

## **To Report a Wastewater Emergency or Overflow in Rhode Island**

Owners and operators of Rhode Island wastewater facilities (collection systems, pumping stations, treatment facilities, etc.) must report emergencies and/or bypasses to the Rhode Island Department of Environmental Management (RIDEM), Office of Water Resources' Operations and Maintenance Section (O&M Section) within 24 hours of becoming aware of the situation.

Between the hours of 8:30 AM and 4:00 PM on business days, the O&M Section can be reached at 401-222-4700.

*When calling to report a wastewater emergency or bypass, it is important that you actually speak with a RIDEM staff member. DO NOT leave a recorded message. If someone from the O&M section is not available, press zero to speak with the receptionist and give them the general information; they will then contact an appropriate staff member. If you call outside of business hours, call the RIDEM's emergency hotline at 401-222-3070.*

Please note that in addition to an immediate verbal report, *a written report must be sent to the RI DEM* within five business days of the event's end. The written report form follows on the next two pages.



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



SANITARY SEWER OVERFLOW AND BYPASS QUESTIONNAIRE

This questionnaire must be completed by the owner or operator of a wastewater treatment facility or conveyance system for any unauthorized bypass or sanitary sewer overflow (SSO) from said facility or system. The owner or operator must verbally report the bypass or SSO to DEM within the first 24 hours after becoming aware of the event (during business hours #: 222-4700; 24-hour emergency #: 222-3070) and submit this completed form to DEM within five (5) business days. If additional space is needed please attach additional pages. Do not leave any spaces blank. If any requested information is not available, please provide some explanation.

Wastewater Treatment Facility/municipality reporting: \_\_\_\_\_

1. Location of bypass: \_\_\_\_\_

2. Notification to WWTF/municipality made by: \_\_\_\_\_

3. Date and time of above notification: \_\_\_\_\_

4. Date bypass started: \_\_\_\_\_ Time bypass started: \_\_\_\_\_

5. Date bypass ended: \_\_\_\_\_ Time bypass ended: \_\_\_\_\_

6. Cause of bypass: \_\_\_\_\_

7. Bypass volume: \_\_\_\_\_

8. Bypass treated with emergency chlorination? Yes/No Chlorination start time: \_\_\_\_\_ Amount of chlorine used: \_\_\_\_\_

9. Name of impacted waterbody: \_\_\_\_\_

10. Explain in detail the chronology of events leading to the failure/bypass: \_\_\_\_\_

11. Explain in detail the chronology of response and steps taken to minimize the bypass volume: \_\_\_\_\_

12. Explain if septage haulers, emergency pumps, and/or emergency generators were used to minimize the bypass volume (if use was possible but not implemented, explain why): \_\_\_\_\_

(See page 2 for additional questions.)

13. Explain what actions are being taken to mitigate and/or prevent further occurrences:

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14. Notification of RIDEM (see top of page 1 for explanation of reporting/notification requirements)

Person notified at DEM: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Person that notified DEM: \_\_\_\_\_

15. How was the event start time determined and what is the level of confidence for the start time?

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16. Was total volume determined from a visual inspection of the flow from the manhole cover? Yes/No

17. Explain or show the methodology/calculations used to determine the bypass volume:

18. Was a flow meter used to assist in determining total volume? If yes, when was the flow meter last calibrated? \_\_\_\_\_

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19. What is the schedule for sewer cleaning, equipment maintenance, and/or inspection for the event location(s)?

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20. Prior to this event, when was the above mentioned sewer cleaning, equipment maintenance, and/or inspection last performed? Attach copies of any records.

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Report preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_