



# SANITARY DISTRICT OF HIGHLAND

Highland Municipal Building • 3333 Ridge Rd  
Highland, Indiana 46322  
219-838-1080 • Fax 219-972-5097

Incorporated in  
1910

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July 31, 2023

EES Case Management Unit  
Environment and Natural Resources Division  
U.S. Department of Justice  
P.O. Box 7611  
Washington, D.C. 20044-7611

Chief, Water Enforcement and Compliance  
Assurance Branch (WC-15J)  
U.S. Environmental Protection Agency,  
Region V  
77 W. Jackson Boulevard  
Chicago, IL 60604

Chief, Environmental Section  
Office of The Attorney General  
Indiana Government Center South, 5<sup>th</sup> Floor  
402 West Washington Street  
Indianapolis, IN 46204

Chief, Compliance Branch  
Office of Water Quality, Mail Code 65-40  
Indiana Department of Environmental  
Management  
100 N. Senate Avenue  
Indianapolis, IN 46204-2251

Office of Legal Counsel  
Mail Code 60-01  
100 North Senate Street  
Indianapolis, IN 46204-2251

RE Sanitary District of Highland  
Consent Decree  
Civil Action No. 2:22-cv-00086  
July 2023 Semi-Annual Report

ATTN: United States Department of Justice  
U.S. Environmental Protection Agency, Region 5  
Indiana Attorney General  
Indiana Department of Environmental Management

Pursuant to Section VIII of the above captioned Consent Decree (Decree) entered December 09, 2022, the Sanitary District of the Town of Highland, Indiana (Highland) hereby submits its Semi-Annual Report (Report) through July 31, 2023.

**Describe the work, and associated deadlines, that Highland completed under the Decree during the preceding six-month period and include documentation (e.g. as-built diagrams, photographs, etc.) of the work and the deadlines met:**

**1. SECTION VI: CIVIL PENALTY**

*Within 60 days after the Effective Date, Highland shall pay a civil penalty in the amount of \$87,500 to the United States and \$87,500 to the State for the violations alleged against Highland in the Complaint, together with interest from the Date of Lodging of the Decree accruing at the rate specified in 28 U.S.C. § 1961 as of the Date of Lodging.*

**Deadline: February 7, 2023**

Highland has complied with the penalty requirement. Accordingly, this requirement shall be removed from future Semi-Annual Reports.

**2. SECTION VII: COMPLIANCE REQUIREMENTS**

**A. Implementing SSO Remedial Measures**

*Within 30 Days of the Effective Date, Highland shall begin implementing the SSO Remedial Measures Plan, as provided in Appendix A of the Decree.*

**Remedial Measures Plan: Phase I Division A Project**

**Deadline: February 28, 2025**

Since the January 31, 2023 Report, the design of the Phase 1, Division A Project progressed to final design. A 95% design review meeting was held on February 2, 2023 (see attached meeting notes), and the contract documents were updated in March 2023 for permit applications. All permits have been obtained for the Phase 1, Division A Project. The IDEM Notice of Intent to Construct a Water Main Extension was approved on May 13, 2023. The IDEM Stormwater Pollution Prevention Plan was approved on June 12, 2023. The IDEM Sanitary Sewer Construction Permit was approved on June 29, 2023. The contract documents for the Phase 1, Division A Project are ready for bidding upon Highland confirming schedules for advertising. Highland anticipates completing bidding and issuing notice to proceed in November, 2023.

Regarding the Phase 1, Division B & C Projects, a proposal for professional services was submitted to the Sanitary Board for their review on April 24, 2023 related to final design, permits, field work, utility coordination, easements, bidding, construction engineering, resident project representation, and funding coordination.

The Indiana Finance Authority State Revolving Fund released the draft project priority list on July 6, 2023, and the Phase 1, Division A Project was not in the fundable range and ranked 61<sup>st</sup> out of 89 small system projects. Accordingly, Highland will not pursue SRF financing for the Phase 1 Division A Project. Highland intends to obtain financing through the Indiana Bond Bank. The current financing timetable anticipates that closing will take place at the end of September, 2023.

The following items pertaining to the status of the Remedial Measures Plan are attached as **Exhibit A:**

1. Meeting notes for the 95% design review meeting.

### **3. SECTION VII: COMPLIANCE REQUIREMENTS**

#### **B. SSO Flow Monitoring and Reporting Requirements**

**SSO Flow Monitors.** *Within 30 Days of the Effective Date, or within 30 Days from the date of discovering any additional SSO Location, Highland shall install and operate flow monitoring technology at each SSO Location, if it has not already done so, in order to detect and record when an SSO may occur or actually occurs at each SSO Location and to Measure and record the volume of SSO discharged. To mitigate the adverse effect of any SSO, the flow monitoring device at each SSO Location shall instantaneously and automatically alert Highland to an SSO event. Highland shall install and operate the flow monitoring detailed in Section VII B at Paragraph 23 (a) and (b).*

**Deadline: January 9, 2023.**

As of the date of this Report, Highland is in compliance with its obligation to install and operate flow monitoring technology at each SSO Location as provided in Section VII of the Decree.

**Reporting all SSO's.** *Highland shall report all SSO's from its SSCS. This reporting shall include procedure detained in Section VII B at Paragraph 24 (a) and (b).*

As of the date of this Report, Highland is in compliance with its obligation to report all SSO's from its SSCS as provided in Section VII of the Decree.

**Semi-Annual Overflow Logs.** *By July 31<sup>st</sup> (for the reporting period of January – June) and January 31<sup>st</sup> (for the reporting period of July – December) of each year beginning the calendar year after the Decree is lodged, Highland shall submit copies of its final and completed electronic reports to IDEM and EPA using State Form 48373 for each SSO location at which an SSO occurred during the reporting period. Highland shall also complete and submit to IDEM and EPA the SSO reporting Table attached to the Decree as Appendix C for every SSO that occurred during the reporting period.*

Highland's Semi-Annual Overflow Log for the reporting period of January – June, 2023 is attached as **Exhibit B.** The Semi-Annual Overflow Log has also been posted on the Town website.

