



**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Wastewater Management Program

## **Sanitary Sewer Overflow(SSO)/Bypass Notification Form**

### ***Instructions***

#### **Who must notify DEP about an overflow or bypass, and when?**

Any owner or operator of the following facilities:

- Municipal, state, federal, regional, industrial or other private wastewater collection system;
- Wastewater utility;
- Wastewater treatment works;
- Facility with a groundwater discharge permit;
- Facility with a surface water discharge permit.

This requirement includes any owner or operator of a municipal collection system or other collection system that discharges into facilities not under the same ownership and control.

The following situations require notification to DEP:

- An un-permitted overflow or bypass;
- In a combined sewer system, an overflow or bypass at a location not covered by a NPDES permit, or from a portion of the system that has a separate sanitary sewer.

#### **What are the procedures for reporting?**

##### **Step One:**

Provide immediate telephone notification to the appropriate MA DEP Regional Office.

Northeast Region (Wilmington)	978-694-3215
Central Region (Worcester)	508-792-7650
Southeast Region (Lakeville)	508-946-2750
Western Region (Springfield)	413-784-1100

If you are not sure which Massachusetts DEP Regional Office oversees your facility, go to <http://www.mass.gov/dep/about/region/findyour.htm>.

Outside regular business hours or on weekends and holidays, contact the Emergency Response section at DEP: 617-556-1133 (Boston Area) or 1-888-304-1133 Toll-Free.

Check your discharge permit for other instructions on notifying DEP.

Hazardous Material Releases: If you believe an overflow, bypass, or any other discharge may have resulted in an oil or hazardous material release, report it to DEP at any time, 24 hours a day, at this toll free number: 1-888-304-1133.

##### **Step Two:**

Submit a written report to DEP within five (5) days of the time you become aware of the overflow, bypass or backup. DEP strongly encourages you to use the form below. You may fill out the form on the computer, or print it and fill it out by hand. See form or instructions for DEP fax numbers and mailing addresses.

The written report must contain:

Description of the overflow, or bypass, including exact dates and times, and if the situation has not been corrected, the amount of time it is expected to continue.



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Steps taken or planned to reduce, eliminate, and prevent recurrence. You may include actions you took or you plan to take with this initial *Notification Form* or in a follow-up report.

If you have a discharge permit, check the Monitoring and Reporting Section of your permit to determine if your *Notification Form* should be sent to the attention of DEP's regional Bureau of Waste Prevention (industrial facilities) or the regional Bureau of Resource Protection (nonindustrial facilities). All municipal facilities submit their reports to the Bureau of Resource Protection.

Mail or fax the *Notification Form* to the attention of the Bureau of Waste Prevention or the Bureau of Resource Protection in your DEP regional office:

- Massachusetts Department of Environmental Protection, Northeast Regional Office, 205B Lowell Street, Wilmington, MA 01887. Fax: 978-694-3499.
- Massachusetts Department of Environmental Protection, Central Regional Office, 627 Main Street, Worcester, MA 01608. Fax: 508-792-7621.
- Massachusetts Department of Environmental Protection, Southeast Regional Office, 20 Riverside Drive, Lakeville, MA 02347. Fax: 508-947-6557.
- Massachusetts Department of Environmental Protection, Western Regional Office, 436 Dwight Street, Springfield, MA 01103. Fax: 413-784-1149.

#### **What should I do if I'm not sure of the information I am providing?**

For required items such as time of occurrence, causes of incident, volume of overflow, etc., PROVIDE YOUR BEST ESTIMATE OR ASSESSMENT AT THE TIME OF THIS REPORT. You can submit any additions or corrections later.

#### **What is the best way to report the exact location of the overflow, or bypass?**

Include with your *Notification Form* a copy of a map indicating its location. Please use 8 ½ " by 11" paper at an appropriate scale between 1:5000 to 1:25000. Specifying the geographic location will help DEP determine the public health and water quality impacts associated with overflows and bypasses.

#### **Why do I need to report backups into buildings?**

DEP wants to ensure that sewage backups into buildings as a result of problems in the sewer system are properly repaired and measures are put in place to reduce the likelihood of recurrence. Owner/operators of sewer systems that caused a backup may need to repair, rehabilitate, or upgrade the hydraulic capacity of their system, or change their operations and maintenance procedures.

#### **Are there some overflows or Bypass that are not subject to these reporting requirements?**

**DO NOT** use the *Sanitary Sewer Overflow(SSO)/Bypass Notification Form* in the following situations:

- The overflow is from a properly permitted Combined Sewer Overflow structure. Follow the reporting requirements in your NPDES Permit.
- You are reporting an overflow or bypass of sewage for a collection system or treatment works that is not under your ownership and control. However, please assist DEP by immediately reporting to the appropriate DEP Regional Office by phone or fax any overflows or bypass incidences for facilities other than your own.



