

Notice: Under s.283.55 (1)(dm), Wis. Stats., and in accordance with reporting requirements in your WPDES permit, all permittees shall provide the following notices if an **unscheduled** sanitary sewer overflow or bypass occurs:

- Within **24 hours** of the occurrence, notify the DNR regional wastewater staff by telephone (FAX, email or voice mail, if staff are unavailable).
- Within **5 days** of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the DNR Regional Office.

Failure to notify the Department as specified may result in fines up to \$10,000 for each day of violation [s. 283.91(2), Wis. Stats.].

Personally identifiable information will be used for program administration and will also be made available to requesters as required under Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Instructions: Use this form to report all **unscheduled sanitary sewer overflow or bypass occurrences**. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24-hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it's caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

Notification Information

Permittee (Municipality or Facility Name)	Overflow or Bypass Reported To DNR	
	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Person Representing Permittee Who Contacted DNR	DNR Office and Person Contacted	

Overflow or Bypass Details

Date(s) and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence)			
Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
Duration of the overflow or bypass (hours and minutes)		Estimated Volume of Wastewater Discharged (gallons)	

Location of the Overflow or Bypass (complete a separate form for **each discharge location**)

Circumstances Causing the Overflow or Bypass (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Rain | <input type="checkbox"/> Power Outage | <input type="checkbox"/> Equipment Failure |
| <input type="checkbox"/> Rain and Snow Melt | <input type="checkbox"/> Plugged Sewer | <input type="checkbox"/> Widespread Flooding |
| <input type="checkbox"/> Snow Melt | <input type="checkbox"/> Broken Sewer | <input type="checkbox"/> Other (explain below) |

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed, what caused the power outage, or what plugged the sewer. Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Sanitary Sewer Overflow or Bypass Notification Summary Report

Form 3400-184 (4/02)

Page 2 of 2

Wet Weather Data (if applicable)

Document the weather conditions if it contributed to the cause of the overflow or bypass. An overflow or bypass may be caused by a series of short rain storms or in combination with a snow melt. The wet weather data should include the cumulative amount of precipitation that caused the overflow or bypass.

Date(s) and Duration of Rainfall			
Start Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm	End Date	Time (to nearest 15 minutes) <input type="checkbox"/> am <input type="checkbox"/> pm
Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)		Amount of Snow Melt (estimated inches melted)	

Contributing Soil Conditions (saturated, frozen, soil type)

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: _____
- Storm sewer. Name of surface water it drains to: _____
- Surface water direct discharge: _____
- Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. The WPDES permit prohibits overflows or bypasses, unless certain specified conditions are met. If the permittee fails to operate and maintain the sewage collection system to prevent overflows and bypasses, they will be subject to enforcement action.

Report Completed By

Authorized Representative Name (Print)	Title
Authorized Representative Signature	Date

Village of Shorewood
MANHOLE INSPECTION FORM

Manhole Number: _____ Street: _____
Date: _____ Inspector: _____

Weather: _____ °F; Clear Partly Cloudy Rain Snow Frozen Melting Dry

I. SURFACE

a. Type: Concrete Pave Asphalt Pave Gravel Grass Other _____

b. Drainage: Street Crown Drainage way Subject to Ponding 100-Year Flood Flat

c. Ponding: None Little Moderate Heavy Severe Ponded Area ___ ft²

d. Condition: Circular Cracks Longitudinal Cracks Solid Other _____
 Last Crack Seal _____

e. Cross-Section: Pavement C & G Pavement Rural Shoulder Off Street

II. COVER

a. Hole Type: Solid One Hole Two Hole Three or More Holes

b. Bedding Type: "O" Ring TGasket Flat Gasket Gasketed & Bolt Down No Gasket

c. Gasket Condition: Good Poor Missing

d. Cover Condition: Good Poor Missing

e. Diameter: Standard (22-3/4) Other ___-inch Cover Thickness

f. Paving Ring: No Yes Adjustment ___ in. ___ Number of Rings Steel C.I.

III. FRAME AND SEAL CONDITION

a. Grade: _____ inches above grade _____ inches below grade At Grade

b. Condition: Not sealed Internal Seal Misaligned ___ inches External Seal

c. Frame to Chimney Seal: Tight Gap Leaks Deposits Stains

d. Boot: Good Poor Leakage Needs Extension ___ inches

e. Type: Manufacturer _____ Seal Length _____ inches

f. Bands: Both Tight Upper Loose Lower Loose

g. Boot Leakage: Behind upper band Behind lower band

IV. CHIMNEY

a. Type: Precast Brick Block Other _____ Chimney Height ___ in.

b. Condition: Good Poor

c. Chimney to Cone Seal: Tight Gap Leaks Deposits Stains

d. Infiltration: None Leaks Deposits Stains Roots

e. Degree of Infiltration: None Light Moderate Severe

f. Step in Chimney: No Yes

(Bold Underline Italic indicates optional information)

V. STEPS

- a. Condition: Good Poor No Steps
b. First Step: _____ inches from bottom of cover

