

State of Wisconsin
 Department of Natural Resources
 dnr.wi.gov

**Sanitary Sewage Overflow
 Notification Summary Report**

Form 3400-184 (R 7/17) Page 1 of 2

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) **Village of Shorewood** Permit No. **WI-0047341-05-0**

Person Who Contacted the DNR
Leeann Butschlick

DNR Person Contacted **Jacob Wedesky** Date (mm/dd/yyyy) **09/13/2019** Time of Day **11:15** am pm Within 24 hours? Yes No

Public Notification

Date (mm/dd/yyyy) **09/13/2019** How the Public was Notified **email notification to media; posting on Village website**

Describe the actual or potential for human exposure or contact with overflowing wastewater
Potential contact exists for person who swim and/or enter the waters of the Milwaukee River.

Other Notifications (if applicable)	Drinking Water Intake Owner North Shore, Milwaukee, Cudahy, Oak Creek	Date (mm/dd/yyyy) 09/13/2019
	Regional Wastewater Treatment Facility MMSD	Date (mm/dd/yyyy) 09/13/2019

(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: 9/13/19 12:58 am pm 2.11 inches
 Date (mm/dd/yyyy) Start Time Rainfall Amount

Rainfall End: 9/13/19 2:13 am pm
 Date (mm/dd/yyyy) End Time

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

Overflow Details

Location (Street Address)
Milwaukee River - Estabrook Park

Location (GPS coordinates, WGS84 standard coordinate system) Latitude: 43.197839 Longitude: 87.902042
 (e.g. 43.075350) (e.g. -89.379770)

Overflow Start: 09/13/2019 12:58 am pm
 Date (mm/dd/yyyy) Start Time

Overflow End: 9/13/2019 2:13 am pm
 Date (mm/dd/yyyy) End Time

1.25 hours 10,618 gallons
 Duration Volume

<p>Cause: (select all that apply)</p> <p><input checked="" type="checkbox"/> Rain <input type="checkbox"/> Plugged Pipe <input type="checkbox"/> Snow Melt <input type="checkbox"/> Broken Pipe <input type="checkbox"/> Flooding <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Power Outage <input type="checkbox"/> Contractor Related <input type="checkbox"/> Other—Explain: _____</p>	<p>Overflow Occurred From: (select only one)</p> <p><input type="radio"/> Lift Station – Name: _____ <input type="radio"/> Manhole – MH#: _____ <input type="radio"/> Gravity Sewer Pipe <input type="radio"/> Pressure Sewer Pipe (Forcemain) <input type="radio"/> River or Stream Crossing – Select one: <input type="radio"/> Forcemain <input type="radio"/> Siphon <input checked="" type="radio"/> Permanent Overflow Structure <input type="radio"/> Treatment Plant Unit or Pipe : _____ <input type="radio"/> Other: _____</p>
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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: MILWAUKEE RIVER

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.)

The overflow occurred due to surcharging of the trunk sanitary sewer collection line serving this sewershed. Intense rainfall, including, 0.83 inches in a 30 minute period, and saturated soil conditions were contributing factors.

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

The Village of Shorewood is evaluating the design and operation of the permanent overflow structure. By previous communication to the WDNR, this evaluation will be complete in early December.

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

In addition to addressing potential findings in the overflow structure evaluation, the Village will continue its efforts aimed at reducing private property inflow/infiltration.

Building Backups

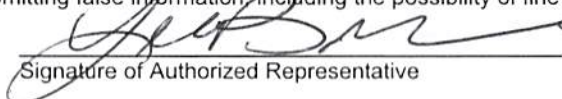
Number of building backups occurring during this time in Area of Overflow: 0

Locations of Building Backups:
(list each one)

Certification

Authorized Representative Name Leeann Butschlick	Authorized Representative Title Director of Public Works
Email Address lbutschlick@villageofshorewood.org	Phone Number 414-847-2650

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.

 9/13/19
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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