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#### **What are the state regulations that apply to this notification? Where can I get copies?**

These regulations include, but are not limited to:

- Surface Water Discharge Regulations, [314 CMR 3.00](#)
- Groundwater Discharge Regulations, [314 CMR 5.00](#)
- Sewer Connection Regulations, [314 CMR 7.00](#)
- Operation and Maintenance Regulations, [314 CMR 12.00](#)

Official copies of the regulations may be purchased at:

State Bookstore  
State House, Room 116  
Boston, MA 02133  
617-727-2834

State Bookstore  
436 Dwight Street  
Springfield, MA 01103  
413-784-1376



**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. General Information**

1. Facility Information

a. Reporting Facility Permit Number \_\_\_\_\_

b. Name of Collection System/Treatment Works \_\_\_\_\_

2. Authorized Representative filing this notification form:

a. First Name \_\_\_\_\_

b. Last Name \_\_\_\_\_

c. Telephone (10) \_\_\_\_\_

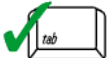
d. Title of Authorized Representative \_\_\_\_\_

e. E-mail Address of Authorized Representative \_\_\_\_\_

3. Event Report Information

a. Are you reporting:  1. Unanticipated SSO or Bypass  2. Anticipated SSO or Bypass

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



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

**B. Phone Notifications Made, if any:**

1. **MassDEP person** contacted:

a. first name \_\_\_\_\_

b. last name \_\_\_\_\_

Date/Time MassDEP contacted by phone:

c. Date (mm/dd/yyyy) \_\_\_\_\_

Time: \_\_\_\_\_

d. hh:mm \_\_\_\_\_

e. am  
 f. pm

2. **EPA person** contacted:

a. first name \_\_\_\_\_

b. last name \_\_\_\_\_

Date/Time EPA contacted by phone:

c. Date (mm/dd/yyyy) \_\_\_\_\_

Time: \_\_\_\_\_

d. hh:mm \_\_\_\_\_

e. am  
 f. pm

3. Others notified (select all that apply):

a. Conservation Commission  b. Board of Health

c. Harbormaster  d. Downstream WS  e. Watershed Association  f. Shellfish Warden

g. Other: \_\_\_\_\_

h. Specify \_\_\_\_\_

**C. General Information About SSO/Unanticipated Bypass**

1. When did the event occur?

a. Date (mm/dd/yyyy) \_\_\_\_\_

Time: \_\_\_\_\_

b. hh:mm \_\_\_\_\_

c. am  
 d. pm

2. Location of event:

a. Number and Street (or closest address) \_\_\_\_\_

b. latitude \_\_\_\_\_

c. longitude \_\_\_\_\_

3. Estimated volume of overflow discharge at the time of this report:

a. Estimated Volume: \_\_\_\_\_

b. Method of estimating volume: \_\_\_\_\_

4. Where did the overflow discharge to? (e.g., surface water, ground) \_\_\_\_\_



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### C. General Information About SSO/Unanticipated Bypass (cont.)

5. Identify causes of/reasons for the event: (select all that apply)

- a. rain                                       b. snowmelt                                       c. high groundwater
- d. insufficient capacity                                       e. sewer system blockage or collapse
- f. pump/lift station failure                                       g. treatment facility equipment failure
- h. Other: \_\_\_\_\_  
i. Specify \_\_\_\_\_

6. Have corrective actions been completed?     a. Yes     b. No     c. No Action Required

7. Corrective measures taken (select all that apply, or use Section E to attach additional comments):

- a. repaired sewer/cleared blockage                                       b. repaired pump/lift station                                       c. repaired service connection
- d. drained or pumped sewage out of building                                       e. disinfection treatment                                       f. backflow prevention device installed
- g. Other: \_\_\_\_\_  
h. Specify \_\_\_\_\_

### D. General Information About Anticipated Bypass

1. When will the bypass occur?                      \_\_\_\_\_                      Time:                      \_\_\_\_\_                       c. am  
a. Date (mm/dd/yyyy)                                      b. hh:mm                                       d. pm

2. Where will the bypass occur?                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
a. Number and Street (or closest address)                      b. latitude                                      c. longitude

3. Estimated volume of overflow discharge at the time of this report:

- a. Estimated volume: \_\_\_\_\_
- b. Method of estimating volume: \_\_\_\_\_

4. Identify causes of/reasons for the event: (select all that apply)

- a. rain                                       b. snowmelt                                       c. high groundwater
- d. insufficient capacity                                       e. sewer system blockage or collapse
- f. pump/lift station failure                                       g. treatment facility equipment failure
- g. Other: \_\_\_\_\_  
i. Specify \_\_\_\_\_

5. Will an SSO occur during the bypass?     a. Yes

a.1. Where will SSO discharge to? \_\_\_\_\_

A 5-day follow-up report is required for the SSO.

b. No



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Notification Form**

Tax Identification Number

**D. General Information About Anticipated Bypass (cont.)**

Please be advised that if the anticipated bypass detailed above results in an unanticipated bypass/SSO, MassDEP must be notified within 24 hours and a new form completed.

Please provide comments in Section E detailing the preventive measures to be taken during the event.

**E. Comments/Attachments/Follow-up**

I wish to provide (select all that apply):

- 1. Attachment
- 2. Additional comments below:
- 3. No additional comments or attachments

2a. Additional comments and planned actions:

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**F. 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

2. 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: 617-918-1766	
DEP 24-hour emergency	Phone: 888-304-1133	