

**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) <b>Village of Shorewood</b>	Permit No. <b>WI-0047341-05-0</b>
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Person Who Contacted the DNR  
**Leeann Butschlick**

DNR Person Contacted <b>Jacob Wedesky</b>	Date (mm/dd/yyyy) <b>07/09/2020</b>	Time of Day <input type="radio"/> am <input checked="" type="radio"/> pm	Within 24 hours? <input type="radio"/> Yes <input checked="" type="radio"/> No
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**Public Notification**

Date (mm/dd/yyyy) <b>07/13/2020</b>	How the Public was Notified <b>email notification to media; posting on Village website</b>
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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 <b>North Shore, Milwaukee, Cudahy, Oak Creek</b>	Date (mm/dd/yyyy) <b>07/13/2020</b>
	Regional Wastewater Treatment Facility <b>MMSD</b>	Date (mm/dd/yyyy) <b>07/13/2020</b>

(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: <u>07/09/2020</u> <u>7:45</u> <input type="radio"/> am <input checked="" type="radio"/> pm	<u>1.8</u> inches Rainfall Amount
Date (mm/dd/yyyy) Start Time	
Rainfall End: <u>07/09/2020</u> <u>11:35</u> <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.): \_\_\_\_\_

**Overflow Details**

Location (Street Address)  
**Milwaukee River - Estabrook park**

Location (GPS coordinates, WGS84 standard coordinate system)	Latitude: <u>43.197839</u> (e.g. 43.075350)	Longitude: <u>-87.902042</u> (e.g. -89.379770)
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Overflow Start: <u>05/17/2020</u> <u>9:45</u> <input type="radio"/> am <input checked="" type="radio"/> pm	<u>1</u> hours Duration	<u>5,050</u> gallons Volume
Date (mm/dd/yyyy) Start Time		
Overflow End: <u>05/18/2020</u> <u>10:45</u> <input checked="" type="radio"/> am <input type="radio"/> pm		
Date (mm/dd/yyyy) End Time		

<b>Cause: (select all that apply)</b> <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Snow Melt <input type="checkbox"/> Flooding <input type="checkbox"/> Power Outage <input type="checkbox"/> Other—Explain: _____ <input type="checkbox"/> Plugged Pipe <input type="checkbox"/> Broken Pipe <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Contractor Related	<b>Overflow Occurred From: (select only one)</b> <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: _____
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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.

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

The Village will continue its annual Inflow/Infiltration reduction activities and maintenance.

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

The Village will reevaluate 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.

 7/13/2020  
 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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