



EXIT FORM  
to Home

## Report of Discharge (CSO\SSO\RTB)



**Submission** HNX-R2QS-MDKKS    **Revision** 2    **Form Version** 1.10

### Review

This step allows you to review the form to confirm the form is populated completely and accurately, prior to certification and submission.

### 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):**

None Specified

**Sewer System Owner**

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

NO

**Outfall Name**

Grinder Pump Station 53A

**Outfall Description**

Broken Discharge line on grinder pump station 53A

**Outfall Location**

Latitude

44.259799999999999

Longitude

-85.4974957

Has the discharge ended?

YES

Volume Discharged	Unit	Was the volume estimated?
600	Gallons	Yes

**Quality of Discharge**

Raw Sewage

Please describe the discharge, including the reason for Discharge

On 2/22/20 at 11:30 a.m., an LMSA Sewer Technician was dispatched to 110 Birch Court, GPS 53A, to respond to an emergency alarm. Upon arrival, the Technician observed sand covering the lid of the wet well, which indicated a possible break in the discharge lines. The station was alarming due to a tripped breaker that activated the high water alarm. When the Technician reset the breaker and activated the pumps, he observed the ground adjacent to the wet well begin to perk. The station was immediately shut down. The residents with homes connected to the station were contacted and asked to refrain from using anything that would drain into the sewer system until the repair was completed. LMSA's emergency crew was onsite at approximately 2:30. The crew discovered a cracked discharge line and the repair work was completed at approximately 4:15 a.m.

Was the land or surface water impacted by the discharge?

Land impacted only

Name/description of the land impacted:

Grinder Pump Station 53A - 110 Birch Court

**Discharge Event Start**

Date

Time

2/22/2020

11:25 AM

2/24/2020

**Discharge Event End**

Date

Time

2/22/2020

12:00 PM

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

Cadilla 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?**

YES

**Initial Notification**

Organization	Date	Time
Local Health Department	2/23/2020	9:37 AM
Daily Local Newspaper	2/23/2020	9:37 AM

**Notification that discharge has concluded.**

Organization	Date	Time
Local Health Department	2/23/2020	9:37 AM
Daily Local Newspaper	2/23/2020	9:37 AM

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

None

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

The grinder pump station was immediately shut down. Staff contacted the homeowners that are connected to the GPS and asked them to discontinue use of the sewer system until the repair was made. LMSA had an emergency repair crew onsite within a couple of hours to excavate the area to make the repair. The soil was removed and replaced with new soil.

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

The SSO was from a broken discharge line that is approximately 43 years old. LMSA is in the process of obtaining an RD loan to replace the aging discharge lines.

2/24/2020

## ADDITIONAL DETAILS

### Report Submitter

**Contact Auto-fill**

*None Specified*

**Prefix**

*None Specified*

**First Name**

Sheila

**Last Name**

Hill

**Title**

Project Manager

**Organization Name**

Lake Mitchell Sewer Authority

**Phone Type**

Business

**Phone Number**

2317750155

**Ext.**

*None Specified*

**Email**

operationsoffice@lakemitchellsewer.com

**Fax**

2317750156

3161 South Lake Mitchell Drive

Cadillac MI 49601

US

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

YES

**Additional Information**

*None Specified*

**Upload addition information, as needed.**

Feb 22 2020 53A.jpeg

Repaired Discharge Line Feb 23 2020.jpeg

**Comment**

*None Specified*