VI. CONE

- a. Type: Precast Brick Block Slab Top Other _____
b. Condition: Good Poor
c. Cone to Barrel Seal: Tight Gap Leaks Deposits Stains
d. Infiltration: None Leaks Deposits Stains Roots
e. Degree of Infiltration: None Light Moderate Severe

VII. BARREL

- a. Type: Precast Brick Block Slab Top Other _____
b. Condition: Good Poor
c. Barrel to Bottom Seal: Tight Gap Leaks Deposits Stains
d. Infiltration: None Leaks Deposits Stains Roots
e. Degree of Infiltration: None Light Moderate Severe

VIII. FLOW LINE BENCH

- a. **Flow Line Obstructions:** None Gravel Light Heavy Organic Light Heavy
b. **Pipe Connections:** Good Poor
c. Infiltration: None Leaks Deposits Stains Roots
d. **Surcharge Evidence:** None Yes _____ ft. from Invent
e. **Groundwater Elevation:** _____ feet from surface

Comments: _____

Corrective Actions Taken: _____

Picture Taken: Yes No (**Italic** indicates optional information)

SEWER BACKUPS & OTHER COMPLAINTS FORM

DATE: _____

FORM # _____

STREET NAME: _____ #: _____

NAME: _____

PHONE #: _____

(CHECK ONE COMPLAINT) BACKUP____ SEWER____ WATER____

DESCRIBE: _____

MANHOLES CHECKED: UPSTREAM # _____
DOWNSTREAM # _____

EMPLOYEE or EMPLOYEE'S (CHECKING IT OUT): _____

BACKUP RESPONSIBILITY (CHECK ONE): VILLAGE _____
OWNER _____

ACTION TAKEN: _____

SEWER MAINTENANCE

DATE: _____

FORM# _____

EMPLOYEE # _____ & _____ & _____ & _____

CAMEL DUMPING

WT: _____ VAC AREA: _____ DUMP LOCATION: _____

JETTING

MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____
MH# _____	TO MH# _____	TOTAL FT _____	GREASE LINE? _____

VAC & REPAIRS

MH# _____	MH# _____	MH# _____	MH# _____	MH# _____	MH# _____
MH# _____	MH# _____	MH# _____	MH# _____	MH# _____	MH# _____
CB/SUMP LOC: _____	LOC: _____				
CB/SUMP LOC: _____	LOC: _____				
CB/SUMP LOC: _____	LOC: _____				
CB/SUMP LOC: _____	LOC: _____				
CB/SUMP LOC: _____	LOC: _____				
CB/SUMP LOC: _____	LOC: _____				
LATERAL LOC: _____	SEWER MAIN LOC: _____				

<u>MATERIALS USED</u>	<u>QUANTITY</u>	<u>PRICE</u>
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____
7: _____	_____	_____
8: _____	_____	_____
9: _____	_____	_____
10: _____	_____	_____

**VILLAGE OF SHOREWOOD
ROOT CAUSE FAILURE ANALYSIS FORM**

This form is to be used for overflows, sewer blockages, and other problematic areas.

Sewer Overflow - YES – see Overflow Response Plan - No

DESCRIPTION OF PROBLEM – SEWERS

- Basement Backup Overflow at manhole (MH) MH # _____
- MH Cover Missing MH #. _____ Sewage or ponding water on Street
- Catch basin clogged CB # _____
- Overflow sites on Glendale– see Wet Weather SOP
- OTHER – Describe _____

PROBLEM IDENTIFICATION

DATE: _____

- Backup in private property lateral -- Manholes checked MH No.s _____
- Backup due to blockage - public sewer -- Manholes checked MH No's _____
- Backup due to maintenance activities – Describe: _____
- OTHER _____

PROBLEM RESOLUTION

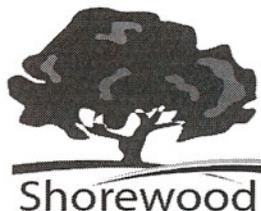
DATE: _____

- Informed property owner of their obligations (private property lateral blockage)
- Cleaned sewer – List MH numbers _____
- OTHER – LIST WORK COMPLETED _____

FUTURE RECOMMENDATIONS

- Televiser Sewer MH _____ to MH _____ 1
- Clean Sewer MH _____ to MH _____
- Smoke Test – Dyed Water Flooding
- Inspect Private Property
- OTHER – LIST _____

Completed by _____ Date: _____



Village of Shorewood
Department of Public Works

Shorewood Residents Notice of Sewer Smoke Testing

As part of the sewer maintenance program in the Village of Shorewood, sanitary sewer smoke testing will be conducted in this area by AECOM, a contracted engineering firm. During the examination, smoke will be blown through the sanitary sewers from a manhole. Smoke will then appear from any roof drains, catch basins, or house stacks connected to the system. In addition, smoke may appear from cracks in the pavement above the sewer, from lawns, or around homes which have foundation drains connected to the sewer.

Smoke may also appear in basements by means of unused floor drains, disconnected or faulty plumbing fixtures or from any other direct openings to the house lateral. Because of this possibility, **residents are advised to pour a bucket of water down all floor drains, sinks, or other plumbing fixtures that are not used regularly.** This will fill the plumbing trap and prevent entry of smoke. The smoke used is non-staining and it will disappear rapidly, without leaving a residue or odor, in the unlikely event it does get into the building.

