Infrastructure and Investigation Information							Catchment Composition					Receiving Water			Ranking Output	
Outfall ID	Stream Segment	Known/ Suspected Problem and/or Complaints?	Past Sewer Conversion or CSO in Catchment?	Culverts Longer Than Street Crossing In Catchment?	Previous Screening Results Indicate Likely Sewer Input? [1]	Infrastructure Score	Weighted Business Loading Score[2]	Weighted Residential Housing Age Score[3]	Sewer Pipe Density Score	Septic System Density Score[4]	Catchment Score	Discharging to Area of Concern to Public Health?[5]	Stormwater Related Impairments	Receiving Water Score	Outfall Score for Catchment Investigation	Priority Rank
Information Source		*Town of Ludlow Staff*	*Town of Ludlow Staff, GIS Maps*	*Town of Ludlow Staff, GIS and Storm Sewer Maps*	*Outfall inspections and sample results*	-	*Town of Ludlow Staff, Parcel IDs/GIS*	*Town of Ludlow Parcel Maps*	*GIS Mapping*	*GIS Mapping*	-	*GIS Maps*	*Impaired Waters List*	-	-	-
Scoring Criteria		*0 or 1 (if 1 automatically problem)*	*0 or 1*	*0 or 1*	*0 or 1 (if 1 automatically problem)*	*0 to 100*	*0 to 1*	*0 to 1*	*0 to 1*	*0 to 1*	*0 to 100*	*0, 1, 2, or 3 (if >0 automatically high)*	*0 or 1 (0= Long Island Sound Impairment, 1= Other Impairments, 2 = Fecal Coliform Impairment)*	*0 to 100*	*0 to 100 (weighted average of the three scores)*	*Problem, High, or Low*
CHE01	MA36-23	1	0	0	0	25	*0.67*	*1.00*	0.11	0.03	45	0	0	0	23.4	PROBLEM
CHE02	MA36-23	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	0	0	0.0	LOW
CHE03	MA36-23	0	0	0	0	0	*0.33*	*0.33*	0.00	0.17	21	0	0	0	6.9	LOW
CHW01	MA36-24	0	0	0	0	0	*0.33*	*1.00*	0.44	0.00	44	0	2	50	31.4	HIGH
CHW02	MA36-24	0	0	0	0	0	*0.33*	*0.67*	0.22	0.00	30	0	2	50	26.8	HIGH
CHW03	MA36-24	0	0	0	0	0	*0.00*	*0.67*	0.28	0.00	24	0	2	50	24.6	HIGH
CHW04	MA36-24	1	1	0	0	50	*1.00*	*0.67*	0.47	0.00	53	0	2	50	51.2	PROBLEM
CHW05	MA36-24	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	2	50	16.7	HIGH
CHW06	MA36-24	0	0	0	0	0	*0.33*	*0.67*	0.54	0.00	38	0	2	50	29.5	HIGH
CHW07	MA36-24	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	2	50	16.7	HIGH
CHW08	MA36-24	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	2	50	16.7	HIGH
CHW09	MA36-24	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	2	50	16.7	HIGH
CHW10	MA36-24	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	2	50	16.7	HIGH
CHW11	MA36-24	1	0	0	0	25	*0.33*	*0.67*	0.41	0.00	35	0	2	50	36.7	PROBLEM
CHW12	MA36-24	0	0	0	0	0	*0.00*	*1.00*	0.30	0.00	32	1	2	75	35.8	HIGH
HGB01	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.42	0.00	27	0	0	0	9.0	LOW
HGB02	MA36-42	0	0	0	0	0	*1.00*	*0.67*	0.44	0.00	53	0	0	0	17.6	LOW
HGB03	MA36-42	0	0	0	0	0	*0.33*	*1.00*	0.04	0.05	36	0	0	0	11.9	LOW
HGB04	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.51	0.00	29	0	0	0	9.8	LOW
HGB05	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.00	0.35	25	0	0	0	8.5	LOW
HGB06	MA36-42	0	0	0	0	0	*0.00*	*1.00*	0.10	0.47	39	0	0	0	13.0	LOW
HGB07	MA36-42	0	0	0	0	0	*0.33*	*1.00*	0.17	0.02	38	0	0	0	12.7	LOW
HGB08	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.00	1.00	42	0	0	0	13.9	LOW
HGB09	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.37	0.00	26	0	0	0	8.6	LOW
HGB10	MA36-42	0	0	0	0	0	*0.33*	*1.00*	0.13	0.09	39	1	0	25	21.3	HIGH
HGB11	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.35	0.00	26	0	0	0	8.5	LOW
HGB12	MA36-42	0	0	0	0	0	*0.00*	*1.00*	0.43	0.00	36	1	0	25	20.2	HIGH
HGB13	MA36-42	0	0	0	0	0	*0.67*	*0.67*	0.50	0.00	46	0	0	0	15.3	LOW
HGB14	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.50	0.00	29	0	0	0	9.7	LOW
HGB15	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.36	0.00	26	0	0	0	8.6	LOW

