



Massachusetts Department of Environmental Protection
 Bureau of Water Resources– Wastewater Management 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.



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

1. Facility Information

Reporting Sewer Authority _____

Permit # _____

2. Authorized Representative Transmitting Form:

First Name _____

Last Name _____

Telephone No. _____

Title _____

E-mail Address _____

B. Phone Notifications:

1. **MassDEP staff** contacted:

first name _____

last name _____

Date/Time contacted:

Date _____

Time _____

am pm

2. **EPA staff** contacted:

first name _____

last name _____

Date/Time EPA contacted:

Date _____

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:

Date _____

Time _____

am pm

By: _____

2. SSO Stopped:

Date _____

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



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C. SSO Information (cont.)

Location: _____
(Description of discharge site or closest address)

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

Method of Estimating Volume: _____

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:

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:



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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

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 Email addresses:

Northeast Region	Phone: 978-694-3215	Massdep.nerowastewater@mass.gov
Southeast Region	Phone: 508-946-2750	Massdep.serowastewater@mass.gov
Central Region	Phone: 508-792-7650	Massdep.cerowastewater@mass.gov
Western Region	Phone: 413-784-1100	Massdep.wero.wastewater@mass.gov
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Turin.david@epa.gov
EPA for Northeast, Central and Western Regions, Douglas Koopman	Phone: 617-918-1747	Koopman.douglas@epa.gov
DEP 24-hour emergency	Phone: 888-304-1133	