

Consent Decree Case # 2:07 cv 00445

Report #13 (March 1, 2014 – August 31, 2014)



Report Submitted to the following:	
U.S. EPA	Chief Water Enforcement and Compliance Assurance Branch Water Division U.S. Environmental Protection Agency, Region 5 77 West Jackson Boulevard Chicago, IL 60604
IDEM	Chief, Compliance Branch Office of Water Quality Indiana Department of Environmental Management 100 North Senate Avenue P.O. Box 6015 Indianapolis, IN 46206 Chief, Enforcement Section Office of Legal Counsel Indiana Department of Environmental Management 100 North Senate Avenue P.O. Box 6015 Indianapolis, IN 46206
From:	
City of Fort Wayne	City of Fort Wayne Fort Wayne City Utilities, Suite 270 Citizens Square 200 East Berry Street Fort Wayne, IN 46802

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LIST OF APPENDIXES

APPENDIX 1

Summary to include the following:

- 1. Consent Decree Requirements for Reporting Period (03/01/14 08/31/14)
- 2. General Description of Work Completed during the Reporting Period (03/01/14 08/31/14)
- 3. Description of Projected Work to be Performed in the Next Six-Months (09/01/14 02/28/15)

APPENDIX 2 – Reports submitted to IDEM during the Reporting Period

APPENDIX 3 - Operations and Maintenance Report on Collection System Activity

1. CONSENT DECREE COMPLIANCE (Section XII, Paragraph 34 (a))

A statement setting forth (i) the deadlines and other terms that Fort Wayne has been required by this Consent Decree to meet since the date of the last statement; (ii) whether and to what extent Fort Wayne has met those requirements; and (iii) the reasons for any noncompliance.

The attached Appendix 1 includes a summary of the City of Fort Wayne's (the "City's") compliance with applicable Consent Decree deadlines and terms from March 1, 2014 – August 31, 2014 (the "Reporting Period"). The City believes that it has met all Consent Decree deadlines during the Reporting Period. As the agencies are aware, a modification to the Consent Decree is currently in process which seeks, in part, to modify (and largely accelerate) certain overall CSO Control Measure deadlines. By agreement with EPA, the City will not be deemed to be in noncompliance with the 2013 bid deadline for CSO Control Measure 8 while that modification is pending. The City believes that it also met other terms required by the Consent Decree, but did experience the discharges described at item 6 below during the Reporting Period. Explanations for those discharges are provided at item 6.

2. GENERAL DESCRIPTION OF WORK (Section XII, Paragraph 34 (b))

(i) A general description of the work completed within the prior six-month period; (ii) to the extent known, a statement as to whether the work completed in that period meets applicable Design Criteria; and (iii) a projection of work to be performed pursuant to this Consent Decree during the next six-month period.

The attached Appendix 1 includes a general description of work completed during the Reporting Period and statements as to whether the completed work met applicable Design Criteria.

Appendix 1 also includes a description of the projected work to be performed in the next six-month period. The described activities are, of course, in addition to the continuing activities of the City under its NPDES permit, CMOM and CSSOP.

3. REQUEST FOR WATER QUALITY STANDARDS REVISION (Section XII, Paragraph 34 (c))

A statement as to Fort Wayne's understanding regarding the status of IDEM's response to the City's request for a revision to water quality standards in accordance with Section 5 of the City's Long-Term Control Plan.

As previously reported, the City held two public participation meetings on February 17, 2010. A 30-day public comment period followed and concluded March 17, 2010. The only written comment received was from a Fort Wayne citizen in support of the proposed UAA.

Subsequently, on May 6, 2010, a final version of the UAA proposal was submitted to IDEM. The submittal was followed by a meeting on June 8, 2010 between the City and IDEM to discuss future steps in the rule change process. On August 30, 2010 IDEM issued the City a letter stating, in relevant part:

"Based on the information contained in the City's UAA, IDEM finds that Fort Wayne has provided sufficient information to propose changing the designated recreational use for the above mentioned waters from 'full body contact' to the 'Combined Sewer Overflow (CSO) Wet Weather Limited Use' subcategory of Indiana's recreational use designation as provided in IC 13-18-3-2.5 during storm events that exceed the level of control in the City's approved Long-Term Control Plan (LTCP)."

The City met with IDEM again on August 31, 2010 to discuss a schedule to complete the UAA rule change process in 2010. The City understands that IDEM has provided EPA Region V with a draft proposed rule and that EPA is currently evaluating the same.

Notwithstanding EPA's involvement in the UAA throughout its development, EPA posed new questions regarding the City's UAA in late 2010 requesting additional information. The City, IDEM and EPA met to discuss EPA's request on January 11, 2011. Additional meetings and dialog with EPA have followed, including on January 26, 2012, February 21, 2012, June 13, 2012 and February 27, 2013. As required by the Consent Decree, the City submitted a 6-Year Capital Cost Report to EPA and IDEM on December 31, 2013. Further dialog concerning that report and the UAA is expected in 2014.

4. CSO CONTROL MEASURES NOTICE TO PROCEED (Section XII, Paragraph 34 (d))

A description of any notices to proceed for any CSO Control Measure or measures specified in Appendix 3 that Fort Wayne has revoked in the prior six-month period, and a description of the status of Fort Wayne's compliance with Section XXI.F with regard to issuance of a new notice to proceed.

The City did not revoke a notice to proceed during this reporting period.

5. POST-CONSTRUCTION MONITORING PROGRAM (Section XII, Paragraph 34 (e))

Information generated in accordance with the Post-Construction Monitoring Program.

Ongoing monitoring programs have continued as outlined at Appendix 4 of the Consent Decree.

6. REPORTS SUBMITTED TO IDEM IN PREVIOUS SIX MONTHS (Section XII, Paragraph 35)

Fort Wayne shall also submit, with each written status report, copies (to EPA only) of all Monthly Monitoring Reports and other reports pertaining to CSOs, SSDs, and bypasses that Fort Wayne submitted to IDEM in the previous six months.

The attached Appendix 2 contains numbered copies of monthly monitoring and other reports submitted to IDEM concerning the Reporting Period pertaining to CSOs, discharges from the City's separate sanitary sewer system, and bypasses. Additional information regarding the discharges described on the reports included within Appendix 2 follows.

Many of the reports submitted during the Reporting Period (report numbers 1, 2, 4, 5, 6, 7, 11, 13, 14, 16) concerned small volume discharges which did not reach a regulated waterbody but were reported at IDEM's request for information purposes. Of those ten, nine (report numbers 1, 2, 4, 5, 6, 7, 13, 14, 16) appear to have concerned basement backup events which were reported in an abundance of caution and at IDEM's request for information purposes even though they may not have arisen due to the City's sewer system.

Reports 9, 10, 17, 20, 22, and 23 concerned exceptional wet weather conditions representative of 10-year storm events (and one 100-year storm event) which sometimes necessitated the use of remote pumps in impacted separate sanitary sewer areas to avoid or mitigate severe property damage and street flooding. The City utilized its best efforts to prevent, minimize and mitigate damages throughout these events and fully accomplished all activities required by its NPDES permit, CMOM and CSSOP.

Other discharges from sanitary sewer system locations are described in reports 3, 8, 12, 15, 18, and 21. All were minor and occurred notwithstanding the City's timely accomplishment of all CMOM requirements, compliance with applicable NPDES permit provisions, and customary best efforts. In addition to responsive activities identified in the submitted reports, the City continues to distribute numerous grease control kits to residents in areas proximate to identified blockages, college residence halls, apartment complexes, and neighborhood associations. The kits include educational materials (translated when appropriate) and lids to facilitate home grease collection.

One report (19) concerned a dry weather event which occurred due to a water main break in an area of the City's combined sewer system.

Finally, the City submitted materials to EPA and IDEM on August 18, 2014 presenting its selection of the "typical year" for post-compliance monitoring. Because that submission was already made to both agencies, a copy is not included within Appendix 2.

7. OPERATIONS AND MAINTENANCE REPORT ON COLLECTION SYSTEM ACTIVITY

Although not required by the Consent Decree, the City is pleased to include tables at Appendix 3 respectively depicting the City's general progress towards its operations and maintenance activities goals as well as a listing of completed regulator and lift station inspections March 1, 2014 – August 31, 2014.

8. CERTIFICATION STATEMENT (Section XII, Paragraph 38)

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 ensure that qualified personnel properly gathered and evaluated 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.

Kumar Menon, Director of City Utilities

APPENDIX 1

APPENDIX 1

Below are general descriptions of the following (I) Consent Decree compliance requirements for Reporting Period; (II) work completed during the Reporting Period; and (III) work anticipated to be performed during the next Reporting Period.

I. CONSENT DECREE COMPLIANCE FOR THIS REPORTING PERIOD

As explained at Section 1 of Six-Month Status Report #13, the City, EPA, IDEM, U.S. Department of Justice and Indiana Attorney General's Office are collectively working to modify the Consent Decree to, in part, reflect modified deadlines concerning CSO Control Measures 7 and 8.

II. WORK CONTEMPLATED BY CONSENT DECREE APPENDIX 3 AND APPENDIX 5 COMPLETED DURING THIS REPORTING PERIOD

<u>CSO Control Measure 2</u> – Plant Phase III (when combined with other WPCP improvements, this control measure is to provide peak primary treatment capacity of 85 mgd and firm capacity of 74 mgd)

- Construction continued on Effluent Pump Station Project.
- Construction continued on Primary & Secondary Treatment Capacity Improvements project.

<u>CSO Control Measure 6</u> – CSSCIP – Basins Tributary to Parallel Interceptor – (partial separation projects identified as cost-effective components of the Combined Sewer System Capacity Improvements Program). Note: The below listing includes one or more outfalls which the City is voluntarily working to improve in connection with this CSO Control Measure although such is not required by the Consent Decree.

- CSO Outfalls 024 (phase ii), 025 (phase ii) & 032 (phase ii) Construction was completed.
- CSO Outfalls 007 (phase i) & 056 (phase i), 024 (phase iii), 025 (phase iii), and 032 (phase iii) Construction bids were received and construction began.
- CSO Outfalls 021 (phase ii) Final design was completed, construction bids were received & construction began.
- CSO Outfalls 005 and 013 (K06 290A portion) Final design continued.
- CSO Outfalls 026 (phase i), 027 (phase i), 033 (phase i), 007 (phase ii), and 056 (phase ii) Final design began.

<u>CSO Control Measures 7 & 8</u> – Satellite Storage & Disinfection for St. Joseph River CSOs - (St. Joseph Relief Sewers)

During the prior Reporting Period, the City proposed to revise CSO Control Measures 7 & 8 to reflect the use of different improvements and an earlier Achievement of Full Operations date of 2015 for St. Joseph River CSO Outfalls. The City understands that EPA, IDEM and DOJ worked during this Reporting Period to consider that proposal and towards a corresponding Consent Decree modification. Approval of the City's proposal and Consent

Decree modification is anticipated during the next Reporting Period. In the meantime, the City is working to accomplish its proposed revised CSO Control Measures. By way of an email dated December 10, 2013, EPA advised the City that the agency would not consider the City to be in noncompliance with the 2013 bid deadline of the current Consent Decree for CSO Control Measure 8 while the City's proposal for revised CSO Control Measures are being considered and the City continues in good faith to bid its revised CSO Control Measures.

- CSO Outfalls 051, 052 & 053 Final design was completed, construction bids were received and construction began on the relief sewer.
- CSO Outfalls 044, 045 & 068 Began planning, preliminary design and final design on the relief connections.
- Construction was started on the St. Joseph Interceptor control structure.

CSO Control Measure 9 – Satellite Disinfection – (Satellite disinfection facilities)

- CSO Outfall 054 Advanced facilities planning continued to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.
- CSO Outfalls 061 and 062 Advanced facilities planning continued to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.

<u>CSO Control Measures 11 &12</u> – Wayne Street & St. Mary's Parallel Interceptors – (Parallel interceptors to capture combined sewer overflows for conveyance to WPCP/Wet Weather Ponds)

Wayne Street (West of WPCP)/3RPORT

- Preliminary engineering routing study was completed.
- Public outreach continued.
- Selected consultant and awarded contract for preliminary and final design of 3RPORT project.
- Preliminary design began on 3RPORT project.

Wayne Street (East of WPCP)/Parallel Interceptor

• Preliminary planning and route study continued.

<u>CSO Control Measure 13</u> – Late Floatables Control – (Overflow-specific solids and floatables controls)

- CSO Outfalls 004 & 036 Final design continued.
- CSO Outfalls 051 & 053 Completed final design & construction bids were received.
- CSO Outfalls 044, 045 & 068 Preliminary and final design began.

CSO Control Measure 14 – **Satellite Storage** – (Satellite storage facilities)

 CSO Outfall 064 – Advanced facilities planning continued to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.

Warfield SSD System – Outfalls 070 & 071

- Although not required by the Consent Decree, the City is working to further improve the collection system in this area.
- Finalized design of improvements to the sewer and drainage system of the Hillcrest neighborhood.
- Completed wet weather manhole inspections.

Rothman SSD System – Outfalls 072, 073, 074, 075, 076

- Although not required by the Consent Decree, the City is working to further improve the collection system in this area.
- Performed additional manhole rehabilitation I/I removal projects based on previous smoke testing results.

North Maumee SSD System – Outfalls 077 & 078 (criteria to be met by December 31, 2020)

- Wet weather manhole inspections completed.
- Advanced facility planning began.

III. WORK CONTEMPLATED BY CONSENT DECREE APPENDIX 3 AND APPENDIX 5 ANTICIPATED FOR COMPLETION DURING THE NEXT REPORTING PERIOD

<u>CSO Control Measure 2</u> – Plant Phase III (when combined with the rest of the WPCP improvements, provide peak secondary treatment capacity of 85 mgd and firm capacity of 74 mgd)

- Continue construction on Effluent Pump Station Project.
- Continue construction on Primary & Secondary Treatment Capacity Improvements project.

<u>CSO Control Measure 6</u> – CSSCIP – Basins Tributary to Parallel Interceptor - (Partial separation projects identified as cost-effective components of the Combined Sewer System Capacity Improvement Program) Note: The below listing includes one or more outfalls which the City is voluntarily working to improve in connection with this CSO Control Measure although such is not required by the Consent Decree.

- CSO Outfalls 007 (phase i) & 056 (phase i), 021 (phase ii), 024 (phase iii), 025 (phase iii), and 032 (phase iii) Construction to be completed.
- CSO Outfalls 005 and 013 (K06 290A portion) Construction bids to be received and construction to begin.
- CSO Outfalls 026 (phase i), 027 (phase i), 033 (phase i), 007 (phase ii), and 056 (phase ii) Final design to continue.

• CSO Outfalls 026 (phase ii), 027 (phase ii), 033 (phase ii) – Issue RFQ, select consultant and begin preliminary design.

<u>CSO Control Measures 7 & 8</u> – Satellite Storage & Disinfection for St. Joseph River CSOs - (St. Joseph Relief Sewers)

- CSO Outfalls 052 Construction to be completed and operational for this section of the relief sewer.
- CSO Outfalls 051 & 053 Construction to continue on this section of relief sewer.
- CSO Outfalls 044, 045 & 068 Final design on relief connections to be completed and bid to be received and begin construction.
- Construction to be completed on the St. Joseph Interceptor control structure.

CSO Control Measure 9 – Satellite Disinfection – (Satellite disinfection facilities)

- CSO Outfall 054 Advanced facilities planning to be completed to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.
- CSO Outfalls 061 and 062 Advanced facilities planning to be completed to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.
- CSO Outfalls 061 and 062 Issue RFQ for selection of consultant to perform preliminary and final design. .