Infrastructure and Investigation Information							Catchment Composition					Receiving Water			Ranking Output	
Outfall ID	Stream Segment	Known/ Suspected Problem and/or Complaints?	Past Sewer Conversion or CSO in Catchment?	Culverts Longer Than Street Crossing In Catchment?	Previous Screening Results Indicate Likely Sewer Input? [1]	Infrastructure Score	Weighted Business Loading Score[2]	Weighted Residential Housing Age Score[3]	Sewer Pipe Density Score	Septic System Density Score[4]	Catchment Score	Discharging to Area of Concern to Public Health?[5]	Stormwater Related Impairments	Receiving Water Score	Outfall Score for Catchment Investigation	Priority Rank
HGB16	MA36-42	0	0	0	0	0	*1.00*	*1.00*	0.22	0.00	55	0	0	0	18.5	LOW
HGB17	MA36-42	0	0	0	0	0	*0.33*	*0.67*	0.37	0.30	42	0	0	0	13.9	LOW
HGB18	MA36-42	0	0	0	0	0	*0.00*	*0.00*	0.60	0.00	15	0	0	0	5.0	LOW
HGB19	MA36-42	0	0	0	0	0	*0.00*	*0.00*	0.15	0.00	4	0	0	0	1.2	LOW
HGB20	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.33	0.00	25	1	0	25	16.6	HIGH
HGB21	MA36-42	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	1	0	25	8.3	HIGH
HRB01	N/A	0	0	0	0	0	*0.67*	*1.00*	0.00	0.12	45	0	0	0	14.9	LOW
HRB02	N/A	0	0	0	0	0	*0.00*	*0.67*	0.00	0.07	18	0	0	0	6.1	LOW
HRB03	N/A	0	0	0	0	0	*0.00*	*1.00*	0.00	0.10	27	0	0	0	9.2	LOW
HVP01	N/A	0	0	0	0	0	*0.33*	*0.67*	0.66	0.00	41	1	0	25	22.1	HIGH
MBT01	MA36-24	0	0	0	0	0	*0.33*	*0.67*	0.18	0.00	30	0	2	50	26.5	HIGH
MBT02	MA36-24	0	0	0	0	0	*0.00*	*0.33*	0.40	0.00	18	0	2	50	22.8	HIGH
MBT03	MA36-24	0	0	0	0	0	*1.00*	*1.00*	0.14	0.00	54	0	2	50	34.5	HIGH
MBT04	MA36-24	0	0	0	0	0	*0.00*	*1.00*	0.19	0.00	30	0	2	50	26.6	HIGH
MBT05	MA36-24	0	0	0	0	0	*0.00*	*0.33*	0.74	0.00	27	0	2	50	25.6	HIGH
MBT06	MA36-24	0	0	0	0	0	*0.33*	*1.00*	0.39	0.00	43	0	2	50	31.0	HIGH
MBT07	MA36-24	0	0	0	0	0	*0.00*	*1.00*	0.75	0.00	44	0	2	50	31.3	HIGH
MBT08	MA36-24	0	0	0	0	0	*0.33*	*0.67*	0.18	0.00	29	0	2	50	26.5	HIGH
MBT09	MA36-24	0	0	0	0	0	*0.00*	*0.33*	0.18	0.00	13	0	2	50	20.9	HIGH
MCP01	N/A	0	1	0	0	25	*0.33*	*1.00*	0.17	0.01	38	0	1	25	29.3	LOW
MCP02	N/A	0	0	0	0	0	*1.00*	*1.00*	0.38	0.00	60	0	1	25	28.2	LOW
MCP03	N/A	0	0	0	0	0	*1.00*	*1.00*	0.00	0.00	50	0	1	25	25.0	LOW
MPP01	N/A	0	1	0	0	25	*0.33*	*1.00*	0.17	0.19	42	0	0	0	22.5	LOW
MPP02	N/A	0	0	0	0	0	*0.00*	*0.67*	0.24	0.11	25	0	0	0	8.5	LOW
TBR01	N/A	0	0	0	0	0	*0.00*	*0.67*	0.00	0.00	17	0	0	0	5.6	LOW
TCA01	MA36-24	1	0	0	0	25	*1.00*	*0.67*	0.00	0.00	42	1	2	75	47.2	PROBLEM
TCD01	MA36-23	0	0	0	0	0	*0.00*	*0.67*	0.00	0.19	21	0	0	0	7.2	LOW
TCE01	MA36-23	0	0	0	0	0	*0.00*	*1.00*	0.00	0.06	26	0	0	0	8.8	LOW
TCH01	MA36-23	0	0	0	0	0	*0.00*	*1.00*	0.20	0.03	31	0	0	0	10.3	LOW
TCH02	MA36-23	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	0	0	0.0	LOW
TCH03	MA36-23	0	0	0	0	0	*0.00*	*0.00*	0.00	0.22	6	0	0	0	1.9	LOW
TCH04	MA36-23	0	0	0	0	0	*0.00*	*0.67*	0.00	0.21	22	0	0	0	7.3	LOW
TCM01	MA36-23	0	0	0	0	0	*0.00*	*1.00*	0.32	0.00	33	0	0	0	11.0	LOW
TCM02	MA36-23	0	0	0	0	0	*1.00*	*0.33*	0.20	0.00	38	0	0	0	12.8	LOW
TCO01	MA36-23	0	0	0	0	0	*0.00*	*0.00*	0.00	0.00	0	0	0	0	0.0	LOW
TCO02	MA36-23	0	0	0	0	0	*0.33*	*0.67*	0.00	0.26	31	0	0	0	10.5	LOW
TCO03	MA36-23	0	0	0	0	0	*0.33*	*0.67*	0.00	0.09	27	0	0	0	9.1	LOW
TCS01	MA36-23	0	0	0	0	0	*0.00*	*0.33*	0.00	0.40	18	0	0	0	6.1	LOW
TCS02	MA36-23	0	0	0	0	0	*0.33*	*0.33*	0.00	0.25	23	0	0	0	7.7	LOW
TCS03	MA36-23	0	0	0	0	0	*0.33*	*0.33*	0.00	0.12	20	0	0	0	6.5	LOW
TCT01	MA36-24	0	0	0	0	0	*0.00*	*0.00*	0.10	0.03	3	0	2	50	17.8	HIGH
TCT02	MA36-24	0	0	0	0	0	*0.00*	*0.67*	1.00	0.00	42	0	2	50	30.6	HIGH
THB01	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.00	0.64	33	0	0	0	10.9	LOW

