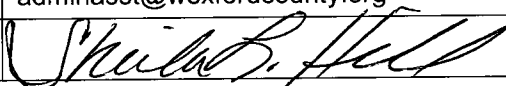




MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 WATER RESOURCES DIVISION
Report of Discharge

This information is required to be submitted under Michigan Act 451, Public Acts of 1994, as amended, Part 31, Section 324.3112a. Potential fines and penalties specified in Part 31 apply to this requirement.

Type of Discharge Being Reported	
<input type="checkbox"/>	RTB Discharge: The reported discharge was from a retention and treatment basin (RTB), or equivalent structure, which serves a municipal combined sewer system. The RTB or equivalent structure is designed in accordance with approved plans, and operated in accordance with criteria in a permit, order, or other enforceable document issued by the Michigan Department of Environmental Quality (MDEQ) or by court action. This type of discharge is commonly referred to as an RTB discharge.
<input type="checkbox"/>	CSO Discharge: The reported discharge is from a municipal combined sewer system and is not from a facility which is designed to meet final performance criteria specified in a permit, order, or other enforceable document. The discharge is associated with wet weather events. This type of discharge is commonly referred to as a combined sewer overflow (CSO).
<input checked="" type="checkbox"/>	SSO Discharge: The reported discharge is from a private or municipal separate sewer collection system (not wastewater treatment plant) during wet or dry weather, or a dry weather discharge from a municipal combined sewer collection system. This type of discharge is commonly referred to as a sanitary sewer overflow (SSO).
<input type="checkbox"/>	Other: The reported discharge was of untreated or partially treated sewage (definition in Section 3112a) which is not characterized by one of the conditions listed above. A detailed description of the discharge is provided below.

Report Submitted By	
Name	Wexford County Department of Public Works
Position	Administrative Assistant
Address	3161 South Lake Mitchell Drive
City, State, Zip code	Cadillac, Michigan 49601
County	Wexford
Telephone No.	231-775-0155
E-mail address	adminasst@wexfordcounty.org
Signature	 Date 2/27/15

Sewer System Owner	
Name	Cherry Grove Township, Selma Township, Clam Lake Township
Address	4830 East M-55, 4101 South 35 Road, 8809 East M-115
City, State, Zip Code	Cadillac, Michigan 49601
County	Wexford

Discharge Information (see instructions for completing this section)	
Volume discharged (specify units, either gallons or million gallons)	Approximately 1000 gallons



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Quality of discharge(s) (such as raw sewage, diluted raw sewage, partially treated, RTB, blended, etc.)	Diluted Raw Sewage			
Reason for the discharge(s)	It appears the concrete manhole shifted from the frost and caused the forcemain cleanout pipe to brake.			
Location of the discharge(s)	120 Eagle Court, Cadillac Michigan			
Surface waters impacted by the discharge(s)	None			
Land impacted by the discharge(s)	Approximately 12' area			
Discharge event start date and time	Date: 2/27/15 Time: Approximate time unknown. Customer called in and reported possible sewer spill at 12:30			
Discharge event end date and time	Date: 2/27/15 Time: 6:00			
Is the sewer system owner in compliance or not in compliance with applicable discharge permits, laws, rules, and orders?	<input checked="" type="checkbox"/> In compliance		If not in compliance, please explain:	
	<input type="checkbox"/> Not in compliance			
Initial notification date and time (if no notice or >24 hrs of discharge, please explain at the end of the form)	<u>MDEQ</u>		<u>Local Health Department</u>	<u>Daily Local Newspaper</u>
	Date: 2/27/15 Time: 6:00		Date: 2/27/15 Time: 6:00	Date: 2/27/15 Time: 6:00
Notification that the discharge has concluded (if the discharge was still occurring at the initial notification)	<u>MDEQ</u>		<u>Local Health Department</u>	<u>Daily Local Newspaper</u>
	Date: Time: <input checked="" type="checkbox"/> Not applicable		Date: Time: <input checked="" type="checkbox"/> Not applicable	Date: Time: <input checked="" type="checkbox"/> Not applicable
Precipitation type and measurements, if applicable	Type:	Amount:	Start Date/Time:	End Date/Time:
	Snow cover with frost in the ground	4' of snow/3' of frost		
Name of wastewater treatment facility normally receiving sewage	City of Cadillac Wastewater Treatment Plant			
Was this discharge disinfected to meet fecal coliform limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable			
Actions taken to minimize the impact from the discharge(s), if any	O & M Operators responded immediately. Evaluated the situation and turned off surrounding stations to stop the sewer flow. Contacted Elmer's to remove the snow and assist with locating the manhole due to the frost. This area is mainly summer cottages so sewer flow was minimal.			



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Actions taken or that will be taken to prevent reoccurrence of the discharge(s), if any	Replaced the broken forcemain cleanout pipe.
Results of <i>E. coli</i> testing (select one)	<input type="checkbox"/> Results pending (provide expected date of submittal) <input type="checkbox"/> Results attached <input type="checkbox"/> Testing waived by local health department <input checked="" type="checkbox"/> Not applicable no discharge to surface waters

Additional Information (Check any box that is appropriate)	<input checked="" type="checkbox"/> (1) The reported discharge was caused by a party other than this sewer system owner and over which this owner had no control or knowledge of the actions which resulted in the discharge. Reporting and corrective actions by this sewer system owner were conducted in a timely manner upon becoming aware of the condition. <input type="checkbox"/> (2) The reported discharge was from an RTB, <u>and</u> the level of treatment provided is in full compliance with <u>final</u> performance criteria in a permit, order, or other enforceable document issued or entered between the MDEQ and the discharger, or by court action. <input type="checkbox"/> (3) The reported discharge was of partially treated sewage that bypassed one or more treatment units at the wastewater treatment facility. <input type="checkbox"/> All effluent limits were met during the event <input type="checkbox"/> All effluent limits were not met during the event (please explain)
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Additional information (attach sheets as necessary)	
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