<u>CSO Control Measure 10</u> – Morton Street/O10101 Reroute – (Reroute overflow pumps station discharge to Wet Weather Pond 1)

• CSO Outfall 048 – Work anticipated in future reporting periods.

<u>CSO Control Measures 11& 12</u> – Wayne Street and St. Mary's Parallel Interceptors – (Parallel interceptors to capture combined sewer overflows for conveyance to WPCP/Wet Weather Ponds)

Wayne Street (West of WPCP)/3RPORT

- Public outreach to continue.
- Preliminary design to continue on 3RPORT.

Wayne Street (East of WPCP)

- Preliminary route study to be completed.
- Issue RFQ for selection of consultant to perform preliminary and final design.

<u>CSO Control Measure 13</u> – Late Floatables Control – (Overflow-specific solids and floatables controls)

- CSO Outfalls 036 Complete final design, receive bids and begin construction.
- CSO Outfalls 051 & 053 Construction to begin.

 CSO Outfalls 004, 044, 045 & 068 – Complete final design and construction bids to be received.

<u>CSO Control Measure 14</u> – Satellite Storage – (Satellite storage facilities)

• CSO Outfall 064 – Advanced facilities planning to continue to optimize final control technologies accounting for flow reductions resulting from implementation of CSSCIP under CSO Control Measure 4.

Warfield SSD System - Outfalls 070 & 071

• Receive bids and begin construction of Hillcrest Neighborhood improvements.

Rothman SSD System - Outfalls 072, 073, 074, 075, 076

- Continue I/I removal projects.
- Analyze performance of existing lift stations.
- Perform additional flow monitoring in the sewer system.
- Evaluate possible additional system improvement projects.

North Maumee SSD System – Outfalls 077 & 078

• Advanced facility planning to continue.

APPENDIX 2

State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass	report
previously sent on:	

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.wweports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745. GENERAL INFORMATION													
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(ATTACH ADDITIONAL SHEETS IF NECESSARY) CERTIFICATION/AND SIGNATURE 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. (The area below is for a handwritten signature or an electronic substitute then fex or scan to PDF for emailing.)													
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State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report previously sent on:

INSTRUCTIONS: Complete all parts of this form and fex it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.epports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

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BYPASS / OVERFLOW INCIDENT REPORT State Form 48373 (R3 / 10-05)

State Form 48373 (R3 / 10.05)
Indiana Department of Environmental Management
Office of Water Quality

☐ Follow-up to Bypass report previously sent on:

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed cop to www.reports@idem.in.gov. Submitted of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

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INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.eports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

to the Emergency Res	oonse Sec	ion spill response lin		33-7745 or to IERAL INFO		e within Indiana at (88	8) 233-7	745.		
Facility Name: Water Pollution Control Ma	intenance	Mailing Address 515 East Wa	: (reporting o	And the second s	MITA	County: Allen		NPDES Permit IN0032191	#: Perm	it Outfall
Individual Making Rep Joe E. Johnson	ort:			ne Number: 27-6047		itact Email: hnson@cityoffortwayne.org		Date/Time IDE/ 03/14/14 9:		⊠AM □ PM
				EASEINFO	J. J. J. A.	ION				
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Tim Release Stopped:	18	Location Release Manhole, Lift Sta	d Fron tion, Fo	n: (Address & Description of vice Main, etc.)		Latitude: (Deg Min Sec)	Longit (Deg	ude Min Sec)
05/14/14 3:47	□∧M ⊠PM	05/14/14 3:47	☐ AM 図PM	5426 Sta				N/A	N/A N/A	
	□AM □PM		☐ AM			STANDISH DR		N/A		N/A
Amount of Flow Released: (ALWAYS PROVIDE A VOLUME) WWTP Flow During Release: WWTP Peak Design Check One: Estimated										
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at wastewater plant) Reason for Bypass/Overflow: (select one or more)										
Reason for Bypass/Ove		AND THE RESERVE OF THE PARTY OF	Equipment Fallu	re 🔲 Un	know	1 ☐ Exceeded Max (Capacity	☐ Precipital	ion 0.0	00 Inches
System Component(s): (select one or more) Manhole House Lateral Pipe Fallure Pump Station Failure Treatment Bypassed Other Describe Other: (in the box below) Additional Description of the Bypass/Overflow Event: Additional Description of the Bypass/Overflow Event: Additional Description of the Bypass/Overflow Event: Additional Description of the Area Imnpacted: (Check All That Apply) Affected Private Property Basement Backup Concurred at Treatment Plant Cannot be determined if the homeowner's private lateral Contributed to the Incident. The backup was not a result of a Capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body. Organizations Notified by Facility: (select one or more)										
☐ IDEM Emergency F	Response	☐ Health Dept ☐	DNR Fish &			Emergency Manage		Other: IDEM		
Actions Taken to Preve (select one or more of Removed Blockage The City flushed the Lir many preventative main	the following Repa	ng, then add a writter Ired Pipe □Rep re any partial blockag	n description alred Pump Stat ges. The Cit	ion □Ot y continues to	her o imp	lement its approved (CMOM a		ams, whi	ch include
Resolution: Actions Taken or Planned to Prevent Recurrence: The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.										
		(AT								
designed to assure that who manage the syste knowledge and belief, to possibility of fine and in	(ATTACH ADDITIONAL SHEETS IF NECESSARY) GERTIFICATION/AND SIGNATURE 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. (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emalling.) SIGNATURE: DATE (month, day, year): 3/18/14									



INSTRUCTIONS: Complete all parts of this form and fex it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to wwreports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

to the Emergency reco	201100 000	tion opin response inte		VERAL INFO		7(0)/1	0) 200 1	740.			经表现
Facility Name: Water Pollution Control Ma	intenance	Malling Address: 515 East Wal	(reporting o		sum	County: Allen	- 1	NPDES Pe IN00321		Permit	Outfall
Individual Making Rep Joe E. Johnson	ort:			ne Number: 27-6047	457	itact Email: hnson@cityof/ortwayne.oxg		Date/Time 03/17/14		otified	⊠AM □ PM
			REL	EASEINFOR	RMA	NON					
Date (mm/dd/yy) & Time Release Began;		Date (mm/dd/yy) & Time Release Stopped:		Location Release Manhole, Lift Sta	d Fron tion, Fo	n: (Address & Description of croe Main, etc.)	in sicosovi	Latitude: (Deg Min S		Longitud (Deg M	
03/16/14 12:11	□AM ⊠PM	03/16/14 12:11	□ AM ⊠PM	5003 Tyro				N/A		1	N/A
	□AM □PM		☐ AM ☐ PM		1 14 15 1	TYRONE RD		N/A			N/A
Amount of Flow Releas Check One: ☐ Estima		<i>(ALWA</i>) Actual unknown	YS PROVID	E A VOLUME	:) 	WWTP Flow During 64.99 MGE		e: WW	/TP Peak 70.0	Desigr	
Overflow Type: (select one) Sanltary Sewer Overflow Treatment Bypass (at wastewater plant) Reason for Bypass/Overflow: (select one or more)											
Reason for Bypass/Ove	*		quipment Failu	re 🗆 Un	knowi	n Exceeded Max (Capacity	☐ Prec	pitation	0.00	0 Inches
System Component(s): (select one or more) Manhole Manhole											
Actions Taken to Preve (select one or more of Removed Blockage	the followi	ng, then add a written aired Pipe ☐ Repai	<i>description</i> red Pump Stat	ion □Ot	her			N CSCOD	nrogram	a whiat	, include
The City flushed the Lir many preventative male									program	s, which	Tinoluge
Resolution: Actions Taken or Planned to Prevent Recurrence: The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.											
		(ATT	ACH ADDIT	TONAL SHEE	TSI	FNECESSARY)					
designed to assure that who manage the syste knowledge and belief, i possibility of fine and in	(ATTACH ADDITIONAL SHEETS IF NECESSARY) CERTIFICATION/ANDISIONATURE 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. The area below is for a handwritten signature or an electronic substitute then fex or scan to PDF for emailing.) SIGNATURE: DATE (month, day, year): 3118114										



INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.eports@idem.ln.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

to the Emergency Res	ponse Sec	tion s	pill response line a	d: (317) 2:	33-7745 or to	II free	within Indiana at (88 TION	8) 233-7	745.	complete to the time		od son til de g	
Facility Name:		Ι,	Mallian Address A			KIVIA	County:	Section 18	MODE	S Permit#:	Permit	Outfall	
Water Pollution Control Ma	aintenance		Malling Address: <i>(i</i> 515 East Walla		rganization		Allen			32191	Pennic	Outian	
Individual Making Day	a di		DID Last Yvalla		ne Number:								
Individual Making Rep Joe E. Johnson	ort.				27-6047	120000	tact Email: hnson@cityoffortwayne.org		SECTION S	ime IDEM No 1/14 5:55	ottnea	□ AM ⊠ PM	
	Property in Property 201	S		1				an extraord			"tanah	IN PIN	
Date (mm/dd/yy) & Time			(mn\/dd/yy) & Time	REL			ION : (Address & Description of		Latitu	do:	Longitud	and the same of th	
Release Began:			ase Stopped:		Manhole, Lift Sta				93.007.010.000	Min Sec)	(Deg M		
03/22/14 12:25	□AM ⊠PM	03/2	22/14 12:25	□ AM ⊠PM	1119 Illsley				N/A		1	N/A	
				☐ AM		1119	ILLSLEY DR			N/A	N/A		
The state of the s	Amount of Flow Released: (ALW Check One: ☐ Estimated ☐ Actual unknown						WWTP Flow Durin 65.26 MGE		se:	WWTP Peal 70.0	CDesign		
Overflow Type: (select one) Describe any damage to aquatic life or receiving stream:													
Sanitary Sewer Ov			8 8	None									
☐ Treatment Bypass													
Reason for Bypass/Ov				loment Failu	re 🗀 Un	koosu	1 Exceeded Max C	anarity	П	Precipitation	0.00	0 _{Inches}	
System Component(s)		Ji Olici	Additional Descri					1		the Area Imr			
(select one or more)	<u>L</u>		A basement back		***			(Check	All The	at Apply)	.∰ 900		
☐ Manhole ☐ House Lateral			The state of the s		Control of the Contro		. The City flushed			Private Prope t Backup	rty		
Pipe Fallure			the line to remove					☐ Oc	curred	at Treatment	Plant		
☐ Pump Station Failt ☐ Treatment Bypass			cannot be determ contributed to the			T				Public Land Receiving W	ater	j	
Olher	60		capacity issue. T						aonou	reconning **	ettor		
Describe Other: (in the	box below)	or adversely effec				900000000	Name	of Rece	iving Water I	Impacte	d:	
Organizations Notified IDEM Emergency i	- D			NR Fish &	Wildlife 🔲	Local	Emergency Manager	ment []Olher	: IDEM			
Actions Taken to Preve	ent, Minimi	ze, or	Mitigate Damage	including (Clean-up and	Trea	tment of Affected Are	a:					
(select one or more of ☐Removed Blockage	the followi			<i>escription</i> d Pump Stat	ion 🔲 Ot	her							
The City flushed the lin	e to remov	e any	partial blockages.	The City	continues to	impl	ement its approved C	MOM an	d CSS	OP programs	s, which	include	
many preventative mai	ntenance a	ectivitie	es designed to pre	vent and/o	or minimize o	verflo	ws in the sewer colle	ction sys	tem.	2 25			
Resolution: Actions Ta	ken or Pla	nned t	o Prevent Recurre	nce:		-							
The City continues to i	mplement	its app	proved CMOM and	CSSOP p	orograms, wh	ich in	clude many preventa	tive mair	ntenano	e activities d	esigned	to	
prevent and/or minimiz	e overflow	s in th	e sewer collection	system.									
L			/ATTA	CH ADDIT	IONAL SHEE	TS I	F NECESSARY)						
							NATURE						
I certify under penalty	of law that	this d	ocument and all a	llachments	s were prepar	ed ur	nder my direction or s	upervisio	on in ac	cordance wil	h a syst	em	
designed to assure that												ons	
who manage the syste knowledge and belief,												₁₀	
possibility of fine and i													
scan to PDF for emaili		ţ	4.	11/	1						,	1. [
SIGNATURE:	`)(ت	ill -	17 m	Sow		DATE (r	nonth,	day, y	rear): <u>3/</u>	241	14_	



INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.eports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

to the Emergency Res	ponse Sec	lion s	pill response line a		33-7745 or to IERAL INFO			8) 233-7	745.			
Facility Name:			Mailing Address: (<i>i</i>	and the second second	AND DESCRIPTION OF THE PARTY OF	Mila	County:		NPDE	S Permit #:	Permit	Oulfall
Water Pollution Control Ma	aintenance	- 1	515 East Walla		rgamzanom		Allen			32191	Femilia	Outian
Individual Making Rep Joe E. Johnson	ort:				ne Number: 27-6047		tact Emall: hnson@cityoffortwayne.org			Time IDEM N 2/14 5:55	olified	□ AM ⊠ PM
				REI	EASEINFOR	MA	ION	27				
Date (mn/dd/yy) & Time Release Began:		Rele	(mm/dd/yy) & Time ase Stopped:		Location Release Manhole, Lift Sta	d Fron ion, Fo	r: (Address & Description of rce Main, etc.)	343000000	Latitu (Deg	ude: Min Sec)	Longitud (Deg M	
03/22/14 2:50	☐AM 図PM	03/	22/14 2:50	☐ AM 図PM	1342 Sco					N/A	1	N/A
ПРМ ПРМ							399 SCOTT AVE			N/A	ı	V/A
Amount of Flow Released: (ALWAYS PROVIDE A VOLUME) WWTP Flow During Release Check One: Estimated Actual unknown 65.26 MGD								e:	WWTP Peal 70.0	k Desigi 0 MGI	n Flow: O	
Overflow Type: (select one) Sanitary Sewer Overflow Describe any damage to aquatic life or receiving stream: None												
Treatment Bypass		-		_					-			
Reason for Bypass/Ov	-			lpment Failu	re 🔲 Un	know	Exceeded Max 0	Capacity		Precipitation	0.00	0 Inches
System Component(s): (select one or more) ☐ Manhole ☐ House Lateral ☐ Pipe Fallure ☐ Prealment Bypassed ☐ Other ☐ Describe Other: (in the box below) ☐ Organizations Notified by Facility: ☐ IDEM Emergency Response ☐ Health Dept ☐ DNR Fish & Wildlife ☐ Local Emergency Management ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation U.000 Inches ☐ Unknown ☐ Exceeded Max Capacity ☐ Precipitation U.000 Inches ☐ Description of the Area Imnpacted: (Check All That Apply) ☐ Affected Private Property ☐ Affected Private Property ☐ Massement backup was reported at the above listed address Iocated in the separate sanilary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body. ☐ Organizations Notified by Facility: (select one or more) ☐ IDEM Emergency Response ☐ Health Dept ☐ DNR Fish & Wildlife ☐ Local Emergency Management ☐ Other: IDEM ☐ Additional Description of the Area Imnpacted: (Check All That Apply) ☐ Affected Private Property ☐ Manhole ☐ Occurred at Treatment Plant ☐ Reached Receiving Water ☐ Reached Receiving Water Impacted: ☐ Name of Receiving Water Impacted: ☐ Other: IDEM ☐ Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area:												
⊠Removed Blockage The City flushed the lin many preventative male		e any	partial blockage.		ontinues to in	pler				P programs,	which in	oclude
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system												
			CONTRACTOR OF THE PARTY OF THE	THE PROPERTY OF THE PARTY OF TH	COMPANY TO STREET STREET, CO. C.	STATE OF THE PARTY.	CONTRACTOR AND AND AND AND ADDRESS OF THE PARTY OF THE PA					
CERTIFICATIONAND SIGNATURE I cortify 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. (The area below is for a handwritten signature or an electronic substitute then fex or scan to PDF for emailing.) SIGNATURE: DATE (month, day, year): 3/34/14												



