



# CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

September 30, 2025

## VIA OVERNIGHT DELIVERY

Chief  
Water Enforcement and Compliance Assurance Branch  
Water Division  
U.S. Environmental Protection Agency, Region 5  
77 West Jackson Boulevard  
Chicago, IL 60604  
Re: DJ# 90-5-1-1-07653

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 Branch  
Enforcement Section  
Office of Legal Counsel  
Indiana Department of Environmental Management  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, IN 46206

**Re: Consent Decree, Case# 2:07 cv 00445  
Status Report #35**

Dear Sir/Madam:

The City of Fort Wayne (the "City") is pleased to submit the enclosed Six-Month Status Report ("Status Report") pursuant to Section XII, Paragraph 33 of the Consent Decree (Case # 2:07 cv 00445) entered on April 1, 2008, and modified on January 26, 2015, and May 23, 2019. The Status Report concerns the period from March 1, 2025, through August 31, 2025 (the "Reporting Period"). As you will see, the City is on schedule to meet all Consent Decree milestone deadlines.

The City continues to electronically accomplish its DMR/MRO reporting. Because electronic submissions through netDMR are (and will be) already possessed by U.S. EPA, the City does not believe Consent Decree paragraph 35 necessitates duplicative hardcopy submission with this or future reports. If U.S. EPA nonetheless desires hardcopies of the electronically submitted DMRs/MROs, please so advise us.

The City believes the enclosed Status Report is consistent with, and fulfills, the reporting requirements of the Consent Decree. Should you have any questions or concerns regarding the Status Report, kindly contact Leasandra Parrish at (260) 427- 5249 or Kristen Buell at (260) 427-2583.

Very truly yours,

Kumar Menon,  
Director of City Utilities

ENHANCED QUALITY OF LIFE FOR ALL

CITIZENS SQUARE

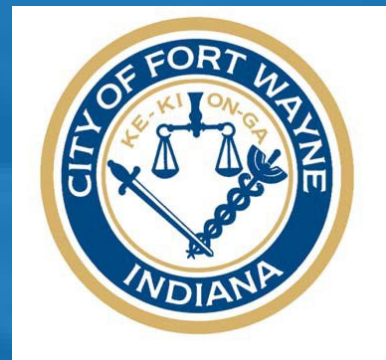
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An Equal Opportunity Employer

# City of Fort Wayne Six-Month Status Report

Consent Decree Case # 2:07 cv 00445

Report #35 (March 1, 2025–August 31, 2025)



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 Six-Month Status Report #35 (03/01/2025-08/31/2025)
 

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

**Six-Month Status Report #35 (03/01/2025-09/31/2025)**

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**APPENDIX 1**

Summary to include the following:

1. Consent Decree Requirements for Reporting Period (03/01/2025-08/31/2025)
1. General Description of Work Completed during the Reporting Period (03/01/2025-08/31/2025)
2. Description of Projected Work to be Performed in the Next Six-Months (09/01/2025-02/28/2026)

**APPENDIX 2** – Reports submitted to IDEM during the Reporting Period

**APPENDIX 3** – Operations and Maintenance Report on Collection System Activity

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Six-Month Status Report #35 (03/01/2025-08/31/2025)

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**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, 2025, to August 31, 2025. (the "Reporting Period"). The City believes that it has met all Consent Decree deadlines during the Reporting Period. 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.

**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.**

On October 18, 2023, the City received notice of EPA's approval of IDEM's request for a revision to water quality standards as contemplated by the City's LTCP. That long-awaited approval concluded over 15 years of work by the City including work with IDEM and the Indiana Environmental Rules Board to enact a final rule codifying the water quality standard revision on March 25, 2022.

**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,**

Six-Month Status Report #35 (03/01/2025-08/31/2025)

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**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 commenced and continued as outlined in Appendix 4 of the Consent Decree.

Post-Construction monitoring for CSO Control Measures 7 & 8 (St. Joseph Relief Sewers) has been completed, as has the post-construction compliance assessment as outlined in Appendix 4 of the Consent Decree. That assessment is summarized in the Milestone Report for the St. Joseph Watershed timely submitted to EPA by September 1, 2017.

**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 in the reports included within Appendix 2 follows.

Sixteen reports exclusively concerned basement backup events (numbers 1, 2, 3, 4, 5, 8, 9, 12, 13, 14, 16, 17, 18, 19, 20, & 30) which the City 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. An additional six reports (6, 10, 11, 23, 24 & 25) similarly entailed (typically small volume) discharges which did not reach a waterbody, but which were nonetheless reported for IDEM's information. Five reports were associated with extreme wet weather events, often in localized areas (7, 21, 22, 26, 27 & 31) and two of which entailed volumes under 300 gallons. The remaining three reports (15, 28 & 29) were associated with system blockages and largely minor discharges.

**Six-Month Status Report #35 (03/01/2025-08/31/2025)**

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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.

**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 from March 1, 2025, to August 31, 2025.

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Six-Month Status Report #35 (03/01/2025-08/31/2025)

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**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.

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Kumar Menon, Director of City Utilities

# APPENDIX 1

APPENDIX 1  
Six-Month Status Report #35 (03/01/2025-08/31/2025)

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

A summary of work completed during this Reporting Period to achieve forthcoming critical milestone dates is provided in part II below.

The City achieved compliance with all CSO Control Measure requirements during the Reporting Period and continued to timely development and implement contemplated controls. All such work is believed to have met applicable design criteria.

The City provided EPA and IDEM with written notice during the Reporting Period pursuant to Consent Decree paragraph 37 of the City's decision to design CSO Control Measure 14 to meet a design criteria other than that stated at Consent Decree Appendix 3. The notice detailed the basis of the decision and reasoning for the City's selection of an alternate design criteria of 0.007MG of storage, a criteria which was previously achieved. Accordingly, CSO Measure 14 has timely achieved full operations.

