State of North Carolina
Department of Environment and Natural Resources
Division of Water Resources

Collection System Sanitary Sewer Overflow Reporting Form
Form CS-SSO

PART I:
This form shall be submitted to the appropriate DWR Regional Office within five days of the first knowledge of the sanitary sewer overflow (SSO).

Permit Number: _____ (WQCS# if active, otherwise use WQCSD#)

Facility: _____ Incident #: _____ Owner: _____

Region: _____ City: _____ County: _____

Source of SSO (check applicable): ☐ Sanitary Sewer ☐ Pump Station / Lift Station

SPECIFIC location of the SSO (be consistent in description from past reports or documentation - i.e. Pump Station 6, Manhole at Westall & Bragg Street, etc.): _____

Manhole #: _____

Latitude (degrees/minute/second): _____

Longitude (degrees/minute/second): _____

Incident Started Dt: _____ (mm-dd-yyyy) Time: _____ hh:mm AM/PM Incident End Dt: _____ (mm-dd-yyyy) Time: _____ hh:mm AM/PM

Estimated volume of the SSO: _____ gallons Estimated Duration (round to nearest hour): _____ hour(s)

Describe how the volume was determined: _____

Weather conditions during the SSO event: _____

Did the SSO reach surface waters? ☐ Yes ☐ No ☐ Unknown

Volume reaching surface waters: _____ gallons Surface water name: _____

Did the SSO result in a fish kill? ☐ Yes ☐ No ☐ Unknown

If Yes, what is the estimated number of fish killed? _____

SPECIFIC cause(s) of the SSO:

☐Severe Natural Conditions ☐ Grease ☐Roots ☐Inflow & Infiltration

☐Pump Station Equipment Failure ☐ Power Outage ☐Vandalism ☐ Debris in line ☐Pipe Failure (Break)

☐Other (Please explain in Part II)

24-hour verbal notification (name of person contacted): _____

☐DWQ ☐Emergency Management Date (mm-dd-yyy): _____ Time: (hh:mm AM/PM): _____

If an SSO is ongoing, please notify the appropriate Regional Office on a daily basis until SSO can be stopped.

Per G.S. 143-215.1C(b), the responsible party of a discharge of 1,000 or more of untreated wastewater to surface waters shall issue a press release within 48-hours of first knowledge to all print and electronic news media providing general coverage in the county where the discharge occurred. When 15,000 gallons or more of untreated wastewater enters surface waters, a public notice shall be published within 10 days and proof of publication shall be provided to the Division within 30 days. Refer to the reference statute for further detail.

The Director, Division of Water Resources, may take enforcement action for SSOs that are required to be reported to Division unless it is demonstrated that:

1) the discharge was cause by sever natural conditions and there were no feasible alternative to the discharge; or
2) the discharge was exceptional, unintentional, temporary and caused by factors beyond the reasonable control of the Permittee and/or owner, and the discharge could not have been prevented by the exercise of reasonable control.

Part II must be completed to provide a justification claim for either of the above situations. This information will be the basis for the determination of any enforcement action. Therefore, it is important to be as complete as possible

WHETHER OF NOT PART II IS COMPLETED, A SIGNATURE IS REQUIRED SEE PAGE 13

PART II:

ANSWER THE FOLLOWING QUESTIONS FOR EACH RELATED CAUSE CHECKED IN PART I OF THIS FORM AND INCLUDE THE APPROPRIATE DOCUMENTATION AS REQUIRED OR DESIRED

COMPLETE ONLY THOSE SECTONS PERTAINING TO THE CAUSE OF THE SSO AS CHECKED IN PART I

(In the check boxes below, NA = Not Applicable and NE = Not Evaluated)

A HARDCOPY OF THIS FORM SHOULD BE SUBMITTED TO THE APPROPRIATE DWR REGIONAL OFFICE UNLESS IS HAS BEEN SUBMITTED ELECTRONICALLY THROUGH THE ONLINE REPORTING SYSTEM

Severe Natural Conditions (hurricane,tornado, etc.)