#### 4. SECTION VII: COMPLIANCE REQUIREMENTS

##### C. Miscellaneous Compliance Provisions

**Capacity, Management Operation and Maintenance Plan (CMOM).** On January 30, 2023, Highland submitted a revised draft CMOM to EPA and IDEM for review and approval.

**Over Emergency Response Plan (OERP).** On March 25, 2022, Highland was notified by the Department of Justice, via email, that its OERP was approved. Highland has begun implementing the OERP.

#### 5. SECTION IX: PUBLIC WEBSITE

*Within 30 days from the Effective Date, Highland shall have an operable Website for the posting of Decree Deliverables and the Consent Decree. Highland shall announce the availability of the Website by a press release, and the Town of Highland's official homepage, [www.highland.in.gov](http://www.highland.in.gov), shall include a link to the Website. The Website may be a part of Highland's website on the Town of Highland's official website. All posted Deliverables shall be readily accessible, electronically searchable and accurately labeled. The Website shall include: the Consent Decree; Consent Decree Submissions; SSO Public Notification; and Other Public Presentations and Education Materials.*

**Deadline: January 9, 2023.**

As of the date of this Report, Highland maintains an operable Website which meets the requirements of Section IX of the Decree. The website can be accessed directly at: [highland.in.gov/sanitary-district/highland-consent-decree](http://highland.in.gov/sanitary-district/highland-consent-decree). Highland continues to update the website with Consent Decree Submissions, SSO Public Notifications and Other Public Presentations and Educational Materials.

**Describe any non-compliance with any requirement of the Decree, explaining the reasons for any non-compliance and the remedial steps taken, or to be taken, to minimize such non-compliance or prevent its recurrence.**

As of the date of the date of this Report, Highland is not aware of any non-compliance with any requirement of the Decree.

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 HAVE NO PERSONAL KNOWLEDGE THAT THE INFORMATION SUBMITTED IS OTHER THAN 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.

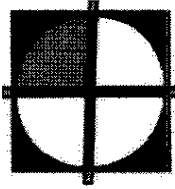


Mark Knesek

CC: Highland Sanitary Board  
Robert F. Tweedle  
Susan Franzetti  
Alison McGregor – USDOJ  
Andre Daugavietis – USEPA  
Keith Middleton – USEPA  
Ryan Bahr - USEPA  
Beth Admire – IDEM

# **EXHIBIT A**

1. Meeting notes for 95% design review meeting



**COMMONWEALTH™**  
**ENGINEERS, INC.**  
A wealth of resources to master a common goal.

**Environmental Engineers & Consultants**  
**9604 Coldwater Road, Suite 203**  
**Fort Wayne, IN 46825**

**PH: (260) 494-3223**

**FAX: (260) 494-3224**

***Town of Highland  
Sanitary District***

***95% Design Workshop  
Meeting Notes***

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**Meeting Date:** February 14, 2023, 10:00 AM (CST)

**Projects Discussed:** SSO Remedial Project – Phase 1, Division A

**Attendees:** Mark Kneseck – Town of Highland  
Tim Gembala – Town of Highland  
Kim Webb – Town of Highland  
Derek Snyder – NIES Engineering  
Brian Desharnais – Commonwealth Engineers  
Josh Harner – Commonwealth Engineers  
Brian Wilson – Commonwealth Engineers

**Meeting Location:** Highland Public Works - 8001 Kennedy Avenue, Highland, IN 46322

**Attachments:** Meeting Agenda  
Sign-In Sheet

**Meeting Notes (primary action items are noted in *bold italics*):**

**IFA SRF Funding Discussion & WW Asset Management Plan**

- Discussion occurred regarding the Town's desire to pursue Indiana Finance Authority (IFA) State Revolving Fund (SRF) funding.
- It was noted that SRF Applications are due by April 1, 2023. Due to SRF's new requirements, a Wastewater Asset Management Plan (AMP) certification is due with the application. The AMP is similar to the Town's CMOM. It is Commonwealth's intent to reference and reutilize the CMOM as much as possible to minimize duplicity.
- SRF's project priority list is typically issued in June or July.

**SSO Remedial Project – Phase 1 Division A**

- Discussion occurred regarding the historic landfill, new alignment, and the necessity of a soil and groundwater management plan. Based on the best available information known to date, there is no evidence that the new sewer alignment and the associated construction will be within the historic landfill limits, and the Town's attendees agreed based on their understanding and knowledge. Since the new alignment and the associated construction are outside of the historic landfill limits, it was noted that a soil and groundwater management report is not required by the Indiana Department of Environmental Management's (IDEMs) offices of land use or water

quality. There was a discussion about the “pros” and “cons” associated with proactively completing a soil and groundwater management plan when not required by IDEM. For example, Commonwealth provided the Town examples of past projects where unbeknownst soil contamination was discovered during construction on land not identified as a landfill, environmental covenant, etc., which led to sizeable change orders and construction delays. Likewise, Commonwealth provided the Town examples of past projects where sewers were constructed through older parts of cities with potential contamination concerns, and soil contamination was not discovered during construction. ***The Town will internally review the “pros” and “cons” of performing additional environmental testing and developing a proactive soil and groundwater management plan and will provide direction to Commonwealth on how to proceed.***

