



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 satellite municipal collection system or other collection system that is part of a larger POTW not under the same ownership and control.

The following situations require notification to DEP and submittal of the SSO Report Form:

- An un-permitted overflow or bypass;
- Backup of wastewater into public or private property when the event is caused by a condition of the system owned and operated by the sewer authority
- In a combined sewer system, an overflow or bypass during dry weather conditions or at a location not covered by a NPDES permit, or from a portion of the system that has a separate sanitary sewer.

Backups of wastewater into a property which are not caused by conditions in the system owned and operated by the sewer system are not required to be reported. These incidents normally occur due to blockages in service connections to a property or blockages in the internal plumbing system.

What are the procedures for reporting?

Step One:

Immediate Telephone and/or email notification to MassDEP, EPA, and other parties:

Notification to MassDEP and other regulatory authorities is a critical element of the SSO response plan. Notification must be made as soon as possible, and no later than 24 hours after discovery of the event. The agency notifications should include all responsible officials whose duties include management of resources which may be affected by the SSO discharge. A list of agencies, contact staff, phone numbers, and emails should be kept by the Sewer Authority and posted for easy access to responsible staff. A list of some relevant agencies follows:

Agency:	Contact	Requirements
MassDEP	During business hours: Northeast Region: (978) 694-3215 Central Region: (508) 792-7650 Southeast Region:	Report all SSO events to relevant regional office Report SSO's to emergency line during non-business hours



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	(508) 946-2750 Western Region: (413) 784-1100 24-hour Emergency Line: 1-888-304-1133 If you are not sure which Massachusetts DEP Regional Office oversees your facility, go to http://www.mass.gov/eea/agencies/massdep/about/contacts/ .	
EPA	EPA New England: (617) 918-1870	Report all SSO events
Local Board of Health	List of local BOH contact information available at http://www.mhoa.com/boh-roster/	Report all SSO events to local BOH(s) where impacts may occur
Department of Conservation and Recreation	State House Ranger Base 617-722-1188	Where DCR beaches or parks affected
MA Division of Marine Fisheries	Boston/Northeast: 617-727-3336 x 165 Southeast: 508-563-1779 x 122	Where shellfish resources may be affected
Drinking Water Resource Managers	List of Drinking Water Supply contacts available at http://www.mass.gov/eea/docs/dep/about/organization/pwscont.pdf	Where Drinking Water Resources may be affected

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.

MassDEP may require, on a case-by-case basis, more extensive reporting of the SSO event where determined necessary to protect users of resources affected by SSO discharges.

Step Two:

Submit a written report to DEP within five (5) calendar days of the time you become aware of the overflow, bypass or backup. DEP requires the use of the MassDEP Sanitary Sewer Overflow (SSO)/Bypass notification form, unless an alternative reporting form is authorized by MassDEP in writing.

The Notification form should be fully completed, and shall include a clear description of the overflow, or bypass and its causes, including the best approximation of the dates and times, and if the situation has not been corrected, the amount of time the overflow/bypass is expected to continue, and a description of the measures to be implemented to stop the discharge. The Form or attachments must also include steps taken or planned to reduce, eliminate, and prevent recurrence.



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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 shall submit their reports to the Bureau of Resource Protection.

Fax the *Notification Form* to the attention of 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, 8 New Bond Street, Worcester, MA 01606. 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.
- U.S. Environmental Protection Agency, Water Technical Unit (OES 04-4), 5 Post Office Square – Suite 100, Boston, MA 02109-3912 Fax: 617-918-0870

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 which involve a discharge of wastewater to the environment.



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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. 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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Sanitary Sewer Overflow (SSO)/Bypass
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Tax Identification Number _____

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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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

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	