

**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 than 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: _____

Sanitary Sewer Overflow and/or Basement Backup Details:

- Sanitary Sewer Overflow → Dry Weather Wet Weather (provide information below)
- Basement Backup → Dry Weather Wet Weather (provide information below)

Start Date (mm/dd/yy): _____ Time: AM PM Duration (hours and minutes): _____

Estimated Volume (gallons): _____ Location (manhole number, address/major intersection, attach spreadsheet for multiple locations): _____

Pump Used: No Yes Pump Capacity: _____ GPM

Circumstances Causing the Sanitary Sewer Overflow and/or Basement Backup (check all that apply):

- Rain Power Outage Collapsed Sewer Lift Station Failure
- Snow melt Equipment failure Blocked Sewer Forcemain Break
- Widespread Flooding Fats, Oils, Grease Roots Other (explain below)

Explain why the sanitary sewer overflow and/or basement backup occurred. For example, describe what equipment failed, what caused the power outage, or what caused the basement backup. Flooding should only be indicated as a cause if there is significant flooding caused by high river, stream or lake water levels, not just localized high water in the street.

Wet Weather Event Information (if applicable):

Start Date: _____ Time: AM PM End Date: _____ Time: AM PM

Amount of Rainfall (inches): _____ Amount of Snow Melt (Inches): _____ Contributing Soil Conditions (saturated, frozen, soil type): _____

Peak 1-Hour Intensity (inches): _____ Rain Gauge Location: _____

Where Did the Discharge from the Overflow and/or Basement Backup Go? (check all that apply)

- On the ground and absorbed into the soil
- Ditch: Name of surface water it drains into: _____
- Storm Sewer: Name of surface water it drains into: _____
- Surface water direct discharge: _____
- Basement Backup (number and use, i.e. residential, commercial, of buildings affected): _____
- Other (explain): _____

Actions to Correct This Occurrence and Prevent Future Overflows and/or Basement Backups:

1. Describe what actions were taken to minimize the volume of wastewater discharged from the overflow and/or basement backup reported on this form.

2. Describe if the occurrence reported on this form is part of an area subject to frequent and/or patterns of occurrences and if investigations have been or are planned to be conducted to determine the cause of the frequent and/or patterns of occurrences.

3. Describe what corrective actions are planned to prevent or minimize future sanitary sewer overflows and/or basement backups.

Final Determination for the Cause of the Overflow(s) and/or Basement Backup(s): (check one)

Private Property Sewer → Explain: _____

Municipal Sewer → Explain: _____

Report Completed By:

Name: _____
Title: _____
Street Address: _____
City: _____ ZIP: _____
Phone: _____
Email: _____

Authorized Satellite Entity Representative:

Name: _____
Title: _____
Street Address: _____
City: _____ ZIP: _____
Phone: _____
Email: _____

Authorized Satellite Entity Signature

Date