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

CSO Control Measures 12–Foster Park Relief Sewer – St. Mary's (Foster Park Relief Sewer)

- CSO 05 – Indian Village – Construction complete
- CSO 20 – Hartman Road – Construction complete
- CSO 21 – Old Mill Rd - Gravity Sewers -Construction complete.
- Pump Station –Construction continues.
- Force Main – Construction complete.

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

- CSO Outfall 21 – Construction continues.
- 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.
- 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.
  - Continued design on a relief force main and lift station to redirect wet weather flow.
- North Maumee SSD System – Outfalls 077 & 078
  - Although not required by the Consent Decree, the City is working to further improve the collection system in this area.

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

CSO Control Measures 11– 3RPORT (Deep Rock Tunnel and near surface relief sewer) formally known as Wayne Street & St. Mary's Parallel Interceptors –

- Wayne Street (West of WPCP)/3RPORT

## Six-Month Status Report #35 (03/01/2025-08/31/2025)

- Post Construction Monitoring to continue.

CSO Control Measures 12 –Foster Park Relief Sewer –formally known as St. Mary’s Parallel Interceptor –  
(Parallel interceptors to capture combined sewer overflows for conveyance to WPCP/Wet Weather Ponds)

- St. Mary’s (Foster Park Relief Sewer)
  - CSO 21 – Old Mill Rd
    - Pump Station – Construction to be completed.

### APPENDIX 1

#### Six-Month Status Report #35 (03/01/2025-08/31/2025)

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

- CSO Outfall 021 – Construction to be completed

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

- CSO Outfall 064 – Complete advanced facilities planning to (1) optimize final control technologies accounting for flow reductions resulting from improvements in area and implementation of CSSCIP under CSO Control Measure 4 and the in-line storage structure and  
(2) determine whether additional construction is warranted under the control measure.

Warfield SSD System – Outfalls 070 & 071

- Evaluate possible additional system improvement projects.

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

- Continue I/I removal projects.
- Complete design on a new relief lift station and force main system to divert wet weather flow to the St. Joe Interceptor.
- Evaluate possible additional system improvement projects.

North Maumee SSD System – Outfalls 077 & 078

Evaluate possible additional system improvement projects

# APPENDIX 2



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time - Release Began (05/22/25) 2:09 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time - Release Stopped (05/22/25) 2:09 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (st/ave/st address or Manhole, Lift Station, Force Main etc.) 630 Villa Park Ct.	(9) Latitude (Deg Min Sec) 41 06 43	(10) Longitude (Deg Min Sec) 85 09 07
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 57.0 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life of receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation _____ Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					

(22)

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 scan to PDF for emailing.)			
SIGNATURE:		DATE (month, day, year): 05/23/25	
Individual Making Report (printed) Spencer Rossow	Telephone Number: 260-427-1448	Contact Email: spencer.rossow@cityoffortwayne.org	Date (month, day, year) Time IDEM Notified: (05/23/25) - 7:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / A-56)  
 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 email signed copies to [www.reports@idem.in.gov](mailto:www.reports@idem.in.gov). Submission of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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			
(1) Facility Name (Organization)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit
Water Pollution Control Maintenance	515 East Wallace St.	Allen	IN0032191

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	05/04/25 11:02 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	05/04/25 11:02 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2411 Forest Park Blvd	41 05 53	85 07 06

(10) Amount of Flow Released Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual	(Always provide a volume.) Unknown Gallons	(11) WWTP Flow During Release 100.9 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD
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(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: None
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(15) Reason for Bypass / Overflow (Select one or more.)  
 Construction Related  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precipitation  \_\_\_\_\_ Inches

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out	(17) Additional Description of this Bypass / Overflow Event: A basement backup was reported at the above listed address located in the combined sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None
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(19) Additional organizations notified by facility, if necessary (Select one or more.)  
 IDEM Emergency Response  Health Dept.  DNR Fish and Wildlife  Local Emergency Management  Other:

(20) 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  Dredge  Clean-Up Debris  
 The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.

(21) 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.

**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 scan to PDF for emailing.)

SIGNATURE:	DATE (month, day, year): 05/08/25
Individual Making Report (printed) Spencer Rossow	Telephone Number: 260-427-1448
Contact Email: <a href="mailto:rossow.spencer@cityoffortwayne.org">rossow.spencer@cityoffortwayne.org</a>	Date (month, day, year) / Time IDEM Notified: (05/04/25) / 12:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

3



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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

(1) Facility Name (Organization): Water Pollution Control Maintenance  
(2) Mailing Address (reporting organization): 515 East Wallace St.  
(3) County: Allen  
(4) NPDES Permit: IN0032191

## RELEASE INFORMATION (Location 1)

(5) Outfall Number: N/A  
(6) Date (mm/dd/yyyy) and Time Release Began: 03/27/25 3:37 PM  
(7) Date (mm/dd/yyyy) and Time Release Stopped: 03/27/25 3:37 PM  
(8) Location of Release (street address or Manhole, Lift Station, Force Main etc.): 2510 Sherman Blvd.  
(9) Latitude (Deg Min Sec): 41 05 52  
(10) Longitude (Deg Min Sec): -85 09 12

(10) Amount of Flow Released: (Always provide a volume.)  
Check one:  Estimated: Unknown Gallons  
 Actual: 39.5 MGD  
(11) WWTP Flow During Release: 85.0 MGD  
(12) WWTP Peak Design Flow Rate: \_\_\_\_\_

(13) Overflow Type (Select one):  
 Sanitary Sewer Overflow  
 Treatment Bypass (at wastewater plant)  
 Prohibited Combined Sewer Overflow  
 Dry Weather Combined Sewer Overflow  
 Combined Sewer System Release  
(14) Describe any damage to aquatic life or receiving stream:  
None

(15) Reason for Bypass / Overflow (Select one or more):  
 Construction Related  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precipitation \_\_\_\_\_ Inches

(16) System Component(s) (Select one or more):  
 Manhole  
 House Lateral  
 Pipe Failure  
 Pump Station Failure  
 Treatment Bypassed  
 Other  
 Influent Structure  
 Air Relief Valve  
 Sewer Clean Out  
(17) Additional Description of the Bypass / Overflow Event:  
A basement backup was reported at the above listed address located in the combined sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the city's main or 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 to, or adversely affect, a regulated water body. This is being reported for informational purposes only.  
(18) 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:  
None

Describe Other: (in the box below)  
Blockage

(19) Additional organizations notified by facility, if necessary (Select one or more):  
 IDEM Emergency Response  Health Dept.  DNR Fish and Wildlife  Local Emergency Management  Other: \_\_\_\_\_

(20) 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  Lime  Clean-Up Debris  
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.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence:  
The City is planning to replace this main sewer 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.