State Form 48373 (R3 / 10-05)

Indiana Department of Environmental Management Office of Water Quality

	Follow-up to Bypass report
pre	viously sent on:

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.weeports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION										
Facility Name: Water Pollution Control Mainte			(reporting o					NPDES Permit#: IN0032191	7	Outfall
Individual Making Report: Joe E. Johnson				ne Number: 27-6047		act Email: nson@cityoffortwayne.org		Date/Time IDEM N 03/27/14 2:00		□ AM ☑ PM
			RELEASE INFORMATION							
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Time Release Stopped;		Location Release Manhole, Lift Sta	d From:	(Address & Description of		Latitude: (Deg Min Sec)	Longitud (Deg M	le
]PM	03/27/14 12:30	☐ AM 図PM	W14 063	100			N/A	1	V/A
	DAM Dem		ПРМ			And GREAT BE	9. SASSE 1993 PA	N/A		V/A
Amount of Flow Released: Check One: ⊠ Estimated			S PROVIDI	E A VOLUME	:)	WWTP Flow During 59.81 MGE	g Releas)		k Desigr 00 MGI	i Flow:
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at wastewater plant) Describe any damage to aquatic life or receiving stream: None										
Reason for Bypass/Overflo		(5.2)							0.00	^
Construction Related			uipment Failu		And the Control of th	☐ Exceeded Max C	apacity	☐ Precipitation	0.00	0 Inches
System Component(s): (select one or more) Manhole House Lateral Pipe Fallure Pump Station Failure Treatment Bypassed Other Additional Description of the Bypass/Overflow Event: An overflow occurred at the above listed seperate sanitary manhole. The line ws partially blocked with grease and other sanitary debris. The City removed the blockage, thus clearing the sewer line. The overflow was cleaned up. Description of the Area Immpacted: (Check Ail That Apply) Affected Private Property Basement Backup Occurred at Treatment Plant Reached Public Land Reached Receiving Water										
Describe Other: (in the box								f Receiving Water r Drain	Impacte	d:
Organizations Notified by F		select one or more) ☐ Health Dept ☐ D	NR Fish &	Wildlife □L	ocal E	mergency Manager	nent [X	Other: IDEM		
Actions Taken to Prevent, I (select one or more of the Removed Blockage The City removed the block Include many preventative	following ☐ Repaire kage and	r, then add a written d ed Pipe ☐ Repaire the overflow was clea	lescription d Pump Stati aned up. Th	on □Oth	ner wes to	implement its appro	ved CM0	DM and CSSOP prolon system	ograms,	which
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system										
		(ATTA	CH ADDITI	ONAL SHEE	TS IF	NECESSARY)	150-050			a mingrassasii
(ATTACH ADDITIONAL SHEETS IF NECESSARY) GERTIFICATION AND SIGNATURE 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. (The area helow is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.) SIGNATURE: DATE (month, day, year): 3/28/14										



State Form 48373 (R6 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report
previously sent on:

INSTRUCTIONS:

Complete all parts of this form and fax it to the <u>Office of Water Quality (OWQ)</u> at (317) 232-8637 or 232-8406. Or email signed copies to <u>www.eports@idem.lN.gov</u>. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

Response Section spill response I	ine al: (317) 233-7745	or toll free	within Indian	a at (888) 233-7745.				
garan marak nesaran baran (47).		GFA	IERAL INFO	RMAT	ION		Section 1881	(2) (2-e-)	1000
Facility Name: (Organization) Fort Wayne Municipal STP	Mailing Address:	(reporting	organization)		County: Allen		NPDES Permit#: IN 0032191	Permit N/A	Oulfall
Individual Making Report: (printed, Joe E Johnson	,		ne Number: 27-1063	joe.	tact Email: .johnson@cityoffd		Date/Time IDEM No 04/03/2014 @ 3		□ AM 図 PM
		i i i i i i i i i i i i i i i i i i i	EACE INCO		org				
	Date (mm/dd/yy) & Tim				ise: (streets address	or	Latitude:	Longitud	
Release Began:	Release Stopped:				tion, Force Main etc.)		(Deg Min Sec)	(Deg Mi	
	See Attachment	□ AM □ PM	See Attac	chme	ent A				
See Attachment	See Attachment	☐ AM ☐ PM							
Amount of Flow Released:	(alway:	s provide a	volume)		WWTP Flow Durin	g Release	: WWTP Peak	Design F	low:
	Actual See	Attachr	nent A gall	ons	65.5 MGD		70 MGD		
Overflow Type: (select one) Sanitary Sewer Overflow Trealment Bypass (at wastewa	ater plant)	NONE	any damage	to aq	uatic life or receiving	stream:			
Reason for Bypass/Overflow: (sele	ect one or more)								
		uipment Fa		nknov			city Precipitation		ches
System Component(s): (select one or more)	Additional Descrip						lion of the Area Imp All That Apply)	acted:	
Manhole					nditions which Attachment A.	☐ Affec	led Private Propert	у	
House Lateral	The City recei					☐ Base	ment Backup	50	
☐ Pipe Failure ☐ Pump Station Failure					now melt. This		irred at Treatment F ched Public Land	riant	
☐ Treatment Bypassed					l, coupled with		ched Receiving Wa	ler	
Other Describe Other: (in the box below)	riging river leve					Manio	f Receiving Water I	mnaatadi	
See Attachment A	remote pumps	to avoid or mitigate severe property See Attachmen						mpacieu.	
Coo / Machinolit / (treet flooding. This pumping would not					iliaamii oni 7 t		İ
	have occurred	without	these extr	eme	wet weather				
Organizations Notified by Facility:	conditions.								
☐ IDEM Emergency Response		R Fish & V	Vildlife 🔲	Local	Emergency Manager	nent 🛛	Other: IDEM		
Actions Taken to Prevent, Minimize	e, or Mitigate Damage I	ncluding C	lean-up and	Treat	nent of Affected Area	:	<u></u>		
(Select one or more of the following	g, then add a written de	scription)							-
Removed Blockage Repart The City continues to imple	aired Pipe	ea Pump s	and CSSO	Othe D pro		oluda m	any preventativ	9	- 1
maintenance activities design								G	
mamoranoo dominoo dobi	and to provont an	aror min	111120 0101	iio iic	in the concrete	ioonori c	yotom.		
									i
Resolution: Actions Taken or Plant			CONT. COMP. NO. 1.			necessor o carrago ano		Meneral Rame	
The City utilized its best effort									
property with emergency pu									
include many preventative r system.	namenance activit	ies desig	gned to pre	even	and/or minimize	overno	ws in the sewer	collecti	on
system.	/ATTA	OLLADDIT	TONAL OUE	770 10	. MEGEOGADA)				
	(ATTAC				NECESSARY.) NATURE	N. Harry	e en familie		
I certify under penalty of law that th		achments v	were prepare	d und	er my direction or sur	pervision i	n accordance with a		NOV.
designed to assure that qualified p	ersonnel properly gathe	r and eval	uate the infor	malio	n submitted. Based of	on my inq	uiry of the person of	r persons	who
manage the system, or those perso belief, true, accurate, and complete	ons directly responsible a. I am aware that there	ior gatheri are slanif	ing meynlorn icant penaltic	iation es for	, trie information subr submilling false infor	muled is, t malion in	o the best of my Kni cluding the possibili	ly of fine	and
Imprisonment for knowing violation	s. (The area below is	for a hand	divitton signa	ature o	or an electronic subst	itulo then	fax or scan to PDF	for emajli	ng.)
OLOMETICS.	000	15	2.40					2/10	1111
SIGNATURE:	- CUL		MI			TAC	E (month, day, year	1-110	117

Attachment A

Pumping Information Concerning Discharge for the City's Combined Sewer System

Date & Time Discharge Began	Date & Time Discharge Stopped	Discharge Location	Receiving Stream	Estimated Volume (base on pump data)
4/4/14 12:15 PM	4/4/14 4:00 PM	Duck & Barr	St. Joseph River	>100,000 gal

Pumping Information Concerning Discharge for the City's Seperate Sewer System

Date & Time	Date & Time			Estimated Volume (based
Discharge Began	Discharge Stopped	Discharge Location	Receiving Stream	on pump data)
4/3/14 3:25 AM	4/4/14 6:11 AM	Long Road X18 195	Bullerman Ditch	>100,000 gal
4/3/14 3:45 PM	4/4/14 8:00 AM	Foster Park K19 070	St. Mary's River	>100,000 gal
4/3/14 2:30 PM	4/4/14 8:00 AM	Hartman Rd K15 167	St. Mary's River	>100,000 gal
4/3/14 1:15 PM	4/4/14 12:00 AM	* 5200 St Joe Rd T34 034	Bullerman Drain	>100,000 gal
4/3/14 2:45 PM	4/4/14 12:45 PM	Baer Rd H27 044	Fairfield Bridge	>100,000 gal
4/3/14 2:45 PM	4/4/14 3:45 PM	Bella vista Bridge I19 112	Fairfield Bridge	>100,000 gal
4/3/14 8:30 PM	4/3/14 9:45 PM	Tamarack Dr S30 036	Schoppman Drain	60,000 gal



State Form 48373 (R5 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass repor
previously sent on:

INSTRUCTIONS:

Complete all parts of this form and fax it to the <u>Office of Water Quality (OWQ)</u> at (317) 232-8637 or 232-8406. Or email signed copies to <u>ywreports@idem.in.gov</u>. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

	1, 24, 5	71. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		IEDVIJVIEN		lou.	post mary			CNO.	
Coellity Manage (Oguanization)	***					TON				I Danie	Outtell
Facility Name: (Organization) Fort Wayne Municipal ST	'P	Mailing Address: 515 E. Wallac			17	County: Allen			ES Permit #: 032191	Permit N/A	Outiali
Individual Making Report: (print	ed)			ne Number:		lact Email:		Date/Time IDEM Notified:			
Joe E Johnson			260-42	7-1063	- Commence	johnson@cityoff	ortwa	04/0)3/2014 @ 3	3:55	☐ AM ☑ PM
			 	EASE INFO		.org ION			14. 22. 244.	.: \	
Date (mm/dd/yy) & Time		(mm/dd/yy) & Tim				ise: (streets address	or		titude:	Longitud	de:
Release Began:		ease Stopped:				lion, Force Main etc.)			eg Min Sec)	(Deg Mi	
See Attachment AM	Sec	e Attachment	☐ AM ☐ PM	See Attac	chme	ent A					
See Attachment	Sec	e Attachment	□ AM □ PM								
Amount of Flow Released:	<u> </u>	(always	s provide a	volume)		WWTP Flow Durin	g Release	e:	WWTP Peak	Design F	low:
	☐ Actu	al See		nent A gall		65.5 MGD			70 MGD		
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at waste	uvəfor)	nlant)	Describe NONE	any damage	to aq	uatic life or receiving	stream:				
Reason for Bypass/Overflow: (s		The state of the s	uinment Fo	allure 🔲 U	nknov	vn 🔲 Exceeded N	fay Cana	olly i	☑ Precipitation	1 99 In	ches
System Component(s):	71.04	Additional Descrip				Event:	Descrip	tion o	of the Area Imp	acted:	01103
(select one or more)						nditions which	(Check	All T	'hat Apply)		1
☐ Manhole ☐ House Lateral		caused the de							Private Property t Backup	У	1
Pipe Failure		from the City's						curred at Treatment Plant			- 1
Pump Station Failure			red record rainfall amounts on top of Reached Po								
☐ Treatment Bypassed ☐ Other				ed soils from recent snow melt. This Reached Receiving Water					1		
Describe Other: (In the box belo	(עו		oil absorption of rainfall. It cannot be Name of Receiving Water Impacted:								
See Attachment A	~	determined wi	nen the overflows began or stopped. See Attachment A					1			
Organizations Notified by Facilit	vr. /eala	of one or more)									
☐ IDEM Emergency Response			R Fish & V	Vildlife 🔲	l.ocal	Emergency Manager	nent 🛛	Othe	er: IDEM		
Actions Taken to Prevent, Minin	nize, or	Mitigate Damage in	ncluding C	lean-up and	Treati	ment of Affected Area	ι;				
(Select one or more of the follow	ving, th	en add a written de	scription)								
☐ Removed Blockage ☐ Re The City continues to imp					Olhe		cluda m	onv	nreventative	2	
maintenance activities de										5	-
maintonanos donvinos do	oigno	a to provent an	aroi iiiiii	111120 0401	10110	in the denot con	ioottori t	Jour	2111.		
					Vice o						
Resolution: Actions Taken or Pla	anned (o Prevent Recurrer	nce:						(larata -la		
The City utilized its best e	itorts	leading up to a	na throu	gnout the	exite	me wet weather	event to	mit	ligate dama	ges to	
property. The City continumaintenance activities de	eiano	implement its a	ipproved Mor mini	mizo ovori	lla C	in the cower cel	, which	molu	ide many pr	eveniai	ive
maintenance activities de	signe	a to prevent and	u/OI IIIIIII	111126 0461	IOVYS	III tile sewel co	iection :	syste	5111.		1
		(ATTAI	CH ADDIT	IONAL SHEE	T.S. IF	NECESSARY.)					
		CALLY.		CATION AND	COLUMN TO SHARE	CONTRACTOR OF THE PARTY OF THE	Wallahar.			olica o resea	. E. D. A. (W)
I certify under penalty of law that	t this do	cument and all atte	achments v	vere prepare	d und	er my direction or su	pervision	in acc	cordance with a	system	
designed to assure that qualified manage the system, or those pe	perso	nnei properly galhe licectly responsible	for gather	uate the infor	malio	n submitted. Based the information sub-	on my inq nilled is	ulry o	or the person or best of my kno	persons	wno and
belief, true, accurate, and compl	lete. I a	am aware that there	are signif	ican/penallie	s for	submitting false infor	mation, in	cludi	ng the possibili	ty of fine	and
imprisonment for knowing violati	ions.	(The area below is	for a hand	dwyltensigna	alure o	or an electronic subst	itute then	fax o	r scan to PDF	for emalli	ng.)
SIGNATURE:	_	10-CO	1	me	ノ		DAT	E (m	onth, day, year	14/8	8/19

Attachment A

Reported SSD Discharges for the City Separate Sewer System (April 2014)									
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume					
4/3/2014	4/3/2014	S30 136/S30 137	Schoppman Drain	Unknown					
4/3/2014	4/3/2014	W30 077	Bullerman Drain	Unknown					
4/3/2014	4/3/2014	U38 046	Salgy Drain	Unknown					
4/3/2014	4/3/2014	J50 046	Spy Run Creek	Unknown					
4/3/2014	4/3/2014	2412 Repton Dr.	Bullerman Drain	Unknown					
4/3/2014	4/3/2014	2315 Long Road	Bullerman Drain	Unknown					
4/3/2014	4/3/2014	M18 231	Spy Run Creek	Unknown					
4/3/2014	4/3/2014	L18 129/088/126	Spy Run Creek	Unknown					
4/3/2014	4/3/2014	L23 013	St. Mary's River	Unknown					
4/3/2014	4/3/2014	G34 002	Bercott Drain	Unknown					
4/3/2014	4/3/2014	T34 024	Bullerman Drain	Unknown					
4/3/2014	4/3/2014	T34 028	Bullerman Drain	Unknown					
4/3/2014	4/3/2014	T46 089	Salgy Drain	Unknown					



State Form 48373 (R5 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass re	epor
previously sent on:	

INSTRUCTIONS:

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To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