Infrastructure and Investigation Information							Catchment Composition					Receiving Water			Ranking Output	
Outfall ID	Stream Segment	Known/ Suspected Problem and/or Complaints?	Past Sewer Conversion or CSO in Catchment?	Culverts Longer Than Street Crossing In Catchment?	Previous Screening Results Indicate Likely Sewer Input? [1]	Infrastructure Score	Weighted Business Loading Score[2]	Weighted Residential Housing Age Score[3]	Sewer Pipe Density Score	Septic System Density Score[4]	Catchment Score	Discharging to Area of Concern to Public Health?[5]	Stormwater Related Impairments	Receiving Water Score	Outfall Score for Catchment Investigation	Priority Rank
THB02	MA36-42	0	0	0	0	0	*0.00*	*0.67*	0.00	0.16	21	0	0	0	6.9	LOW
THK01	N/A	0	0	0	0	0	*0.00*	*0.67*	0.06	0.00	18	0	0	0	6.0	LOW
THK02	N/A	0	0	0	0	0	*0.33*	*1.00*	0.02	0.00	34	0	0	0	11.2	LOW
THK03	N/A	0	0	0	0	0	*0.67*	*0.67*	0.14	0.00	37	0	0	0	12.3	LOW
THK04	N/A	0	0	0	0	0	*0.00*	*0.67*	0.25	0.00	23	0	0	0	7.7	LOW
THK05	N/A	0	0	0	0	0	*0.33*	*0.67*	0.48	0.00	37	0	0	0	12.3	LOW
THK06	N/A	0	0	0	0	0	*0.00*	*0.33*	0.56	0.26	29	0	0	0	9.6	LOW
THK07	N/A	0	0	0	0	0	*0.00*	*0.67*	0.39	0.00	26	0	0	0	8.8	LOW
THL01	MA36-42	0	0	0	0	0	*0.00*	*1.00*	0.00	0.26	31	0	0	0	10.5	LOW
THR01	MA36-42	0	0	0	0	0	*0.00*	*0.00*	0.00	0.26	6	0	0	0	2.1	LOW
WHA01	MA36-42	0	0	0	0	0	*0.00*	*0.33*	0.00	0.59	23	0	0	0	7.7	LOW
WHB01	MA36-42	0	0	0	0	0	*0.33*	*0.67*	0.42	0.00	35	0	0	0	11.8	LOW

Notes:

[1] Town of Ludlow has not conducted any recent outfall screenings. Screening results indicate likely sewer input if any of the following are true:

- Olfactory or visual evidence of sewage,
- Ammonia ≥ 0.5 mg/L, surfactants ≥ 0.25 mg/L, and bacteria levels greater than the water quality criteria applicable to the receiving water, or
- Ammonia ≥ 0.5 mg/L, surfactants ≥ 0.25 mg/L, and detectable levels of chlorine

[2] The weighted business loading scores are based on the presence of high and medium loading businesses within each catchment. High loading businesses were given twice the weighting of the medium loading businesses.
Medium Loading businesses were defined as: auto repair facilites/automotive vehicles or supplies sales and service, automobile parking lots or garages, bus transportation facilites and related properties, campgrounds/RV parks, car dealers, car washes, food stores and wholesale beverage/supermarkets, small retail and services stores, eating and drinking establishments, gasoline stations/fuel service areas, marinas, nurseries and garden centers, oil change shops, restaurants, chemical products, food processing, rubber and plastics, colleges and universities, airports, rental car lots, US postal service trucking companies and distribution centers.

High Loading businesses were defined as: heavy construction equipment rental and leasing, building and heavy construction (for land disturbing activites), buildings for manufacturing operations, apparel and other fabrics, auto recyclers and scrap yards, boat building and repair, chemical products, food processing, garbage truck washout activities, leather tanners, paper and wood products, petroleum storage and refining/gas production plants, tanks holding fuel and oil for retail distribution, natural or manufactured gas storage, textile mills, transportation equipment, landfills and hazardous waste material disposal, maintenance depots, streets and highways construction, metal production, planting and engraving operations, ports, railroads, petroleum bulk stations or terminals, research and development facilites; and facilites providing business material, hardware, farm equipment, heating, hardware, plumbing, lumber supplies and equipment.

[3] The weighted residential housing age scores are based on the presence of houses which are older than 40 years and houses which are between 20 and 40 years of age. Houses older than 40 years were given twice the weighting of the houses which are between 20 and 40 years of age.

