



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R10 / 4-26)
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. 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 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) 232-8670.

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

GENERAL INFORMATION			
(1) Facility Name (Organization)	(2) Mailing Address (reporting organization)	(3) County	(4) NPDES Permit

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)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		(9) Longitude (Deg Min Sec)

(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	Gallons	(11) WWTP Flow During Release MGD	(12) WWTP Peak Design Flow Rate 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 type="checkbox"/> Combined Sewer System Release	(14) Describe any damage to aquatic life or receiving stream:
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(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 type="checkbox"/> Sewer Clean Out Describe Other: (in the box below)	(17) Additional Description of the Bypass / Overflow Event:	(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 type="checkbox"/> Reached Receiving Water Name of Receiving Water Impacted:
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(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

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

(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 wwReports@idem.IN.gov)				
SIGNATURE: _____			DATE (month, day, year): _____	
Individual Making Report (printed)	Telephone Number	Contact E-mail	Date (month, day, year) / Time IDEM Notified	<input type="checkbox"/> AM <input 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)
	<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 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				
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				
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				
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				
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				
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 wwReports@idem.IN.gov)

SIGNATURE: _____

DATE (month, day, year): _____

Bypass/Overflow Incident Report Instructions

Below are numbered instructions for completing the Bypass/Overflow Incident Report State Form 48373. Please fill all fields that you can and as accurately as you can. Bypass/Overflow Reports must be submitted by the facility/system that is responsible for the maintenance and oversight of the collection system where the discharge occurred. Please refer to these instructions while filling out the report:

1. **Facility Name (Organization):** The facility name as it appears on the NPDES permit. For wastewater systems which do not have an active NPDES permit please enter NONE in the box.
2. **Mailing Address:** The address where all IDEM communication is sent.
3. **County:** The County in which the permitted facility is physically located.
4. **NPDES Permit:** The permit number associated with the facility. For wastewater systems which do not have an active NPDES permit mark this space as either "Terminated" for systems which had an NPDES permit in the past or "N/A" for systems which have never had an NPDES wastewater permit.
5. **Outfall Number:** The number of the outfall associated with the Bypass/Overflow Incident as identified in the NPDES permit. For discharge locations which have not been specifically listed in the permit, mark as "N/A".
6. **Date & Time Release Began:** If the exact date and time is not known please indicate the date and time you became **aware** of the release.
7. **Date & Time Release Ended:** The exact date and time the release ended. If the release is ongoing at the time of the initial report submitted to meet the 24 reporting requirement, please leave this field blank and later resubmit an additional "Follow-up" report with the date and time that the discharge ended and check the "Follow-up to Bypass report previously sent on: ____" box in the upper right corner of the form.
8. **Location of Release:** The actual physical location of the release: Such as a Street Address; closest cross streets; Manhole ID; Lift Station; Force Main, etc. **NOTE:** Please give the most accurate information in regards to manholes, lift stations and force mains that can be referenced back to documentation at your facility.
9. **Latitude and Longitude:** Latitude and Longitude shall be reported in decimal degrees (e.g. 77.029289) or degrees, minutes and seconds. The latitude and longitude fields on this report will **soon be required** by EPA; however, these fields can be left blank on the report if the sewer overflows are caused by an extreme wet weather event that inundates a large sewer basin and individual overflow locations (i.e. manholes) are difficult to quantify. At this time, the report will not be sent back if the boxes are blank; however, please attempt to fill in these two fields as accurately as possible.
10. **Amount of Flow Released:** The flow released should be the best professional judgment from the facility on the estimated number of gallons of sewer overflow for **each** Sewer Overflow Discharge.
11. **WWTP Flow During Release:** The flow of the treatment plant when the release was observed, often reported in a one hour time increment.
12. **WWTP Peak Design Flow Rate:** The peak WWTP design flow rate as identified in the respective NPDES permit and/or most recent IDEM OWQ Facilities Construction Permit/Design Summary (commonly listed as peak daily or peak hourly) that included a hydraulic capacity expansion.
13. **Overflow Type:** Check one and only one box that best applies to the type of incident. **NOTE:** Dry weather CSO is generally interpreted as where there has been less than 0.1 inch of precipitation within the proceeding 72 hours (three (3) days). Prohibited CSO discharges are defined as discharges from CSO outfalls identified in Attachment A of the NPDES permit as being "prohibited". A Combined Sewer Release may include a basement backup in a sewer basin designated as being comprised of combined storm and sanitary sewers.
14. **Describe any damage to aquatic life or receiving stream:** Describe the conditions of the receiving stream and any aquatic life impaired by the incident.
15. **Reason for Bypass/Overflow:** Check **all** the boxes that apply to the specific incident.
16. **Systems Component(s):** Check **all** the boxes of components that are/were involved in the incident.
17. **Additional Description of the Bypass/Overflow Incident:** Provide additional detailed information regarding why the incident occurred that does not fit in the check boxes and supplemental details about the discharge event.
18. **Description of the Area Impacted:** Check **all** boxes of area(s) that were/are directly impacted by the discharge. If the discharge reached the receiving waters identify those by name whenever possible.
19. **Organizations Notified by Facility:** Check **all** of the boxes that apply.
20. **Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area:** Select **all** boxes that apply and then add additional description in box below.
21. **Resolution: Actions Taken or Planned to Prevent Recurrence:** Describe all actions taken and actions that will be taken to prevent the incident from reoccurring in the future.
22. **Certification and Signature:** Complete this box in its **entirety**. A qualified person that has properly gathered the information in the report is authorized to sign and submit. **NOTE:** In circumstances where the certified operator is unavailable, the person on call at the facility may sign and submit.
23. **Second Page Instructions:** 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.