- Regardless of the Town’s decision on whether to proceed with a proactive soil and groundwater management plan, targeted additional field work will be mobilized to better define the new alignment within the Drawings and Contract Documents. Specifically, (a) additional field surveying will be obtained by NIES for the new alignment and (b) two (2) additional geotechnical bores will be obtained by SME for the new alignment. The additional field work will be incorporated into the Drawings and Contract Documents in time for final bid documents and will not impact the timing of permit application submittals.
- Commonwealth reviewed the 95% Drawings.
- ***Commonwealth will reach out to large diameter pipe suppliers (i.e. HOBAS and PVC) and ductile iron pipe suppliers to assess current lead times for the project.***
- ***Commonwealth will update Sheet G4 to indicate that the Contractor must protect all softball playing fields during Construction of the proposed sewer.***
- ***Commonwealth will update Sheet G4 to show that the Contractor may not access the historic landfill site.***
- ***Commonwealth will update Sheet DR1 Note 23 to indicate that the Contractor shall replace and restore the softball field’s irrigation system. The Town noted that the location of the buried irrigation piping is unknown and likely no record drawings exist.***
- ***Commonwealth will update the stone drive hatching on Sheet DR1.***
- ***Commonwealth will update Sheets DR4 through DR7 to show full resurfacing along Duluth Street.***
- ***Commonwealth will update Sheet PP1 to include coded notes for the Contractor to protect the cell tower and existing structure.***
- ***Commonwealth will update the drawings to indicate that bolt down lids are required at all structures within the park.***
- Discussion occurred regarding the existing sanitary lateral that conveys flow to Ex San Structure 1001. This lateral will be rerouted in the future lift station improvements project.
- ***Commonwealth will shift Structure #105 to the east so that is closer to the sidewalk to address granular backfill concerns.***
- The P Sheets contain the proposed water and storm improvements.
- The GR Sheets contain the proposed grading for ADA Ramps.
- The XS sheets show the cross sections for the proposed resurfacing improvements. ***Commonwealth will update the stationing to ensure it matches the proposed alignment.***
- Commonwealth presented the new cost estimate. It has been increased slightly based on recent project bids, inflation, and additional work items. The 95% Cost Estimate is \$7.7 million (inclusive of a 10% contingency).
- Commonwealth will prepare the IDEM Construction Permit and Soil and Groundwater General Permit.



- It was noted that the Hammond Sanitary District will need to sign the IDEM wastewater treatment certification on the IDEM construction permit application for the project.

**PROJECT SCHEDULE**

Notice To Proceed	December 7, 2021
Kickoff Meeting	January 18, 2022
Field Work for Phase 1, 2, and 3	December 2021 to March 2022
Meeting with SRF Regarding SWIF Round 2	February 2022
30% Submittal for Phase 1, 2, and 3	May 19, 2022
30% Design Meeting for Phase 1, 2, and 3	June 7, 2022
60% Submittal for Phase 1	Middle of August 2022
60% Design Meeting for Phase 1	September 15, 2022
95% Submittal for Phase 1	February 2023
95% Design Meeting for Phase 1	February 2023
Final Submittal for Phase 1	March 2023
Permits for Phase 1	March 2023 to May 2023
Bidding, Award & Contractor Mobilization on Site	As early as June 2023
Construction	12 Months after Notice to Proceed

**95% DESIGN WORKSHOP AGENDA  
SANITARY DISTRICT OF HIGHLAND  
SSO REMEDIAL PROJECT  
Phase 1 - Division A**

DATE: Tuesday, February 14, 2023

LOCATION: Highland Public Works  
8001 Kennedy Ave.  
Highland, IN 46322

TIME: 10:00 AM CST

- A. ATTENDANCE SHEET
- B. IFA SRF FUNDING DISCUSSION & WW ASSET MANAGEMENT PLAN
- C. 95% PHASE 1 – DIVISION A – DRAWINGS
- D. 95% PHASE 1 – DIVISION A – CONTRACT BOOK
- E. 95% PHASE 1 – DIVISION A – COST ESTIMATE
- F. SCHEDULE DISCUSSION

<del>Notice To Proceed</del>	<del>December 7, 2021</del>
<del>Kickoff Meeting</del>	<del>January 18, 2022</del>
<del>Field Work for Phase 1, 2, and 3</del>	<del>December 2021 to March 2022</del>
<del>Meeting with SRF Regarding SWIF Round 2</del>	<del>February 2022</del>
<del>30% Submittal for Phase 1, 2, and 3</del>	<del>May 10, 2022</del>
<del>30% Design Meeting for Phase 1, 2, and 3</del>	<del>June 7, 2022</del>
<del>60% Submittal for Phase 1</del>	<del>Middle of August 2022</del>
<del>60% Design Meeting for Phase 1</del>	<del>September 15, 2022</del>
<del>95% Submittal for Phase 1</del>	<del>February 2023</del>
<del>95% Design Meeting for Phase 1</del>	<del>February 2023</del>
Final Submittal for Phase 1	March 2023
Permits for Phase 1	March 2023 to May 2023
Bidding, Award & Contractor Mobilization on Site	As early as June 2023
Construction	12 Months after Notice to Proceed

- G. GENERAL COMMENTS / QUESTIONS

SANITARY DISTRICT OF HIGHLAND

SSO REMEDIAL PROJECT  
95% Design Review Workshop  
Phase 1 - Division A

February 14, 2023  
10:00 AM CST

SIGN-IN SHEET

	<u>NAME</u>	<u>ORGANIZATION</u>	<u>EMAIL</u>
1)	BRIAN DESHARNAIS	CEI	bdeshernaise@contactcei.com
2)	BRIAN WILSON	CEI	bwilson@contactcei.com
3)	JOSH HARNER	CEI	jharner@contactcei.com
4)	Derek Snyder	NIES	dsnyder@niesengineering.com
5)	Mark KWESSEK	TOH	mkwessek@highland.il.gov
6)	Kim Webb	TOH	kwebb@highland.il.gov
7)	TIM GEMBATA	TOH	tgembata@highland.il.gov
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			

# **EXHIBIT B**

## **SEMI ANNUAL OVERFLOW LOG JANUARY-JUNE 2023**

1. SSO Reporting Table (Per Consent Decree Appendix C)
2. Bypass/Overflow Incident Report (1/4/2023)
3. Bypass/Overflow Incident Report (4/4/2023)
4. Bypass/Overflow Incident Report (4/28/2023)

**Town of Highland, Indiana**  
**Summary of Sanitary Sewer Overflows and Property Backups**  
**January 1, 2023 – June 30, 2023**