[4] The septic system density scores are based on a scale of 0 to 1, where the catchment with the highest number of septic systems per acre will be given a score of 1, and all other catchments are scored proportionally to the catchment with the highest septic system density.

[5] Outfalls/interconnections that discharge to or in the vicinity of any of the following areas: public beaches, recreational areas, drinking water supplies, or shellfish beds

Town of Ludlow SSO's 2012-current

LOCATION	OVERFLOW VOLUME
3-26-12 - 246 Fuller Street	50 gallons
5-16-12 - 198 Sportsmens Road	3000 gallons
5-13-14 - 80 Center Street	20 gallons
3-9-15 -348 West Avenue	600 gallons
6-22-15 - 21 Park Terrace	50 gallons
11-9-15 - Miller Street and Chapin Street	25 gallons
3-2-16 - 68 Franklin Street	100 gallons
9-28-16 - 97 Winsor Street	20 gallons
10-3-16 - 90 Center Street	5 gallons
4-9-18 - 90 Center Street	10 gallons
6-18-18 - 21 Park Terrace	50 gallons
12-11-18 - 21 Park Terrace	50 gallons

Department of Public Works

The Town of Ludlow, Massachusetts

December 11, 2018

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 21 Park Terrace Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find the Sanitary Sewer Overflow/Bypass/Backup Form for the December 10, 2018 incident which occurred at 21 Park Terrace. The nature of the discharge was due to a sewer system blockage in the line. The DPW received a call from the property owner and responded immediately with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

CC: Douglas Koopman, EPA

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

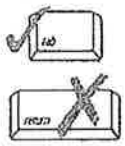
Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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 Ludlow collection system (Reporting Sewer Authority) | MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) | Goodreau (Last Name) | 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) | jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) | Nietupski (last name)

Date/Time contacted: December 11, 2018 (Date) | email 7:30 (Time) ☒ am ☐ pm

2. **EPA staff** contacted: Douglas (first name) | Koopman (last name)

Date/Time EPA contacted: December 11, 2018 (Date) | email 7:30 (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: December 10, 2018 (Date) | 3:30 (Time) ☐ am ☒ pm

By: Property Owner

2. SSO Stopped: December 10, 2018 (Date) | 4:00 (Time) ☐ am ☒ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property ☐ Other: (specify)

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

☐ Direct to Receiving Water (surface water)

☒ Catch basin to Receiving Water Chicopee River (surface water)

☐ Backup into Property Basement

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

C. SSO Information (cont.)

Location: 21 Park Terrace
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~ 50 gallons

   Method of Estimating Volume: visual and calculation

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:

   Jetted sewer line to clear blockage.

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

   Corrective Actions Completed: ☒ Yes ☐ No

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:

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

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

12-11-18
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	

Department of Public Works

The Town of Ludlow, Massachusetts

June 18, 2018

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 21 Park Terrace Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find the Sanitary Sewer Overflow/Bypass/Backup Form for the June 18, 2018 incident which occurred at 21 Park Terrace. The nature of the discharge was due to a sewer system blockage in the line and possible root intrusion. The DPW noticed it as they were inspecting projects in Town, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Steven Frederick, PE
Director of Public Works/ Town Engineer

CC: Douglas Koopman, EPA

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

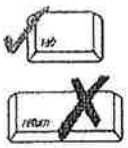
Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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 Ludlow collection system (Reporting Sewer Authority) — MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Steven (First Name) | Frederick, PE (Last Name) | 413-583-5625 ext 1405 (Telephone No.)

Director of Public Works/Town Eng. (Title) | sfrederick@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) | Nietupski (last name)

Date/Time contacted: June 18, 2018 (Date) | email 2:30 (Time) ☐ am ☒ pm

2. **EPA staff** contacted: Douglas (first name) | Koopman (last name)

Date/Time EPA contacted: June 18, 2018 (Date) | email 2:30 (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: June 18, 2018 (Date) | 9:00 (Time) ☒ am ☐ pm

By: DPW employees

2. SSO Stopped: June 18, 2018 (Date) | 12:00 (Time) ☐ am ☒ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property ☐ Other: (specify)

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

☐ Direct to Receiving Water (surface water)

☒ Catch basin to Receiving Water Chicopee River (surface water)

☐ Backup into Property Basement

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

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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Tax Identification Number

C. SSO Information (cont.)

Location: 21 Park Terrace
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~ 50 gallons

   Method of Estimating Volume: visual and calculation

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:

   Jetted sewer line to clear blockage.

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

   Corrective Actions Completed: ☒ Yes ☐ No

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:

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

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.

STEVEN FREDERICK DPW DIRECTOR

Signature of Authorized Representative

6/18/18

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	

Department of Public Works

The Town of Ludlow, Massachusetts

April 9, 2018

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 90 Center Street Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the April 9, 2018 incident which occurred at 90 Center Street. The nature of the discharge was due to a sewer system blockage in the line. The DPW noticed it as they were inspecting projects in Town, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Steven Frederick, PE
Director of Public Works/ Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

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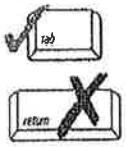

1. Facility Information

Town of Ludlow collection system — Reporting Sewer Authority
MA0101338 — Permit #

2. Authorized Representative Transmitting Form:

Steven — First Name
Frederick, PE — Last Name
413-583-5625 ext 1405 — Telephone No.
Director of Public Works/Town Engin — Title
sfrederick@ludlow.ma.us — E-mail Address

