



**STATE OF CONNECTICUT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
WATER PROTECTION AND LAND REUSE BUREAU**



BYPASS REPORT FORM

City or Town: _____

Type of Bypass

- ____ Raw Sewage
- ____ Disinfected Raw Sewage
- ____ Partially Treated Sewage
- ____ Disinfected Partially Treated Sewage
- ____ Sludge Spill
- ____ Other: _____

Cause of Bypass

- ____ Weather Conditions _____
- ____ Mechanical Equipment Failure
- ____ Electric Utility Failure
- ____ Electrical Equipment Failure
- ____ Approved Shutdown
- ____ Limited capacity: ____ Dry weather
____ Wet weather
- Blockage of Sewer Line due to:
____ Grease, ____ Roots, ____ Other:

Location of Bypass

- ____ Treatment Plant
- ____ Pump Station
- ____ Manhole, ____ Lateral, ____ Basement
- ____ Main, ____ Private

Exact Location of By-Pass: _____

Date and Time By-Pass was Discovered: ____/____/____ ____/____ AM/PM

Date and Time By-Pass was Stopped: ____/____/____ ____/____ AM/PM

How By-Pass was Discovered: _____

Quantity/Volume of By-Pass: _____

How Quantity/Volume was Determined: _____

If Equipment Failure, date of last inspection, maintenance or repairs: ____/____/____

Receiving Waters (If Applicable) _____

Steps taken to minimize volume and duration of By-Pass: _____

Action taken to eliminate By-Pass: _____

Steps Taken to prevent recurrence of By-Pass: _____

Was area of By-Pass cleaned of debris? ____ Yes ____ No

Method Used: _____

Date of Last Blockage __/__/ Back up __/__/ Surcharge ____ at this location: ____/____/____

BYPASS NOTIFICATION LOG

Permittee shall notify DEEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days.

2 hours notification period begins with 5 days

DATE/ TIME

___/___ CT DEEP - Iliana Raffa (860) 424-3758 (Primary DEEP Contact)
If Iliana Raffa is not available, you **must** call Municipal Facilities Section at number below:

___/___ CT DEEP (860) 424-3704 [(860) 424-3338 (DEEP Emergency Dispatch) only for after hours] **DO NOT LEAVE VOICE MAIL MESSAGES**

_____ Name of person contacted

___/___ CT Bureau of Aquaculture (203) 874-0696 Option 2 Monday through Friday 8:00 and 4:30 pm (Required only if bypass is south of Interstate Route 95)

_____ Name of person contacted.

After hours/weekend must refer to call list provided by Bureau of Aquaculture
DO NOT LEAVE VOICE MAIL MESSAGES

___/___ CT Dept. of Public Health (860) 509-7333 (Drinking Water Section) notify Monday through Friday 8:30 to 5:00 pm if bypass occurred in following towns: Bristol, Cheshire, Danbury, Goshen, Groton, Hamden, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford Vernon, and Woodstock.

___/___ _____ Name of person contacted

___/___ CT Dept. of Public Health (860) 509-7296 (Recreation Section) notify from Monday through Friday 8:30 to 5:00pm if bypass occurred from April 1st through September 30th.

_____ Name of person contacted

___/___ Local Health Department or Regional Health District

_____ Name of person contacted

___/___ Health Director of Contiguous Towns (Coastal Plants Only) or Health Director of Town Downstream (Inland Plants)

_____ Name of person contacted

___/___ Fax to CT DEEP, Iliana Ayala (860) 424-4067

___/___ Fax to CT Aquaculture (203) 783-9976 (If south of I-95)

___/___ Fax to Local Health Department or Regional Health District

Report Submitted by: _____ Title: _____

Signature: _____ Date: _____ Phone # _____

Submit Completed Report to either by fax or by mail: State of Connecticut, Department of Energy & Environmental Protection, Water Bureau - Attention: Iliana Raffa, 79 Elm Street, Hartford, CT 06106-5127

Rev. 7/27/2011

Bypass Report Form When to be submitted?

Under Section 22a-430-3(k) of the Regulations of Connecticut State Agencies ("RCSA"), Bypass "means the diversion of wastes from any portion of the wastewater collection or treatment facilities".

Examples of bypasses within a collection System

Examples of bypasses within sewage treatment facility

A planned bypass of sewage in the sewer collection system **not** causing sewage to reach the ground surface, a storm drain, surface waters, or into public, residential or commercial property.

Backup of sewage from municipal line into residential or commercial property.

Surcharging of a sewer line causing an overflow of sewage to the ground surface, a storm drain or surface waters.

Overflow of sewage at a sewage pumping station causing sewage to reach the ground surface, a storm drain or surface waters.

A bypass of the entire facility or loss of disinfection.

A bypass of any process in the facility due to infiltration, heavy rain, equipment failure or electrical failure. Examples: Flows are too high to keep effluent filters from becoming flooded, some flow is passed around filters but disinfection is not lost.

A planned bypass of any process in the facility **NOT** causing sewage to reach the ground surface, a storm drain or surface

Notify immediately the local or regional Department of Health Services.

Notify immediately the local or regional Department of Health Services and CT Department of Health, Drinking Water Section and the Recreation Section.
See Bypass report form and notification log for details.

Notify immediately the Department of Agriculture, Bureau of Aquaculture at (203) 874-0696 Option 2 Monday through Friday 8 – 4:30pm when there is a potential for **contamination of shellfish** or when any bypass occurs south of Interstate 95 anywhere in CT. After hours/weekend must refer to call list provided

Notify DEEP, Iliana Raffa during normal business hours at 860-424-3758.

Under Section 22a-430-3(k)(4) of the Regulations of Connecticut State Agencies ("RCSA") the permittee shall, within two hours of becoming aware of such condition, notify Iliana Raffa (860) 424-3758 during normal business hours (8 am to 4 pm). If Iliana Raffa is not available in person, call (860) 424-3704. **DO NOT LEAVE VOICE MAIL MESSAGES** Outside of the hours above, call DEEP Emergency Dispatch at (860) 424-3338.

Notify DEEP, Iliana Raffa during normal business hours at 860-424-3758.

Submit to the DEEP within five days the **Bypass report form and notification log** by fax at (860) 424-4067 or by mail.