



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.



1. Facility Information

City of Attleboro
Reporting Sewer Authority

MA 0100595
Permit #

2. Authorized Representative Transmitting Form:

William
First Name

Johnson
Last Name

774-203-1820
Telephone No.

Assistant Superintendent
Title

Operations1@CityofAttleboro.us
E-mail Address

B. Phone Notifications:

1. MassDEP staff contacted:

David
first name

Burns
last name

Date/Time contacted:

6/28/18
Date

4:42
Time

am pm

2. EPA staff contacted:

David
first name

Turin
last name

Date/Time EPA contacted:

6/28/18
Date

4:40
Time

am pm

3. Board of Health contacted:

Allen
First Name

Perry
Last Name

Date/Time contacted:

6/28/18
Date

4:58
Time

am 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 Other:

(specify) _____

C. SSO Information

1. SSO Discovered:

6/28/18
Date

4:05
Time

am pm

By:

Joseph Mendonca

2. SSO Stopped:

6/28/18
Date

4:07
Time

am pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property

Other:

Secondary distribution box
(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)

Backup into Property Basement



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C. SSO Information (cont.)

Location: WPCF at 27 Pond St. North, Attleboro MA
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 100-300 gallons
Method of Estimating Volume: Visual

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:

Distribution box adjusted, and an additional secondary clarifier was prepared to go on-line

Impact Area cleaned and/or disinfected: Yes No

Paved Surface was cleaned and disinfected with chlorine by means of a sprayer

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:

Training will be provided in our high flow procedures to avoid another incident.



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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.

William Johnson
 Signature of Authorized Representative

6/29/18
 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	



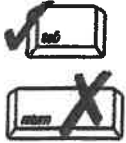
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A. Reporting Facility

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1. Facility Information

CITY OF ATTLEBORO WASTEWATER DEPT Reporting Sewer Authority MA0100595 Permit #

2. Authorized Representative Transmitting Form:

MICHAEL First Name HILLS Last Name 774-203-1827 Telephone No.
FOREMAN WASTEWATER Title CCREW@CITYOFATTLEBORO.US E-mail Address

B. Phone Notifications:

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

1. MassDEP staff contacted: DAVE first name BURNS last name
 Date/Time contacted: 2/5/18 Date 10:30 Time am pm
2. EPA staff contacted: DAVE first name TURN last name
 Date/Time EPA contacted: 2/5/18 Date 10:30 Time am pm
3. Board of Health contacted: ALLEN First Name PERRY Last Name
 Date/Time contacted: 2/5/18 Date 10:30 Time am 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 Other: _____ (specify)

C. SSO Information

1. SSO Discovered: 2/5/18 Date 8:30 Time am pm
 By: MICHAEL HILLS WASTEWATER DEPT
2. SSO Stopped: 9:00 Date _____ Time am pm
3. SSO Discharge from: Sanitary Sewer Manhole Pump Station
 Backup into Property Other: _____ (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) 7 MILE RIVER
 Backup into Property Basement



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C. SSO Information (cont.)

Location: READ ST. AT MAWNEY ST.
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 500 GAL.

Method of Estimating Volume: VISUAL

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: STONE IN SEWER INVERT FROM ROAD WORK
(Specify)

7. Corrective Actions Taken:

REMOVED STONE FROM INVERT. JETED SEWER
MAIN AND CHECKED DOWN STREAM MANHOLES
FOR DEBRIS

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:



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Signature of Authorized Representative

Date Signed

2/5/18

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	



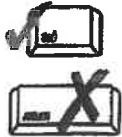
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1. Facility Information

City of Attleboro
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MA 0100595
Permit #

2. Authorized Representative Transmitting Form:

William
First Name
Head Shift Operator
Title

Johnson
Last Name

774-203-1820
Telephone No.

operations1@CityofAttleboro.us
E-mail Address

B. Phone Notifications:

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

1. MassDEP staff contacted:

David
first name

Burns
last name

Date/Time contacted:

1/13/18
Date

9:32
Time

am pm

2. EPA staff contacted:

David
first name

Tucin
last name

Date/Time EPA contacted:

1/13/18
Date

9:30
Time

am pm

3. Board of Health contacted:

Allen
First Name

Perry
Last Name

Date/Time contacted:

1/13/18
Date

9:35
Time

am 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

Other:

(specify) _____

C. SSO Information

1. SSO Discovered:

1/13/18
Date

8:55
Time

am pm

By:

Patrick Ryan

2. SSO Stopped:

1/13/18
Date

8:57
Time

am pm

3. SSO Discharge from:

Sanitary Sewer Manhole

Pump Station

Backup into Property Other:

Secondary distribution box
(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)

Backup into Property Basement



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Location: WPCF at 27 Pond St. N., Attleboro MA
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 500-1000

Method of Estimating Volume: Visual

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:

An additional clarifier was put online
to relieve hydraulic overloading

Impact Area cleaned and/or disinfected: Yes No

I Squeegeed and washed the sludge from the
walkway and road, onto the grass. I also disinfected
with chlorine, by sprayer.

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:



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William Johnson

Signature of Authorized Representative

1/15/18

Date Signed

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