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) Nietupski (last name)
   Date/Time contacted: April 9, 2018 (Date) 2:00 (Time) ☐ am ☒ pm
2. **EPA staff** contacted: Douglas (first name) Koopman (last name)
   Date/Time EPA contacted: April 9, 2018 (Date) email (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: April 9, 2018 (Date) 11:00 (Time) ☒ am ☐ pm
   By: Jim Goodreau, Ken Batista
2. SSO Stopped: April 9, 2018 (Date) 11:30 (Time) ☒ am ☐ pm
3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station
   ☐ Backup into Property ☐ Other: (specify)
4. SSO Discharge to: ☐ Ground Surface (no release to surface water)
   ☐ Direct to Receiving Water (surface water)
   ☒ Catch basin to Receiving Water Chicopee River (surface water)
   ☐ Backup into Property Basement

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

C. SSO Information (cont.)

Location: 90 Center Street
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~10 gallons

   Method of Estimating Volume: visual

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:

   Jetted sewer line to clear blockage.

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

   Corrective Actions Completed: ☒ Yes ☐ No

   If any further problems are discovered they will be addressed.

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:

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

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

4-9-18
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	

Department of Public Works
The Town of Ludlow, Massachusetts

October 3, 2016

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 90 Center Street Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the October 3, 2016 incident which occurred at 90 Center Street. The nature of the discharge was due to a sewer system blockage in the line. The DPW noticed it as they were inspecting projects in Town, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. 583-5625 (garage 583-5626) FAX 589-1488

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

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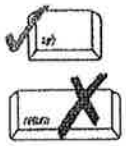

1. Facility Information

Town of Ludlow collection system — Reporting Sewer Authority
MA0101338 — Permit #

2. Authorized Representative Transmitting Form:

Jim — First Name
Goodreau — Last Name
413-583-5625 ext 1414 — Telephone No.
Assistant Town Engineer — Title
jgoodreau@ludlow.ma.us — E-mail Address

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) Nietupski (last name)
   Date/Time contacted: October 3, 2016 (Date) 2:00 (Time) ☐ am ☒ pm
2. **EPA staff** contacted: George (first name) Harding (last name)
   Date/Time EPA contacted: October 3, 2016 (Date) email (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: October 3, 2016 (Date) 10:30 (Time) ☒ am ☐ pm
   By: Jim Goodreau, Ken Batista
2. SSO Stopped: October 3, 2016 (Date) 11:00 (Time) ☒ am ☐ pm
3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station
   ☐ Backup into Property ☐ Other: ____ (specify)
4. SSO Discharge to: ☐ Ground Surface (no release to surface water)
   ☐ Direct to Receiving Water ____ (surface water)
   ☒ Catch basin to Receiving Water Chicopee River (surface water)
   ☐ Backup into Property Basement

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

C. SSO Information (cont.)

Location: 90 Center Street
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 5 gallons

   Method of Estimating Volume: visual

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:

   Jetted sewer line to clear blockage.

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

   Corrective Actions Completed: ☒ Yes ☐ No

   If any further problems are discovered they will be addressed.

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:

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

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

10-3-16
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	

Department of Public Works
The Town of Ludlow, Massachusetts

September 28, 2016

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 97 Winsor Street Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the September 28, 2016 incident which occurred at 97 Winsor Street. The nature of the discharge was due to a sewer system blockage in the line. The DPW noticed it as they were marking out the road for a construction project, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

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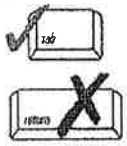

1. Facility Information

Town of Ludlow collection system (Reporting Sewer Authority) MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) Goodreau (Last Name) 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) Nietupski (last name)

Date/Time contacted: September 28, 2016 (Date) 12:00 (Time) ☐ am ☒ pm

2. **EPA staff** contacted: George (first name) Harding (last name)

Date/Time EPA contacted: September 28, 2016 (Date) email (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: September 28, 2016 (Date) 10:25 (Time) ☒ am ☐ pm

By: Jim Goodreau, Ken Batista

2. SSO Stopped: September 28, 2016 (Date) 10:55 (Time) ☒ am ☐ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property ☐ Other: (specify)

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

☐ Direct to Receiving Water (surface water)

☒ Catch basin to Receiving Water Chicopee River (surface water)

☐ Backup into Property Basement

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

C. SSO Information (cont.)

Location: 97 Winsor Street
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: unknown- while on site ~20 gallons

   Method of Estimating Volume: visual

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:

   Jetted sewer line to clear blockage.

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

   Corrective Actions Completed: ☒ Yes ☐ No

   If any further problems are discovered they will be addressed.