						ION					
Facility Name: (Organization) Fort Wayne Municipal ST	Ъ	Mailing Address: 515 E. Wallac				County: Allen		NPDES IN 003	Permit #: 2191	Permit N/A	Oulfall
Individual Making Report: (printed Joe E Johnson	ed)		Telephone Number: Contact Email: 260-427-1063 joe.johnson@cityoffe			Date/Time IDEM Not of the fortwa 04/03/2014 @ 3:			□ AM ⊠ PM		
	na bissoluted			e show show as		.org		Agra de son	4 15/8/4 14/4/5		A State of the second
D. I. (11/14 No. 11/14 No.				EASE INFO	RMAT	ION		The second second			
Date (mm/dd/yy) & Time Release Began:	Rele	e <i>(mm/dd/yy)</i> & Tim ease Stopped:				ase: (streets address tion, Force Main etc.)	or	Latitud (Deg I	ie: Min Sec)	Longitud (Deg Mi	
See Attachment PM	See	e Attachment	□ AM □ PM	See Attac	chme	ent A					
See Attachment	See	e Attachment	□ AM □ PM								
Amount of Flow Released:		(always	provide a	volume)		WWTP Flow Durin	g Releas		WTP Peak	Design F	low:
Check one: ⊠ Estimated ☐ Overflow Type: (select one)	Actu	al See	Attachr	nent A galle	ons	65.5 MGD uatic life or receiving	elroam:		0 MGD		
Sanitary Sewer Overflow Treatment Bypass (at waste	water p	olani)	NONE	any damage	to aq	tratic life of receiving	Sileaiii.				
Reason for Bypass/Overflow: (s	elect o	ne or more)		2.11							
☐ Construction Related ☐		er Failure 🔲 Equ	ulpment Fa								ches
System Component(s):		Additional Descrip							e Area Imp	acted:	
(select one or more) ☐ Manhole		Basement bac						All That	<i>Appiy)</i> ate Propert	v	
House Lateral		extraordinary v						ement Ba		7	1
☐ Pipe Failure		Attachment A.							Freatment F	Plant	
☐ Pump Station Failure ☐ Treatment Bypassed		amounts on to	por ane	e coused r	neu :	soil absorption		ched Public Land ched Receiving Water			1
Olher				elt. This caused poor soil absorption							I
Describe Other: (in the hox belo	(עו		Name of Receiving Water Impacted:								
See Attachment A			s backup events did not result in a						1		
			or adversely effect, a regulated water					1			
		body.									
Organizations Notified by Facility ☐ IDEM Emergency Response			R Fish & V	Vildlife 🔲	Local	Emergency Manager	nent 🛛	Other:	IDEM		
Actions Taken to Prevent, Mining (Select one or more of the follow	ving, th	en add a written de	scription)		Treal	ment of Affected Area	ı :				
☐ Removed Blockage ☐ Re	epaired	Pipe Repair	ed Pump 8	Station [Othe						
The City continues to imp	lemer	it its approved (CMOM a	and CSSO	P pro	ograms, which inc	clude m	any pre	eventativ	е	
maintenance activities de	signe	d to prevent and	d/or mini	ımıze over	nows	in the sewer col	lection s	system			
Resolution: Actions Taken or Pla	anned t	o Prevent Recurrer	ice:								
The City utilized its best e	fforts	leading up to a	nd throu								
property. The City continu										eventat	ive
maintenance activities de	signe	d to prevent and	d/or mini	imize over	flows	in the sewer col	lection s	system	ı.		
			011 155/-	IONAL OUT	-70 1-	LIEGEO ARVA					
Marina Maring Secretary and American		The second secon	VALUE OF THE PARTY	CATION AND		NECESSARY.)	New Year		00 et a 60 e	afer No.	the same of
I certify under penalty of law that	this do	ocument and all atta	achments	were prepare	d und	er my direction or sur	pervision	in accord	dance with	a system	
designed to assure that qualified	perso	nnel properly gathe	r and eval	uate the info	rmatic	n submitted. Based	on my ing	uiry of th	e person o	r persons	who
manage the system, or those pe belief, true, accurate, and compl	rsons o	directly responsible	for gather	ing the Inform	nation	, the information subr	nilled is, i	to the be	st of my kn	owledge a	and
imprisonment for knowing violati											
SIGNATURE:)/Y	0 / 16	m	8					h dav veai	101	B/14

Reported Basement Backups for the City Separate Sewer System (April 2014)									
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume					
4/3/2014	4/3/2014	1918 Lindenwood Ave.	Basement	Unknown					
4/3/2014	4/3/2014	3410 Portage Blvd.	Basement	Unknown					
4/3/2014	4/3/2014	4808 Innsbruck Dr.	Basement	Unknown					
4/3/2014	4/3/2014	916 Illsley Dr.	Basement	Unknown					



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☐ Follow-up to Bypass	repor
previously sent on:	

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Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.										
	· · · · · · · · · · · ·		GEN	IERAL INFO	RMAT	TION			4,000	***
Facility Name: (Organiza Fort Wayne Municip	ation)	Mailing Address	(reporting	organization)	County: Allen		NPDES Permit #: IN 0032191	Permit N/A	Outfall	
Individual Making Repor Joe E Johnson	t: <i>(print</i> ed)		ne Number: 17-1063	joe.	lact Email: johnson@cityoffc .org		Date/Time IDEM N 04/03/2014 @		□ AM ⊠ PM
			REL	EASE INFO	RMAT	ION				
Date (mm/dd/yy) & Time Release Began:		Date (mm/dd/yy) & Ti Release Stopped:	ne	Location of	Relea	ase: (streets address (tion, Force Main etc.)	or	Latitude: (Deg Min Sec)	Longitud (Deg Mi	
	□ AM □ PM	See Attachment	□ AM □ PM	See Atta	chme	ent A			-	
See Attachment	☐ AM ☐ PM	See Attachment	☐ AM ☐ PM /s provide a	. volumo)		WWTP Flow During	a Dalage	e: WWTP Peal	Deelan F	low
Amount of Flow Release Check one: ⊠ Estimate	d 🗆		e Attachr	nent A gall	ons	65.5 MGD	-	70 MGD	Designi	1017.
Overflow Type: (select or Sanitary Sewer Overf	flow	aler plant)	NONE	any damage	e to aq	uatic life or receiving	stream:	н		
Reason for Bypass/Overflow: (select one or more) Construction Related Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 1.99 Inches System Component(s): (select one or more) Manhole Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System to the ground only. The City received record rainfall amounts on top of already saturated soils from Treatment Bypassed Other Describe Other; (in the box below) See Attachment A Reason for Bypass/Overflow: (select one or more) Power Failure Equipment Failure Unknown Exceeded Max Capacity Precipitation 1.99 Inches Description of the Area Impacted: (Check All That Apply) Affected Private Property Basement Backup Occurred at Treatment Plant Reached Public Land Reached Receiving Water Name of Receiving Water Impacted: See Attachment A See Attachment A										
Organizations Notified by ☐ IDEM Emergency Re	sponse	☐ Health Dept ☐ D				Emergency Manager		Other: IDEM		
Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area: (Select one or more of the following, then add a written description) Removed Blockage Repaired Pipe Repaired Pump Station Other The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.										
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.										
		(ATT)	ACH ADDIT	IONAL SHE	ETS IF	NECESSARY.)				
I certify under penalty of designed to assure that of manage the system, or the belief, true, accurate, and imprisonment for knowing	qualified p	personnel properly gall	lachments ler and eval e for gather re are signi is for a han	luate the info	ed und rmation nation es for ature	ler my direction or sup on submitted. Based on the information submitting false information submitting false information substitution	on my inq mitted is, i mation, in itule then	uiry of the person of to the best of my kr cluding the possible fax or scan to PDF	or persons lowledge:	and I
SIGNATURE		- /V - (/	c / '	IVVVO			DAT	E (month, day, yea	77: 1	1/

Attachment A

Reported SSO Discharges for the City Separate Sewer System (April 2014)									
Date Discharge Began	Date Discharge Stopped	Address	Receiving Area	Estimated Volume					
4/3/2014	4/3/2014	6000 Abbott St.	Ground	Unknown					
4/3/2014	4/3/2014	6625 Monte Ave.	Ground	Unknown					
4/3/2014	4/3/2014	T42 050 / T42 051	Ground	Unknown					
4/3/2014	4/3/2014	T26 081	Ground	Unknown					
4/3/2014	4/3/2014	405 Southfair Ct.	Ground	Unknown					
4/3/2014	4/3/2014	4012 Springwood Dr.	Ground	Unknown					
4/3/2014	4/3/2014	U38 061	Ground	Unknown					
4/3/2014	4/3/2014	I31 094 /I31 092	Ground	Unknown					



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		, ,	indian constraint			- And Market Market Co.	\$ ** \$. App. ** 5.			S	
				IERAL INFO				NDDEC D" "	Dec."	Outfall	
Facility Name: (Organization) Fort Wayne Municipal STF		Malling Address: 515 E. Wallac	ce Street County: County: County:					NPDES Permit#: IN 0032191	Permit N/A	Outtall	
Individual Making Report: (printed Joe E Johnson	Telephone Number: Contact Email: 260-427-1063 joe.johnson@cityoffortwa					Date/Time IDEM Notified: 04/07/2014 @ 2;33					
				yn€	e.org						
					IION						
Date (mm/dd/yy) & Time Release Began:	telease Began: Release Stopped:					ase: (streets address tion, Force Main etc.)	or ———	Latitude: (Deg Min Sec)	Longitude: Sec) (Deg Min Sec)		
See Attachment AM	See A	Attachment	□ AM □ PM								
See Attachment AM	See A	Attachment	☐ AM ☐ PM								
Amount of Flow Released:			s provide a			WWTP Flow Durin	g Releas		Design F	low:	
	Actual	Sec		nent A gall		63.98 MGD		70 MGD			
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at wasteu	vater plai	nt)	NONE	any damage	10 80	quatic life or receiving	stream:				
Reason for Bypass/Overflow: (se	lect one								TOO MICHAEL	. "	
	Power		ulpment Fa					city 🛛 Precipitation		ches	
System Component(s):		dditional Descri						tion of the Area Imp All That Apply)	acted:		
(select one or more) ☐ Manhole						onditions which Attachment A.		cled Private Propert	v		
House Lateral		he City recei					☐ Base	ement Backup	ickup		
☐ Pipe Failure						ted soils from		irred at Trealment F ched Public Land	Plant	1	
Pump Station Failure Treatment Bypassed								ched Receiving Wa	ter		
☐ Other	م ا م			nlod with riging river levels, that							
Describe Other: (in the hox below	y) re	esulted in the	City using romoto number to avoid or Ivalle of Receiving vivaler impacted.								
See Attachment A				re property damage and street flooding.							
			would not have occurred without								
	ti	hese extreme									
Organizations Notified by Facility: ☐ IDEM Emergency Response	: (select ☐ Hea	one or more) allh Dept □ DN	IR Fish & V	Vildlife □	Local	Emergency Manager	ment 🗵	Other: IDEM			
Actions Taken to Prevent, Minimi	ze, or Mi	iligale Damage i	including C	lean-up and	Treal	ment of Affected Area	ı:		20		
(Select one or more of the follow! ☐ Removed Blockage ☐ Re	ng, men paired Pi	ipe 🔲 Repai	red Pump S	Station	Othe	er					
The City continues to imple	ement	its approved	смом а	and CSSO			clude m	any preventativ	е		
maintenance activities des	igned t	to prevent an	d/or mini	imize over	flows	s in the sewer col	lection :	system.			
		ATTACA SE PROPERTO DE LA CASA DE						A. S. Mariane and American properties.			
Resolution: Actions Taken or Plan									was to		
The City utilized its best ef	rorts le	ading up to a	and inrou	gnout the	extre	eme wet weather	event to	CSSOD program	ges to	_{sh}	
property with emergency p include many preventative	umping	g. The City co	onunues Boo dooi	to implem	enti	t approved Civic	nvi anu	we in the cower	rollecti	on	
system.	mainte	enance activi	แคร ตครเช	gried to pre	SVEII	t and/or minimize	OVEITIO	M2 III (IIG 26MCI	COHECU	011	
System.		(4774	OLI ADDIT	TOTAL OUT	-TO 1	E MEGEOGA DVA					
						FNECESSARY.) Nature					
I certify under penalty of law that	lhis docu	ument and all att	achments	were prepare	d und	der my direction or su	pervision	in accordance with	a system		
designed to assure that qualified	personn	el properly gathe	er and eval	uate the info.	rmalic	on submitted. Based	on my Inc	uiry of the person o	r persons	who	
manage the system, or those per- belief, true, accurate, and comple	sons dire	ecily responsible aware that ther	e are slantf	ing the intoth Mant penalli	nation	i, me information subt submitting false infor	muteo is, mation, in	cluding the nossibil	owledge a	and	
imprisonment for knowing violation	ns. (7	he area below !	s for a hang	awritten sign	alure	or an electronic subst	itule then	fax or scan to PDF	for empli	ing.)	
SIGNATURE:	As y	1	oth	asor)				E (monlh, day, yea	26/11	1/14	
	2				-						

Attachment A

Pumping Information Concerning Discharges from the City's Seperate Sewer System

Date & Time Discharge Began	Date & Time Discharge Stopped	Discharge Location	Receiving Stream	Estimated Volume (based on pump data)
4/7/14 11:20 PM	4/8/14 11:25 AM	Foster Park K19 070	St. Mary's River	>100,000 gal
4/7/14 11:30 PM	4/8/14 11:07 AM	Hartman Rd K15 167	St. Mary's River	>100,000 gal
4/7/14 11:45 PM	4/8/14 8:30 AM	Baer Rd H27 044	Fairfield Ditch	>100,000 gal
4/7/14 11:40 PM	4/8/14 8:52 AM	Bella vista Bridge 19 112	Fairfield Ditch	>100,000 gal



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to the Emergency Res	nonse Sec	lion spill response line	at: (317) 2:	33-7745 or to	Il free	within Indiana at (88			the release		
are analysine, two		tion opin response line	GEN	IERAL INFO	RMAT	ION			:VW//////VV		
Facility Name: Water Pollution Control Ma	, , , , , , , , , , , , , , , , , , , ,					NPDES Permit #: IN0032191		Permit Outfall			
Individual Making Rep Joe E. Johnson	oit:			ne Number: 27-6047		lact Email: nnson@cityoffortwayne.org	3		ime IDEM No 7/13 11:00		⊠AM □ PM
			REL	EASE INFO	I RMAT	ION					
Date (mm/dd/yy) & Time Date (mm/dd/yy) & Time Release Began; Release Stopped;				Location Release	d From	: (Address & Description of		Latitude: (Deg Min Sec)		Longitude (Deg Min Sec)	
04/07/14 9:44	⊠AM □PM	04/07/14 11:00	⊠AM □ PM	U46 015	015 N/A				N/A		
	□ AM □ PM		□ AM □ PM		7522	2 SUNNY LN		N/A N			N/A
Amount of Flow Releas Check One: 図 Estima	sed:	(ALWAY Actual 50 GAL		E A VOLUME	:)	WWTP Flow During 63.98 MGE		e:	WWTP Peal 70.0	Design	n Flow: O
Overflow Type: (select	erflow	ing Last one Property	Describe None	any damage	to aqı	iatic life or receiving	stream:				
☐ Treatment Bypass Reason for Bypass/Ov											
Construction Related			ulpment Failu	re 🔲 Ur	known	☐ Exceeded Max C	Capacity		Precipitation	0.00	0 Inches
System Component(s) (select one or more) Manhole House Lateral Pipe Failure Pump Station Failu Treatment Bypasse Other Describe Other: (in the	iption of the Bypass/Overflow Event: Firred from the above listed seperate sanitary line was partially blocked with roots. The City and removed the blockage. The overflow was City will televise to ensure there are no further line. The overflow was to the ground only and adversely affect, a regulated water body. Description of the Ar (Check All That App Maffected Private Reached Public Reached Public Reached Receiving Mare of Receivin					at Apply) Private Prope I Backup at Trealment Public Land Recelving W	Property Oroperty Oroperty Ment Plant and and Water				
IDEM Organizations Notified	by Facility:	(select one or more)									_
☐ IDEM Emergency I	the state of the s	☐ Health Dept ☐ ☐	NR Fish &	Wildlife □	Local	Emergency Manager	ment [2	Other	: IDEM		
	the followi	ze, or Millgate Damage ing, then add a wrillen d aired Pipe ☐ Repair				ment of Affected Are	a:				
The City flushed the lin many preventative mal									programs, v	hich ind	clude
Resolution: Actions Ta The City continues to in prevent and/or minimiz	nplement i	ts approved CMOM an	d CSSOP p	orograms, wh	ich ind	clude many prevental	live main	tenanc	e activities d	esigned	l to
						NECESSARY)					
designed to assure that who manage the syste knowledge and belief,	of law that it qualified m, or those true, accur mprisonnfe	this document and all a personnel properly gath e persons directly respo ate, and complete. I a ont for knowing violation	attachments her and eya onsible for) m aware tha	s were prepar duate the info pathering the at there are s	ed un rmati inforn ignific	der my direction or s on submitted. Based nation, the informatio ant penalties for sub-	upervision on my lin n submit mitting fa or an elec	nquiry o ted is, alse info ctronic	of the person to the best of ormation, inc substitute th	or pers f my luding tl	ons



