

Villareal, Devon

From: Hauser, Sean <Sean.Hauser@stservices.com>
Sent: Monday, November 24, 2014 3:38 PM
To: Villareal, Devon
Cc: Briden, Karen; Dick, Robert; Miller, Michael; Zully Hemeyer
Subject: Marathon SA3 WWTP Abnormal Event 11-24-14
Attachments: SA3 Abnormal Event 11-24-14.pdf

Devon Villareal

Please find attached the abnormal event report for The City of Marathon SA#3 WWTP which occurred on 11-24-14.

Please feel free to contact me with any questions or concerns regarding this event.

Thank You

Sean Hauser
Project Manager
Severn Trent Services
9141 Overseas Highway
Marathon, Florida
305-853-6967

WWTP MALFUNCTION / ABNORMAL EVENT REPORT

Please note for accordance with the Florida Administrative Code (F.A.C.) Rules. This form is provided for your convenience only. You may complete this form and FAX it to the Wastewater Section at (850)412-0590 or email to Keith.Kleinmann@dep.state.fl.us. If spill is greater than 1000 gallons you **MUST** call State Watch Point at 1-800-320-0519. All items with an asterisk (*) are requirements by rule that must be completed.

*FACILITY NAME: <u>City of Marathon Area 3 WWTP</u>	*COUNTY: <u>Monroe</u>
*PERMIT NUMBER: <u>FLA642851</u>	*REPORTER PHONE: <u>305-853-6967</u>
*REPORTER NAME: <u>Sean Hauser</u>	METHOD OF CONTACT: <u>Phone and email</u>
*REPORTER ADDRESS: <u>9141 Overseas Highway</u>	*RESPONSIBLE PARTY PHONE: <u>305-743-0033</u>
*RESPONSIBLE PARTY: <u>City of Marathon</u>	*RESPONSIBLE PARTY ADDRESS: <u>9805 Overseas Highway</u>

*DEP: <input checked="" type="checkbox"/>	*DATE: <u>11/24/14</u>	*TIME: <u>10:15am</u>	*PERSON CONTACTED: <u>Devon Villareal</u>
*STATE WARNING POINT: <input type="checkbox"/>	*DATE: _____	*TIME: _____	PERSON CONTACTED: _____
*OTHER: <input type="checkbox"/>	*DATE: _____	*TIME: _____	PERSON CONTACTED: _____

SPILL INFORMATION

*SPILL CHARACTERISTIC	*SOURCE	*AREA AFFECTED
<input checked="" type="checkbox"/> RAW WASTEWATER	<input type="checkbox"/> LIFT STATION # _____	<input type="checkbox"/> STORM WATER
<input type="checkbox"/> EFFLUENT	<input type="checkbox"/> LINE BREAK	<input type="checkbox"/> SURFACE WATER/ _____
<input type="checkbox"/> MIXED LIQUOR	<input type="checkbox"/> FILTER	<input checked="" type="checkbox"/> GROUND
<input type="checkbox"/> SLUDGE	<input type="checkbox"/> DISPOSAL SYSTEM	<input type="checkbox"/> CONTAINMENT AREA
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER/ _____
	<input type="checkbox"/> SURGE TANK	
	<input type="checkbox"/> AERATION TANK	
	<input type="checkbox"/> CLARIFIER	
	<input type="checkbox"/> DIGESTER	
	<input checked="" type="checkbox"/> OTHER Filter B/W mudwell	

*DATE / TIME DISCHARGE OCCURRED: 11/24/14-12:40 am

*AMOUNT OF DISCHARGE (1) estimated 500 TOTAL GALLONS OR (2) _____ gallons PER hour FOR _____ hours.

*AMOUNT RECOVERED estimated 500 GALLONS

*ONGOING: * CEASED:

*PHYSICAL LOCATION/ ADDRESS/ OTHER REFERENCE: Area 3 Wastewater Treatment Plant located at 4095 Overseas Highway, Marathon, Fl 33050

* MALFUNCTION/CAUSE

<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> PUMP FAILURE <input type="checkbox"/> DISINFECTION SYSTEM FAILURE <input type="checkbox"/> CLARIFIER FAILURE <input checked="" type="checkbox"/> FILTER BYPASS <input type="checkbox"/> BLOWER FAILURE <input checked="" type="checkbox"/> OTHER private collection system I&I	<input type="checkbox"/> RAS LINE <input type="checkbox"/> LEAK <input type="checkbox"/> SWITCH/TIMER FAILURE <input type="checkbox"/> FILTRATION SYSTEM PROBLEM <input type="checkbox"/> CLOG OR BLOCKAGE <input type="checkbox"/> LINE BREAK <input type="checkbox"/> OTHER _____	<p style="text-align: center;"><u>WEATHER</u></p> <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HEAVY RAINFALL <input type="checkbox"/> HIGH WINDS <input type="checkbox"/> TROPICAL STORM: _____ <input type="checkbox"/> HURRICANE: _____ <input checked="" type="checkbox"/> OTHER: ABNORMAL TIDES
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* EXPLAIN: High Tides created significant flow at Galway Bay. Severn Trent and City staff were on site in an attempt to prevent spill. Plant saw flows in excess of 0.33MGD. Flow rate was too high for filters to sustain so they were bypassed for approximately 4 hours to prevent continued spilling. Approximately 500 gallons recovered from plant grounds by vac truck and an additional 3000 was pulled from mudwell and ccc in an effort to create room hydraulically.

* EFFLUENT LIMIT VIOLATIONS

<input type="checkbox"/> CL ₂ _____ MG/L	<input type="checkbox"/> TURBIDITY _____ NTU	<input type="checkbox"/> pH _____ SU
<input type="checkbox"/> TSS _____ MG/L	<input type="checkbox"/> NO ₃ _____ MG/L	<input type="checkbox"/> CBOD ₅ _____ MG/L
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> FECAL COLIFORMS _____ CFU/100ML	<input checked="" type="checkbox"/> ABNORMAL FLOW .33 MGD

* CORRECTIVE / REMEDIAL ACTION BEING TAKEN

<input type="checkbox"/> AUXILIARY POWER SYSTEM ON-LINE <input checked="" type="checkbox"/> DISINFECT WITH lime <input checked="" type="checkbox"/> BYPASS <input checked="" type="checkbox"/> CONTAINED ON-SITE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> BACK-UP ON-LINE <input type="checkbox"/> SAMPLES TAKEN <input type="checkbox"/> RESTORE POWER <input type="checkbox"/> REPLACE EQUIPMENT/SUPPLIES <input checked="" type="checkbox"/> VAC TRUCK/DESTINATION: <u>Sweetwater/Long Key Transfer station</u>	<input checked="" type="checkbox"/> NOTIFIED LOCAL AUTHORITIES <input type="checkbox"/> NOTIFIED STATE WARNING POINT <input checked="" type="checkbox"/> NOTIFIED DEP
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* REMEDIAL ACTION BEING TAKEN / ESTIMATED TIME FOR COMPLETION OF REPAIRS: Galway Bay has been notified of issue. No timeline for repairs available at this time.