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:

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

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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Tax Identification Number

E. Certification Statement

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Signature of Authorized Representative

9-28-16
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	

Department of Public Works
The Town of Ludlow, Massachusetts

March 2, 2016

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 68 Franklin Street Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the March 2, 2016 incident which occurred at 68 Franklin Street. The nature of the discharge was due to a sewer system blockage in the line. The DPW received a call from Steve Santos Landscaping who noticed it as he was driving by, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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Tax Identification Number

A. Reporting Facility

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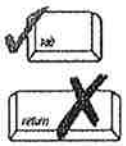

1. Facility Information

Town of Ludlow collection system (Reporting Sewer Authority) — MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) | Goodreau (Last Name) | 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) | jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) | Nietupski (last name)

   Date/Time contacted: March 2, 2016 (Date) | 3:00 (Time) ☐ am ☒ pm

2. **EPA staff** contacted: George (first name) | Harding (last name)

   Date/Time EPA contacted: March 2, 2016 (Date) | email (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: March 2, 2016 (Date) | 2:00 (Time) ☐ am ☒ pm

   By: Steve Santos Landscaping

2. SSO Stopped: March 2, 2016 (Date) | 2:20 (Time) ☐ am ☒ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

   ☐ Backup into Property ☐ Other: (specify)

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

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

C. SSO Information (cont.)

Location: 68 Franklin Street
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~ 100 gallons

   Method of Estimating Volume: visual

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:

   Jetted sewer line to clear blockage.

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

   Corrective Actions Completed: ☒ Yes ☐ No

   If any further problems are discovered they will be addressed.

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:

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

Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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Tax Identification Number

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.

Jim Goodreau — Signature of Authorized Representative

3-2-16 — 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	

Department of Public Works
The Town of Ludlow, Massachusetts

November 9, 2015

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: Intersection Miller Street and Chapin Street Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the November 9, 2015 incident which occurred at the intersection of Miller Street and Chapin Street. The nature of the discharge was due to a sewer system blockage in the line. The DPW received a call from the Ludlow Police Department, routine procedure, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. 583-5625 (garage 583-5626) FAX 589-1488

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

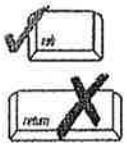
Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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 Ludlow collection system (Reporting Sewer Authority) MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) Goodreau (Last Name) 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) Nietupski (last name)

Date/Time contacted: November 9, 2015 (Date) 9:30 (Time) ☒ am ☐ pm

2. **EPA staff** contacted: George (first name) Harding (last name)

Date/Time EPA contacted: November 9, 2015 (Date) email (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: November 9, 2015 (Date) 1:00 (Time) ☒ am ☐ pm

By: Ludlow Police Department

2. SSO Stopped: November 9, 2015 (Date) 2:15 (Time) ☒ am ☐ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property ☐ Other: (specify)

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

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

C. SSO Information (cont.)

Location: Intersection of Miller Street and Chapin Street
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~ 25 gallons

   Method of Estimating Volume: visual

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:

   Jetted sewer line and camera line to see if any other problems need attention.

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

   Corrective Actions Completed: ☒ Yes ☐ No

   If any further problems are discovered from video they will be addressed.

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:

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

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.

Jim Goodman — 11 - 9 - 15

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	

Department of Public Works
The Town of Ludlow, Massachusetts

June 22, 2015

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 21 Park Terrace Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the June 22, 2015 incident which occurred at 21 Park Terrace. The nature of the discharge was due to a sewer system blockage in the line. The DPW received a call from the property owner, routine procedure, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

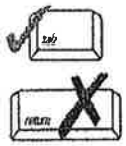
Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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 Ludlow collection system (Reporting Sewer Authority) — MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) | Goodreau (Last Name) | 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) | jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) | Nietupski (last name)

   Date/Time contacted: June 22, 2015 (Date) | 2:00 (Time) ☐ am ☒ pm

2. **EPA staff** contacted: George (first name) | Harding (last name)

   Date/Time EPA contacted: June 22, 2015 (Date) | email (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: June 22, 2015 (Date) | 10:00 AM (Time) ☒ am ☐ pm

   By: Property Owner

2. SSO Stopped: June 22, 2015 (Date) | 10:30 (Time) ☒ am ☐ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

   ☐ Backup into Property ☐ Other: (specify)

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

   ☐ Direct to Receiving Water (surface water)

   ☒ Catch basin to Receiving Water Chicopee River (surface water)

   ☐ Backup into Property Basement

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

C. SSO Information (cont.)

Location: 21 Park Terrace
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~ 50 gallons

   Method of Estimating Volume: visual and calculation

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:

   Jetted sewer line and camera line to see if any other problems need attention

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

   Corrective Actions Completed: ☒ Yes ☐ No

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:

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

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.

Jim Goodnow — Signature of Authorized Representative

6-22-15 — 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	

Department of Public Works
The Town of Ludlow, Massachusetts

March 9, 2015

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 348 West Avenue Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the March 9, 2015 incident which occurred at 348 West Avenue. The nature of the discharge was due to a sewer system blockage in the line. The DPW received a call from the property owner, routine procedure, and responded within the hour with a two man crew to unblock the line. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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

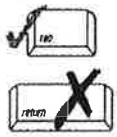
Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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 Ludlow collection system (Reporting Sewer Authority) MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) Goodreau (Last Name) 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) Nietupski (last name)

Date/Time contacted: March 9, 2015 (Date) 11:30 (Time) ☒ am ☐ pm

2. **EPA staff** contacted: George (first name) Harding (last name)

Date/Time EPA contacted: March 9, 2015 (Date) email (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: March 9, 2015 (Date) 7:45 (Time) ☒ am ☐ pm

By: Property Owner

2. SSO Stopped: March 9, 2015 (Date) 8:00 (Time) ☒ am ☐ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property ☐ Other: (specify)

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

☐ Direct to Receiving Water (surface water)

☒ Catch basin to Receiving Water Chicopee River (surface water)

☐ Backup into Property Basement

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

C. SSO Information (cont.)

Location: 348 West Avenue
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: ~ 600 gallons

   Method of Estimating Volume: visual and calculation

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:

   Jetted sewer line and camera line to see if any other problems need attention

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

   Corrective Actions Completed: ☒ Yes ☐ No

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:

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

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.

