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# Report of Discharge (CSO\SSO\RTB)

version 1.14

(Submission #: HPE-NVCH-KBKNT, version 1)

## Details

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**Submission ID** HPE-NVCH-KBKNT

**Status** Submitted

## Form Input

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### Report Details

**Is this the initial or final discharge report?**

Final

**Site/Facility Name:**

Lake Mitchell Sewer Authority (former Wexford Co DPW) CM

**Permit Number (if applicable):**

3112a-1031

### **Sewer System or Treatment Facility Owner**

**Organization Name**

Lake Mitchell Sewer Authority

**Phone Type**    **Number**    **Extension**

Business        2317750155

**Email**

operationsoffice@lakemitchellsewer.com

**Fax**

2317750156

**Address**

3161 South Lake Mitchell Drive

Cadillac, MI 49601

United States

### **Facility Address**

3161 South Lake Mitchell Drive

Cadillac, MI 49601

### **Sewer System or Treatment Facility Owner Location**

44.2298,-85.5088

3161 South Lake Mitchell Drive, Cadillac, MI

### Discharge Details (1 of 1)

**SSO Discharge from**

**Discharge Type:**

SSO Discharge

**SSO Discharge**

The reported discharge is from a private or municipal separate sewer collection system (not a wastewater treatment plant) during wet or dry weather, or a dry weather discharge from a municipal combined sewer collection system.

**Is the outfall or discharge area located at a private residential address?**

YES

**Outfall or Discharge Area Description**

West Lake Drive - Sewer backup into resident's bathtub

**Outfall or Discharge Area Location**

44.2440121,-85.50274250000001

200 West Lake Mitchell Drive

**Has the discharge ended?**

YES

Volume Discharged	Unit	Was the volume estimated?
2	Gallons	Yes

**Quality of Discharge**

Raw Sewage

**Please describe the discharge, including the reason for Discharge**

LMSA was contacted by the resident to inform staff of a small backup in their bathtub. The homeowner stated there was approximately an inch covering the bottom of the bathtub. The resident stated that the grinder pump station was not alarming. Upon arrival, the Technician observed the main breaker on pump 2 was tripped and the lag pump did not activate due to the grease like substance (FOG), that collected on the float that activates pump 1. The station also had a faulty electrical component that caused the audio and visual alarm not to activate. The sewer in the wet well was approximately 5" from the top, but did not discharge to the ground.

**Was the land or surface water impacted by the discharge?**

Land impacted only

**Name/description of the land impacted:**

Backup into residents bathtub

**Discharge Event Start**

Date	Time
1/11/2022	11:20 am

**Discharge Event End**

Date	Time
1/11/2022	11:25 am

**Name of the wastewater treatment facility that normally receives sewage.**

City of Cadillac Wastewater Treatment Plant

**Was the reported discharge caused by a party other than the sewer system owner and out of the control or knowledge of the actions which resulted in the discharge?**

NO

**Is the sewer system owner in compliance with applicable discharge permits, laws, rules, and orders?**

Organization	Date	Time
Local Health Department	1/12/2022	11:00 am
Daily Local Newspaper	1/12/2022	11:00 am

**Was EGLE notified prior to this report being received?**

This report is being used as the initial notification to EGLE

**Notification that discharge has concluded.**

Organization	Date	Time
Local Health Department	1/12/2022	11:00 am
Daily Local Newspaper	1/12/2022	11:00 am

**Precipitation Type(s) (Select none if there was no precipitation)**

None

**Actions taken to minimize the impact from the discharge(s):**

No discharge impacted the ground or wetlands.

**Actions taken, or that will be taken, to prevent this discharge event from reoccurring:**

Staff removed the grease from the floats and replaced the electrical component.

**Additional Details**

**Report Submitter**

**Prefix**

Ms.

**First Name**

Sheila

**Last Name**

Hill

**Title**

Project Manager

**Organization Name**

Lake Mitchell Sewer Authority

**Phone Type**

Business

**Number**

2317750155

**Extension**

**Email**

operationsoffice@lakemithcellsewer.com

**Fax**

NONE PROVIDED

**Address**

3161 S LAKE MITCHELL DR

CADILLAC, MI 49601

United States

**Do you have any additional comments or uploads you would like to provide?**

NO

**Status History**

	User	Processing Status
1/12/2022 9:52:23 AM	Sheila Hill	Draft
1/12/2022 11:10:01 AM	Sheila Hill	Submitting