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: Jennifer E. Lash  
Telephone Number: 260-427-6213  
Contact Email: jennifer.lash@cityoffortwayne.org  
DATE (month, day, year): 3/28/25  
Date (month, day, year) / Time IDEM Notified: (03/28/25) / 12:50  
 AM  
 PM

4



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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			
(1) Facility Name (Organization)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit
Water Pollution Control Maintenance	515 East Wallace St.	Allen	IN0032191

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, LID Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	03/26/25 8:13 AM	03/26/25 8:13 AM	2531 Thompson Ave.	41 03 41	-85 09 22

(10) Amount of Flow Released Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Unknown	(Always provide a volume.) Gallons	(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate MGD
		29.0	85.0

(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: None
---	---

(15) Reason for Bypass / Overflow (Select one or more.)  
 Construction Related  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precipitation  \_\_\_\_\_ Inches

(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out	(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the combined sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the city's main or 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 to, or adversely affect, a regulated water body. This is being reported for informational purposes only.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None
---	---	---

(19) Additional organizations notified by facility, if necessary (Select one or more.)  
 IDEM Emergency Response  Health Dept.  DNR Fish and Wildlife  Local Emergency Management  Other: \_\_\_\_\_

(20) 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  Lime  Clean-Up Debris  
 The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.

(21) 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.

**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 scan to PDF for emailing.)

SIGNATURE: <i>Jennifer E. Wash</i>	DATE (month, day, year): 3/28/25
Individual Making Report (printed) Jennifer E. Wash	Telephone Number 260-427-6213
Contact Email jennifer.lash@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (3/26/25) 12:37
	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
 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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and fill second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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**

(1) Facility Name (Organization): Water Pollution Control Maintenance  
 (2) Mailing Address (reporting organization): 515 East Wallace St.  
 (3) County: Allen  
 (4) NPDES Permit: IN0032191

**RELEASE INFORMATION (Location 1)**

(5) Outfall Number: N/A  
 (6) Date (mm/dd/yy) and Time Release Began: 03/06/25 10:16 AM  
 (7) Date (mm/dd/yy) and Time Release Stopped: 03/06/25 10:16 AM  
 (8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.): 4522 Wilmette St.  
 (9) Latitude (Deg Min Sec): 41 02 35  
 (10) Longitude (Deg Min Sec): -85 08 00

(11) Amount of Flow Released (Always provide a volume.):  
 Check one:  Estimated  Actual  
 Unknown Gallons  
 (11) WWTP Flow During Release: 56.1 MGD  
 (12) WWTP Peak Design Flow Rate: 85.0 MGD

(13) Overflow Type (Select one):  
 Sanitary Sewer Overflow  
 Treatment Bypass (at wastewater plant)  
 Prohibited Combined Sewer Overflow  
 Dry Weather Combined Sewer Overflow  
 Combined Sewer System Release  
 (14) Describe any damage to aquatic life or receiving stream:  
 None

(15) Reason for Bypass / Overflow (Select one or more):  
 Construction Related  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precipitation  Inches

(16) System Component(s) (Select one or more):  
 Manhole  
 House Lateral  
 Pipe Failure  
 Pump Station Failure  
 Treatment Bypassed  
 Other  
 Influent Structure  
 Air Relief Valve  
 Sewer Clean Out  
 Describe Other: (in the box below)  
 (17) Additional Description of the Bypass / Overflow Event:  
 A basement backup was reported at the above listed address located in the combined sewer system. The City tried flushing the line to remove any potential partial blockages. The City televised the line and found it collapsed. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.  
 (18) 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:  
 None

(19) Additional organizations notified by facility, if necessary (Select one or more):  
 IDEM Emergency Response  Health Dept.  DNR Fish and Wildlife  Local Emergency Management  Other:

(20) 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  Lime  Clean-Up Debris  
 The City repaired the pipe. 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.

(21) Resolution: Actions Taken or Planned to Prevent Recurrence:  
 The City repaired the pipe. 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.

**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 scan to PDF for emailing.)

SIGNATURE: Jennifer E. Lash  
 DATE (month, day, year): 3/11/25  
 Individual Making Report (printed): Jennifer E. Lash  
 Telephone Number: 260-427-6213  
 Contact Email: jennifer.lash@cityoffortwayne.org  
 Date (month, day, year) / Time IDEM Notified: (03/07/25) / 10:07  
 AM  
 PM

6



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R9/17-22)  
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 e-mail signed copies to [wwreports@idem.IN.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-7150.

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			
(1) Facility Name (Organization)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit
Water Pollution Control Maintenance	515 East Wallace St	Allen	IN0032191

RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yyyy) and Time Release Began	(7) Date (mm/dd/yyyy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	4/2/25 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4/2/25 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	W30 047	41010 45	-85 85 90

(10) Amount of Flow Released: Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual	(Always provide a volume.) Unknown Gallons	(11) WWTP Flow During Release 100.99 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD
---	---	---	---

(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream: None
---	---

(15) Reason for Bypass / Overflow (Select one or more.)  
 Construction Related  Power Failure  Equipment Failure  Unknown  Exceeded Max Capacity  Precipitation \_\_\_\_\_ Inches

(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out	(17) Additional Description of the Bypass / Overflow Event: Extraordinary wet weather created conditions which caused the listed discharges the City's separate sanitary sewer system. The City received 1.8 inches of rain in a short duration and 2.6 inches over a 3 day span, coupled with already saturated soils and rising river levels. It cannot be determined if the City's main or homeowner's private lateral contributed to the incident.	(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None
---	---	---

(19) Additional organizations notified by facility, if necessary (Select one or more.)  
 IDEM Emergency Response  Health Department  DNR Fish and Wildlife  Local Emergency Management  Other:

(20) 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  Lime  Clean-Up Debris

The City continues to implement its approved CMOM and CSSOP programs, which include many preventative maintenance

(21) Resolution: Actions Taken or Planned to Prevent Recurrence  
 he 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.