BYPASS / OVERFLOW INCIDENT REPORT State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

	Follow-up to Bypass report
pre	eviously sent on:

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.eports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

to the Emergency Response Section	on spill response line a		IERAL INFO			8) 233-7	/45.	Adjano, 19	White and	******
Facility Name: Water Pollution Control Maintenance				orting organization County:			NPDES Permit #: IN0032191		Permit	Outfall V/A
Individual Making Report: Joe E. Johnson		1.2	ne Number: 27-6047		tact Email; hnson@cityoffortwayne.org			Time IDEM N 0/14 10:05		⊠AM □ PM
		REL	EASE INFOR	RMAT	ION	1			4.00	
Release Began:	Date (mm/dd/yy) & Time Release Stopped:		Manhole, Lift Sta		: (Address & Description of rce Main, etc.)		Latit (Deg	ude: Min Sec)	Longitud (Deg Mi	
04/10/14 8:03 XAM PM PM	04/10/14 9:30	□ PM	Q31 018	207	LESWOOD CT			N/A		1/A
□РМ		☐ AM ☐ PM	L					N/A		√/A
Amount of Flow Released: Check One: ⊠ Estimated ☐ A	(ALWAYS	S PROVIDI	E A VOLUME)	WWTP Flow Durin 65.49 MGI		e:	WWTP Peal 70.0	k Desigr 0 MGE	
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at wastewa		Describe None	any damage	o aq	uatic life or receiving	stream:				
Reason for Bypass/Overflow: (sele		lpment Failu	re 🗍 Un	knowr	n ☐ Exceeded Max (Capacity	П	Precipitation	0.00	0 Inches
System Component(s): (select one or more) Manhole House Lateral Pipe Fallure Pump Station Failure Treatment Bypassed Additional Description of the Bypass/Overflow Event: An overflow occrurred at the above listed seperate sanitarty manhole The line was partially blocked with grease and other sanitary deris The City removed the blockage, thus clearing the sewer line. The overflow was cleaned up. Description of the Area Imnpa (Check All That Apply) Affected Private Property Basement Backup Occurred at Treatment Ple Reached Public Land Reached Receiving Wate						rty Plant				
Other Describe Other: (in the box below)				J-7		Name o		elving Water i	impacte	d:
Organizations Notified by Facility: ☐ IDEM Emergency Response	(select one or more) ☐ Health Dept ☐ DI	NR Fish &	Wildlife ∐I	ocal	Emergency Manager	ment [2	Othe	r: IDEM		
Actions Taken to Prevent, Minimiz (select one or more of the followin ⊠Removed Blockage ☐ Repai	g, then add a written de red Pipe ☐ Repaire	escription d Pump Stat	ion ∐Oli	ner					RC 00 14 10	
The overflow was cleaned up . The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.										
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.										
	THE PROPERTY OF THE PROPERTY O		CONTRACTOR OF THE PARTY OF THE	THE RESIDENCE OF THE PERSON NAMED IN	NECESSARY)		(A) (V		1. T.	
I certify under penalty of law that to designed to assure that qualified p who manage the system, or those knowledge and belief, true, accura possibility of fine and imprisonment scan to PDF for emailing.)	nis document and all at ersonnel properly gath persons directly respoi te, and complete. I am	Itachments er and eva nsible for g n aware tha s. (The are	s were prepare luate the info gathering the at there are si an below is fo	ed ur rmati inforr gnific	der my direction or s on submitted. Basec nation, the informatio ant penalties for sub andwritten signature	upervisio I on my li n submit mitting fa or an elec	nquiry led is, ilse in ctronic	ccordance will of the person to the best of formation, inc	th a syst or pers f my luding th on fax o	em ons

State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass	report
previously sent on:	

scan to PDF for emailing.)

SIGNATURE:

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To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745. GENERAL INFORMATION Facility Name: Mailing Address: (reporting organization County: NPDES Permit #: Permit Outfall Water Pollution Control Maintenance IN0032191 Allen N/A 515 East Wallace St Individual Making Report: Telephone Number: Contact Email: Date/Time IDEM Notified X AM Joe E. Johnson joe.johnson@cityoffortwayne.org (260) 427-6047 04/15/14 9:00 □РМ RELEASE INFORMATION Date (mm/dd/yy) & Time Date (mm/dd/yy) & Time Latitude: Location Released From: (Address & Description of Longitude Release Began: Release Stopped: Menholo, Lift Station, Force Main, etc.) (Deg Min Sec) (Deg Min Sec) **MA** 04/14/14 9:45 6406 Birchdale Dr 04/14/14 3:07 N/A N/A ⊠_{PM} XPM 6400 To6499 BIRCHDALE DR □ AM ☐ AM N/A N/A \square PM $\square PM$ WWTP Peak Design Flow: 70.00 MGD Amount of Flow Released: (ALWAYS PROVIDE A VOLUME) WWTP Flow During Release: 65.39 MGD Check One: Estimated ☐ Actual Unknown GAL Overflow Type: (select one) Describe any damage to aquatic life or receiving stream: Sanitary Sewer Overflow None Treatment Bypass (at wastewater plant) Reason for Bypass/Overflow: (select one or more) Precipitation 0.000 Inches Construction Related Power Failure Exceeded Max Capacity [7] Equipment Failure Unknown Description of the Area Imnpacted: (Check All That Apply) Additional Description of the Bypass/Overflow Event: System Component(s): (select one or more) A basement backup was repoerted at the above listed address Affected Private Property Manhole located in the seperate sanitary sewer system. The City flushed ☐ House Lateral **Basement Backup** the line to remove any potential partial blockages. However, it Occurred at Treatment Plant ☐ Pipe Fallure cannot be determined if the homeowner's private lateral ☐ Pump Station Fallure Reached Public Land contributed to the incident. The backup was not a result of a Reached Receiving Water ☐ Treatment Bypassed ☐ Other capacity issue. The backup event did not result in a discharge, Describe Other: (in the box below) or adversely effect, a regulated water body. Name of Receiving Water Impacted: Organizations Notified by Facility: (select one or more) ☐ IDEM Emergency Response ☐ Health Dept ☐ DNR Fish & Wildlife ☐ Local Emergency Management ☑ Other: ☐ DEM Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area: (select one or more of the following, then add a written description ☐ Removed Blockage Repaired Pipe Repaired Pump Station Other The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. (ATTACH ADDITIONAL SHEETS IF NECESSARY) **CERTIFICATION AND SIGNATURE** 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. (The area below is for a handwritten signature or an electronic substitute then fax or

DATE (month, day, year):



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to the Emergency Res	ponse Sec	tion spill response line	at: (317) 2:	33-7745 or to	Il free	within Indiana at (88	8) 233-7	745.				
Facility Name:		Mailing Address:	sono mindra se su consulta de	COLUMN TO SERVICE STATE OF THE PARTY OF THE	MILLA	County:		NPDF	S Permit#:	Permit	Oulfall	
Water Pollution Control Ma	intenance	515 E. Wallac	, , , , , , , , , , , , , , , , , , , ,						IN0032191		Outtail	
Individual Making Rep Joe E. Johnson	ort:		Telephor	ne Number: 27-6047		tact Email: hnson@cityoffortwayne.org			Time IDEM No	otified	200000	
OUG E. OUTHISON			J.S. S.			1000 1	CORPORATION TO STATE	04/30	0/14 9:00	POWERE WINGS	□РМ	
			REI	EASEINFO				1 - 17		Longitud	La Carte Cons	
Release Began:	te (mm/dd/yy) & Time Date (mm/dd/yy) & Time Location Released From: (Address & Description of Release Began: Manhola, Lift Station, Force Main, etc.)										in Sec)	
04/29/14 12:00	⊠AM □ PM	04/29/14 12:00	⊠AM □ PM	PM N/A					N/A	N/A		
	□ AM □ PM_		□ AM □ PM		153	30 ARDIS ST			N/A		N/A	
Amount of Flow Releas Check One: ⊠ Estima		(ALWA) Actual Unknown M		E A VOLUME)	WWTP Flow During 60,33 MGE	g Releas)	e:	WWTP Peak 70.0	c Design	n Flow: O	
Overflow Type: (select			Describe None	any damage	to aq	uatic life or receiving	stream:					
☐ Treatment Bypass		ater plant)	ITTOTIO									
Reason for Bypass/Ov	erflow: (se	lect one or more)				101/2			8 8 8	0.50	0	
☐ Construction Related			ulpment Failu				,		Precipitation		0 Inches	
System Component(s): (select one or more) Manhole House Lateral Pipe Failure Pump Station Fallure Other Describe Other: (in the box below) Additional Description of the Bypass/Overflow Event: A basement backup was reported at the above listed address located in the seperate sanitary sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the homeowner's private lateral contributed to the incident. The backup was not a result of a capacity issue. The backup event did not result in a discharge, or adversely effect, a regulated water body. Additional Description of the Area Immpacted: (Check All That Apply) Affected Private Property Basement Backup Occurred at Treatment Plant Reached Public Land Reached Receiving Water Name of Receiving Water Impacted:												
□ IDEM Emergency Response □ Health Dept □ DNR Fish & Wildlife □ Local Emergency Management ☑ Other: IDEM Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area: (solect one or more of the following, then add a written description □ Removed Blockage □ Repaired Pipe □ Repaired Pump Station □ Other The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.												
		¥411		****								
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.												
(ATTACH ADDITIONAL SHEETS IF NECESSARY)												
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. The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.) SIGNATURE: DATE (month, day, year):												



State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report previously sent on:

SIGNATURE:

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To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745. GENERAL INFORMATION Facility Name: County: NPDES Permit #: Mailing Address: (reporting organization Permit Outfall Water Pollution Control Maintenance IN0032191 515 East Wallace St Fort Wavne Allen Telephone Number: Individual Making Report: Date/Time IDEM Notified X AM Contact Email: Joe E. Johnson (260) 427-6047 joe.johnson@cityoffortwayne.org 05/07/14 9:00 ☐ PM RELEASE INFORMATION Date (mm/dd/yy) & Time Date (mm/dd/yy) & Time Location Released From: (Address & Description of Latitude: **Longitude** Manhole, Lift Station, Force Maln, etc.) Release Began: Release Stopped: (Deg Min Se (Dea Min Se □ AM ⊠ PM MA 9912 River Rapids Run 05/06/14 9:21 05/06/14 2:59 N/A N/A X PM MA 9912 RIVER RAPIDS RUN \square AM N/A N/A □ PM ☐ PM Amount of Flow Released: WWTP Peak Design Flow: (ALWAYS PROVIDE A VOLUME) WWTP Flow During Release: 70.00 MGD Check One: X Estimated ☐ Actual 200 GAL 39.24 MGD Overflow Type: (select one) Describe any damage to aquatic life or receiving stream: ☐ Sanitary Sewer Overflow None ☐ Treatment Bypass (at wastewater plant) Reason for Bypass/Overflow: (select one or more) 0.000 Inches Precipitation ☐ Construction Related Power Failure Exceeded Max Capacity Equipment Failure ☐ Unknown Description of the Area Imnpacted: (Check All That Apply) System Component(s): Additional Description of the Bypass/Overflow Event: (select one or more) An overflow occurred from the above listed seperate sanitary Manhole ☐ Affected Private Property sewer line. The line was partially blocked with rags and other ☐ House Lateral ☐ Basement Backup sanitary debris. The City flushed and removed the blockage. The ☐ Pipe Fallure Occurred at Treatment Plant Pump Station Failure City will televise to ensure there are no further blockages in the ☐ Reached Public Land ☐ Treatment Bypassed ☑ Reached Receiving Water line. Other Describe Other: (in the box below) Name of Receiving Water Impacted: St Joseph River Organizations Notified by Facility: (select one or more) ☐ IDEM Emergency Response ☐ Health Dept ☐ DNR Fish & Wildlife ☐ Local Emergency Management ⊠Other: IDEM Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area: (select one or more of the following, then add a written description ☐ Repaired Pipe Repaired Pump Station Removed Blockage Other The City flushed the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. (ATTACH ADDITIONAL SHEETS IF NECESSARY) CERTIFICATION AND SIGNATURE 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 here are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations, (The area below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.) DATE (month, day, year): C



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to the Emergency Res	the releas ponse Sec	e is re tion s	esulting in a fish oill response line	at: (317) 2	33-7745 or to	II free	within Indiana at (88	mediately 38) 233-7	y repo 745.	rt the release		
Facility Name: Water Pollution Control Ma	aintenance		Mailing Address: 515 East Wall	(reporting o	IERAL INFO	-	County: Allen			ES Permit #: 032191	Permit	Outfall
Individual Making Report: Joe E. Johnson			- 25	ne Number: 27-6047		act Email: nson@cityoffortwayne.org			Time IDEM N 5/14 9:00	otified	⊠AM □ PM	
			THE PERSON	REL	EASE INFOR			OF BELLEVI		25/25/54	WO Y S	
Date (mm/dd/yy) & Time Release Began:			(mm/dd/yy) & Time ase Stopped:				(Address & Description of		Latitude:		Longitude (Deg Min Sec)	
05/12/14 12:00	⊠AM □ PM		2/14 12:00	14 12:00 NAM 2221 Reidmiller			er		(Deg Min Sec) N/A			V/A
	□ AM □ PM			□ AM □ PM	222	1 RII	EDMILLER AVE			N/A	1	V/A
Amount of Flow Releas Check One: ☐ Estima	sed:	Actual	<i>(ALWAY</i> Unknown		E A VOLUME	:)	WWTP Flow Durin 60.59 MGE	g Releas	e:	WWTP Peal 70.0	L k Design Flow:)0 MGD	
Overflow Type: (select	erflow			Describe : None	any damage (to aqu	atic life or receiving	stream:				
☐ Treatment Bypass												
Reason for Bypass/Ove	•			uipment Failu			Exceeded Max (Capacity		Precipitation	0.00	0 _{Inches}
(select one or more) A basement backup □ Manhole located in the combination flushed the line to remove flushed the line to remove, it cannot be lateral contributed to of a capacity issue.				mbined sar o remove a ot be deter d to the inc ue. The bac	p was reported at the above listed address placed sanitary sewer system. The City remove any potential partial blockages. be determined if the homeowner's private to the incident. The backup was not a result. The backup event did not result in a resely effect, a regulated water body. (Check All That Apply) Affected Private Property Basement Backup Occurred at Treatment Plant Reached Public Land Reached Receiving Water Name of Receiving Water Impacted:					:t:		
Organizations Notified ☐ IDEM Emergency F				NR Fish &	Wildlife □L	ocal E	Emergency Manager	ment 🗵	Othe	r: IDEM		
Actions Taken to Preve (select one or more of ⊠Removed Blockage		ng, the	en add a written d				nent of Affected Area	a:				
The City flushed the line many preventative mair	The City flushed the line to remove any partial blockages. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.											
Resolution: Actions Tak The City continues to in prevent and/or minimize	nplement it	s app	roved CMOM and	CSSOP p	rograms, whic	ch incl	ude many preventat	ive main	enand	ce activities de	signed	to
	The State of the S				ONAL SHEE		NECESSARY)				59000	537 (5).44
I certify under penalty of designed to assure that who manage the syster knowledge and belief, t possibility of fine and in scan to PDF for emailing SIGNATURE:	t qualified p n, or those rue, accura nprisonmei	person person ite, an	cument and all a nel properly gath ns directly respo d complete. I an	ttachments er and eval nsible for g n aware tha	were prepare uate the infor athering the in there are sign	ed und mation nforma gnifica	er my direction or sun submitted. Based ation, the information of penalties for subr	on my in n submitt mitting fal or an elec	quiry ed is, se inf tronic	of the person to the best of ormation, incl substitute the	or perso my udina the	ons e



