

Sanitary Sewage Overflow Notification Summary Report

Form 3400-184 (R 7/17)

Notice: An overflow is defined as a release of wastewater from a sewage collection system (SSO) or from a location within a sewage treatment facility (TFO) other than a permitted outfall structure, directly to a water of the state or land surface. Pursuant to s. 283.55(1)(dm), Wis. Stats., s. NR 210.21(4)(5)(6) Wis. Adm. Code and in accordance with reporting requirements in your WPDES permit, permittees shall submit a written report form for each overflow. This record is used to administer the water quality program, and any personally identifiable information may be provided to requesters as required under the Wisconsin Open Records law (ss. 19.31–19.39, Wis. Stats.).”

- Sanitary Sewer Overflow (SSO)
 Treatment Facility Overflow (TFO)

Use one form per SSO location. Submit within five calendar days to your Department wastewater representative. Attach additional information as necessary to explain or document each overflow occurrence. A single SSO may be more than one day if the circumstance causing the overflow results in discharge duration more than 24 hours. If there is a stop and restart of the overflow within 24 hours, but it's caused by the same circumstances, report it as one SSO. If the discharges are separated by more than 24 hours, they should be reported as separate SSOs.

Notifications

Department Notification

Permittee (Municipality or Facility Name)	Permit No.
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Person Who Contacted the DNR

DNR Person Contacted	Date (mm/dd/yyyy)	Time of Day <input type="radio"/> am <input type="radio"/> pm	Within 24 hours? <input type="radio"/> Yes <input type="radio"/> No
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Public Notification

Date (mm/dd/yyyy)	How the Public was Notified
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Describe the actual or potential for human exposure or contact with overflowing wastewater

Other Notifications (if applicable)	Drinking Water Intake Owner	Date (mm/dd/yyyy)
	Regional Wastewater Treatment Facility	Date (mm/dd/yyyy)

(Satellite collection permittees are required to submit a copy of this report to the regional plant to which they discharge.)

Wet Weather Information (if applicable)

Was this overflow wet weather related? Yes No (skip this section)

Rainfall Start: _____ am pm _____ inches
Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: _____ am pm
Date (mm/dd/yyyy) End Time

Contributing Soil or Other Conditions (saturated, frozen, soil type, snowmelt, etc.): _____

Overflow Details

Location (Street Address)

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: _____ (e.g. 43.075350)	Longitude: _____ (e.g. -89.379770)
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Overflow Start: _____ am pm _____ hours _____ gallons
Date (mm/dd/yyyy) Start Time Duration Volume

Overflow End: _____ am pm _____
Date (mm/dd/yyyy) End Time

Cause: (select all that apply)

- Rain Plugged Pipe
 Snow Melt Broken Pipe
 Flooding Equipment Failure
 Power Outage Contractor Related
 Other—Explain: _____

Overflow Occurred From: (select only one)

- Lift Station – Name: _____
 Manhole – MH#: _____
 Gravity Sewer Pipe
 Pressure Sewer Pipe (Forcemain)
 River or Stream Crossing— Select one: Forcemain Siphon
 Permanent Overflow Structure
 Treatment Plant Unit or Pipe : _____
 Other: _____

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Destination: (select all that apply)

Ditch – Name of surface water it drains to: _____

Storm sewer – Name of surface water it goes to: _____

Surface water – Name of waterbody: _____

Ground – Seeps into soil: _____

Other – Describe: _____

Overflow Explanation (This includes any information, whether the overflow was unavoidable to prevent loss of life, personal injury, or severe property damage and whether there were feasible alternatives to the overflow.)

Immediate Corrective Action and Steps Taken to Reduce this Overflow Volume and Impacts

Long Term Plan to Reduce, Eliminate, Prevent Reoccurrence of this Overflow

Building Backups

Number of building backups occurring during this time in Area of Overflow: _____

Locations of Building Backups:
(list each one)

Certification

Authorized Representative Name	Authorized Representative Title
Email Address	Phone Number

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

Signed Date (mm/dd/yyyy)

Note: Submit this form to your DNR wastewater representative. Permittees who are required to submit monthly Discharge Monitoring Reports (DMRs) shall report this overflow on the DMR.

DNR Follow-Up Action (DNR Use Only)	
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