(22) **CERTIFICATION AND SIGNATURE**

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SIGNATURE: _____	DATE (month, day, year): _____
Individual Making Report (printed): Joe E Johnson	Telephone Number: 260-424-1063
Contact E-mail: <a href="mailto:joe.johnson@cityoffortwayne">joe.johnson@cityoffortwayne</a>	Date (month, day, year) / Time IDEM Notified: 04/03/2025 4:43
	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

6



**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R9 / 7-22)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
n/A	4/2/25 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4/2/25 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	042 031	41.14 07	-85.11 84	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unkno Gallons		Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

**CERTIFICATION AND SIGNATURE**

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SIGNATURE: *Joel Johnson* DATE (month, day, year): 4-7-25



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R9 / 7-22)  
 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 e-mail signed copies to [vwreports@idem.in.gov](mailto:vwreports@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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-7150.

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						
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St		(3) County Allen	(4) NPDES Permit IN0032191	
RELEASE INFORMATION (Location 1)						
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 4/2/25 1:12	(7) Date (mm/dd/yy) and Time Release Stopped 4/2/25 1:13		(8) Location of Release (streets address or Manhole, LIR Station, Force Main etc.) M22 146	(9) Latitude (Deg Min Sec) 41.10 45	(9) Longitude (Deg Min Sec) -85 14 26
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual unknown Gallons		(11) WWTP Flow During Release 100.99 MGD		(12) WWTP Peak Design Flow Rate 85.0 MGD		
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches						
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Extraordinary wet weather created conditions which caused the listed discharges the City's separate sanitary sewer system. The City received 1.8 inches of rain in a short duration and 2.6 inches over a 3 day span, coupled with already saturated soils and rising river levels .			(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Spy Run Creek	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Department <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:						
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris  The City utilized its best efforts leading up to and throughout the extreme wet weather event. The City continues to impleme						
(21) 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						

(22)

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. Scan the completed form to PDF and e-mail to <a href="mailto:vwreports@idem.in.gov">vwreports@idem.in.gov</a> )				
SIGNATURE:		DATE (month, day, year):		
Individual Making Report (printed) Joe E Johnson	Telephone Number 260-427-1063	Contact E-mail <a href="mailto:joe.johnson@cityoffortwayne.in.gov">joe.johnson@cityoffortwayne.in.gov</a>	Date (month, day, year) / Time IDEM Notified 04/03/2025 4:13	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R9 / 7-22)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	4/2/25 9:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4/2/25 9:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	W30 046	41.12 59	-85 05 10	
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted Bullerman Drain		
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	4/3/25 8:56 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4/3/25 8:56 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	J50 070	41 15 52	-85 16 73	
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted Bullerman Drain		
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted		

(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. Scan the completed form to PDF and e-mail to [wwrreports@idem.in.gov](mailto:wwrreports@idem.in.gov))

SIGNATURE:  DATE (month, day, year): 4-7-25

8



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Rapar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 4/2/25 12:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 4/2/25 12:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, LRI Station, Force Main etc.) 6409 Stony Brook Dr	(9) Latitude (Deg Min Sec) 41.13 98	(9) Longitude (Deg Min Sec) -85.07 65
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 100.99 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Extraordinary wet weather created conditions contributed to the basement backups from the City's separate sanitary sewer system. The City received 1.8 inches of rain in a short duration and 2.6 inches over a 3 day span, coupled with already saturated soils and rising river levels. It cannot be determined if the City's main or homeowner's private lateral contributed to the incident. The backup event did not result in a discharge, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City utilized its best efforts leading up to and throughout the extreme wet weather event. 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.					
(21) 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.					

(22)

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 scan to PDF for emailing.)			
SIGNATURE:		DATE (month, day, year): 04/07/2025	
Individual Making Report (Printed) Joe E. Johnson	Telephone Number 260-427-1063	Contact Email joe.johnson@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified 04/03/25 4:13 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

8



**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R7 / 4-16)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	4/2/25 12:49	4/2/25 12:49	9436 Hoagland Rd	40 94 74	-85.01 45	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted N/A		
RELEASE INFORMATION (Location 3)						
N/A						
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 4)						
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 5)						
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 6)						
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 7)						
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		

(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.

SIGNATURE: \_\_\_\_\_

DATE (month, day, year) 4/2/25



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
 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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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						
(1) Facility Name (Organization)		(2) Mailing Address (reporting organization)		(3) County	(4) NPDES Permit	
Water Pollution Control Maintenance		515 East Wallace St.		Allen	IN0032191	
RELEASE INFORMATION (Location 1)						
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)	
N/A	04/06/25 10:32 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/06/25 10:32 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2830 Lafayette St.	41 03 32	-85 07 59	
(10) Amount of Flow Released (Always provide a volume.)			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate		
Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			101 MGD	85.0 MGD		
(13) Overflow Type (Select one.)			(14) Describe any damage to aquatic life or receiving stream:			
<input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			None			
(15) Reason for Bypass / Overflow (Select one or more.)						
<input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches						
(16) System Component(s) (Select one or more.)		(17) Additional Description of the Bypass / Overflow Event:		(18) Description of the Area Impacted (Check all that apply.)		
<input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out		A basement backup was reported at the above listed address located in the combined sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		<input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None		
Describe Other: (in the box below) Blockage						
(19) Additional organizations notified by facility, if necessary (Select one or more.)						
<input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:						
(20) 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.)						
<input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.						
(21) 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.						