If smoke should appear in your building during the test, contact a member of the survey team working on your street. The smoke will dissipate more quickly if a window or outside door is opened in the affected area.

Please Note:

The smoke to be used in this testing program has been analyzed by a team of experts in the fields of industrial hygiene, toxicology, and medicine. Their reports include:

"...none of the smokes (tested) appears capable of causing even minor injury to people who may be exposed during controlled use."

Individuals with respiratory problems should avoid direct exposure to the smoke. Anyone with health or other concerns should call Tom Nejedlo with AECOM at (414) 225-5114. If your call is not answered directly, you may either leave a phone mail message or leave your name and address with the operator. A field crew member will contact you about your concerns prior to testing of your street.

Smoke testing should occur within 2 to 3 working days of receipt of this notice.

Testing will not take place in inclement weather.

If you have any questions, please contact:

Tom Nejedlo
AECOM
(414) 225-5114

Jim Swenson
Village of Shorewood
(414) 847-2650

Notice: This application is authorized by s. 283.37, Wis. Stats., and chs. NR 151 and 216, Wis. Adm. Code. Personally identifiable information on this form may be used for other program purposes and may be made available to requestors under Wisconsin's Public Records laws and be posted on the Department's internet site.

Instructions: Complete the following for all permit applications. If additional space is needed to respond to a question, attach additional pages. Provide descriptions below that explain the program activities that you expect to develop and implement to comply with the Municipal Separate Storm Sewer System (MS4) general permit (<http://dnr.wi.gov/org/water/wm/nps/stormwater/muni.htm>). Section 3 of the MS4 general permit contains the compliance schedules that direct when the individual program activities need to be developed and submitted to the Department for review. The detailed programs that are developed and submitted to the Department for review may deviate from the program activities described below if necessary. The descriptions provided below are necessary for the Department to verify that the municipality's program activities comply with the permit.

Section I: Applicant Information

Name of Municipality

Mailing Address	City	State	Postal Code
County(s) in which Applicant is located	Type of Municipality: (check one) <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> Other (specify)		

Section II: Local Contact Information (check one):

Name of Municipal Contact Person	Title		
Mailing Address	City	State	Postal Code
E-mail address	Telephone Number (include area code)	Fax Number (include area code)	

Section III: Water Quality Concerns

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (An unofficial list of ORWs and ERWs may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/)
<input type="checkbox"/>	<input type="checkbox"/>	Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1) of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of Wisconsin impaired waterbodies may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html)

Section IV: Area and Population Within the MS4

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is the MS4 within an "Urbanized Area" as defined by U.S. EPA? (See http://www.epa.gov/npdes/pubs/fact2-2.pdf)

If no, skip the rest of this section and continue to Section V. If yes, estimate the area served by and the population within the MS4 in an Urbanized Area (UA).

(Urbanized Area maps are available on the EPA web site at: <http://cfpub1.epa.gov/npdes/stormwater/urbanmaps.cfm>)

Total municipal area (in square miles):	Total municipal population (in year 2000):
MS4 service area within Urbanized Area (in square miles):	Municipal population within Urbanized Area (in year 2000):

Section V: Potential Permit Exemption

Yes	No	Section NR 216.023, Wis. Adm. Code, allows certain MS4s that have less than 1000 people residing in an urbanized area to be waived from having to obtain municipal storm water permit coverage.
<input type="checkbox"/>	<input type="checkbox"/>	Do you believe that the MS4 may be eligible for this potential exemption?

Section VI: Summary of Municipal Storm Water Program Activities

Describe the programs or activities the municipality is doing or will do to comply with the requirements of the MS4 general permit. Attach additional pages if necessary.

A. Public Education and Outreach

Describe the public education and outreach program activities that the municipality will implement to comply with section 2.1 of the MS4 general permit.

B. Public Involvement and Participation

Describe the public involvement and participation program activities that the municipality will promote to comply with section 2.2 of the MS4 general permit.

C. Illicit Discharge Detection & Elimination

Describe the illicit discharge detection and elimination program authority and activities that the municipality will develop and implement to comply with section 2.3 of the MS4 general permit.

D. Construction Site Pollution Control

Describe the construction site pollutant control program authority and activities that the municipality will develop and implement to comply with section 2.4 of the MS4 general permit.

E. Post-Construction Site Storm Water Management

Describe the post-construction storm water management program authority and activities that the municipality will develop and implement to comply with section 2.5 of the MS4 general permit.

F. Pollution Prevention

Describe the pollution prevention program activities that the municipality will implement to comply with section 2.6 of the MS4 general permit.

Section VII: Certification

I hereby certify that I am an authorized representative of the municipality that is the subject of this application for general permit coverage, and that the information provided is true and complete, to the best of my knowledge. I understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Name		Title	
Signature		Date Signed	
E-mail address	Telephone Number (include area code)	Fax Number (include area code)	

Return this completed form to:
 Wisconsin Department of Natural Resources
 Storm Water Program – WT/2
 PO Box 7921
 Madison, WI 53707-7921