



Massachusetts Department of Environmental Protection
 Bureau of Water Resources– Wastewater Management 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

Marion WPCF MA0100030
 Reporting Sewer Authority Permit #

2. Authorized Representative Transmitting Form:

Nathaniel Munafa 508-748-3540
 First Name Last Name Telephone No.
Wastewater Director nmunafa@marionma.gov
 Title 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 Burns
 first name last name
 Date/Time contacted: 04/30/2024 4:12 am pm
 Date Time
2. **EPA staff** contacted: David Turin
 first name last name
 Date/Time EPA contacted: 05/02/2024 8:37 am pm
 Date Time
3. Board of Health contacted: Lori Desmarais
 First Name Last Name
 Date/Time contacted: 05/02/2024 8:25 am pm
 Date Time
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: DPW Director
 (specify)

C. SSO Information

1. SSO Discovered: 04/27/2024 1:20 am pm
 Date Time
 By: Water service installer and Sewer personnel
2. SSO Stopped: 04/27/2024 2:05 am pm
 Date Time
3. SSO Discharge from: Sanitary Sewer Manhole Pump Station
 Backup into Property Other: Contractor Broke Low Pressure Sewer Service
 (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: 6 Shady Lane
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 100 gallons

Method of Estimating Volume: Best Estimate

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: Water Service Installer Broke 6 Shady Lane's Low Pressure Sewer Service
(Specify)

7. Corrective Actions Taken:

On Saturday 4/27/2024, a small contractor was installing two new "spaghetti line" water services down Shady Lane, within the traveled way. They did not request a Sewer markout before starting this work. During their excavation, they hit the low pressure sewer service line for 6 Shady Lane. They reported the issue to the Marion Police who called N. Munaf0 at 11:11 AM. Sewer staff was dispatched to the site to investigate. No leakage was found initially, but the contractor touched the service line again prematurely. Sewage leaked out of the re-damaged pipe until Sewer staff was able to shut off pumps & valves to stop the leak. All sewage was contained to the trench until removed by a pumper truck. Contractor worked with Town Sewer to repair the damaged sewer service by 4:00 PM.

Impact Area cleaned and/or disinfected: Yes No

Water Service Installer hired a sewage pumper truck that pumped all sewage out of the trench before the sewer service repair was completed.

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:

Please note that this SSO was caused entirely by the actions and inactions of the Water Service Installer, including their failure to request a Sewer markout before starting their work. This was not a failure of the Marion Sewer System. Also, as requested in the SSO Form Instructions, a map indicating the location of the SSO is attached.



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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

05/02/2024

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 Email addresses:

Northeast Region	Phone: 978-694-3215	Massdep.nerowastewater@mass.gov
Southeast Region	Phone: 508-946-2750	Massdep.serowastewater@mass.gov
Central Region	Phone: 508-792-7650	Massdep.cerowastewater@mass.gov
Western Region	Phone: 413-784-1100	Massdep.wero.wastewater@mass.gov
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Turin.david@epa.gov
EPA for Northeast, Central and Western Regions, Douglas Koopman	Phone: 617-918-1747	Koopman.douglas@epa.gov
DEP 24-hour emergency	Phone: 888-304-1133	



Property Information

Property ID 5A-70
 Location 6 SHADY LN
 Owner WINGATE FAMILY TRUST
 Map-Lot 5A-70



**MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT**

Town of Marion, MA makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 01/18/2023
Data updated 01/18/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.