**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 scan to PDF for emailing.)

SIGNATURE: Jennifer E. Lash DATE (month, day, year): 4/8/25

Individual Making Report (printed) Jennifer E. Lash	Telephone Number 260-427-6213	Contact Email jennifer.lash@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (04/08/25) / 1:23	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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10



**BYPASS / OVERFLOW INCIDENT REPORT**  
 State Form 48373 (R7 / 4-16)  
 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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 04/29/25 10:46	(7) Date (mm/dd/yy) and Time Release Stopped 04/29/25 12:00	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) G46 052	(9) Latitude (Deg Min Sec) 41 09 13	(8) Longitude (Deg Min Sec) 85 11 43
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		74 Gallons	(11) WWTP Flow During Release 33.9 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) See Box 17		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The City televised line and found a new home's lateral was discharging dirt into the sanitary main. The overflow was not a result of a capacity issue. The overflow was to the ground only and did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input checked="" type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The developer was made aware of the lateral's issue. The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.					
(21) 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.					

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 scan to PDF for emailing.)			
SIGNATURE: <i>Jennifer E. Lash</i>		DATE (month, day, year): 4/30/25	
Individual Making Report (printed) Jennifer E. Lash	Telephone Number 260-427-6213	Contact Email <a href="mailto:jennifer.lash@cityoffortwayne.org">jennifer.lash@cityoffortwayne.org</a>	Date (month, day, year) / Time IDEM Notified (04/30/25) / 7:33
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

10



**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R7 / 4-16)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	04/29/25 10:46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	04/29/25 12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	G50 003	41 09 13	85 11 42	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 37 Gallons		Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted None	
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	

(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.

SIGNATURE: *Janice E. Losh*

DATE (month, day, year): 4/30/25



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
 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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-8770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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				
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen
				(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)				
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 05/10/25 01:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/10/25 03:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, LID Station, Force Main etc.) K26 014	(9) Latitude (Deg Min Sec) 41 06 56
				(9) Longitude (Deg Min Sec) 85 09 42
(10) Amount of Flow Released Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(Always provide a volume.) 4 Gallons		(11) WWTP Flow During Release 41.9 MGD
				(12) WWTP Peak Design Flow Rate 85.0 MGD
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches				
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input checked="" type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue. The overflow was to the ground only and did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None.
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:				
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input checked="" type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.				
(21) 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.				

**(22) 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 scan to PDF for emailing.)

SIGNATURE:		DATE (month, day, year): 05/12/25	
Individual Making Report (Printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (05/11/25) / 09:09
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 05/08/25 09:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 05/08/25 09:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 3602 Lima Rd	(9) Latitude (Deg Min Sec) 41 06 32	(9) Longitude (Deg Min Sec) 85 08 28
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(11) WWTP Flow During Release 41.8 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation _____ Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage.		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None.	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: Spencer Rossow DATE (month, day, year): 05/09/25  
Individual Making Report (printed) Telephone Number Contact Email Date (month, day, year) / Time IDEM Notified  
Spencer Rossow 260-427-1448 spencer.rossow@cityoffortwayne.org 05/08/25 3:21  AM  PM

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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (5/24/25) 12:14	(7) Date (mm/dd/yy) and Time Release Stopped (5/24/25) 12:14	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 4315 Rurode Ln	(9) Latitude (Deg Min Sec) 41 00 47	(9) Longitude (Deg Min Sec) 85 11 37
(10) Amount of Flow Released Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual		(Always provide a volume.) Unknown Gallons		(11) WWTP Flow During Release 35.1 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Contained Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <input type="checkbox"/> Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					

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 scan to PDF for emailing.)			
SIGNATURE:		DATE (month, day, year): (5/28/25)	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (5/24/25) / 6:05
			<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repair at (317) 232-6770 or [rrepair@idem.in.gov](mailto:rrepair@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (05/26/25) 3:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (05/26/25) 3:33 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 4630 Oak Creek Dr.	(9) Latitude (Deg Min Sec) 41 07 28	(9) Longitude (Deg Min Sec) 85 02 20
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 41.8 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None.		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (In the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: Spencer Rossow DATE (month, day, year): (05/29/25)

Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (5/27/25) / 3:16	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION						
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191	
RELEASE INFORMATION (Location 1)						
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (05/23/25) 09:48 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (05/23/25) 09:48 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) M38 124	(9) Latitude (Deg Min Sec) 41 07 58	(10) Longitude (Deg Min Sec) 85 08 11	
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 36.7 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD		
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches						
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Preventative maintenance crew notice evidence of overflow from manhole. An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Stony Run		
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:						
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.						
(21) 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.						

(22)

CERTIFICATION AND SIGNATURE			
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SIGNATURE:		DATE (month, day, year): 5/23/25	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (05/23/25) 2:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 46373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization)		(2) Mailing Address (reporting organization)		(3) County	(4) NPDES Permit
Water Pollution Control Maintenance		515 East Wallace St.		Allen	IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	03/22/25 4:59 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03/22/25 4:59 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6107 Seabree Ln.	41 08 09	-85 04 48
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			Unknown Gallons	(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate
				47.1 MGD	85.0 MGD
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
Describe Other: (in the box below) Blockage					
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: Jennifer E. Lash DATE (month, day, year): 3/26/25  
Individual Making Report (printed): Jennifer E. Lash Telephone Number: 260-427-6213 Contact Email: jennifer.lash@cityoffortwayne.org Date (month, day, year) / Time IDEM Notified: (03/23/25) / 8:11  
 AM  
 PM



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repair at (317) 232-6770 or [rrepair@idem.in.gov](mailto:rrepair@idem.in.gov).

