



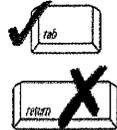
Massachusetts Department of Environmental Protection
 Bureau of Water Protection – Wastewater Management Program
Sanitary Sewer Overflow (SSO)/Bypass
Notification Form

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, MA WPCF Reporting Sewer Authority MA 0100030 Permit #

2. Authorized Representative Transmitting Form:
FRANK COOPER First Name Last Name 774-263-3083 Telephone No.
508-748-3540 x206 Telephone No.
MARION WPCF MANAGER Title fcooper@marionma.gov 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: 1/22/21 Date Time am pm

2. **EPA staff** contacted: DAVID first name TURIN last name
 Date/Time EPA contacted: 1/22/21 Date Time am pm

3. **Board of Health** contacted: MAUREEN First Name MURPHY Last Name
 Date/Time contacted: 1/22/21 Date 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: DAVID WILLET, MARION DFW DIRECTOR
 (specify)

C. SSO Information

1. SSO Discovered: 1/21/21 Date ~4:30 Time am pm
 By: NATHANIEL MUNAFO, WPCF ASST. CHIEF OPERATOR

2. SSO Stopped: 1/21/21 Date ~4:35 Time am pm

3. SSO Discharge from: Sanitary Sewer Manhole Pump Station
 Backup into Property Other: SIDESTREAM WELL DISCHARGE LINE
 (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 COMPOUND, NEXT TO U.V. TREATMENT BUILDING
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~250 GAL.

Method of Estimating Volume: DATA FROM SCADA TRENDS AND TOTALIZER

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: EQUIPMENT FAILURE – VALVE ON SIDESTREAM FORCE MAIN
(Specify)

7. Corrective Actions Taken:

SIDESTREAM PUMPS WERE TURNED OFF AND FLOW RE-ROUTED TO LAGOON #2. THE MALFUNCTIONING VALVE WAS REMOVED AND A BLANK FLANGE INSTALLED. THIS EQUIPMENT WAS RUNNING AS PART OF OUR AOC/AO LAGOON RE-HAB PROJECT.

Impact Area cleaned and/or disinfected: Yes No

THE AFFECTED AREA (GROUND) WAS SMALL (DUE TO LOW FLOW-RATE OF THE WATER GETTING BY THE (BUTTERFLY) VALVE. LIME WAS APPLIED TO THE AREA.

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:

THE EQUIPMENT WAS RUNNING AS PART OF UPGRADES AND TESTING OF THE U.V. DISINFECTION SYSTEM. TREATED FLOW WAS BYPASSED (TEMPORARILY) TO THE LAGOON SYSTEM (NOT TO EFFLUENT OUTFALL) UNTIL U.V. SYSTEM WAS TESTED AND 'PROVEN'.



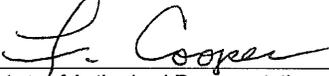
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E. Certification Statement

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

1/28/21

 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	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions, Douglas Koopman	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	