Event Number and Type	Date and Time Release Began/Ended	Drainage Basin Location	Location of Release	Description of Area Impacted	Reason for SSO	Amount of Flow Released	Rainfall Information and Classification	Name of Receiving Waters Impacted	Did Highland Follow its Overflow Emergency Response Plan?	Actions Taken to Prevent, Minimize or Mitigate Damage, Including Clean-up and Treatment of Affected Area	Actions Taken or Planned to Prevent Recurrence	Did Highland Exceed its Contractual Peak Flow Rate?	Comments
#1 – SSO	01-03-2023 9:15 PM to 01-03-2023 11:25 PM	5 <sup>th</sup> Street Basin	MH 1230 on 5 <sup>th</sup> St Interceptor (near 8220 5 <sup>th</sup> St)	Reached Receiving Water (A: 1 Constructed Overflow out of 5 <sup>th</sup> St San Sewer into 5 <sup>th</sup> St Storm Sewer)	Rainfall, Excessive III, Under Capacity Sewer	120,870 gal	24-hr, 5.5 mo. (1.89 inches Rainfall)	Little Calumet River	Yes	Closed valves on LaPorte Street Underground Storage Tank at 8:25 PM on 01/03/2023 to hold back flow from L&J Sanitary Lift Station to minimize volume of overflows. The tank filled to a peak level of 3.26 feet at 7:21 AM on 01/04/2023, at which time the basin valves were opened. The basin was empty by 11:37 AM on 01/04/2023.	Highland Sanitary District is implementing its SSO Remedial Action Plan as part of its Consent Decree with IDEM, EPA and DOJ.	Yes	
#2 – SSO	03-31-2023 9:20 PM to 04-01-2023 12:30 AM	5 <sup>th</sup> Street Basin	MH 1230 on 5 <sup>th</sup> St Interceptor (near 8220 5 <sup>th</sup> St)	Reached Receiving Water (A: 1 Constructed Overflow out of 5 <sup>th</sup> St San Sewer into 5 <sup>th</sup> St Storm Sewer)	Rainfall, Excessive III, Under Capacity Sewer	206,401 gal	6-hr, 5.4 mo. (1.41 inches Rainfall)	Little Calumet River	Yes	Closed valves on LaPorte Street Underground Storage Tank at 9:08 PM on 03/31/2023 to hold back flow from L&J Sanitary Lift Station to minimize volume of overflows. The tank filled to a peak level of 8.63 feet at 5:23 AM on 04/01/2023. The basin valves were opened at 7:24 AM on 04/02/2023. The basin was empty by 3:34 PM on 04/02/2023.	Highland Sanitary District is implementing its SSO Remedial Action Plan as part of its Consent Decree with IDEM, EPA and DOJ.	Yes	
#3 – SSO	04-27-2023 11:51 PM to 04-28-2023 1:33 PM	5 <sup>th</sup> Street Basin	Along East Side of Bike Trail (Behind 8940-8944 O'Day Drive)	Reached Public Land Reached Receiving Water (Pipe Failure – 4 <sup>th</sup> Street Lift Station Force Main)	Cast Iron Force Main Pipe Failed	28,320 gal (17,166 gal reached receiving waters)	N/A	Cady Marsh Ditch	Yes	Town staff installed sandbag dam and started portable pump at 12:35 PM on 4/28/23 to pump from a containment structure set in the swale behind the houses on O'Day Drive to sanitary sewer MH 5015 in O'Day Drive, preventing a portion of the SSO from reaching the Cady Marsh Ditch. Pump station was shutdown at 1:33 PM on 4/28/23 and the pipe repair was complete at 7:30 PM on 4/28/23. Station was re-started after pipe repair was complete.	Highland Sanitary District is implementing its SSO Remedial Action Plan as part of its Consent Decree with IDEM, EPA and DOJ.	No	*Total volume of leak discharged to land: 28,320 Gal. Volume not reaching Cady (ponding behind dam): 8,393 Gal. Volume not reaching Cady (leak after dam install): 2,771 Gal. Remaining volume of SSO that reached Cady: 17,156 Gal. (28,320 - 8,393 - 2,771 = 17,156)



# BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R8 / 2-19)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: 1/4/2023

**INSTRUCTIONS:** Complete all parts of this form and e-mail signed copies to [wwwreports@idem.IN.gov](mailto:wwwreports@idem.IN.gov). Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-6770.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) <b>Highland Sanitary District</b>		(2) Mailing Address (reporting organization) <b>3333 Ridge Road</b>		(3) County <b>Lake</b>	(4) NPDES Permit <b>NA</b>
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began	(7) Date (mm/dd/yy) and Time Release Stopped	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	(9) Latitude (Deg Min Sec)	(9) Longitude (Deg Min Sec)
	01/03/2023 9:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	01/03/2023 11:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>MH# 1230 8220 5th St.</b>	<b>41 33 47.96N</b>	<b>87 27 24.43W</b>
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual			(11) WWTP Flow During Release	(12) WWTP Peak Design Flow Rate	
120,870 Gallons			MGD	MGD	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: None observed.		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation <b>1.89 Inches</b>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: Excessive rain resulted in the surcharge in the wastewater collection system. Wet weather flows exceeded the capacity of the sanitary lift station that discharged to the Hammond Sanitary District.		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: Little Calumet River	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input checked="" type="checkbox"/> Health Department <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris Closed valves on LaPorte Street Underground Storage Tank at 8:25 PM on 01/03/2023 to hold back flow from L&J Sanitary Lift Station to minimize volume of overflows. The tank filled to a peak level of 3.26 feet at 7:21 AM on 01/04/2023, at which time the basin valves were opened. The basin was empty by 11:37 AM on 01/04/2023.					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence Highland Sanitary District is implementing its SSO Remedial Action Plan as part of its Consent Decree with IDEM, EPA and DOJ.					