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					
(1) Facility Name (Organization)		(2) Mailing Address (reporting organization)		(3) County	(4) NPDES Permit
Water Pollution Control Maintenance		515 East Wallace St.		Allen	IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	03/26/25 8:13 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	03/26/25 8:13 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2531 Thompson Ave.	41 03 41	-85 09 22
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate	
Unknown Gallons			29.0 MGD	85.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the combined sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the city's main or 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 to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
Describe Other: (In the box below) Blockage					
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					

(22)

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SIGNATURE: Jennifer E. Lash DATE (month, day, year): 3/28/25  
Individual Making Report (printed) Telephone Number Contact Email Date (month, day, year) / Time IDEM Notified  
Jennifer E. Lash 260-427-6213 jennifer.lash@cityoffortwayne.org (3/26/25) 12:37  
 AM  
 PM



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

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GENERAL INFORMATION					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 03/27/25 3:37 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 03/27/25 3:37 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, LIR Station, Force Main etc.) 2510 Sherman Blvd.	(9) Latitude (Deg Min Sec) 41 05 52	(9) Longitude (Deg Min Sec) -85 09 12
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 39.5 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the combined sewer system. The City flushed the line to remove any potential partial blockages. However, it cannot be determined if the city's main or 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 to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris 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.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence The City is planning to replace this main sewer 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.					

(22)

**CERTIFICATION AND SIGNATURE**

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SIGNATURE:  DATE (month, day, year): 3/28/25

Individual Making Report (print): Jennifer E. Lash	Telephone Number: 260-427-6213	Contact Email: jennifer.lash@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified: (03/28/25) / 12:50	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

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GENERAL INFORMATION					
(1) Facility Name (Organization)		(2) Mailing Address (reporting organization)		(3) County	(4) NPDES Permit
Water Pollution Control Maintenance		515 East Wallace St.		Allen	IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	(06/26/25) 11:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(06/26/25) 11:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	4903 Speedway Dr.	41 07 23	85 08 37
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate	
Unknown Gallons			50.3 MGD	85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None.	
Describe Other: (in the box below) Blockage					
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no partial blockages are present. 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.					
(21) 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.					
(22)					
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 scan to PDF for emailing.)					
SIGNATURE:				DATE (month, day, year): 7-1-25	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (06/27/25) 11:08	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

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**BYPASS / OVERFLOW INCIDENT REPORT**  
 State Form 48373 (R7 / 4-16)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

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GENERAL INFORMATION					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (06/23/25) 2:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (06/23/25) 2:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 6119 Sundance Dr	(9) Latitude (Deg Min Sec) 41 10 32	(9) Longitude (Deg Min Sec) 85 03 54
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 55.2 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the separate sanitary sewer system. The City flushed the line to remove any potential partial blockages. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
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(21) 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.					

(22)

CERTIFICATION AND SIGNATURE			
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SIGNATURE:		DATE (month, day, year): 6-26-25	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencar.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (06/24/25) 12:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-18)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: 06/05/25

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Water Pollution Control Maintenance		515 East Wallace St.		Allen	IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yyyy) and Time Release Began	(7) Date (mm/dd/yyyy) and Time Release Stopped	(8) Location of Release (street address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
N/A	(06/05/25) 8:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(06/05/25) 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	J50 059	41 09 16	85 10 09
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate	
262 Gallons			101.1 MGD	85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 2.28 Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: This is a revision of the Bypass/Overflow report sent on 06/05/25. The last structure, M22 146 was discovered during routine maintenance on 6/13/25 to have overflowed. The dates on page 2 are updated.  Extreme wet weather conditions caused the listed overflows from the City's separate sanitary sewer system. The City received 2.28 inches of rainfall in a 10.5 hour time span coupled with already saturated soils and rising river levels. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Hanauer Drain	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City utilized its best efforts leading up to and throughout the extreme wet weather event. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE:  DATE (month, day, year): 6/16/25

Individual Making Report (print)	Telephone Number	Contact Email	Date (month, day, year) / Time IDEM Notified	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Jennifer E. Lash	260-427-6213	jennifer.lash@cityoffortwayne.org	(06/05/25) 10:25	

2



**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R7 / 4-16)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: 06/05/25

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page.  
For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	06/05/25 08:38 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	06/05/25 10:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	J46 126	41 09 10	85 10 05	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 250 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted Spy Run		
RELEASE INFORMATION (Location 3)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	06/05/25 09:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	06/05/25 09:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	W30 046	41 07 34	85 03 07	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted Bullerman Drain		
RELEASE INFORMATION (Location 4)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	06/05/25 09:04 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	06/05/25 09:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	W30 047	41 07 32	85 03 03	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted Bullerman Drain		
RELEASE INFORMATION (Location 5)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
N/A	06/13/25 8:46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	06/13/25 8:46 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	M22 146	41 06 16	85 08 36	
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted Spy Run Creek		
RELEASE INFORMATION (Location 6)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		
RELEASE INFORMATION (Location 7)						
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)	
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM				
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted		

(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.	
SIGNATURE: <u>Jennifer E. Cook</u>	DATE (month, day, year): <u>6/16/25</u>



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 06/18/25 8:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped 06/18/25 8:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) W30 047	(9) Latitude (Deg Min Sec) 41 07 32	(9) Longitude (Deg Min Sec) 85 03 03
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 100.1 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 0.77 Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Extreme wet weather conditions caused the listed overflows from the City's separate sanitary sewer system. The City received 0.77 inches of rainfall in a 1.8 hour time span coupled with already saturated soils and rising river levels. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Bullerman Drain	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City utilized its best efforts leading up to and throughout the extreme wet weather event. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: \_\_\_\_\_

DATE (month, day, year): \_\_\_\_\_

Individual Making Report (printed)  
Spencer RossowTelephone Number  
260-427-1448Contact Email  
spencer.rossow@cityoffortwayne.orgDate (month, day, year) / Time IDEM Notified  
(06/19/25) 12:46 AM  
 PM

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**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R7 / 4-16)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
N/A	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
N/A	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

(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.	
SIGNATURE: _____	DATE (month, day, year): _____