Jim Bardwell — Signature of Authorized Representative

3-9-15 — 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	

Department of Public Works
The Town of Ludlow, Massachusetts

May 13, 2014

Mr. Paul Nietupski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 80 Center Street Sewer Overflow

Dear Mr. Nietupski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the May 13, 2014 incident which occurred at 80 Center Street. The nature of the discharge was due to a residential lateral blocked by pieces of asphalt. It appears there was a repair done to the line and pieces of asphalt must have entered the line at time of repair. The DPW received a call from the Ludlow Police Department, routine procedure, and responded within the hour with a two man crew to unblock the line. The sewage discharge was confined to the paved surface at the gutter line and re-entered the system at a down gradient manhole. This portion of the system will be inspected shortly and corrective measures will be taken as appropriate.

Please contact the office if you require any additional information or have questions.

Sincerely,

Jim Goodreau
Assistant Town Engineer

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. (413) 583-5625, Fax (413) 589-1488

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 Ludlow collection system (Reporting Sewer Authority) MA0101338 (Permit #)

2. Authorized Representative Transmitting Form:

Jim (First Name) Goodreau (Last Name) 413-583-5625 ext 1414 (Telephone No.)

Assistant Town Engineer (Title) jgoodreau@ludlow.ma.us (E-mail Address)

B. Phone Notifications:

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

1. **MassDEP staff** contacted: Paul (first name) Nietupski (last name)

Date/Time contacted: May 13, 2014 (Date) 10:45 (Time) ☒ am ☐ pm

2. **EPA staff** contacted: George (first name) Harding (last name)

Date/Time EPA contacted: May 13, 2014 (Date) email (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: May 13, 2014 (Date) 10:15 (Time) ☒ am ☐ pm

By: Ken Batista and Jim Goodreau

2. SSO Stopped: May 13, 2014 (Date) 10:15 (Time) ☒ am ☐ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property ☐ Other: (specify)

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

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

C. SSO Information (cont.)

Location: 80 Center Street
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 20 gallons

   Method of Estimating Volume: visual

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:

   Jetted sewer line and camera line to see if any other problems need attention.

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

   Corrective Actions Completed: ☒ Yes ☐ No

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:

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

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

5-13-14
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	

COPY

Department of Public Works
The Town of Ludlow, Massachusetts

May 16, 2012

Mr. Paul Nieputski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 198 Sportsmen Road Sewer Overflow

Dear Mr. Nieputski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the May 16, 2012 incident which occurred at the Ludlow Department of Public Works located at 198 Sportsmen Road. The cause of the overflow/discharge was due to a construction activity which resulted in damage to an existing sewer manhole. The DPW engaged a contractor to process tree stumps and branches into chips for disposal offsite. The work is part of the October storm cleanup. During the loading operation a loader removed the frame and cover section of the manhole resulting in wooden chips to enter the manhole and cause a blockage. The DPW removed the material with a clam shell equipment and flow resumed. The sewage overflow at the surface is estimated at 3,000 gallons. The wastewater drained back into the system. The wetted area was treated with lime.

The downstream portion of the system was inspected for material and none was found. The system is fully operational.

Please contact the office if you require any additional information or have questions.

Sincerely,

Paul Dzubek, PE
Director Public Works

Enc: DEP Notification Form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. 583-5625 (garage 583-5626) FAX 589-1488

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

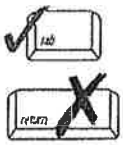
Sanitary Sewer Overflow/Bypass/Backup Notification Form

FOR DEP USE ONLY

DEP Incident Number

1. General Information

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



MA0101338
a. Reporting Facility Permit Number

Town of Ludlow collection system
b. Name of Collection System/Treatment Works

Date/Time Notification Form Completed: May 16,2012 (c. Date (mm/dd/yyyy)) Time: 8:00 am (d. hh (24hr.)) (e. mm)

Is this notification an initial report? f. ☒ or a follow-up? g. ☐ (h. refer to incident number)

Authorized Representative filing this notification form:

Paul (i. First Name) Dzubek (j. Last Name) 413 583-5625 ext 1405 (k. Telephone (10))

Director Public Works (l. Title of Authorized Representative) pdzubek@ludlow.ma.us (m. E-mail Address of Authorized Representative)

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

2. Phone Notifications Made, if any:

DEP person contacted: Paul (a. first name) Nietupski (b. last name)

Date/Time MADEP contacted by phone: May 16,2012 (c. Date (mm/dd/yyyy)) Time: 2:00pm (d. hh (24hr)) (e. mm)

EPA person contacted: na (f. first name) (g. last name)

Date/Time EPA contacted by phone: (h. Date (mm/dd/yyyy)) Time: (i. hh (24hr)) (j. mm)

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)
☐ 2. > 100,000 gal. and < 1 MG
☐ 3. > 10,000 gal. and < 100,000 gal.
☒ 4. < 10,000 gal.

b. Additional comments:

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur? May 16,2012 (1. Date (mm/dd/yyyy)) Time: 800 (2. hh (24hr.)) (3. mm)

b. Location of SSO: 198 Sportsmen Road (Number and Street) Ludlow (City/Town)

c. Corrective measures taken (select all that apply, use additional comments if necessary):

