SANITARY SEWER OVERFLOW and/or BASEMENT BACKUP SATELLITE ENTITY INTERNAL SUMMARY

Instructions: Use this form to document all sanitary sewer overflows and/or basement backup discharge occurrences. The following definitions apply:

Sanitary Sewer Overflow: the discharge of untreated sewage from the sanitary sewer collection system to a surface water, storm sewer or ditch, or the ground, due to the circumstances identified below.

Basement Backup: the discharge of untreated sewage into the lower level of a building due to the circumstances identified below.

Use one form per occurrence. A single occurrence may be longer than one day if the circumstance(s) causing the overflow and/or basement backup results in a discharge duration longer than 24 hours. If there is a start and restart of the overflow and/or basement backup within 24 hours and it is caused by the same circumstance(s), report it as a single occurrence. If discharge occurrences are separated by more then 24 hours, they should be reported as separate occurrences. If multiple overflows and/or basement backups occur resulting from the same circumstance, report it as a single occurrence.

The satellite entity must maintain all documentation and/or supporting information pertaining to information provided in this form on record and provide it to the MWRD if/when requested.

Satellite Entity: <u>City of Highland Ridge</u>

Sanitary Sewer Overflow	and/a	r Rocom	ont Rookun	Dotoile:			
■ Sanitary Sewer Overflo			Weather		her (provi	vide information below)	
☐ Basement Backup	$\stackrel{\text{\tiny "}}{\rightarrow}$	•	Weather		-	vide information below)	
Busement Buckup	,	_ Dij	· · · cathrer	_ ,, et ,, ea.	iner (provi	The information below)	
Start Date (mm/dd/yy):	Tin	ne: A	M PM	Duration (hou	ırs and mi	ninutes):	
05/03/15	_9:	<u>45</u> ■		2:15			
		÷			, .		
Estimated Volume (gallon 1.350	s):	Locati				or intersection, attach spreadsheet for multiple location and Main	1S):
1,550			N	и п 0-34, Lп	icom an	nd wan	
Pump Used: No ■	Yes	□ Pum	p Capacity:	<u>n/a</u> G	PM		
Circumstances Causing t	he San	itary Sev	ver Overflo	w and/or Base	ment Bac	ackup (check all that apply):	
■ Rain	□ Pow	er Outag	e 🗆 C	ollapsed Sewer	: □ Lift	ft Station Failure	
☐ Snow melt	□ Equ	ipment fa	ilure 🗆 B	locked Sewer	☐ Fore	rcemain Break	
☐ Widespread Flooding	□ Fats	, Oils, G	rease \square Re	oots	☐ Oth	her (explain below)	
caused the power outage, flooding caused by high ri	or wha	t caused	the basemen	it backup. Flo	oding sho	d. For example, describe what equipment failed, whould only be indicated as a cause if there is signific gh water in the street.	
Intense rainfall							
Wet Weather Event Info	rmatio	n (if app	licable):				
Start Date: Time:	AM		End Date:	Time:	AM	I PM	
<u>05/03/15</u> <u>8:15</u>	. =		05/03/15			•	
Amount of Rainfall (inches): 3.26		Amount of Snow Melt (Inches): 0.00			Contributing Soil Conditions (saturated, frozen, soil type): Damp; 1.5" of rain over previous 3 days		
Peak 1-Hour Intensity (inches): 1.93		Rain Gauge Location: Public works garage					
Where Did the Discharge	from	the Over	flow and/or	Basement Ba	ckup Go?	o? (check all that apply)	
☐ On the ground and abso	rbed in	to the soi	1				

☐ Ditch: Name of surface water it drains into:	
■ Storm Sewer: Name of surface water it drai	ins into: North Branch of Chicago River
☐ Surface water direct discharge:	
☐ Basement Backup (number and use, i.e. residue)	dential, commercial, of buildings affected):
☐ Other (explain):	
•	
Actions to Correct This Occurrence and Pre	event Future Overflows and/or Basement Backups:
	mize the volume of wastewater discharged from the overflow and/or basement backup
reported on this form.	
The Merrick Lane wet-weather storage facility open during the event to maximize utilization of	y was pumped down prior to the storm, and the gate valve at the facility remained fully of storage volume.
investigations have been or are planned to	his form is part of an area subject to frequent and/or patterns of occurrences and if be conducted to determine the cause of the frequent and/or patterns of occurrences.
Yes, this manhole is in one of the previously i Smoke testing and dye tracing in this area is pla	identified high-priority areas and is currently being investigated to locate sources of I/I. anned for summer 2015.
3. Describe what corrective actions are plann	ned to prevent or minimize future sanitary sewer overflows and/or basement backups.
Money has been budgeted to rehabilitate ma	nholes and mainline sewers in this area in 2016 and 2017. Following the I/I source
investigations, notifications will be sent to priv	rate property owners to encourage the disconnection of private sector sources.
Final Determination for the Cause of the Ov	verflow(s) and/or Basement Backup(s): (check one)
■ Municipal Sewer → Explain: _	
_	capacity, causing it to surcharge and overflow.
Report Completed By:	Authorized Satellite Entity Representative:
N	A.T.
Name:	Name:
Title: Street Address:	Title: Street Address:
City: ZIP:	
Phone:	Phone:
Email:	Email:
	May 6, 2015
Authorized Catallita Entity Cianatura	May 6, 2015
Authorized Satellite Entity Signature	Date