23



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).*

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (06/23/25) 7:08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (06/24/25) 9:54 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) U58 018	(9) Latitude (Deg Min Sec) 41 10 17	(9) Longitude (Deg Min Sec) 85 04 03
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 4,425 Gallons			(11) WWTP Flow During Release 54.9 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation _____ Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue. The overflow was to the ground only and did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: Spencer Rossow DATE (month, day, year): 6-26-25  
Individual Making Report (printed) Telephone Number 260-427-1448 Contact Email [spencer.rossow@cityoffortwayne.org](mailto:spencer.rossow@cityoffortwayne.org) Date (month, day, year) / Time IDEM Notified (06/24/25) 1:21  AM  PM

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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 46373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (06/23/25) 8:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (06/23/25) 8:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) W30 053	(9) Latitude (Deg Min Sec) 41 07 28	(10) Longitude (Deg Min Sec) 85 02 54
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 10 Gallons			(11) WWTP Flow During Release 46.2 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue. The overflow was to the ground only and did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.					
(21) 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.					
(22)					
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 scan to PDF for emailing.)					
SIGNATURE:				DATE (month, day, year): 6-26-25	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (06/23/25) 2:39	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	



**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 04/23/25 4:01	(7) Date (mm/dd/yy) and Time Release Stopped 04/24/25 11:55	(8) Location of Release (streets address or Manhole, LID Station, Force Main etc.) W18 057	(9) Latitude (Deg Min Sec) 41 06 13	(9) Longitude (Deg Min Sec) 85 02 53
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 1194 Gallons		(11) WWTP Flow During Release 44.8 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD		
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describes any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (In the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue. The overflow was to the ground only and did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: none	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input checked="" type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.					
(21) 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.					

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 scan to PDF for emailing)			
SIGNATURE: <i>Jennifer E. Lash</i>		DATE (month, day, year): 4/28/25	
Individual Making Report (printed) Jennifer E. Lash	Telephone Number 260-427-6213	Contact Email jennifer.lash@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (04/24/25) / 4:16
		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	



## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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						
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191	
RELEASE INFORMATION (Location 1)						
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began 03/19/25 9:20	(7) Date (mm/dd/yy) and Time Release Stopped 03/19/25 9:20	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) W30 047	(9) Latitude (Deg Min Sec) 41 7 32	(9) Longitude (Deg Min Sec) -85 3 3	
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons			(11) WWTP Flow During Release 79.9 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD		
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 0.42 inches						
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Wet weather conditions caused the listed overflow from the City's separate sanitary sewer system. On 03/16/25 starting at 2:50 a.m. the City received 0.42 inches of rainfall within a 3.5 hour period, coupled with already saturated soils and rising river levels.			(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Bullerman Drain	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:						
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris The City utilized its best efforts leading up to and throughout the wet weather event. The City cleaned the 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.						
(21) 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.						

(22)

## 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 scan to PDF for emailing.)

SIGNATURE: Jennifer E. Lash DATE (month, day, year): 3/19/25  
Individual Mailing Report (printed) Telephone Number Contact Email Date (month, day, year) / Time IDEM Notified  
Jennifer E. Lash 260-427-6213 jennifer.lash@cityoffortwayne.org (03/19/25) / 4:50  AM  PM

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**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (06/05/25) 8:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (06/05/25) 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) J50 059	(9) Latitude (Deg Min Sec) 41 09 16	(9) Longitude (Deg Min Sec) 85 10 09
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 262 Gallons			(11) WWTP Flow During Release 101.1 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation 2.28 inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Extreme wet weather conditions caused the listed overflows from the City's separate sanitary sewer system. The City received 2.28 inches of rainfall in a 10.5 hour time span coupled with already saturated soils and rising river levels. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Hanauer Drain	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City utilized its best efforts leading up to and throughout the extreme wet weather event. 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.					
(21) 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.					

(22)

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 scan to PDF for emailing.)			
SIGNATURE:		DATE (month, day, year): 6-6-25	
Individual Making Report (print) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (06/05/25) 10:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

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**BYPASS / OVERFLOW REPORT (Supplemental Locations)**

State Form 48373 (R7 / 4-16)  
 Indiana Department of Environmental Management  
 Office of Water Quality

Follow-up to Bypass report previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
N/A	08:38 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	10:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	J46 126	41 09 10	85 10 05
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 250 Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted Spy Run	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
N/A	09:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	09:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	W30 046	41 07 34	85 03 07
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted Bullerman Drain	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
N/A	09:04 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	09:04 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	W30 047	41 07 32	85 03 03
Amount of Flow Released <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual Unknown Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input checked="" type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted Bullerman Drain	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Receiving Water		Name of Receiving Water Impacted	

(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.	
SIGNATURE: <u>James Rose</u>	DATE (month, day, year): <u>6-6-25</u>

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**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
 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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (05/26/25) 4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (05/26/25) 6:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) X30 018	(9) Latitude (Deg Min Sec) 41 07 27	(9) Longitude (Deg Min Sec) 85 02 17
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 45 Gallons			(11) WWTP Flow During Release 43.4 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Gerke Drain -	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input checked="" type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.					
(21) 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.					

(22)

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 scan to PDF for emailing.)			
SIGNATURE:		DATE (month, day, year): (05/29/25)	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email spencer.rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (5/27/25) / 3:16 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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## BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R7 / 4-18)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (08/19/25) 4:52 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (08/19/25) 8:13 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 344 Dunbar Ln	(9) Latitude (Deg Min Sec) 41 01 30	(9) Longitude (Deg Min Sec) 85 07 53
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 200 Gallons			(11) WWTP Flow During Release 43.1 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation inches					
(16) System Component(s) (Select one or more.) <input checked="" type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City flushed the line to remove any potential blockages. The overflow was not a result of a capacity issue. The manhole with the discharge is currently unmapped so the home address is being used for this report. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: St. Marys River	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The City flushed the line to remove any partial blockages. City televised line to ensure no blockages are present. 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.					
(21) 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.					

