

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WATER RESOURCES DIVISON 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 D)ischarge B	eing Repoi	rted		
RTB Discharge: The equivalent structure, w structure is designed ir a permit, order, or other		reported discharge was from a retention and treatment basin (RTB), or which serves a municipal combined sewer system. The RTB or equivalent in accordance with approved plans, and operated in accordance with criteria in the er enforceable document issued by the Michigan Department of Environmental court action. This type of discharge is commonly referred to as an RTB					
from a facility which is other enforceable doc		reported discharge is from a municipal combined sewer system and is not designed to meet final performance criteria specified in a permit, order, or ument. The discharge is associated with wet weather events. This type of y referred to as a combined sewer overflow (CSO).					
SSO Discharge: The system (not wastewate a municipal combined sanitary sewer overflow		r treatment pla sewer collection	ant) during wet o	dry weather, or	a dry wea	ther discharge from	
	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.						
		Re	port Subm	itted By			
Nama							
Name Position		JIM KOHLER TECH II DPERATOR IN CHARGE					
Address		3161 S. LK. MITCHELL DR.					
City, State, Zip code		CADILLAC, M1, 49601					
County			FORA				
Telephone No.		231	775015	<u> </u>			
E-mail address						Data	
Signature		In	2	· · · · · · · · · · · · · · · · · · ·		Date 8-22-14	
		Se	wer Systen	Owner			
Name		WEXFORD CO. DPW					
Address		3161 S. LK. MITCHELL DR.					
City, State, Zip Code		CALILLAC MI 49601					
County		WEXFORA					
						41.1	
	Discharge Inforn	nation (se	e instructio	ns for com	pleting	this section)	
Volur units,	ne discharged (specify either gallons or		j	_		filons rial removed)	
millio	n gallons)	L	(2)		.)/	= 0,00	
			12-31	ards of	mnte	(iou tempuer)	



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Quality of discharge(s) (such as raw sewage,	^					
diluted raw sewage, partially treated, RTB, blended, etc.)	RAN SEWAGE					
Reason for the discharge(s)	OVERFLOW F	FROM LIFT STATION DUE TO				
	CONTRACTOR A	E. MIS COMMUNICATION BETWEEN IND CONSUMERS POWER CO.				
Location of the discharge(s)	1754 EAST LAKE MITCHELL DR.					
Surface waters impacted by the discharge(s)	None					
Land impacted by the discharge(s)	3" HOLE NEXT TO LIFT STATION, ABOUT 2-3 CUBIC YRAS. OF MATERIAL, CLEANES UP WITH VACTRUCK					
Discharge event start date and time	Date: 8-21-14 Time: 9:45 Am					
Discharge event end date and time	Date: 8-21-14 Time: 9:56 Am					
Is the sewer system owner in compliance or not in	☐ In compliance	If not in compliance, please explain:				
compliance with applicable discharge permits, laws, rules, and orders?	☐ Not in compliance					
Initial notification date and time (if no notice or >24 hrs	MDEQ	Local Health Department Daily Local Newspaper				
of discharge, please explain	Date: 8 22 14	Date: 8/26/14	Date: 8/26/14			
at the end of the form)	_Time: 5:30	Time: 11:00 emailed	Time: 11:00 emailed			
	Faxed Report					
Notification that the discharge has concluded (if	MDEQ MDEQ	Local Health Department	Daily Local Newspaper			
discharge has concluded (if the discharge was still occurring at the initial			Daily Local Newspaper Date: Time:			
discharge has concluded (if the discharge was still	MDEQ Date:	Local Health Department Date:	Date: Time: Not applicable			
discharge has concluded (if the discharge was still occurring at the initial	MDEQ Date: Time:	Local Health Department Date: Time: Not applicable	Date: Time: Not applicable			
discharge has concluded (if the discharge was still occurring at the initial notification) Precipitation type and	MDEQ Date: Time: ☐ Not applicable Type: Amo	Local Health Department Date: Time: Not applicable	Date: Time: Not applicable Time: End Date/Time:			
discharge has concluded (if the discharge was still occurring at the initial notification) Precipitation type and measurements, if applicable Name of wastewater treatment facility normally	MDEQ Date: Time: ☐ Not applicable Type: ☐ Yes ☐ No ☐ Not applicable	Local Health Department Date: Time: ☐ Not applicable Dunt: ☐ Start Date/	Date: Time: Not applicable Time: End Date/Time:			
discharge has concluded (if the discharge was still occurring at the initial notification) Precipitation type and measurements, if applicable Name of wastewater treatment facility normally receiving sewage Was this discharge disinfected to meet fecal coliform limitations? Actions taken to minimize the impact from the	MDEQ Date: Time: □ Not applicable Type:	Local Health Department Date: Time: ☐ Not applicable Dunt: Start Date/	Date: Time: Not applicable Time: End Date/Time: A C To Remove			
discharge has concluded (if the discharge was still occurring at the initial notification) Precipitation type and measurements, if applicable Name of wastewater treatment facility normally receiving sewage Was this discharge disinfected to meet fecal coliform limitations? Actions taken to minimize	MDEQ Date: Time: □ Not applicable Type: □ Yes □ No □ Not applicable VAC TRUCK SOIL AND AN	Local Health Department Date: Time: Not applicable Dunt: Start Date/ CAAILL WAS USCAT Y REMAINING	Date: Time: Not applicable Time: End Date/Time: A C To Remove			



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reoccurrence of the discharge(s), if any	IN PROCESS OF TOTAL OVERHAUL OF THE LIFT STATION
Results of <u>E. coli</u> testing (select one)	Results Results Testing waived Not applicable pending attached by local health no discharge to (provide expected date of submittal)
Additional Information (Check any box that is appropriate)	 (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. (2) The reported discharge was from an RTB, and the level of treatment provided is in full compliance with final performance criteria in a permit, order, or other enforceable document issued or entered between the MDEQ and the discharger, or by court action. (3) The reported discharge was of partially treated sewage that bypassed one or more treatment units at the wastewater treatment facility. All effluent limits were met during the event All effluent limits were not met during the event (please explain)
<u>)</u>	Consumers Energy Shut Off the power to the lift Station, while Elmer's crew were at the other lift Station. Elmer's noticed the Station was almost half full and rising. Consumers was called back out to restore the power, Elmer's contacted the city of Caclillac to use their Vac truck to handle the Weste. A very small amount (t/- 20 gallons) overflowed into a 3' deep hole already next to the Station. The city vacuumed up the water and soil totaling approximately a-3 cubic yards of material. No material was discharged any surface waters or ground surface, and there are no health and safety concerns resulting from this happening. This overflow was basically isolated and Conteined by the hole next to the lift station.