☒ 1. repaired sewer/cleared blockage
☐ 2. repaired pump/lift station
☐ 3. repaired service connection
☐ 4. drained or pumped sewage out of building
☐ 5. disinfection treatment
☐ 6. backflow prevention device installed
☐ 7. no action
8. Other (describe)

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

Sanitary Sewer Overflow/Bypass/Backup Notification Form

FOR DEP USE ONLY

DEP Incident Number

4. Sanitary Sewer Overflow Location(s) (cont.)

d. Have corrective actions been completed? ☒ 1. Yes ☐ 2. No

e. Identify causes of the incident: (select all that apply)

☐ 1. rain ☐ 2. power outage ☐ 3. high groundwater

☐ 4. insufficient capacity ☒ 5. sewer system blockage or collapse

☐ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

manhole damage from loader causing material to block flow

8. Describe other causes

If you need more space for comments or to report additional addresses with backups, select box to attach a text document ☐

f. Additional comments and planned actions

5. 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.

1. Signature of Authorized Representative

May 16,2012
2. Date Signed

☐ I wish to provide an additional electronic attachment.

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

DEP Regional Office 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

Board of Public Works
The Town of Ludlow, Massachusetts

March 26, 2012

Mr. Paul Nieputski
Department of Environmental Protection
436 Dwight Street
Springfield, Ma. 01103

Re: 246 Fuller Street Sewer Overflow

Dear Mr. Nieputski:

Enclosed please find Sanitary Sewer Overflow/Bypass/Backup Form for the March 26, 2012 discharge of sewage from a road side manhole at 246 Fuller Street. The nature of the discharge was due to a collection system main blocked by the disposal solid materials. The DPW received an emergency call from the Springfield Water & Sewer Commission responding to a water leak report. It was determined no water leak to the system and the sewer block was phoned to the DPW office. The DPW responded within minutes with the department vehicle to flush the block line. The sewage discharge was confined to the manhole location in the road shoulder area. The discharge was approximately 50 gallons which was absorbed into the soil.

Please contact the office if you require any additional information or have questions.

Sincerely,

Paul Dzubek, PE
Director Public Works

Enc: DEP form

198 Sportsmen's Road, Ludlow, Massachusetts 01056 Tel. 583-5625 (garage 583-5626) FAX 589-1488

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

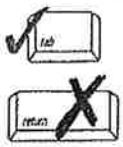
Sanitary Sewer Overflow/Bypass/Backup Notification Form

FOR DEP USE ONLY

DEP Incident Number

1. General Information

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



MA0101338
a. Reporting Facility Permit Number

Town of Ludlow collection system
b. Name of Collection System/Treatment Works

Date/Time Notification Form Completed: March 26, 2012 (c. Date (mm/dd/yyyy)) Time: 8:30 am (d. hh (24hr.)) (e. mm)

Is this notification an initial report? f. ☒ or a follow-up? g. ☐ (h. refer to incident number)

Authorized Representative filing this notification form:

Paul (i. First Name) Dzubek (j. Last Name) 413 583-5625 ext 1405 (k. Telephone (10))

Director Public Works (l. Title of Authorized Representative) pdzubek@ludlow.ma.us (m. E-mail Address of Authorized Representative)

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

2. Phone Notifications Made, if any:

DEP person contacted: Paul (a. first name) Nietupski (b. last name)

Date/Time MADEP contacted by phone: March 26, 2012 (c. Date (mm/dd/yyyy)) Time: 9:30 am (d. hh (24hr)) (e. mm)

EPA person contacted: na (f. first name) (g. last name)

Date/Time EPA contacted by phone: (h. Date (mm/dd/yyyy)) Time: (i. hh (24hr)) (j. mm)

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)
☐ 2. > 100,000 gal. and < 1 MG
☐ 3. > 10,000 gal. and < 100,000 gal.
☒ 4. < 10,000 gal.

b. Additional comments:

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur? March 26, 2012 (1. Date (mm/dd/yyyy)) Time: 8:30 am (2. hh (24hr.)) (3. mm)

b. Location of SSO: 246 Fuller Street (Number and Street) Ludlow (City/Town)

c. Corrective measures taken (select all that apply, use additional comments if necessary):

☒ 1. repaired sewer/cleared blockage
☐ 2. repaired pump/lift station
☐ 3. repaired service connection
☐ 4. drained or pumped sewage out of building
☐ 5. disinfection treatment
☐ 6. backflow prevention device installed
☐ 7. no action
8. Other (describe)

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

Sanitary Sewer Overflow/Bypass/Backup Notification Form

FOR DEP USE ONLY

DEP Incident Number

4. Sanitary Sewer Overflow Location(s) (cont.)

d. Have corrective actions been completed? ☒ 1. Yes ☐ 2. No

e. Identify causes of the incident: (select all that apply)

☐ 1. rain ☐ 2. power outage ☐ 3. high groundwater

☐ 4. insufficient capacity ☒ 5. sewer system blockage or collapse

☐ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

8. Describe other causes

If you need more space for comments or to report additional addresses with backups, select box to attach a text document ☐

f. Additional comments and planned actions

5. 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.

1. Signature of Authorized Representative

March 26, 2012
2. Date Signed

☐ I wish to provide an additional electronic attachment.

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

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