

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
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Person Who Contacted the DNR
Leeann Butschlick

DNR Person Contacted Jacob Wedesky	Date (mm/dd/yyyy) 02/27/2023	Time of Day <input type="radio"/> am <input checked="" type="radio"/> pm	Within 24 hours? <input checked="" type="radio"/> Yes <input type="radio"/> No
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Public Notification

Date (mm/dd/yyyy) 02/28/2023	How the Public was Notified email notification to media; posting on Village website
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Describe the actual or potential for human exposure or contact with overflowing wastewater

Potential contact exists for persons 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) 02/28/2023
	Regional Wastewater Treatment Facility MMSD	Date (mm/dd/yyyy) 02/28/2023

(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: 02/27/2023 4:45 <input checked="" type="radio"/> am <input type="radio"/> pm	2.2 inches
Date (mm/dd/yyyy) Start Time	Rainfall Amount
Rainfall End: 02/27/2023 7:05 <input type="radio"/> am <input checked="" type="radio"/> pm	
Date (mm/dd/yyyy) End Time	

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

Overflow Details

Location (Street Address)
Milwaukee River - Estabrook park

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: 43.197839 <small>(e.g. 43.075350)</small>	Longitude: -87.902042 <small>(e.g. -89.379770)</small>
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Overflow Start: 02/27/2023 8:38 <input checked="" type="radio"/> am <input type="radio"/> pm	Duration: 5.62 hours	Volume: 29,500 gallons
Date (mm/dd/yyyy) Start Time	Duration	Volume
Overflow End: 02/27/2023 2:15 <input type="radio"/> am <input checked="" type="radio"/> pm		
Date (mm/dd/yyyy) End Time		

Cause: (select all that apply) <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Plugged Pipe <input checked="" 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: _____	Overflow Occurred From: (select only one) <input type="checkbox"/> Lift Station – Name: _____ <input type="checkbox"/> Manhole – MH#: _____ <input type="checkbox"/> Gravity Sewer Pipe <input type="checkbox"/> Pressure Sewer Pipe (Forcemain) <input type="checkbox"/> River or Stream Crossing – Select one: <input type="radio"/> Forcemain <input type="radio"/> Siphon <input checked="" type="checkbox"/> Permanent Overflow Structure <input type="checkbox"/> Treatment Plant Unit or Pipe: _____ <input type="checkbox"/> Other: _____
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Sanitary Sewage Overflow Notification Summary Report

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. An unseasonal rain event and frozen soil conditions are believed to be significant contributors to the conditions that led to the overflow.

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

The Village is working to complete an I/I study in this area.

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

It is anticipated that the final study will identify options or recommendations to address the I/I contributions to SSOs.

Building Backups


Number of building backups occurring during this time in Area of Overflow: 1

Locations of Building Backups: 1426-28 E. Kensington Boulevard
(list each one)

Certification

Authorized Representative Name <u>Leeann Butschlick</u>	Authorized Representative Title <u>Director of Public Works</u>
Email Address <u>lbutschlick@villageofshorewood.org</u>	Phone Number <u>(414) 847-2650</u>

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

2/20/2023
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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