Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Facility Information
   Hull, MA WPCF — Reporting Sewer Authority
   MA0101123 — Permit #
2. Authorized Representative Transmitting Form:
   Kevin — First Name
   Stetson — Last Name
   781 925 0906 — Telephone No.
   Asst Mgr — Title
   kstetson@woodlandcurran.com — E-mail Address

B. Phone Notifications:

See DEP Regional Office telephone and fax numbers at the end of this form.

1. **MassDEP staff** contacted: Northeast Region left message 978-694-3215
   first name — last name
   Date/Time contacted: 8/17/15 (Date) — 1:22 pm (Time) ☐ am ☒ pm
2. **EPA staff** contacted: EPA New England left message 617 918-1870
   first name — last name
   Date/Time EPA contacted: 8/17/15 (Date) — 1102 (Time) ☒ am ☐ pm
3. Board of Health contacted: Joyce (First Name) — Sullivan (Last Name)
   Date/Time contacted: 8/17/15 (Date) — 1117 (Time) ☒ am ☐ pm
4. Others notified (select all that apply): ☒ Conservation Commission 1119 am
   ☐ Harbormaster ☐ Shellfish Warden ☒ Division of Marine Fisheries 1125 am
   ☐ Downstream Drinking Water Supplier ☐ Watershed Association
   ☐ Beach Resource Manager ☐ Other: (specify)

C. SSO Information

1. SSO Discovered: 8/17/15 (Date) — 8:00 (Time) ☒ am ☐ pm
   By: J. Curnier, plant staff
2. SSO Stopped: 8/17/15 (Date) — 8:00 (Time) ☒ am ☐ pm
3. SSO Discharge from: ☐ Sanitary Sewer Manhole ☐ Pump Station
   ☐ Backup into Property ☒ Other: Sludge truck overflow (specify)
4. SSO Discharge to: ☒ Ground Surface (no release to surface water)
   ☐ Direct to Receiving Water (surface water)
   ☐ Catch basin to Receiving Water (surface water)
   ☐ Backup into Property Basement

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C. SSO Information (cont.)

Location: 1111 Nantasket Ave, Hull, MA, (WWTF grounds)
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 50 gal ±

Method of Estimating Volume: Clean up of sludge into trash cans

6. Cause of SSO Event:

☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☒ Other: Sludge truck overflow
(Specify)

7. Corrective Actions Taken:
Shoveled sludge from paved area at truck
hosed area and wet vac'd rinse water

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No
Spray w/ diluted hypo solution

Corrective Actions Completed: ☒ Yes ☐ No

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☒ Attachment ☐ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:

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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

8/17/15
Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	

Work Order

Initial Call Time: 8/17/2015 ~~12:00~~ 8:00 AM
Scheduled Date: 8/17/2015
Due Date: 8/17/2015

Hull Wastewater

Work Order#: 512

Equipment: 30 - WW Treatment Plant - General
Location:
Service Descrip: Sludge truck overflow
Type:
Assigned: Kevin Stetson
Department: WWTF
Priority: Normal
Reason: Operational
Requested By:

Report Work Order:
Routine Work Order:
Notes:

Employees:

Employee:	Arrival Date/Time:	Departure Date/Time:	Reg Hours:	OT Hours:	Actions Performed:
Kevin Stetson	8/17/2015 8:52 AM	8/17/2015 8:52 AM	0.00	0.00	Inspect and clean up
Kevin Stetson	8/17/2015 1:38 PM	8/17/2015 1:38 PM	0.00	0.00	Area cleaned and rinsed with wet vac, diluted hypo sprayed on area

Equipment Used:

Equipment:	Serial Number:	Hours Used:

Parts Used: **Parts Vendor:** **Service Vendor:**

Part Description:	Part Number:	# Used:

Additional Costs:

Vendor:	Memo:	Cost:

Response Time: 8 Hours 52 Min

Work Order

Initial Call Time: 8/17/2015 12:00 AM
Scheduled Date: 8/17/2015
Due Date: 8/17/2015

WOODARD &CURRAN

Hull Wastewater

Work Order#: 512

Action Performed:

Technician Signature: _____ **Date/Time:** _____

Response Time: 8 Hours 52 Min