



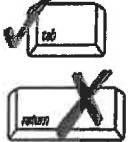
Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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.

Asst. Superintendent
 Title

operations1@cityofattleboro.i
 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:

6/15/21
 Date

2:55
 Time

am pm

2. EPA staff contacted:

DAVID
 first name

Turn
 last name

Date/Time EPA contacted:

6/15/21
 Date

2:53
 Time

am pm

3. Board of Health contacted:

Jessica
 First Name

Horsman
 Last Name

Date/Time contacted:

6/15/21
 Date

2:44
 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:

6/15/21
 Date

12:45
 Time

am pm

By: member of public

2. SSO Stopped:

6/15/21
 Date

1:00
 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) _____

Backup into Property Basement



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C. SSO Information (cont.)

Location: Intersection of Colts Way and Pasture Brook RD.
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 10-15 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: Bags/flushable wipes
(Specify)

7. Corrective Actions Taken:

Jet rodded 150' of main on pasture Brook RD

Impact Area cleaned and/or disinfected: Yes No

Area sloped towards sewer manhole, cleaned and disinfected

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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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.



Signature of Authorized Representative

6/15/21

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	