(22)

## CERTIFICATION AND SIGNATURE

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. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to [wwwReports@idem.IN.gov](mailto:wwwReports@idem.IN.gov))

SIGNATURE: **Michael Pipta**

Digitally signed by Michael Pipta  
Date: 2023.01.04 15:25:18 -06'00'

DATE (month, day, year):

Individual Making Report (printed)	Telephone Number	Contact E-mail	Date (month, day, year) / Time IDEM Notified	<input type="checkbox"/> AM <input type="checkbox"/> PM
------------------------------------	------------------	----------------	--	--



# BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R8 / 2-19)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page.  
For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons		Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Reached Public Land		Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

### CERTIFICATION AND SIGNATURE

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. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to [wwReports@idem.IN.gov](mailto:wwReports@idem.IN.gov))

SIGNATURE: \_\_\_\_\_

DATE (month, day, year): \_\_\_\_\_

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### Bypass/Overflow Incident Report Instructions

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Below are numbered instructions for completing the Bypass/Overflow Incident Report State Form 48373. Please fill all fields that you can and as accurately as you can. Bypass/Overflow Reports must be submitted by the facility/system that is responsible for the maintenance and oversight of the collection system where the discharge occurred. Please refer to these instructions while filling out the report:

1. **Facility Name (Organization):** The facility name as it appears on the NPDES permit. For wastewater systems which do not have an active NPDES permit please enter NONE in the box.
2. **Mailing Address:** The address where all IDEM communication is sent.
3. **County:** The County in which the permitted facility is physically located.
4. **NPDES Permit:** The permit number associated with the facility. For wastewater systems which do not have an active NPDES permit mark this space as either "Terminated" for systems which had an NPDES permit in the past or "N/A" for systems which have never had an NPDES wastewater permit.
5. **Outfall Number:** The number of the outfall associated with the Bypass/Overflow Incident as identified in the NPDES permit. For discharge locations which have not been specifically listed in the permit, mark as "N/A".
6. **Date & Time Release Began:** If the exact date and time is not known please indicate the date and time you became aware of the release.
7. **Date & Time Release Ended:** The exact date and time the release ended. If the release is ongoing at the time of the initial report submitted to meet the 24 reporting requirement, please leave this field blank and later resubmit an additional "Follow-up" report with the date and time that the discharge ended and check the "Follow-up to Bypass report previously sent on: \_\_\_" box in the upper right corner of the form.
8. **Location of Release:** The actual physical location of the release: Such as a Street Address; closest cross streets; Manhole ID; Lift Station; Force Main, etc. **NOTE:** Please give the most accurate information in regards to manholes, lift stations and force mains that can be referenced back to documentation at your facility.
9. **Latitude and Longitude:** Latitude and Longitude shall be reported in decimal degrees (e.g. 77.029289) or degrees, minutes and seconds. The latitude and longitude fields on this report will **soon be required** by EPA; however, these fields can be left blank on the report if the sewer overflows are caused by an extreme wet weather event that inundates a large sewer basin and individual overflow locations (i.e. manholes) are difficult to quantify. At this time, the report will not be sent back if the boxes are blank; however, please attempt to fill in these two fields as accurately as possible.
10. **Amount of Flow Released:** The flow released should be the best professional judgment from the facility on the estimated number of gallons of sewer overflow for each Sewer Overflow Discharge.
11. **WWTP Flow During Release:** The flow of the treatment plant when the release was observed, often reported in a one hour time increment.
12. **WWTP Peak Design Flow Rate:** The peak WWTP design flow rate as identified in the respective NPDES permit and/or most recent IDEM OWQ Facilities Construction Permit/Design Summary (commonly listed as peak daily or peak hourly) that included a hydraulic capacity expansion.
13. **Overflow Type:** Check one and only one box that best applies to the type of incident. **NOTE:** Dry weather CSO is generally interpreted as where there has been less than 0.1 inch of precipitation within the proceeding 72 hours (three (3) days). Prohibited CSO discharges are defined as discharges from CSO outfalls identified in Attachment A of the NPDES permit as being "prohibited". A Combined Sewer Release may include a basement backup in a sewer basin designated as being comprised of combined storm and sanitary sewers.
14. **Describe any damage to aquatic life or receiving stream:** Describe the conditions of the receiving stream and any aquatic life impaired by the incident.
15. **Reason for Bypass/Overflow:** Check all the boxes that apply to the specific incident.
16. **Systems Component(s):** Check all the boxes of components that are/were involved in the incident.
17. **Additional Description of the Bypass/Overflow Incident:** Provide additional detailed information regarding why the incident occurred that does not fit in the check boxes and supplemental details about the discharge event.
18. **Description of the Area Impacted:** Check all boxes of area(s) that were/are directly impacted by the discharge. If the discharge reached the receiving waters identify those by name whenever possible.
19. **Organizations Notified by Facility:** Check all of the boxes that apply.
20. **Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area:** Select all boxes that apply and then add additional description in box below.
21. **Resolution: Actions Taken or Planned to Prevent Recurrence:** Describe all actions taken and actions that will be taken to prevent the incident from reoccurring in the future.
22. **Certification and Signature:** Complete this box in its **entirety**. A qualified person that has properly gathered the information in the report is authorized to sign and submit. **NOTE:** In circumstances where the certified operator is unavailable, the person on call at the facility may sign and submit.
23. **Second Page Instructions:** Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.





# BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R8 / 2-19)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: 4/4/2023

**INSTRUCTIONS:** Complete all parts of this form and e-mail signed copies to [wwreports@idem.IN.gov](mailto:wwreports@idem.IN.gov). Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-6770.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) <b>Highland Sanitary District</b>		(2) Mailing Address (reporting organization) <b>3333 Ridge Road</b>		(3) County <b>Lake</b>	(4) NPDES Permit <b>NA</b>
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began <b>03/31/2023 9:20</b>	(7) Date (mm/dd/yy) and Time Release Stopped <b>04/01/2023 12:30</b>	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) <b>MH# 1230 8220 5th St.</b>	(9) Latitude (Deg Min Sec) <b>41 33 47.96N</b>	(9) Longitude (Deg Min Sec) <b>87 27 24.43W</b>
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual <b>206,401 Gallons</b>			(11) WWTP Flow During Release <b>MGD</b>	(12) WWTP Peak Design Flow Rate <b>MGD</b>	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: <b>None observed.</b>		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input checked="" type="checkbox"/> Precipitation <b>1.41 Inches</b>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: <b>Excessive rain resulted in the surcharge in the wastewater collection system. Wet weather flows exceeded the capacity of the sanitary lift station that discharged to the Hammond Sanitary District.</b>		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: <b>Little Calumet River</b>	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input checked="" type="checkbox"/> Health Department <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris <b>Closed valves on LaPorte Street Underground Storage Tank at 9:08 PM on 03/31/2023 to hold back flow from L&amp;J Sanitary Lift Station to minimize volume of overflows. The tank filled to a peak level of 8.63 feet at 5:23 AM on 04/01/2023. The basin valves were opened at 7:24 AM on 04/02/2023. The basin was empty by 3:34 PM on 04/02/2023.</b>					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence <b>Highland Sanitary District is implementing its SSO Remedial Action Plan as part of its Consent Decree with IDEM, EPA and DOJ.</b>					

(22)

## CERTIFICATION AND SIGNATURE

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. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to [wwReports@idem.IN.gov](mailto:wwReports@idem.IN.gov))

SIGNATURE: **Michael Pipta**

Digitally signed by Michael Pipta  
Date: 2023.04.05 15:04:48 -05'00'

DATE (month, day, year):

Individual Making Report (printed)

Telephone Number

Contact E-mail

Date (month, day, year) / Time IDEM Notified

AM

PM



# BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R8 / 2-19)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page.  
For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

### CERTIFICATION AND SIGNATURE

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. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to [wwReports@dem.IN.gov](mailto:wwReports@dem.IN.gov))

SIGNATURE: \_\_\_\_\_

DATE (month, day, year): \_\_\_\_\_

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### Bypass/Overflow Incident Report Instructions

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Below are numbered instructions for completing the Bypass/Overflow Incident Report State Form 48373. Please fill all fields that you can and as accurately as you can. Bypass/Overflow Reports must be submitted by the facility/system that is responsible for the maintenance and oversight of the collection system where the discharge occurred. Please refer to these instructions while filling out the report:

1. **Facility Name (Organization):** The facility name as it appears on the NPDES permit. For wastewater systems which do not have an active NPDES permit please enter NONE in the box.
2. **Mailing Address:** The address where all IDEM communication is sent.
3. **County:** The County in which the permitted facility is physically located.
4. **NPDES Permit:** The permit number associated with the facility. For wastewater systems which do not have an active NPDES permit mark this space as either "Terminated" for systems which had an NPDES permit in the past or "N/A" for systems which have never had an NPDES wastewater permit.
5. **Outfall Number:** The number of the outfall associated with the Bypass/Overflow Incident as identified in the NPDES permit. For discharge locations which have not been specifically listed in the permit, mark as "N/A".
6. **Date & Time Release Began:** If the exact date and time is not known please indicate the date and time you became aware of the release.
7. **Date & Time Release Ended:** The exact date and time the release ended. If the release is ongoing at the time of the initial report submitted to meet the 24 reporting requirement, please leave this field blank and later resubmit an additional "Follow-up" report with the date and time that the discharge ended and check the "Follow-up to Bypass report previously sent on: \_\_\_\_" box in the upper right corner of the form.
8. **Location of Release:** The actual physical location of the release: Such as a Street Address; closest cross streets; Manhole ID; Lift Station; Force Main, etc. **NOTE:** Please give the most accurate information in regards to manholes, lift stations and force mains that can be referenced back to documentation at your facility.
9. **Latitude and Longitude:** Latitude and Longitude shall be reported in decimal degrees (e.g. 77.029289) or degrees, minutes and seconds. The latitude and longitude fields on this report will soon be required by EPA; however, these fields can be left blank on the report if the sewer overflows are caused by an extreme wet weather event that inundates a large sewer basin and individual overflow locations (i.e. manholes) are difficult to quantify. At this time, the report will not be sent back if the boxes are blank; however, please attempt to fill in these two fields as accurately as possible.
10. **Amount of Flow Released:** The flow released should be the best professional judgment from the facility on the estimated number of gallons of sewer overflow for each Sewer Overflow Discharge.
11. **WWTP Flow During Release:** The flow of the treatment plant when the release was observed, often reported in a one hour time increment.
12. **WWTP Peak Design Flow Rate:** The peak WWTP design flow rate as identified in the respective NPDES permit and/or most recent IDEM OWQ Facilities Construction Permit/Design Summary (commonly listed as peak daily or peak hourly) that included a hydraulic capacity expansion.
13. **Overflow Type:** Check one and only one box that best applies to the type of incident. **NOTE:** Dry weather CSO is generally interpreted as where there has been less than 0.1 inch of precipitation within the proceeding 72 hours (three (3) days). Prohibited CSO discharges are defined as discharges from CSO outfalls identified in Attachment A of the NPDES permit as being "prohibited". A Combined Sewer Release may include a basement backup in a sewer basin designated as being comprised of combined storm and sanitary sewers.
14. **Describe any damage to aquatic life or receiving stream:** Describe the conditions of the receiving stream and any aquatic life impaired by the incident.
15. **Reason for Bypass/Overflow:** Check all the boxes that apply to the specific incident.
16. **Systems Component(s):** Check all the boxes of components that are/were involved in the incident.
17. **Additional Description of the Bypass/Overflow Incident:** Provide additional detailed information regarding why the incident occurred that does not fit in the check boxes and supplemental details about the discharge event.
18. **Description of the Area Impacted:** Check all boxes of area(s) that were/are directly impacted by the discharge. If the discharge reached the receiving waters identify those by name whenever possible.
19. **Organizations Notified by Facility:** Check all of the boxes that apply.
20. **Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area:** Select all boxes that apply and then add additional description in box below.
21. **Resolution: Actions Taken or Planned to Prevent Recurrence:** Describe all actions taken and actions that will be taken to prevent the incident from reoccurring in the future.
22. **Certification and Signature:** Complete this box in its entirety. A qualified person that has properly gathered the information in the report is authorized to sign and submit. **NOTE:** In circumstances where the certified operator is unavailable, the person on call at the facility may sign and submit.
23. **Second Page Instructions:** Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.



# BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R8 / 2-19)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: 04/28/2023

**INSTRUCTIONS:** Complete all parts of this form and e-mail signed copies to [wwreports@idem.IN.gov](mailto:wwreports@idem.IN.gov). Submittal of this report will satisfy the Office of Water Quality (OWQ) telephone and written bypass/overflow reporting requirements of your NPDES permit. Please use and the second page of this form as necessary to identify separate locations caused by the same event. If you have any questions while filling out this form, please call (317) 232-6770.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION					
(1) Facility Name (Organization) <b>Highland Sanitary District</b>		(2) Mailing Address (reporting organization) <b>3333 Ridge Road</b>		(3) County <b>Lake</b>	(4) NPDES Permit <b>NA</b>
RELEASE INFORMATION (Location 1)					
(5) Outfall Number	(6) Date (mm/dd/yy) and Time Release Began <b>04/27/2023 11:51</b>	(7) Date (mm/dd/yy) and Time Release Stopped <b>04/28/2023 1:33</b>	(8) Location of Release (streets address or Manhole, Lift Station, Force Main etc.) <b>8940-8944 O'Day Drive (Backyard)</b>	(9) Latitude (Deg Min Sec) <b>41 33 1.5N</b>	(9) Longitude (Deg Min Sec) <b>87 27 27W</b>
		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
(10) Amount of Flow Released (Always provide a volume.) Check one: <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual <b>28,320*</b> Gallons			(11) WWTP Flow During Release <b>MGD</b>	(12) WWTP Peak Design Flow Rate <b>MGD</b>	
(13) Overflow Type (Select one.) <input checked="" type="checkbox"/> Sanitary Sewer Overflow <input type="checkbox"/> Treatment Bypass (at wastewater plant) <input type="checkbox"/> Prohibited Combined Sewer Overflow <input type="checkbox"/> Dry Weather Combined Sewer Overflow <input type="checkbox"/> Combined Sewer System Release			(14) Describe any damage to aquatic life or receiving stream: <b>None observed.</b>		
(15) Reason for Bypass / Overflow (Select one or more.) <input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Unknown <input type="checkbox"/> Exceeded Max Capacity <input type="checkbox"/> Precipitation <b>Inches</b>					
(16) System Component(s) (Select one or more.) <input type="checkbox"/> Manhole <input type="checkbox"/> House Lateral <input checked="" type="checkbox"/> Pipe Failure <input type="checkbox"/> Pump Station Failure <input checked="" type="checkbox"/> Treatment Bypassed <input type="checkbox"/> Other <input type="checkbox"/> Influent Structure <input type="checkbox"/> Air Relief Valve <input type="checkbox"/> Sewer Clean Out  Describe Other: (in the box below)		(17) Additional Description of the Bypass / Overflow Event: <b>Leak on 41st Street L.S. force main pipe, located adjacent to drainage swale along NIPSCO corridor behind 8940-8944 O'Day Drive.</b>  *Total volume of leak discharged to land: 28,320 Gal. *Volume not reaching Cady (ponding behind dam): 8,393 Gal. *Volume not reaching Cady (leak after dam install): 2,771 Gal. *Remaining volume of SSO that reached Cady: 17,156 Gal. (28,320 - 8,393 - 2,771 = 17,156)		(18) Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Occurred at Treatment Plant <input checked="" type="checkbox"/> Reached Public Land <input checked="" type="checkbox"/> Reached Receiving Water  Name of Receiving Water Impacted: <b>Cady Marsh Ditch</b>	
(19) Additional organizations notified by facility, if necessary (Select one or more.) <input type="checkbox"/> IDEM Emergency Response <input checked="" type="checkbox"/> Health Department <input type="checkbox"/> DNR Fish and Wildlife <input type="checkbox"/> Local Emergency Management <input type="checkbox"/> Other:					
(20) Actions Taken to Prevent, Minimize, or Mitigate Damage including Clean-up and Treatment of Affected Area (Select one or more of the following, then add a written description.) <input type="checkbox"/> Removed Blockage <input type="checkbox"/> Repaired Pipe <input type="checkbox"/> Repaired Pump Station <input checked="" type="checkbox"/> Other <input type="checkbox"/> Lime <input type="checkbox"/> Clean-Up Debris <b>Town staff installed sandbag dam and started portable pump at 12:35 PM on 4/28/23 to pump from a containment structure set in the swale behind the houses on O'Day Drive to sanitary sewer MH 5015 in O'Day Drive, preventing a portion of the SSO from reaching the Cady Marsh Ditch. Pump station was shutdown at 1:33 PM on 4/28/23 and the pipe repair was complete at 7:30 PM on 4/28/23. Station was re-started after pipe repair was complete.</b>					
(21) Resolution: Actions Taken or Planned to Prevent Recurrence <b>Highland Sanitary District is implementing its SSO Remedial Action Plan as part of its Consent Decree with IDEM, EPA and DOJ.</b>					

(22)

## CERTIFICATION AND SIGNATURE

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. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to [wwReports@idem.IN.gov](mailto:wwReports@idem.IN.gov))

SIGNATURE: **Mike Pipta**

Digitally signed by Mike Pipta  
Date: 2023.05.02 08:54:54 -05'00'

DATE (month, day, year):

Individual Making Report (printed)

Telephone Number

Contact E-mail

Date (month, day, year) / Time IDEM Notified

AM  
 PM



# BYPASS / OVERFLOW REPORT (Supplemental Locations)

State Form 48373 (R8 / 2-19)  
Indiana Department of Environmental Management  
Office of Water Quality

Follow-up to Bypass report  
previously sent on: \_\_\_\_\_

(23) Complete all parts of each table for additional discharge locations caused by the same event as on the first page.  
For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.