(22)

## 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 scan to PDF for emailing.)

SIGNATURE:  DATE (month, day, year): 8-20-25  
Individual Making Report (printed) Telephone Number Contact Email Date (month, day, year) / Time IDEM Notified  
Spencer Rossow 260-427-1448 spencer.rossow@cityoffortwayne.org (08/20/25) 8:49  AM  
 PM

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**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 48373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (08/27/25) 6:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(7) Date (mm/dd/yy) and Time Release Stopped (08/27/25) 6:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) 4640 Calumet Ave.	(9) Latitude (Deg Min Sec) 41 02 29	(9) Longitude (Deg Min Sec) 85 08 09
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual <input type="checkbox"/> Unknown Gallons			(11) WWTP Flow During Release 45.4 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD	
(13) Overflow Type (Select one.) <input type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input checked="" type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream. None		
(15) Reason for Bypass / Overflow (Select one or more.) <input checked="" type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input checked="" type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below) Blockage		(17) Additional Description of the Bypass / Overflow Event: A basement backup was reported at the above listed address located in the combined sewer system. The city bagged off the line to perform a repair. This inadvertently caused the backup. The backup was not a result of a capacity issue. The backup event did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input checked="" type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: None	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input checked="" type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris The city bagged off the line to perform a repair. This inadvertently caused the backup. 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.					
(21) 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.					

(22)

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 scan to PDF for emailing.)			
SIGNATURE:		DATE (month, day, year): 8-28-25	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email Spencer.Rossow@cityoffortwayne.org	Date (month, day, year) / Time IDEM Notified (8/28/25) / 8:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

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**BYPASS / OVERFLOW INCIDENT REPORT**

State Form 46373 (R7 / 4-16)  
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 email signed copies to [wwreports@idem.in.gov](mailto: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. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out the report form, please contact Renee Repar at (317) 232-6770 or [rrepar@idem.in.gov](mailto:rrepar@idem.in.gov).

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					
(1) Facility Name (Organization) Water Pollution Control Maintenance		(2) Mailing Address (reporting organization) 515 East Wallace St.		(3) County Allen	(4) NPDES Permit IN0032191
RELEASE INFORMATION (Location 1)					
(5) Outfall Number N/A	(6) Date (mm/dd/yy) and Time Release Began (08/25/25) 10:35	(7) Date (mm/dd/yy) and Time Release Stopped (08/25/25) 12:00	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) D42 004	(9) Latitude (Deg Min Sec) 41 08 48	(9) Longitude (Deg Min Sec) 85 13 29
(10) Amount of Flow Released (Always provide a volume.) Check one: <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Actual 10 Gallons		(11) WWTP Flow During Release 27.5 MGD	(12) WWTP Peak Design Flow Rate 85.0 MGD		
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release		(14) Describe any damage to aquatic life or receiving stream: None			
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation Inches					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input checked="" type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: An overflow was reported in the separate sanitary sewer system at the above listed location. The City found a broken air relief valve and replaced it. The overflow was not a result of a capacity issue. The overflow was to the ground only and did not result in a discharge to, or adversely affect, a regulated water body. This is being reported for informational purposes only.		(18) Description of the Area Impacted (Check all that apply.) <input checked="" type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted:	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input type="checkbox"/> Health Dept. <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) 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.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input type="checkbox"/> Other <input type="checkbox"/> Lime <input checked="" type="checkbox"/> Clean-Up Debris The City repaired the air relief valve. 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.					
(21) 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.					

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 scan to PDF for emailing.)			
SIGNATURE: <i>Spencer Rossow</i>		DATE (month, day, year): 8-28-25	
Individual Making Report (printed) Spencer Rossow	Telephone Number 260-427-1448	Contact Email <a href="mailto:Spencer.Rossow@cityoffortwayne.org">Spencer.Rossow@cityoffortwayne.org</a>	Date (month, day, year) / Time IDEM Notified (8/25/25) / 2:37 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM



# APPENDIX 3

# WPCP Regulator Inspections

APPENDIX 3

WPCP

<b>WPCP REGULATOR INSPECTIONS</b>		
DATE RANGE	3/1/2025	8/31/2025
WPCP		
<b>REGULATOR ROUTE INSPECTIONS</b>		
	Visit Frequency	Entries
North Anthony	4	
Foster Park	4	
Nelson	4	4
Third Street	4	
Woodhurst	4	
Brown St.	4	
<b>Total Visits</b>	24	4

## O&M Activities (WPCM) – Collection System Activities

<b>O&amp;M Activities (WPCM) - Collection System Activities (March 1, 2025 - August 31, 2025)</b>					
	<b>Annual Goal</b>	<b>Completed in Current Report Period</b>	<b>2025 YTD</b>	<b>2025 Percent complete</b>	
Degreased Sewer Mains(LF)	520,000	555,093	750,529	144.3%	
Deroot sewer mains (LF)	210,000	203,757	229,440	109.3%	
Clean CB/Inlet Structures (LF)	5,600	4,968	5,652	100.9%	
Televise Sewer Mains (LF)	135,000	116,962	164,093	121.6%	
Clean Sewer Mains (LF)	95,220	71,413	87,700	92.1%	
Flush Sewer Mains (LF)	130,000	215,365	283,977	218.4%	
Inspect Manholes	450	404	466	103.6%	

# WPCP Lift Station Electrical and Mechanical Inspections

## Rothman Road Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	3	3	2

## St. Joe Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	4	2

## Cedar Canyon Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Concordia Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Camp Scott Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	4	2

## Brooks Crossing Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## CSPS Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	2	2

## Lime Sludge Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Pleasant Ave. Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Harrison Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Griswold Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Maples Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	4	2

## Westlawn Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

### Stoney Creek Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

### Indianapolis Rd. Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

### Feighner Rd. Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Marzane Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Woodview Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Dinamee Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Gump Rd. Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Deer Hollow Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2

## Flutter Rd. Lift Station

March 2025	April 2025	May 2025	June 2025	July 2025	August 2025
2	2	2	2	3	2



