

DATE: January 2014

TO: Sanitary Sewage Collection System Owners and Operators

FROM: Jack Saltes, Wastewater Operations Engineer, DNR-Madison

SUBJECT: New Sewage Collection System Rules and Requirements

New sanitary sewage collection system rules, collectively known as the "SSO Rules" became effective August 1, 2013. The Department is providing this information about seven of the most noteworthy aspects of the new rules as it pertains to your collection system.

1. **Capacity, Management, Operation and Maintenance (CMOM) Program.** A CMOM Program must be developed by August 1, 2016 and implementation of the program initiated thereafter. You can read more about CMOM on the DNR CMOM webpage: <http://dnr.wi.gov/topic/wastewater/CMOM.html>  
The website has a lot of information about developing a CMOM program. It contains two short videos about CMOM, the Wisconsin CMOM Booklet (which is a baseline template for developing a CMOM program), short articles and references. It is highly recommended that collection system owners begin developing their CMOM program now so that the eight CMOM components are completed and all activities identified in your program are underway by August 1, 2016.
2. **DNR Reporting Form 3400-184.** In addition to reporting Sanitary Sewer Overflows (SSOs) and Treatment Facility Overflows (TFOs) within 24 hours of their occurrence, you must also submit written reports within 5 days. DNR's written report form was revised in November 2013 as a fillable (pdf) form to reflect the new SSO reporting requirements. Please use it for reporting SSOs and TFOs.  
[http://dnr.wi.gov/topic/wastewater/documents/3400-184\\_SSOReportForm.pdf](http://dnr.wi.gov/topic/wastewater/documents/3400-184_SSOReportForm.pdf)
3. **Public Notification of SSOs/TFOs.** The new rule requires public notification of a SSO or TFO through a local newspaper, at a minimum. Please document compliance with public notification on the reporting form.
4. **Basement Back-Ups.** Basement back-ups that occur concurrently and in the same area as the SSO must also be documented on the reporting form.
5. **Specific WPDES Permits.** When reissued, permits will contain new and revised subsections: Sewage Collection Systems and System Operating Requirements. Please read and be familiar with all terms, conditions and reporting requirements in these subsections within the Standard Requirements part of the permit as it pertains to sewage collection systems.
6. **Compliance Maintenance Annual Report (CMAR).** Points will no longer be assessed for SSOs in the Collection System section of the CMAR, however, any reported/listed SSOs/TFOs for the calendar year in the CMAR will require action responses in the Collection System section and in the Resolution section, regardless of the grade.
7. **Sanitary Sewage Collection Systems General Permit (WI-0047341-05).** This general permit was reissued to satellite collection systems in October 2013 and reflects the new collection system requirements. In addition to the new CMOM requirement, this general permit requires satellite collections systems to send a copies of reported SSOs and a copy of the completed Compliance Maintenance Annual Report to the regional wastewater treatment facility to which they convey their wastewater.

If you have any questions about these new requirements, please contact your DNR District Wastewater Engineer or Jack Saltes at 608-264-6045 or [jack.saltes@wisconsin.gov](mailto:jack.saltes@wisconsin.gov)

Sanitary Sewage Overflow Type:                      Permit Number:

Collection System SSO                               GP WI-0047341-05

Treatment Facility TFO                               Other WI- \_\_\_\_\_

**Notice:** Under s.283.55 (1)(dm), Wis. Stats., and in accordance with reporting requirements in your WPDES permit, permittees shall provide the following notices if a sanitary sewer overflow or treatment facility overflow occurs:

- Within **24 hours** of the occurrence, notify the DNR regional wastewater staff by telephone (FAX, email or voice mail, if staff are unavailable).
- Within **5 days** of the occurrence, provide a written report describing the overflow, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the DNR Regional Office (Refer to GP WI-0047341-05 sections 3.2, 3.4, and 3.5.)
- Public notification.      Date \_\_\_\_\_ How? \_\_\_\_\_
- Regional wastewater treatment facility notification.      Date \_\_\_\_\_  Not applicable
- Drinking water intake owner notification.                      Date \_\_\_\_\_  Not applicable

**Failure to notify the Department as specified may result in fines up to \$10,000 for each day of violation [s. 283.91(2), Wis. Stats.].**

**Personally identifiable information will be used for program administration and will also be made available to requesters as required under Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].**

**Instructions:** Use this form to report all SSO, or TFO occurrences. Attach additional information as necessary to explain or document the overflow. For the purpose of this report, an overflow is defined as the discharge of sewage from the collection system or at the treatment facility other than from the permitted outfall to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow details section of this form.

**Use one form per occurrence.** A single occurrence may be more than one day if the circumstance causing the overflow or bypass results in a discharge duration more than 24-hours. If there is a stop and restart of the overflow or bypass within 24-hours, but it's caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

**Notification Information**

Permittee (Facility Name)	Overflow Reported to DNR	
	Date	Time <input type="radio"/> am <input type="radio"/> pm
Person Representing Permittee Who Contacted DNR	DNR Office and Person Contacted	

**Overflow Details (Refer to GP WI-0047341-05 section 3.2 and NR210.21(4)(b), Wis. Adm. Code.)**

1. Location of the Overflow (complete a separate form for each discharge location)

2. Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into a surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water. (check all that apply)

- Runs on ground and absorbs into the soil.
- Ditch. Name of surface water it drains to: \_\_\_\_\_
- Storm sewer. Name of surface water it drains to: \_\_\_\_\_
- Surface water direct discharge: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

3. Duration of the Overflow (hours and minutes)	Estimated Volume of Wastewater Discharged (gallons)
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*Note: The duration of the overflow equals the estimated time when the overflow began and stopped when sewage may have discharged, and is not the same as the length of time precipitation occurred. The volume of all overflow discharges shall be reported as a numerical value (do not report "unknown"). The potential overflow volume may be calculated knowing the flow capacity of the sewer and the overflow duration.*

4. Identify the sewer system or treatment facility component from which the discharge occurred. Check all that apply and explain in number 11.