State Form 48373 (R5 / 4-13) Indiana Department of Environmental Management Office of Water Quality

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previously sent on:

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				RMATION				
Facility Name: (Organization)	Mailing Address: (reporting organization) County:					NPDES Permit #:	Permit	Outfall
Water Pollution Control Maintenance	515 East Wal		20	Allen		0032191 N/A Date/Time IDEM Notified:		
Individual Making Report: (printed)	1	ET CONTRACTOR	ne Number:	Contact Email:				☑ AM
Joe E. Johnson			27-1063	joe.johnson@cityoffo		5/15/2014 @	0900	□PM
	e <i>(mm/dd/yy)</i> & Time ease Stopped:	COST STATES	Location of	RMATION Release: (streets add lit Station, Force Main	ress or	Latitude: (Deg Min Sec)	Longilud (Deg Mi	
05/15/2014 AM 05	110/2014	[2] AM					N/A	
AM D PM		☐ AM ☐ PM						
Amount of Flow Released: Check one: Estimated Activity	(alivays		a volume) is	60.92 MGD		e: WWTP Peak 70 MGI		low:
Overflow Type: (select one) Sanltary Sewer Overflow Treatment Bypass (at waslowater		Describe None	any damage	to aquatic life or rece	iving stream:			
Reason for Bypass/Overflow: (select	one or more)	95 NES		79-300	D SOCIETY VID		0.00	
□ Construction Related	rer Failure	RFIsh & V	Bypass/Ove	erflow Event: Local Emergency Mar	Descrip (Check Affe Bass Cocc Rea Name of	icity Precipitation of the Area Imparation of	oacted; ly Plant ter	
Actions Taken to Prevent, Minimize, of (Select one or more of the following, to Removed Blockage Repaire	hen add a written des	cription)		Treatment of Affected Other	Area:			
The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.								
Resolution: Actions Taken or Planned The City utilized its best efforts leading The City continues to implement its a prevent and/or minimize overflows in	ng up to and througho approved CMOM and	out the ex CSSOP	dreme wet w programs, w	eather event to miligat hich include many pre	le damages to ventative main	property with emer	rgency pu Jesigned t	mplng.
				TS IF NECESSARY.)		V. T. S.	STATE OF THE PARTY	20253446563
I certify under penalty of law that this designed to assure that qualified pers manage the system, or those persons belief, true, accurate, and complete. Imprisonment for knowing violations. SIGNATURE:	focument and all attaconnel properly gather directly responsible forms aware that there	chments and eval for gather	were prepar luate the Info ing the infor	rmation submitted. Barnation, the information	ased on my in a submitted is information, i substitute the	quiry of the person , to the best of my k netuding the possib	or person nowledge ility of fine F for emai	s who and and and illing.)

Attachment A

Additional Description of the Bypass/Overflow Event:

Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System. The City received a large amount (3.69 inches) of rain over a five-day period. This resulted in poor absorption of rain in already saturated soils. This, coupled with rising levels resulted in the City using remote pumps to avoid or mitigate sever property damage and street flooding. This pumping would not have occurred without these extreme wet weather conditions.

Pumping from the City's Separate Sanitary Sewer System (May 2014)

Date & Time	Date & Time			Estimated Volume (based
Discharge Began	Discharge Stopped	Discharge Location	Receiving Stream	on pump data)
5/15/14 6:55 AM	5/15/14 2:30 PM	Wheaton Court S30 189	Schoppman Drain	>100,000 gal
5/15/14 8:21 AM	5/15/14 2:15 PM	Long Road X18 195	Bullerman Drain	>100,000 gal
5/15/14 9:00 AM	5/15/14 3:15 PM	1613 Curdes	St Mary's River	>100,000 gal
5/15/14 11:50 AM	5/15/14 2:45 PM	Bella Vista Bridge I19 112	Fairfield Ditch	>100,000 gal



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previously sent on:	_

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		(AEI)	ERALINEA	PIUM	TION		ve in the second and the			
Facility Name: (Organization)	Malling Address:		GENERAL INFORMATION rting organization) County: NPDES Perm						Oulfall	
Water Pollution Control Maintenance	tion Control Maintenance 515 East W				Allen	ì	0032191	N/A		
Individual Making Report: (printed)	Telephoi	ne Number:	Con	tact Emall:		Date/Time IDEM N	otified:			
Joe E. Johnson		260-4	27-1063	Joe.	johnson@cityoffortway	ne.org	5/15/2014@	0900	[☑ AM □ PM	
					ION					
Release Began: Re	ite <i>(mm/dd/lyy)</i> & Tim lease Stopped:				ase: (streets address tion, Force Main etc.)		Latitude: (Deg Min Sec)	Longitud (Deg Mi		
05/15/2014 AM 05	5/15/2014	☑ AM □ PM	See Att	achr	nent A		N/A	N/A		
☐ AM ☐ PM		☐ AM ☐ PM								
Amount of Flow Released:		s provide			WWTP Flow Durin	g Releas		Design F	low:	
Check one: Estimated Act	ual sual	*** gallor	18		60.92 MGD		70 мд)		
Overflow Type: (select one) Sanitary Sewer Overflow Treatment Bypass (at wastewate.	r plant)	None	any damage	e to ac	ualic life or receiving	stream:				
Reason for Bypass/Overflow: (select	one or more)									
☐ Construction Related ☐ Por	ver Failure 🔲 Equ	ulpment Fa		Inkno			acity 🛭 Precipitation		Inches	
System Component(s): (select one or more)	Additional Descrip		Bypass/Ove	Mollie	Event:		otion of the Area Imp k All That Apply)	acted:		
☐ Manhole	Oce Allaciment	3				☐ Affe	cted Private Propert	ly		
☐ House Lateral ☐ Pipe Fallure							ement Backup urred at Treatment I	Plant		
☐ Pump Station Fallure	1					Rea	ched Public Land			
☐ Treatment Bypassed ☐ Other		□R					Reached Receiving Water			
Describe Other: (in the box below)					Name	me of Receiving Water Impacted:				
S 5-201										
Organizations Notified by Facility: (se	lect one or more)					ENGRALE 130	1 2 1			
☐ IDEM Emergency Response ☐	Health Dept ☐ DN	R Fish & V	Vildlife 🔲	Local	Emergency Manager	ment 🗜	Olher: IDEM			
Actions Taken to Prevent, Minimize, (Select one or more of the following, Removed Blockage Repaire	hen add a written de	scription)		Trea Olh		a:	,			
The City continues to implement its	approved CMOM and	d CSSOP	programs, w	hich i	nclude many preventa	ative mal	ntenance activities o	lesigned l	0	
prevent and/or minimize overflows in	the sewer collection	ı system.								
,							22 11 10 20 20 11 10 1 E			
Resolution: Actions Taken or Planned The City utilized its best efforts lead	to Prevent Recurre	nce:	treme wet w	eathe	r event to comply with	n ils NPD	ES permit, CMOM a	and CSSC	OP	
programs. The City continues to imp	lement its approved	CMOM an	d CSSOP pr	ograr	ns, which include mar	ny prever	ntative maintenance	activities	"	
designed to prevent and/or minimize				1						
					NECESSARY.)					
I certify under penalty of law that this	decument and all att	CERTIFIC	ATION AND	SIG	VATURE	mondale:	a la accordance usita	a puntar		
designed to assure that qualified pers	onnel properly gathe	er and eval	luate the Info	rmati	on submitted. Based	on my in	gulry of the person	or person	s who	
manage the system, or those persons	directly responsible	for gather	ing the inform	mation	n, the Information sub	milled is,	to the best of my ki	novvledge	and	
belief, true, accurate, and complete. imprisonment for knowing violations.	The area below is	for a han	nyált perialti nyálten sign	ature	or an electronic subs	litute the	n fax or scan to PDI	for emai	ling.)	
	OP 15-	-101	111=						- 1	
SIGNATURE:	1000	11		-		DAT	E (month, day, yea	1): 03/20	AU 14	

Attachment A

Additional Description of the Bypass/Overflow Event:

Extraordinary wet weather created conditions which caused the described discharges on Attachment A from the City's Separate Sanitary Sewer System. The City received a large amount (3.69 inches) of rain over a five-day period. This resulted in poor absorption of rain in already saturated soils. This caused poor soil absorption of rainfall. It cannot be determined when the overflows began or stopped.

	Overflows	s from the City's Separate Sewe	er System (May 2014)	
Date Began	Date Stopped	Structure ID	Receiving Area	Estimated Volume
5/15/2014	5/15/2014	V06 001	Maumee River	Unknown
5/15/2014	5/15/2014	T34 024	Bullerman Drain	Unknown
5/15/2014	5/15/2014	T34 028	Bullerman Drain	Unknown
5/15/2014	5/15/2014	L23 009	St Mary's River	Unknown
5/15/2014	5/15/2014	L23 010	St Mary's River	Unknown
5/15/2014	5/15/2014	L23 013	St Mary's River	Unknown
5/15/2014	5/15/2014	2412 Repton Dr X18 002	Bullerman Drain	Unknown
5/15/2014	5/15/2014	2412 Repton Dr X18 003	Bullerman Drain	Unknown
5/15/2014	5/15/2014	Tamarack Dr S30 036	Schoppman Dr	Unknown



State Form 48373 (R6 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report
previously sent on:

INSTRUCTIONS: Complete all parts of this form and fax it to the <u>Office of Water Quality (OWQ)</u> at (317) 232-8637 or 232-8406. Or email signed copies to <u>www.eports@idem.tN.gov</u>. Submitted of this report will salisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speek with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

Neva (Control of Control of Contr		4455 E			IERAL INFO	-	700				
Facility Name: (Organia	zalion)		Mailing Address:	NPDES Permit #:	Oulfall						
Water Pollution Control		nce	515 East W		2000-00-00-00-00-00-00-00-00-00-00-00-00		County: Allen	- 1	0032191	N/A	
Individual Making Repo	ort: (printed	ŋ	L		ne Number:	Con	tact Emall:		Date/Time IDEM N		,
Joe E. Johnson				260-4	27-1063	joe.	johnson@cityoffortway	ne.org	5/15/2014 @	0900	☑ AM □ PM
				REL	EASE INFO						
Date (mm/dd/yy) & Tim Release Began:			e <i>(mm/dd/yy)</i> & Tin ease Stopped:				ase: (streets address tion, Force Main etc.)		Latitude: (Deg Min Sec)	Longitud (Deg Mi	de: 'n Sec)
05/15/2014	☐ PM ☐ AM	05/	/15/2014	☑ AM □ PM □ AM	5605 Mas	son E	rive & 2611 Maum	nee Ave	N/A	N/A	
	PM			☐ PM					1	1	
Amount of Flow Releas	ed:	2.500.000.000		s provide			WWTP Flow Durin	g Release	1390000		low:
Check one: ☑ Estimal Overflow Type: (select		Actu	al Unkno	own gallor		10.00	60.92 MGD	otroom	70 мб	D	
Sanitary Sewer Ove	rflow	aler j	vlant)	None	any damage	o to ac	ualic life or receiving	sueam.			
Reason for Bypass/Ove	erflow: (se	ect o	CONTRACTOR OF THE PROPERTY OF								
Construction Relate		Pow		ulpment Fa		Inkno			city 🛭 Precipitati		Inches
System Component(s): (select one or more) Manhole House Lateral Pipe Failure Pump Station Failure Trealment Bypassed Additional Descrip Basement backup Sanitary Sewer Stantot be determing the incident. The regulated waterbox				ps were re System. Th Ilned if the overflow	ported from e two reporte homeowner	lhe Ci ed are 's late	ly's Separate listed above. It ral contributed to	(Check ☐ Affect ☐ Base ☐ Occu ☐ Read	tion of the Area Imp All That Apply) cled Private Proper ement Backup urred at Treatment ched Public Land ched Receiving Wa	ty Plant	
Other Describe Other: (in the box below)									of Receiving Water Impacted:		
Organizations Mailford b	ny Posliiku	(00/0	of one or more)						in the state of th		
Organizations Notified t ☐ IDEM Emergency Re			Health Dept ☐ DN	R Fish & V	Vildlife □	Local	Emergency Manager	ment 🛭	Olher: IDEM		
Actions Taken to Preve (Select one or more of to Removed Blockage	he following	ig, th	Miligate Damage en add a written de I Pipe Repai	scription)		Treat		a:			
The City continues to le prevent and/or minimize					programs, w	hich ir	nclude many prevente	ative main	tenance activities	designed t	0
			2								
Resolution: Actions Tak The City utilized its bes CSSOP programs, whi system.	st efforts le	ading	g up to and through	out the ex							
							NECESSARY.)	an senten		Constitution of the Consti	Commence
I certify under penalty of designed to assure that manage the system, or belief, true, accurate, ar imprisonment for knowle	qualified p those pers nd complet	ersonersonersone	ocument and all att nnel properly gathe directly responsible am aware that there	achments er and eval for gather e are stool	luate the info ing the infon ficantalenalti	ed une rmalic palior es for	der my direction or su on submilled. Based n, the information sub	on my ind milled is, mation, in litute then	quiry of the person to the best of my k noluding the possib n fax or scan to PD.	or person nowledge lilty of fine F for emai	s who and and and lling.)
SIGNATURE:	S	1/	Ty.		VIY	4)		DAT	E (month, day, yea	1): 001201	2014



State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

	Follow-up to Bypass report
pre	viously sent on:

