

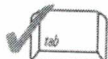
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow (SSO)/Bypass
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Information

Rockland WPCF

Reporting Sewer Authority

MA 0101923

Permit #

2. Authorized Representative Transmitting Form:

Rick

First Name

Kotouch

Last Name

781-878-1863

Telephone No.

Project Manager

Title

rick.kotouch@suez.com

E-mail Address

B. Phone Notifications:

See DEP Regional Office telephone and fax numbers at the end of this form.

1. MassDEP staff contacted:

Dave

first name

Burns

last name

Date/Time contacted:

12/15/19

Date

3:00

Time

☐ am ☒ pm

2. EPA staff contacted:

David

first name

Turin

last name

Date/Time EPA contacted:

12/15/19

Date

3:00

Time

☐ am ☒ pm

3. Board of Health contacted:

First Name

Last Name

Date/Time contacted:

Date

Time

☐ am ☐ pm

4. Others notified (select all that apply);

☐ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager ☒ Other:

Suez

(specify)

C. SSO Information

1. SSO Discovered:

12/14/19

Date

8:00

Time

☐ am ☒ pm

By: Bypass

2. SSO Stopped:

Date

Time

☐ am ☐ pm

3. SSO Discharge from:

☐ Sanitary Sewer Manhole

☐ Pump Station

☐ Backup into Property ☒ Other:

Rockland WPCF primary treated effluent
blended with the final effluent outfall 001

4. SSO Discharge to: ☐ Ground Surface (no release to surface water)

☐ Direct to Receiving Water

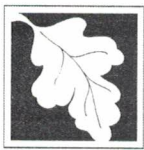
French Stream

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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C. SSO Information (cont.)

Location: Rockland WPCF - 587 Rear Summer Street Rockland, MA 02370
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: <1 MG

Method of Estimating Volume: Auxiliary Pump capacity = 1 MGD

6. Cause of SSO Event:

☒ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☒ Other: Unavoidable partial treatment bypass caused by excessive rain and a high groundwater table. A total of 1.46" of rain from 12/13/19 - 12/14/19

7. Corrective Actions Taken:

The MADEP approved High Flow Management Plan was implemented after we ran out of room in our offline tanks and the plant exceeded the design flow of 2.5 MGD. The current flow at the time of this report was estimated at 6.1 MGD. The total rain amount for December has exceeded 5.6" thus far.

Impact Area cleaned and/or disinfected: ☐ Yes ☐ No

The chlorinated primary treatment effluent is blended with the final effluent at the cascade steps.

Corrective Actions Completed: ☐ Yes ☒ No

The Town of Rockland continues to work on the infiltration and Inflow issues under a previous Administrative Order five-year plan.

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☐ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:



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E. Certification Statement

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

12/15/19

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	