- Manhole       Permanent overflow structure       Other (describe below)
- Lift station       Broken pipe

5. The estimated date and time when the overflow began and stopped or will be stopped:

Start Date	Time (to nearest 15 minutes) <input type="radio"/> am <input type="radio"/> pm	End Date	Time (to nearest 15 minutes) <input type="radio"/> am <input type="radio"/> pm
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6. The cause or suspected cause of the overflow including, if appropriate, precipitation, runoff conditions, areas of flooding, soil moisture and other relevant information. Circumstances causing the overflow: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rain          | <input type="checkbox"/> Power Outage  | <input type="checkbox"/> Equipment Failure            |
| <input type="checkbox"/> Soil Moisture | <input type="checkbox"/> Plugged Sewer | <input type="checkbox"/> Widespread Flooding          |
| <input type="checkbox"/> Snow Melt     | <input type="checkbox"/> Broken Sewer  | <input type="checkbox"/> Other (explain in number 11) |

*Note: Flooding should only be indicated as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.*

Document the weather conditions if it contributed to the cause of the overflow. The wet weather data should include the cumulative amount of precipitation that caused the overflow.

Date and Duration of Rainfall			
Start Date	Time (to nearest 15 minutes) <input type="radio"/> am <input type="radio"/> pm	End Date	Time (to nearest 15 minutes) <input type="radio"/> am <input type="radio"/> pm
Amount of Rainfall (nearest rain gauge to 0.1 inch accuracy)		Amount of Snow Melt (estimated inches melted)	
Contributing Soil Conditions (saturated, frozen, soil type)			

7. Steps taken or planned to reduce, eliminate and prevent reoccurrence of the overflow and a schedule of major milestones for those steps.

8. A description of the actual or potential for human exposure and contact with the wastewater from the overflow.

9. Steps taken or planned to mitigate the impacts of the overflow and a schedule of major milestones for those steps.

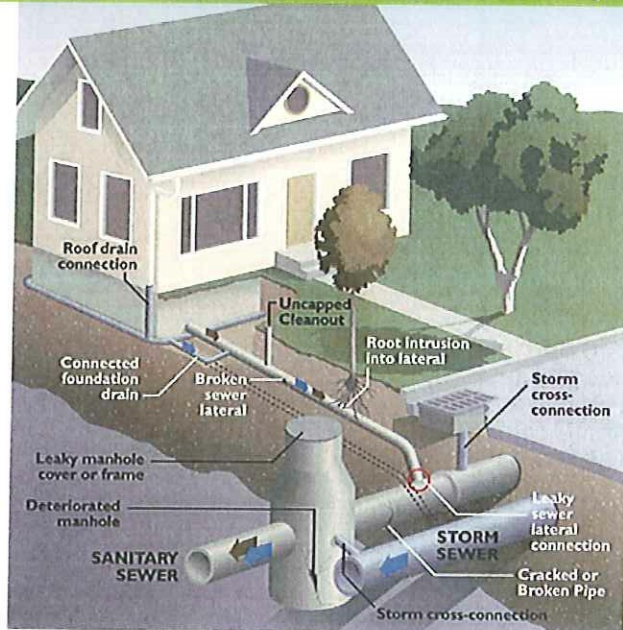
10. To the extent known at the time of reporting, the number and location of building backups caused by excessive flow or other hydraulic constraints in the sewage collection system that occurred concurrently with the SSO and were within the same area of the sewage collection system as the SSO.

Number  Location

11. The reason the overflow occurred or explanation of other contributing circumstances that resulted in the overflow event including 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. (Refer to GP WI-0047341-05 section 2.2)

Report Completed By		
Authorized Representative Name (Print)	Title	
Signature of Authorized Representative	Date	

## Clearwater Elimination and Inspection



## Ordinance Language

- ▶ Review of North Fond du Lac Municipal Code, Chapter 11
- ▶ [Clearwater Illimination.pdf](#)

## Inspection

- ▶ Review Form [cross connections & meter form.pdf](#)
- ▶ Inspection Scheduling
  - ▶ Mail out letters requesting appointment
  - ▶ Water Meter Change
- ▶ Follow up Inspection
  - ▶ 15 days notice
- ▶ How often
- ▶ Record Keeping
  - ▶ [1116 Michigan.pdf](#)
- ▶ Examples

## Manhole Inspection

- ▶ Check during high water/spring
- ▶ Look for signs of water even if not present
- ▶ Examples
  - ▶ [PickholeLeak.mp4](#)
  - ▶ [ThurkeManhole.mp4](#)

## Televising

► Examples From Our System

- [PipeMissing.mp4](#)
- [PipeMissing2.mp4](#)
- [BroadwayCrack.mp4](#)
- [StubNoCap.mp4](#)

## Questions?

