



TOWN OF WAREHAM

BOARD OF HEALTH
MEMORIAL TOWN HALL
54 MARION ROAD
WAREHAM, MA 02571

Board of Health
Amy Wiegandt, M.D., Chairman
Glenn M. Monteiro, Member
Catherine Phinney, RN, Member
Thomas L. Gleason, Assoc. Member
Larry Perry, Associate Member

Robert Ethier, Director
Telephone: 508-291-3100 x3197

August 21, 2019

To: Ken Buckland – Town Planner

Re: Board of Health Response to Illicit Discharge from Sump Pumps into Catch Basins

Dear Mr. Buckland,

Please find below the information requested for the E.P.A. Audit:

2019: No illicit discharges.

2018: Two calls for sump pumps discharged into catch basins at Weweantic Shores.

2017: Two calls for sump pumps discharged into catch basins at Swifts Beach.
One call for sump pump discharged into catch basin in West Wareham.

If you have any further questions, feel free to contact me at 508-291-3100 x 3197.

Very truly yours,

Robert M. Ethier
Director of Public Health
Wareham Board of Health



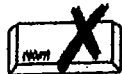
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow/Bypass/Backup
Notification Form**

FOR DEP USE ONLY

DEP Incident Number

1. General Information

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



MA 0101893

a. Reporting Facility Permit Number

Town of Wareham WPCF

b. Name of Collection System/Treatment Works

Date/Time Notification Form

Completed:

c. Date (mm/dd/yyyy)

Time:

d. hh (24hr.)

e. mm

Is this notification an Initial report? f. ☒ or a follow-up? g. ☐

h. refer to incident number

Authorized Representative filling this notification form:

Guy Campinha

Campinha

508 958-4290

i. First Name

j. Last Name

k. Telephone (10)

Director WPCF

l. Title of Authorized Representative

g.campinha@wareham.ma.us

m. E-mail Address of Authorized Representative

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

2. Phone Notifications Made, if any:

DEP person contacted:

Dave Burns

a. first name

BURNS

b. last name

Date/Time MADEP contacted by phone:

5/14/2018

c. Date (mm/dd/yyyy)

Time:

2053

d. hh (24hr)

e. mm

EPA person contacted:

f. first name

g. last name

Date/Time EPA contacted by phone:

h. Date (mm/dd/yyyy)

Time:

i. hh (24hr)

j. mm

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)

☐ 3. > 10,000 gal. and < 100,000 gal.

☐ 2. > 100,000 gal. and < 1 MG

☒ 4. < 10,000 gal.

b. Additional comments:

Less than 300 gallons
left system.

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur?

5/14/18

1. Date (mm/dd/yyyy)

Time:

1759

2. hh (24hr.)

3. mm

b. Location of SSO:

Hathaway Street

Number and Street

Wareham

City/Town

c. Corrective measures taken (select all that apply, use additional comments if necessary):

☐ 1. repaired sewer/cleared blockage

☐ 2. repaired pump/lift station

☐ 3. repaired service connection

☐ 4. drained or pumped sewage out of building

☐ 5. disinfection treatment

☐ 6. backflow prevention device installed

☒ 7. no action

X System Surcharged with
potable water.

8. Other (describe)



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4. Sanitary Sewer Overflow Location(s) (cont.)

d. Have corrective actions been completed? ☐ 1. Yes ☐ 2. No

e. Identify causes of the incident: (select all that apply)

- ☐ 1. rain ☐ 2. power outage ☐ 3. high groundwater
☐ 4. insufficient capacity ☐ 5. sewer system blockage or collapse
☐ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

Water main Break During lateral installation.
b. Describe other causes 16" water main. Broken and water entered
system through two new laterals being installed —

f. Additional comments and planned actions

Going forward we will require contractor to
isolate repair/installation from active sewer
system.

If you need more
space for
comments or to
report additional
addresses with
backups, select
box to attach a
text document ☐

5. 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.

1. Signature of Authorized Representative _____

2. Date Signed _____

☐ I wish to provide an additional electronic attachment.

Please keep a copy of this report for your records. When submitting additional information, include the DEP Incident Number from this report.

DEP Regional Office 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 - 617-918-0830
DEP 508-947-6557



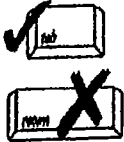
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1. General Information

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MA 0101893

a. Reporting Facility Permit Number

Town of Wareham WPCF

b. Name of Collection System/Treatment Works

Date/Time Notification Form

Completed:

11/25/2018
c. Date (mm/dd/yyyy)

Time: 14:25
d. hh (24hr.)

e. mm

Is this notification an initial report? f. ☒ or a follow-up? g. ☐

h. refer to Incident number

Authorized Representative filing this notification form:

Guy
i. First Name

Campinha
j. Last Name

508-958-4290
k. Telephone (10)

Director WPCF
l. Title of Authorized Representative

gcampinha@wareham.ma.us
m. E-mail Address of Authorized Representative

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

2. Phone Notifications Made, if any:

DEP person contacted:

Dave
a. first name

Burns
b. last name

Date/Time MADEP contacted by phone:

Nov 25, 2018
c. Date (mm/dd/yyyy)

Time: 0950
d. hh (24hr.)

4/M
e. mm

EPA person contacted:

Dave
f. first name

TURIN
g. last name

Date/Time EPA contacted by phone:

Nov 25, 2018
h. Date (mm/dd/yyyy)

Time: 12:50
i. hh (24hr.)

4/M
j. mm

3. General Information About Sanitary Sewer Overflow at this Location

a. Estimated volume of overflow discharge at the time of this report (select one):

☐ 1. > 1 million gallons (MG)

☐ 3. > 10,000 gal. and < 100,000 gal.

☐ 2. > 100,000 gal. and < 1 MG

☒ 4. < 10,000 gal.

b. Additional comments:

pumps turned off - By Passing Station
with pump trucks

4. Sanitary Sewer Overflow Location(s)

a. When did the SSO occur?

11/25/2018
1. Date (mm/dd/yyyy)

Time:

0900
2. hh (24hr.)

3. mm

b. Location of SSO:

Smith Ave Pump Station
Number and Street

Wareham, MA
City/Town

c. Corrective measures taken (select all that apply, use additional comments if necessary):

☐ 1. repaired sewer/cleared blockage

☐ 2. repaired pump/lift station

☐ 3. repaired service connection

☐ 4. drained or pumped sewage out of building

☐ 5. disinfection treatment

☐ 6. backflow prevention device installed

☐ 7. no action

Pump Station Force main Break
8. Other (describe) on Property - approx 2' from Building



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4. Sanitary Sewer Overflow Location(s) (cont.).

d. Have corrective actions been completed? ☐ 1. Yes ☒ 2. No

e. Identify causes of the incident: (select all that apply)

- ☐ 1. rain ☐ 2. power outage ☐ 3. high groundwater
☐ 4. insufficient capacity ☐ 5. sewer system blockage or collapse
☒ 6. pump/lift station failure ☐ 7. treatment facility equipment failure

Force main tear -

8. Describe other causes

*Due to High tide - Repairs will be started AT
12 noon 11/26/18 ahead of Low tide -*

*We believe it is an elbow joint where issue is -
once identified will repair*

5. 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.

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