Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program

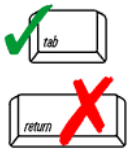
Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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

Town of Rockland WWTP — Reporting Sewer Authority
MA 0101923 — Permit #

2. Authorized Representative Transmitting Form:

Richard — First Name
Kotouch — Last Name
781-878-1863 — Telephone No.
Project Manager — Title
richard.kotouch@veolia.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: David (first name) Burns (last name)
   Date/Time contacted: 03/15/2023 (Date) 0845 (Time) ☒ am ☐ pm
2. **EPA staff** contacted: David (first name) Turin (last name)
   Date/Time EPA contacted: 03/15/2023 (Date) 0845 (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: ____ (specify)

C. SSO Information

1. SSO Discovered: ____ (Date) ____ (Time) ☐ am ☐ pm
   By: Bypass intiated at 0730 due to high flows at the facility
2. SSO Stopped: ____ (Date) ____ (Time) ☐ am ☐ pm
3. SSO Discharge from: ☐ Sanitary Sewer Manhole ☐ Pump Station
   ☐ Backup into Property ☒ Other: Primary treated effluent blended with the final effluent at outfall 001
4. SSO Discharge to: ☐ Ground Surface (no release to surface water)
   ☐ Direct to Receiving Water ____ (surface water)
   ☐ Catch basin to Receiving Water ____ (surface water)
   ☐ Backup into Property Basement

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C. SSO Information (cont.)

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

5. Estimated SSO Volume at time of this Report: > 1 million gallons (MG)

   Method of Estimating Volume: Auxillary 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: _____
   (Specify)

7. Corrective Actions Taken:

The MADEP approved High Flow Management Plan was implemented after the facility ran out of room in its offline tanks . The facility is designed for 2.5 MGD and the current flow at the time of this report is estimated at 7.0 MGD. The total rainfall from 3/13 thru 3/14 was recorded at 3.26".

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

The chlorinated primary treatment effluent is blended with the final effluent

Corrective Actions Completed: ☐ Yes ☐ No

The Town of Rockland continues to work on the infiltration and Inflow as part of their current Administrative Order.

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:

The SSO Public Notification will be posted shortly on the CSO Portal

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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.

Richard Kotouch Digitally signed by Richard Kotouch Date: 2023.03.15 08:45:15 -04'00'

Signature of Authorized Representative

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	