Describe the "severe natural condition" in detail:

_____

How much advance warning did you have and what actions were taken in preparation for the event?

_____

Comments:

_____

_____

_____

_____

_____

Grease (Documentation such as cleaning, inspection, enforcement actions, past overflow reports, educational material and distribution date, etc. should be available upon request.)

When was the last time this specific line (or wet well) was cleaned? _____

Do you have an enforceable grease ordinance that requires New or retrofit of grease traps/interceptors? ☐ Yes ☐ No ☐ NA ☐ NE

Have there been recent inspection and/or enforcement actions taken on nearby restaurants or other nonresidential grease contributors? ☐ Yes ☐ No ☐ NA ☐ NE

Explain:

_____

Have there been other SSOs or blockages in this areas that were also caused by grease? ☐ Yes ☐ No ☐ NA ☐ NE

When? _____

If yes, describe them: _____

Have cleaning and inspections ever been done at this location? ☐ Yes ☐ No ☐ NA ☐ NE

Explain:

_____

Have educational material about grease been distributed in the past? ☐ Yes ☐ No ☐ NA ☐ NE

When: _____

and to whom: _____

Explain: _____

If the SSO occurred at a pump station, when was the wet well and pumps last checked for grease accumulation:

_____

Were the floats clean? ☐ Yes ☐ No ☐ NA ☐ NE

Comments:

_____

Roots

Do you have an active root control program on the line / area in question? ☐ Yes ☐ No ☐ NA ☐ NE

Describe: _____

Have cleaning and inspections ever been increased at this location because of roots? ☐ Yes ☐ No ☐ NA ☐ NE

Explain: _____

What corrective actions have been accomplished at the SSO location (and surrounding system if associated with the SSO)?

_____

What corrective actions are planned at the SSO location to reduce root intrusion?

_____

Has the line been smoke tested or videoed within the past year? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, when? _____

Comments: _____

Inflow and Infiltration

Are you under an SOC (Special Order by Consent) or do you have a schedule in any permit that addresses I/I? ☐ Yes ☐ No ☐ NA ☐ NE

Explain if Yes: _____

What corrective actions have been taken to reduce or eliminate I & I related overflows this spill location within the last year?

_____

Has there been any flow studies to determine I/I problems in the collection system at the SSO location? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, when was the study completed and what actions did it recommend?

_____

Has the line been smoke tested or videoed within the past year? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, when and what actions are necessary and the status of such actions:

_____

Are there I/I related projects in your Capital Improvement Plan? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, explain: _____

Have there been any grant or loan applications for I/I reduction projects? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, explain: _____

Do you suspect any major sources of inflow or cross connections with storm sewers? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, explain: _____

Have all lines contacting surface waters in the SSO location and upstream been inspected recently? ☐ Yes ☐ No ☐ NA ☐ NE

If Yes, explain: _____

What other corrective actions are planned to prevent future I/I related SSOs at this location?

Comments: _____

Pump Station Equipment Failure (Documentation of testing records, etc should be provided upon request)

What kind of notification/alarm systems are present? _____

Auto-dialer/telemetry (one-way communication) ☐ Yes

Audible ☐ Yes

Visual ☐ Yes

SCADA (two-way communication) ☐ Yes

Emergency Contact Signage ☐ Yes

Other ☐ Yes

If Other, explain: _____

Describe the equipment that failed: _____

What kind of situations trigger an alarm condition at this station (i.e. pump failure, power failure, high water, etc.)?

Were notification/alarm systems operable? ☐ Yes ☐ No ☐NA ☐ NE

In no, explain: _____

If a pump failed, when was the last maintenance and/or inspection performed? _____

What specifically was checked/maintained? _____

If a valve failed, when was it last exercised? _____

Were all pumps set to alternate? ☐ Yes ☐ No ☐NA ☐ NE

Did any pump show above normal run times prior to and during the SSO event? ☐ Yes ☐ No ☐NA ☐ NE

Were adequate spare parts on hand to fix the equipment ☐ Yes ☐ No ☐NA ☐ NE

Was a spare or portable pump immediately available? ☐ Yes ☐ No ☐NA ☐ NE

If a float problem, when were the floats last tested? How? _____

If an auto-dialer or SCADA, when was the system last tested? How? _____

Comments: _____

Power outage (Documentation of testing, records, tec., should be provided of alternative power source upon request.)