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.eports@idem.in.gov. Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release

to the Emergency Respons	oo decilon a	spin response into e		ERAL INFOR			0) 2.00-1	140.		11/2/2010	574 275
Facility Name: Water Pollution Control Mainten		Mailing Address: (a 515 East Walla	(reporting organization County:						S Permit #: 32191	Permit	Outfall
Individual Making Report: Joe E. Johnson									⊠AM □ PM		
	******		REL	EASE INFOR	MAT	ION					
Date (mm/dd/yy) & Time Release Began:	Rele	e (mm/dd/yy) & Time ease Stopped:	Har	Manhole, Lift Stat		(Address & Description of co Main, etc.)		Latitu (Deg	ide: Min Sec)	Longitude (Deg Min Sec)	
× × × × × × × × × × × × × × × × × × ×	SPM .	/08/14 4:35	⊠PM							N/A N	
] AM] PM		□ AM □ PM		201 800	INNEBAGO DR		N/A N/A			
Amount of Flow Released: Check One: ⊠ Estimated	☐ Actua		S PROVIDI	E A VOLUME)	WWTP Flow Durin 54.07 MGE		e:	WWTP Peak 70.0	Design	
Overflow Type: (select one Sanitary Sewer Overflow Treatment Bypass (at w	w vastewater j		Describe a None	any damage (o aqı	ratic life or receiving	stream:				
Reason for Bypass/Overflow Construction Related	STATE OF THE PERSON NAMED AND POST OF	200 gg 4 gg - 200 000 000 000 000 000 000 000 000 0	ipment Fallu	re 🔲 Un	known	☐ Exceeded Max (Capacity		Precipitation	0.00	0 Inches
System Component(s): (select one or more) Manhole House Lateral Pipe Failure Pump Station Failure Treatment Bypassed	An overflow occuline was blocked	ription of the Bypass/Overflow Event: urred in the separate sanitary sewer line. The I with grease. The City flushed,cleaned and The City cleaned up the overflow.				Description of the Area Imnpacted: (Check All That Apply) Affected Private Property Basement Backup Occurred at Treatment Plant Reached Public Land Reached Receiving Water					
Describe Other: (in the box	below)						Name of Pierso		eiving Water I ain	mpacte	d:
Organizations Notified by F ☐ IDEM Emergency Resp			NR Fish &	Wildlife ∐L	.ocal	Emergency Manage	ment D	∛ Othe	r: IDEM		
(select one or more of the r ☐Removed Blockage [The City flushed the line to	Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area: (select one or more of the following, then add a written description [Removed Blockage Repaired Pipe Repaired Pump Station Other The City flushed the line to remove any partial blockages and the overflow was cleaned up. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection						M and				
system.		, ,				•	†ä	*** ***********************************			
Resolution: Actions Taken or Planned to Prevent Recurrence: The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.											
			All the second second second	STATE OF THE PARTY		NECESSARY)	1.33	• • • • • •			
I certify under penalty of law designed to assure that que who manage the system, o knowledge and belief, true, possibility of fine and impris scan to PDF for emailing.)	alified perso or those per , accurate, a	document and all a onnel properly gath sons directly respo and complete. I an	llachments er and eva nsible for g n aware tha	luate the info pathering the at there are si	ed un rmati inforn gnific	der my direction or s on submitted. Based nation, the informatio ant penalties for sub	d on my i on submit mitting fa or an ele	nquiry ited is, alse in ctronic	of the person to the best of formation, inc substitute the	or pers f my luding th	ons ne

State Form 48373 (R5 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass repor
previously sent on:

INSTRUCTIONS:

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To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

response dection spin response	illi Ç	ii. (011) 2004140	or ton nee	Willing Intotal	a ai (000) 200-1140.					
	lites.		GEN	IERAL INFO	RMAT	TION	10.50				
Facility Name: (Organization) Fort Wayne Municipal STF)	Mailing Address: 2601 Dwenge		organization)		County: Allen		NPDES Permit #: Permit Out IN 0032191 032		Oulfall	
Individual Making Report: (printer Joe E Johnson	d)			ne Number: 7-1063	joe	tact Email: .johnson@cityoffd		Date/Time IDEM Notified: 6/11/2014 9:00			
				yne.org . Li Pi							
Date (mm/dd/yy) & Time	Dal	e (mm/dd/yy) & Tin	REL			ION ase: (sireels address				Jan	
Release Began:	Rele	ase Stopped:	I⊕ AM	Manhole, L		tion, Force Main etc.)		Latitude: (Deg Min Sec)	Longitud (Deg Mi		
0/10/2014 PM	1 286	0/2014	☐ PM	M10 306					,		
11:00 BAM	3:0		⊠ PM								
Amount of Flow Released:			s provide a			WWTP Flow Durin	g Release		Design F	low:	
	Actu	al 25,	000 gallor			45.09 MGD		70 MGD			
Overflow Type: (select one) Sanitary Sewer Overflow Trealment Bypass (at wastew	ater j	olant)	Describe None	any damage	to ac	juatic life or receiving	stream:				
Reason for Bypass/Overflow: (se	lect o	ne or more)	l								
		and the same of th	ulpment Fa	ailure 🔲 U	nknov	wn 🔲 Exceeded M	lax Capac	ity Precipitatio	n	Inches	
System Component(s):		Additional Descrip	otion of the	Bypass/Ove	rflow	Event:	Descript	ion of the Area Imp	acted:		
(select one or more)		An 8 inch water					(Check	All That Apply)			
☐ Manhole ☐ House Lateral						storm inlet that	I Base	ted Private Propert ment Backup	У		
☐ Pipe Fallure		conveys flows	onveys flows to the permitted outfall listed above.								
Pump Station Failure		Reached Public Land									
☐ Trealment Bypassed ☑ Other							⊠ Read	hed Receiving Wa	ter		
Describe Other: (In the box below	<i>ı</i>)						Name of	Receiving Water I	mpacted:		
Water Main Break								y's River			
Organizations Notified by Facility:			DELL AV				. 5	ou IDEM			
☐ IDEM Emergency Response		pa 56 miny				Emergency Manager		Other: IDEIVI			
Actions Taken to Prevent, Minimic (Select one or more of the follow). I Removed Blockage Reported the Water CMOM and CSSOP programmers.	ng, the paired r ma	en add a written de Pipe □ Repair in break and th	ed Pump S us the ov	Station verflow wa	Othe s ab	er ated. The City co	ntinues			ved	
minimize overflows in the s	ewe	r collection sys	tem.					•		Ī	
Resolution: Actions Taken or Plan	ned t	o Prevent Recurrer	nce:								
The City continues to imple	emer	it its approved	CMOM a	and CSSO	P pro	ograms, which inc	clude ma	any preventativ	ө		
maintenance activities des	igne	d to prevent and	d/or mini	mize overl	lows	s in the sewer coll	lection s	ystem.		1	
										•	
		//	011 10017	COLLEGE COLLEGE							
	AV ST	(ATTAC	Control of the last of the las	AND RESIDENCE OF THE PARTY OF T	THE RESERVE TO SHARE	NECESSARY.)	1933000				
I certify under penalty of law that t designed to assure that qualified manage the system, or those pers belief, true, accurate, and comple imprisonment for knowing violatio	persons of the last of the las	nnel properly gathe lirectly responsible im aware that there	achments v or and eval for gatheri e are signif	uate the informing the informing the informing the informing the informing the information in the informatio	d und mation ation	ler my direction or sur on submitted. Based o , the information subr	on my inqu nitted is, to mation, inc	uiry of the person o o the best of my kn cluding the possibil	r persons owledge a ity of fine	and and	
SIGNATURE:	1	el	Th	MSzm	ر		DAT	E (month, day, year	dell	1114	



State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

	Follow-up to Bypass report	
pre	eviously sent on:	

SIGNATURE: .

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To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745. GENERAL INFORMATION Facility Name: County: NPDES Permit #: Permit Outfall Malling Address: (reporting organization Water Pollution Control Maintenance IN0032191 Allen 515 East Wallace St Individual Making Report: Telephone Number: Contact Email: Date/Time IDEM Notified [X] AM Joe.johnson@cityoffortwayne.org Joe E. Johnson (260) 427-6047 06/24/14 9:00 ☐ PM RELEASE INFORMATION Latitude: Longitude Date (mm/dd/yy) & Time Date (mm/dd/yy) & Time Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.) (Deg Min Sec) (Deg Min Sec) Release Began Release Stopped: □ AM ⊠ PM MAC T34 035 06/23/14 9:30 06/23/14 9:00 N/A N/A MP 4909 CHAUCER RD DAM ☐ AM N/A N/A PM WWTP Peak Design Flow: 70.00 MGD (ALWAYS PROVIDE A VOLUME) WWTP Flow During Release: Amount of Flow Released: Check One: Estimated ☐ Actual 2,4000 GAL 59.48 MGD Overflow Type: (select one) Describe any damage to aquatic life or receiving stream: ☐ Sanitary Sewer Overflow None ☐ Treatment Bypass (at wastewater plant) Reason for Bypass/Overflow: (select one or more) Precipitation 2.000 Inches Construction Related ☐ Power Failure Unknown Exceeded Max Capacity □ Equipment Failure Description of the Area Imnpacted: (Check All That Apply) Additional Description of the Bypass/Overflow Event: System Component(s): (select one or more) Extraordinary wet weather conditions caused the above ☐ Affected Private Property ☐ Manhole pumping/City sanitary discharge from the City's separate ☐ Basement Backup ☐ House Lateral sanitary sewer system notwithstanding the City's compliance Occurred at Treatment Plant ☐ Pipe Failure with its CMOM & NPDES Permit. This overflow would not have ☐ Pump Station Fallure Reached Public Land occurred w/out the saturated conditions coupled with the ☐ Treatment Bypassed Other Intense rain event in a short duration on 6/23/2014; resulting in a Describe Other: (in the box below) Name of Receiving Water Impacted: 10-year storm frequency. This caused the City to use a remote pump to avoid/mitigate severe property damage & street flooding. Krunkenberg Ditch Organizations Notified by Facility: (select one or more) ☐ Health Dept ☐ DNR Fish & Wildlife ☐ Local Emergency Management ☐ Other: ☐ IDEM Emergency Response Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area: (select one or more of the following, then add a written description ☐ Removed Blockage ☐ Repaired Pipe Repaired Pump Station Other The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event as explained above. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. (ATTACH ADDITIONAL SHEETS IF NECESSARY) CERTIFICATION AND SIGNATURE 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. (The ard below is for a handwritten signature or an electronic substitute then fax or scan to PDF for emailing.) DATE (month, day, year): 6/26/14



State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass report previously sent on:

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To report a spill or If the release is resulting in a fish kill or other severe environmental damage, immediately report the release

to the Emergency Res	ponse Sec	tion spill response line		33-7745 or to IERAL INFO			18) 233-7	745.			
Facility Name: Water Pollution Control Ma	intenance	Mailing Address: 515 East Wall	(reporting o		XIVIA	County: Allen	eracio mi	NPDES Permit #: IN0032191	Permi	Oulfall	
Individual Making Rep Joe E. Johnson	ort:		Committee Continue Continue Continue	ne Number: 27-6047		tact Email: hnson@cityoffortwayne.org		Date/Time IDEM 07/29/14 10:3		⊠AM □ PM	
			REL	EASE INFO	TAMS	ION					
Date (mm/dd/yy) & Time Release Began:	Г П	Dale (mn/dd/yy) & Time Release Stopped:	I =	Manhole, Lift Sta		: (Address & Description of rce klain, etc.)		Latitude: (Deg Min Sec)	Longitu (Deg N	de lin Sec)	
07/28/14 10:14	□AM 図 _{PM} □AM	07/28/14 11:45	□ AM 図 PM □ AM	V22 058	24 10	/INNEBAGO DR		N/A	-	N/A	
	PM		DPM	000)4 V	MINICIDAGO DA		N/A		N/A	
Amount of Flow Releas Check One: ⊠ Estima	sed:	(ALWAY Actual 46 GAL		E A VOI.UME)	WWTP Flow Durin 43.52 MGE	g Releas)	se: WWTP Pe	ak Desig 00 MG	n Flow: D	
Overflow Type: (select Sanitary Sewer Over	erflow		Describe None	any damage	o aq	uatic life or receiving	stream:	•.			
☐ Treatment Bypass	·										
Reason for Bypass/Ov		: : : : : : : : : : : : : : : : : : :	ulpment Failu	re 🔲 Un	knovi	n ☐ Exceeded Max (Capacity	☐ Precipitatio	n 0.00	00 Inches	
System Component(s): (select one or more) Manhole House Lateral Pipe Failure Pump Station Failure Treatment Bypassed Other Describe Other: (in the box below) Additional Description of the Bypass/Overflow Event: An overflow occurred at the above listed seperate sanitary sewer line. The line was partially blocked with grease. The City flushed to open the line and the overflow was cleaned up. Description of the Area Imnpacted: (Check All That Apply) Affected Private Property Basement Backup Occurred at Treatment Plant Reached Public Land Reached Receiving Water											
Organizations Notified ☐ IDEM Emergency f		(select one or more) ☐ Health Dept ☐ ☐	NR Fish &	Wildlife □I	.ocal	Emergency Manager		orink Drain Mother: IDEM			
Actions Taken to Preve (select one or more of Removed Blockage	the following	ng, then add a written o		15		tment of Affected Are	a:				
The City flushed to ope CSSOP programs, while system.											
Resolution: Actions Taken or Planned to Prevent Recurrence: The City will televise the line. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.											
(ATTACH ADDITIONAL SHEETS IF NECESSARY) CERTIFICATION AND SIGNATURE											
I certify under penalty of designed to assure that who manage the syste knowledge and belief, possibility of fine and in scan to PDF for emailing	it qualified m, or those true, accura nprisonme	this document and all a personnel properly gall o persons directly respo ate, and complete. I ar	attachments ner and eva onsible for g m aware tha	were prepar luate the info pathering the at there are si ea below is fo	ed un rmati inforr gnific	der my direction or s on submitted. Based nation, the informatio ant penalties for sub- andwritten signature o	upervision on my l n submit mitting fa or an ele	on in accordance v nquiry of the perso tled is, to the best alse information, in	n or pers of my cluding t hen fax o	ons he	



State Form 48373 (R5 / 4-13) Indiana Department of Environmental Management Office of Water Quality

☐ Follow-up to Bypass repor
previously sent on:

