____ Gravity Sewer Pipe Pressure Sewer Pipe (Forcemain) River or Stream Crossing— Select one: Forcemain Siphon Permanent Overflow Structure Treatment Plant Unit or Pipe: _____ Other: _____

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.)

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 Riverland Drive Lift Station H is in the City's program to reduce inflow and infiltration, based on the 2019 planning report. In 2020 investigation was completed following exams and clear water compliance inspections in 2021. Grouting laterals and mains along with lining mains that require structural rehabilitation is planned for spring 2022.

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.


Signature of Authorized Representative

8/11/2021
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)**