RELEASE INFORMATION (Location 2)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 3)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 4)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 5)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 6)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	
RELEASE INFORMATION (Location 7)					
Outfall Number	Date (mm/dd/yy) and Time Release Began	Date (mm/dd/yy) and Time Release Stopped	Location of Release (streets address or Manhole, Lift Station, Force Main etc.)	Latitude (Deg Min Sec)	Longitude (Deg Min Sec)
	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Amount of Flow Released <input type="checkbox"/> Estimated <input type="checkbox"/> Actual Gallons	Description of the Area Impacted (Check all that apply.) <input type="checkbox"/> Affected Private Property <input type="checkbox"/> Basement Backup <input type="checkbox"/> Reached Public Land <input type="checkbox"/> Reached Receiving Water			Name of Receiving Water Impacted	

(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

### CERTIFICATION AND SIGNATURE

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. (The area below is for a handwritten signature or an electronic substitute. Scan the completed form to PDF and e-mail to [wwReports@idem.IN.gov](mailto:wwReports@idem.IN.gov))

SIGNATURE: \_\_\_\_\_

DATE (month, day, year): \_\_\_\_\_

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### Bypass/Overflow Incident Report Instructions

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Below are numbered instructions for completing the Bypass/Overflow Incident Report State Form 48373. Please fill all fields that you can and as accurately as you can. Bypass/Overflow Reports must be submitted by the facility/system that is responsible for the maintenance and oversight of the collection system where the discharge occurred. Please refer to these instructions while filling out the report:

1. **Facility Name (Organization):** The facility name as it appears on the NPDES permit. For wastewater systems which do not have an active NPDES permit please enter NONE in the box.
2. **Mailing Address:** The address where all IDEM communication is sent.
3. **County:** The County in which the permitted facility is physically located.
4. **NPDES Permit:** The permit number associated with the facility. For wastewater systems which do not have an active NPDES permit mark this space as either "Terminated" for systems which had an NPDES permit in the past or "N/A" for systems which have never had an NPDES wastewater permit.
5. **Outfall Number:** The number of the outfall associated with the Bypass/Overflow Incident as identified in the NPDES permit. For discharge locations which have not been specifically listed in the permit, mark as "N/A".
6. **Date & Time Release Began:** If the exact date and time is not known please indicate the date and time you became **aware** of the release.
7. **Date & Time Release Ended:** The exact date and time the release ended. If the release is ongoing at the time of the initial report submitted to meet the 24 reporting requirement, please leave this field blank and later resubmit an additional "Follow-up" report with the date and time that the discharge ended and check the "Follow-up to Bypass report previously sent on: \_\_\_\_" box in the upper right corner of the form.
8. **Location of Release:** The actual physical location of the release: Such as a Street Address; closest cross streets; Manhole ID; Lift Station; Force Main, etc. **NOTE:** Please give the most accurate information in regards to manholes, lift stations and force mains that can be referenced back to documentation at your facility.
9. **Latitude and Longitude:** Latitude and Longitude shall be reported in decimal degrees (e.g. 77.029289) or degrees, minutes and seconds. The latitude and longitude fields on this report will **soon be required** by EPA; however, these fields can be left blank on the report if the sewer overflows are caused by an extreme wet weather event that inundates a large sewer basin and individual overflow locations (i.e. manholes) are difficult to quantify. At this time, the report will not be sent back if the boxes are blank; however, please attempt to fill in these two fields as accurately as possible.
10. **Amount of Flow Released:** The flow released should be the best professional judgment from the facility on the estimated number of gallons of sewer overflow for **each** Sewer Overflow Discharge.
11. **WWTP Flow During Release:** The flow of the treatment plant when the release was observed, often reported in a one hour time increment.
12. **WWTP Peak Design Flow Rate:** The peak WWTP design flow rate as identified in the respective NPDES permit and/or most recent IDEM OWQ Facilities Construction Permit/Design Summary (commonly listed as peak daily or peak hourly) that included a hydraulic capacity expansion.
13. **Overflow Type:** Check one and only one box that best applies to the type of incident. **NOTE:** Dry weather CSO is generally interpreted as where there has been less than 0.1 inch of precipitation within the proceeding 72 hours (three (3) days). Prohibited CSO discharges are defined as discharges from CSO outfalls identified in Attachment A of the NPDES permit as being "prohibited". A Combined Sewer Release may include a basement backup in a sewer basin designated as being comprised of combined storm and sanitary sewers.
14. **Describe any damage to aquatic life or receiving stream:** Describe the conditions of the receiving stream and any aquatic life impaired by the incident.
15. **Reason for Bypass/Overflow:** Check all the boxes that apply to the specific incident.
16. **Systems Component(s):** Check all the boxes of components that are/were involved in the incident.
17. **Additional Description of the Bypass/Overflow Incident:** Provide additional detailed information regarding why the incident occurred that does not fit in the check boxes and supplemental details about the discharge event.
18. **Description of the Area Impacted:** Check all boxes of area(s) that were/are directly impacted by the discharge. If the discharge reached the receiving waters identify those by name whenever possible.
19. **Organizations Notified by Facility:** Check all of the boxes that apply.
20. **Actions Taken to Prevent, Minimize, or Mitigate Damage Including Clean-up and Treatment of Affected Area:** Select all boxes that apply and then add additional description in box below.
21. **Resolution: Actions Taken or Planned to Prevent Recurrence:** Describe all actions taken and actions that will be taken to prevent the incident from reoccurring in the future.
22. **Certification and Signature:** Complete this box in its **entirety**. A qualified person that has properly gathered the information in the report is authorized to sign and submit. **NOTE:** In circumstances where the certified operator is unavailable, the person on call at the facility may sign and submit.
23. **Second Page Instructions:** Complete all parts of each table for additional discharge locations caused by the same event as on the first page. For any locations identified in the NPDES permit, include the Outfall number for that location from the permit.