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•		overez en		Marine	NEW YOUT		Recinction			212.50.62		None in the second second	Anatomina in result to
Facility Manage (O					GEV	IERAL INFO	RMA			1			
Facility Name: (Organia Water Pollution Co			515 East			organization)		County: Allen			DES Permit #: 032191	Permit Outfall N/A	
Maintenance													
Individual Making Repo	ort: (printe	d)				ne Number:		itact Email:		Date	/Time IDEM No		
Joe E. Johnson					260-42	260-427-6047 joe.johnson@cityoffortwa 2:30 8/ yne.org							☐ AM ☐ PM
						EASE INFO							
Date (mm/dd/yy) & Tim Release Began:	е		(mm/dd/yy) ase Stopped			Location of	Rele	ase: (streets address tilon, Force Main etc.)			atitude: Deg Min Sec)	Longitud (Deg Mir	
8/11/2014	⊠ AM □ PM		1/2014		AM M06 121 / M10 257 / M10 309						(= 0)		
10:00	⊠ AM □ PM	10:2	20		⊠ AM □ PM								
Amount of Flow Releas		- 100	(€	hvays	provide a	volume)		WWTP Flow Durin	g Release	:	WWTP Peak	Design F	low:
Check one: 🛛 Estimat		Actua	al	Unk	nown ga	llons		47.39 MGD			70.00 MGD	vo ====================================	
Overflow Type: (solect of Sanitary Sewer Ove	rflow	vater p	lant)		Describe None	any damage	to ac	quatic life or receiving	stream:				
Reason for Bypass/Ove	erflow: (se	lect or	e or more)										
☐ Construction Related				∃ Equ	ipment Fa	ilure 🔲 U	nknov	wn Exceeded M	lax Capac	ity	☑ Precipitation	1.85 Inc	ches
System Component(s):	AN INC.		Additional D	escrip	tion of the	Bypass/Ove		Event:	Descript	ion (of the Area Impa		
(select one or more) ⊠ Manhole								of a 10-year			That Apply)		-
☐ House Lateral								ed the above			Private Property It Backup	ß:	
☐ Pipe Failure			describe of						Occu	rred	at Treatment P	lant	
Pump Station Failure	9		sanitary s						☐ Reac	hed	Public Land		1
☐ Trealment Bypassed	i							ES permit. The	☐ Reac	hed	Receiving Water	er	1
Describe Other: (in the	hay helau	,						not for the	Momo of	Dag	celving Water In	naatadi]
Docume office. (in the	DOX DOION		intense 1.	85 in	ches of	rain in app	roxr	nately 45	I Name of	1160	ceiving vvaler in	ipacieu.	1
			minutes.										l l
Organizations Notified b	y Facility:	(selec	t one or more	e)		177273		B #88 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -					
☐ IDEM Emergency Re	esponse	ПН	ealth Dept [DNE	R Fish & W	/ildlife 🔲 I	Local	Emergency Manager	ment 🖾	Othe	er: IDEM		
Actions Taken to Preven	nt Minimi:	ze ori	Mitigate Dam	ane in	cludino Ci	ean-un and	Trople	mont of Affected Area					
(Select one or more of t	he followii	ng, the	n add a writte	en des	scription)		rroug	mont of Anotica Alea	1.				
☐ Removed Blockage	☐ Rep	aired	Pipe 🗌 R	epaire	ed Pump S	Station	Othe						
The City continues	to imple	emen	t its approv	ved (CMOM a	nd CSSO	P pro	ograms, which in	clude ma	any	preventative	5	
maintenance activi	ties des	igned	l to preven	t and	l/or mini	mize overl	lows	in the sewer col	lection s	yste	em.		
													ľ
Resolution: Actions Take	en or Plan	ned to	Prevent Red	curren	ce:	10000	_	2020 2 120			27 122		
The City continues	to imple	men	t its approv	/ed C	CMOM a	nd CSSO	pro	ograms, which inc	clude ma	any	preventative		
maintenance activit	lles desi	gned	to preven	t and	i/or minii	mize overf	lows	in the sewer coll	ection s	yste	em.		
													- 1
			(A					NECESSARY.)			-		
Loodlewad	1	1.1.			CERTIFIC	ATION AND	SIGN	IATURE					10,000
I certify under penalty of designed to assure that	iaw mai li auglified r	IIIS do	cument and a	alla III	contents v	rete prepare	a und	er my direction or sup	pervision in	acc	cordance with a	system	ulsa
manage the system, or t	hose pers	ons di	rectly respon	sible f	or gathering	na the inform	alion	the information subr	nilled is to	the	hast of my know	wedne a	nd
bellef, true, accurate, an imprisonment for knowin	d complet	e. I ar	n aware that	there	are signifi	cant penaltie	s for	submitting false inforr	nation, inc	ludir	ng the possibility	of fine a	ind
imprisonment for knowing	ıg violation	ns. (The area bel	ow is	for/a hand	written signa	ture c	or an electronic substi	tute then f	ax o	r scan to PDF fo	or empilin	g.) ,
SIGNATURE:	1	0	1 1	Th	mst	J			ps. 1 mm	. ,		8/12	3/14
OIGINATURE:		4	4		LIO.		_		DATE	: (m	onlh, day, year):	CIL	11



State Form 48373 (R3 / 10-05)

Indiana Department of Environmental Management Office of Water Quality

	Follow-up to Bypass report
pre	viously sent on:

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to <a href="mailto:www.www.emailto:www.www.emailto:ww.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release

to the Emergency Nes	ponse Sec	tion spill response line :				within Indiana at (88	8) 233-7	745.	SIBILITAR	(William Street, Stree
Facility Name:		Mailing Address		IERAL INFO	KIVIA	County:		NDDEC Describility	D	0.1/-11
Water Pollution Control Ma		Mailing Address: (515 east Walla		rganization		Allen	3	NPDES Permit #: IN0032191	Permit	Oulfall
Individual Making Rep Joe E. Johnson	ort:			ne Number: 27-6047		tact Email: hnson@cityoffortwayne.org		Date/Time IDEM N 08/22/14 1:52	otified	□ AM 図 PM
			REL	EASE INFOR					10 to 10	
Date (mm/dd/yy) & Time Release Began:		Dale (mm/dd/yy) & Time Release Stopped:		Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)				Latitude: (Deg Min Sec)	Longitud (Deg M	
See Attached	AM PM	See Attached	AM PM	See Attac	hme	ent A		N/A	1	N/A
377	□AM □PM		□ AM □ PM					N/A	1	N/A
Amount of Flow Releas Check One: ☐ Estima	TOTAL COLUMN	(ALWAY) Actual See Attachm	S PROVIDI	E A VOLUME)	WWTP Flow During 62.38 MGD	g Releas		k Desigi 10 MGI	n Flow:
Overflow Type: (select Sanitary Sewer Ove	wolfte	ater plant)	Describe a	any damage i	o aqı	luatic life or receiving				
Reason for Bypass/Ove					-					
Construction Related		Power Failure	ılpment Failu					☐ Precipitation		0 Inches
System Component(s): (select one or more) Manhole House Lateral Pipe Fallure Treatment Bypassed Other				e Bypass/Ove	BUIOW	Event:	(Check ☐ Affi ☑ Ba: ☐ Oc ☐ Re	tion of the Area Im All That Apply) ected Private Prope sement Backup curred at Treatmen ached Public Land ached Receiving W	erty t Plant	
Describe Other: (in the	box below)					Name o	f Receiving Water	Impacte	d:
Organizations Notified ☐ IDEM Emergency F		(select one or more) ☐ Health Dept ☐ D	NR Fish &	Wildlife □I.	.ocal	Emergency Manager	nent [Other: IDEM		
Actions Taken to Preve (select one or more of Removed Blockage	the followin	ng, then add a written d	Including C escription d Pump Statl			ment of Affected Area	a:			
The City continues to in prevent and/or minimize	nplement it e overflows	s approved CMOM and in the sewer collection	CSSOP pi system.	rograms, whi	ch ind	lude many preventati	ive main	enance activilles d	esigned	to
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.										
(ATTACH ADDITIONAL SHEETS IF NECESSARY) CERTIFICATION AND SIGNATURE										
I certify under penalty of designed to assure that who manage the syster knowledge and belief, to possibility of fine and in scan to PDF for emailing SIGNATURE:	t qualified p m, or those rue, accura nprisonme	his document and all a personnel properly gath persons directly respo ate, and complete. I an	Itachments er and eval nsible for g n aware tha	were prepare luate the infor athering the i	ed un matie nforn gnific	der my direction or sub on submitted. Based nation, the information ant penalties for subr andwritten signature o	on my ir n submiti nitting fa er an elec	quiry of the person ed is, to the best o ise information, inc	or pers f my luding th	ons

Attachment A City of Fort Wayne

Additional Description of the Bypass/Overflow Event:

Basement backups reported as a result of extraordinary wet weather are described below. The City received record rainfall amounts (3.71 and 2.63 inches) on 8/22 & 8/23/14 respectively in less than 18-hours. Back-to-back intense rain events, both in short duration and in excess of a 50-year storm frequency resulted in poor soil absorption. Some parts of the City experienced a 100-yr event totaling near 7-inches of rain. It cannot be determined if the homeowners' private lateral contributed to the reported incidents. The backups events did not result in a discharge to, or adversely effect, a regulated water body. The City kept IDEM informed throughout the event with notification on 22 August 2014 and again on 23 August 2014.

Reported	Basement Backups from th	ne City Combined Sewer S	System (22-23 Augus	st 2014)
Date Discharge Began			Receiving Area	Estimated Volume
8/22/2014	8/22/2014	5010 Southwood Ave	Basement	Unknown
8/22/2014	8/22/2014	6825 Heatherton Dr	Basement	Unknown
8/22/2014	8/22/2014	Cornell Circle	Basement	Unknown
8/22/2014	8/22/2014	Tennessee	Basement	Unknown
8/22/2014	8/22/2014	Broadway	Basement	Unknown



State Form 48373 (R3 / 10-05) Indiana Department of Environmental Management Office of Water Quality ☐ Follow-up to Bypass report previously sent on:

INSTRUCTIONS:

Complete all parts of this form and fax it to Office of Water Quality (OWQ) at (317) 232-8637 or 232-8406. Or email signed copies to www.eports@idem.in.gov. Submittal of this report will salisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317)232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.													
				GE	NERALINFO	RMAT	ION						
Facility Name:		1	Mailing Address: (r	eportina ora	anization		County:		NPDE	S Permit #:	Permit	Outfall	
Water Pollution Control Main	ntenance	1	515 East Walla	E 450 15			Allen		IN003			Outlon	
Individual Making Repor	rt:			Telephor	ne Number:	Con	tact Email;		Date/T	ime IDEM No	lified	□ AM	
Joe E. Johnson				(260) 4	27-6047		hnson@cityoffortwayne.org				I PM		
			Y CANADA	, तिव			ION						
Date (mm/dd/yy) & Time Release Began:		Date (mn/dd/yy) & Time ase Stopped:	,	Location Releaser Station, Force Ma	l From: h, elc.)	(Address & Description of Mer	nhole, Lift	Latitude: (Deg Min Sec)		Longilude (Deg Min Sec)		
See Attached	AM PM	See	Attached	AM PM	See Attachment A				N/A		1	N/A	
	□ AM □ PM			☐ AM ☐ PM						N/A N/A		V/A	
Amount of Flow Release Check One: F Estimat		Actual	(ALWAY: See Atlachm		A VOLUME)		WWTP Flow During 62.38 MGE			WWTP Peak	Design 00 MGE		
Overflow Type: (select o	ne)			Describe a	any damage to	aqua	itic life or receiving stre						
Sanitary Sewer Over				None									
☐ Treatment Bypass (a Reason for Bypass/Over			Annual Company of the										
Construction Related				i'pment Fallure	e [Un	known	Exceeded Max C	apacity	Γ	Precipitation	6.34	0 Inches	
System Component(s): (select one or more) Manhole													
Describe Other: (in the b								Name o	f Recei	ving Water In	npacted:	. 10	
Organizations Notified by			one or more) Health Dept □ D.	NR Fish & V	Mildlife (L	.ocal	Emergency Managem	ent [Olher				
Actions Taken to Preven (select one or more of the Removed Blockage	ne following Repa	, then a red Pip	add a wrillen descr e ⊏ Repaire	<i>ription</i> d Pump Stato	u Lon	er		N.					
The overflows were clear activities designed to pre	ned up. Th vent and/or	ne City minim	continues to imple ize overflows in the	ment its app e sewer coll	oroved CMOM ection system.	and	CSSOP programs, whl	ch includ	e many	preventative	maintena	ince	
Resolution: Actions Taken or Planned to Prevent Recurrence: The City utilized its best efforts leading up to and throughout the extreme wet weather event to miligate damages to property. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system.													
(ATTACH ADDITIONAL SHEETS IF NECESSARY)													
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 hose persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (The area below is for a handwritten signature or an electronic substitute than fax or scan to PDF for emailing.)													
SIGNATURE:		<u>)</u>	e Joh	Msu	<u>ر</u>		DATE (m	nonth, d	'ay; ye	ar): 81	27/	4	

Attachment A City of Fort Wayne

Additional Description of the Bypass/Overflow Event:

The overflows reported below resulted from extraordinary wet weather occurring on 22 and 23 August 2014. The City received record rainfall amounts (3.71 and 2.63 inches) on 8/22 & 8/23/14 respectively in less than 18-hours. Back-to-back intense rain events, both in short duration and in excess of a 50-year storm frequency resulted in poor soil absorption. Some parts of the City experienced a 100-yr event totaling near 7-inches of rain. The City utilized its best efforts leading up to and throughout the extreme wet weather event to mitigate overflows. The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance activities designed to prevent and/or minimize overflows in the sewer collection system. The City kept IDEM informed throughout the event with notifications on 22 August 2014 and again on 23 August 2014.

Reported SSD Discharges from the City 's Separate Sanitary Sewer System (22-23 August 2014)

Date Discharge Began	Date Discharge Stopped	Structure ID	Receiving Area	Estimated Volume
8/22/2014	8/22/2014	I19 030	Fairfield Ditch	Unknown
8/22/2014	8/22/2014	L23 013	St Mary's River	Unknown
8/23/2014	8/23/2014	1.23 013	St Mary's River	Unknown
8/22/2014	8/22/2014	131 097	St Mary's River	Unknown
8/22/2014	8/22/2014	E11 018	St Mary's River	Unknown

APPENDIX 3

O&M Activities (WPCM) - Collection System Activities (March 1, 2014 - August 31, 2014)

	Annual Goal	Completed in Current Report Period	2014 YTD	2014 Percent complete
Degreased Sewer Mains(LF)	520,000	556,436	708,898	136.3%
Deroot sewer mains (LF)	210,000	215,833	228,662	108.9%
Clean CB/Inlet Structures (LF)	5,600	3,746	4,082	72.9%
Televise Sewer Mains (LF)	135,000	140,082	155,063	114.9%
Clean Sewer Mains (LF)	95,220	42,748	45,133	47.4%
Flush Sewer Mains (LF)	130,000	128,115	157,124	120.9%
Inspect Manholes	450	858	942	209.3%

^{*}Note: data for Televising comes from Flexidata, data for Manhole Inspections comes from PDS, and all else comes from Hansen

REGULATOR ROUTE INSPECTIONS

	Visit	
	Frequency	Entries
Anthony	8	
Brentwood	9	
Clinton - Jackson	8	
Clinton - Superior	8	
Clinton - Van Buren	8	
Coombs	8	
Dalgren	8	
Edsall	8	
Fairfield	8	
Foster Park	8	
Glasgow	8	
Glenwood	8	
Hanna	8	
Indian Village	8	
Mount Vernon	8	
North Anthony	9	
Nelson	10	4
Penn	8	
Pontiac	8	
Rolling Mill	8	
Rudisill	8	
Superior - Barr	8	
Superior - Fairfield - East	8	
Superior - Harrison	8	
Superior - Fairfield - West	8	
Theime Drive	8	
Third Street	8	1
Warfield	8	
Wayne Pump	8	
Westbrook	8	
Wildwood	8	
Woodhurst	9	
Woodrow	9	
Brown St.	10	

Total Visits 280 5

WPCP Lift Station Electrical and Mechanical Inspections

Aboite Lift Station

- [March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
П	3	3	2	2	2	2

Bradbury Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Brown Street Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Coverdale Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Engle Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Fairmount Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Flaugh Ditch Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	3	2

Gathings Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Golfview Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Hessen Cassel Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Lawton Place Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	3	2	2

Morton Street Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Nebraska Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Pemberton Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Steeplechase Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Third Street Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Tillman/Calhoun Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Bellshire Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Brandonwood Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Chappel Creek Lift Station

	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
ı	2	3	3	2	3	2

Cherry Hill Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Dupont Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	3	2	2

Evard Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Foxwood Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Lake Forest Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Maplewood Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Maumee Valley Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Oak Pointe Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	2	3	2

Old Lantern Tr. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	3	2	2

Parkerdale Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Perry Lakes Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

River Bend Bluffs Lift Station

ı	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
	2	4	2	2	3	2

River Bend Woods Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Rebecca Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Rothman Road Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

St. Joe Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Cedar Canyon Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	2	3	2

Concordia Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Camp Scott Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Brooks Crossing Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

CSPS Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Lime Sludge Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Pleasant Ave. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	3	3	2	3	2

Harrison Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Griswold Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
2	4	2	3	2	2

Maples Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	2	2	2

Westlawn Lift Station

	March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
ı	3	3	2	2	3	1

Stoney Creek Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Indianapolis Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Feighner Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Marzane Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Woodview Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Dinamee Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
3	3	2	3	2	2

Gump Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
Station Not Installed	Station Not Installed	2	2	3	2

Deer Hollow Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
Station Not Installed	Station Not Installed	Station Not Installed	Station Not Installed	2	2

Flutter Rd. Lift Station

March 2014	April 2014	May 2014	June 2014	July 2014	August 2014
Station Not Installed	Station Not Installed	Station Not Installed	Station Not Installed	2	2