What is your alternate power or pumping source? _____

Did it function properly? ☐ Yes ☐ No ☐ NA ☐ NE

Describe? _____

When was the alternate power or pumping source last tested under load? _____

If caused by a weather event, how much advance warning did you have and what actions were taken to prepare for the event?

_____

Comments: _____

Vandalism

Provide police report number: _____

Was the site secured? ☐ Yes ☐ No ☐NA ☐ NE

If Yes, how? _____

Have there been previous problems with vandalism at the SSO location? _____

If Yes, explain: _____

What security measures have been put in place to prevent Similar occurrences in the future? ☐ Yes ☐ No ☐NA ☐ NE

Comments: _____

Debris in line (Rocks, sticks, rags and other items not allowed in the collection system, etc.)

What type of debris has been found in the line? _____

Suspected cause or source of debris: _____

Are manholes in the area secure and intact? ☐ Yes ☐ No ☐ NA ☐ NE

When was the area last checked/cleaned? _____

Have cleaning and inspections ever been increased at this location due to previous problems with debris? ☐ Yes ☐ No ☐ NA ☐ NE

Explain: _____

Are appropriate educational materials being developed and distributed to prevent future similar occurrences? ☐ Yes ☐ No ☐ NA ☐ NE

Comments: _____

Other (Pictures and police report, as applicable, must be available upon request.)

Describe:

_____

Were adequate equipment and resources available to fix the problem? ☐ Yes ☐ No ☐NA ☐ NE

If Yes, explain: _____

If the problem could not be immediately repaired, what actions were taken to lessen the impact of the SSO? ☐ Yes ☐ No ☐NA ☐ NE

Comments: _____

Pipe Failure (Break)

Pipe size (inches): _____

What is the pipe material: _____

What is the approximate age of the line/ pipe (years old): _____

Is this a gravity line? ☐ Yes ☐ No ☐NA ☐ NE

Is this a force main line? ☐ Yes ☐ No ☐NA ☐ NE

Is the line a "High Priority" line? ☐ Yes ☐ No ☐NA ☐ NE

Last inspection date and findings: _____

If a force main then,

Was the break on the force main vertical? ☐ Yes ☐ No ☐NA ☐ NE

Was the break on the force main horizontal? ☐ Yes ☐ No ☐NA ☐ NE

Was the leak at the joint due to gasket failure ? ☐ Yes ☐ No ☐NA ☐ NE

Was the leak at the joint due to split bell? ☐ Yes ☐ No ☐NA ☐ NE

When was the last inspection or test of the nearest air-release valve to determine if operable? _____

When was the last maintenance of the air release performed? _____

If gravity sewer then,

Does the line receive flow from a force main immediately upstream of the failed section of pipe? ☐ Yes ☐ No ☐NA ☐ NE

If yes, what measures are taken to control the hydrogen sulfide production? _____

When was the line last inspected or videoed? _____

If line collapsed, what is the condition of the line up and down stream of the failure? _____

What type of repair was made? _____

If temporary, when is the permanent repair planned? _____

Have there been other failures of this line in the past five years? ☐ Yes ☐ No ☐NA ☐ NE

If so, then describe _____

System Visitation

ORC ☐ Yes

Backup ☐ Yes

Name: _____

Certification Number: _____

Date visited: _____

Time visited: _____

How was the SSO remediated (i./e. Stopped and cleaned up)?

_____

_____

_____

_____

_____

As a representative for the responsible party, I certify that the information contained in this report is true and accurate to the best of my knowledge.

Person submitting claim: _____ Date: _____

Signature: _____ Title: _____

Telephone Number: _____

Any additional information desired to be submitted should be sent to the appropriate Division Regional Office within five days of first knowledge of the SSO with reference to the incident number (the incident number is only generated when electronic entry of this form is completed, if used).