

## 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 email to [Keith.Kleinmann@dep.state.fl.us](mailto:Keith.Kleinmann@dep.state.fl.us). If spill is greater than 1000 gallons you MUST call State Watch Office at 1-800-320-0519. All items with an asterisk (\*) are requirements by rule that must be completed.

*FACILITY NAME: <u>Marathon Area 3</u>		*COUNTY: <u>Monroe</u>	
*PERMIT NUMBER: <u>FLA642851</u>		METHOD OF CONTACT: <u>email</u>	
*REPORTER NAME: <u>Melisa Rotteveel</u>		*RESPONSIBLE PARTY: <u>City of Marathon</u>	
*REPORTER ADDRESS: <u>4939 Cross Bayou Blvd, NPR, FL</u>		*RESPONSIBLE PARTY ADDRESS: <u>9805 Overseas Highway, Marathon, FL</u>	
*REPORTER PHONE: <u>866-753-8292</u>		*RESPONSIBLE PARTY PHONE: _____	
*DEP: <input checked="" type="checkbox"/>	*DATE: <u>9/19/14</u>	*TIME: <u>1535</u>	*PERSON CONTACTED: <u>Devon Villareal</u>
*STATE WATCH OFFICE: <input type="checkbox"/>	*DATE: _____	*TIME: _____	INCIDENT NUMBER: _____
*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"/> PARTIALLY TREATED	<input type="checkbox"/> LINE BREAK	<input type="checkbox"/> SURFACE WATER/ _____
<input type="checkbox"/> TREATED	<input type="checkbox"/> FILTER	<input type="checkbox"/> GROUND
<input type="checkbox"/> REUSE/RECLAIMED	<input type="checkbox"/> DISPOSAL SYSTEM	<input type="checkbox"/> CONTAINMENT AREA
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> OTHER buffer tank/trailerama	<input type="checkbox"/> OTHER/ _____
	<input type="checkbox"/> SURGE TANK	
	<input type="checkbox"/> AERATION TANK	
	<input type="checkbox"/> CLARIFIER	
	<input type="checkbox"/> DIGESTER	
	<input type="checkbox"/> OTHER _____	

\*DATE / TIME DISCHARGE OCCURRED: \_\_\_\_\_

\*AMOUNT OF DISCHARGE (1) 10 TOTAL GALLONS OR (2) \_\_\_\_\_ gallons PER hour FOR \_\_\_\_\_ hours.

\*AMOUNT RECOVERED \_\_\_\_\_ GALLONS

\*ONGOING:  \* CEASED:

\*PHYSICAL LOCATION/ ADDRESS/ OTHER REFERENCE: wastewater treatment plant

### \* MALFUNCTION/CAUSE

<input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> PUMP FAILURE <input type="checkbox"/> DISINFECTION SYSTEM FAILURE <input type="checkbox"/> CLARIFIER FAILURE <input type="checkbox"/> FILTER BYPASS <input type="checkbox"/> BLOWER FAILURE <input type="checkbox"/> OUTSIDE CONTRACTOR _____	<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 checked="" type="checkbox"/> OTHER vacuum leak	<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 type="checkbox"/> OTHER: _____
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\* EXPLAIN: \_\_\_\_\_

### \* EFFLUENT LIMIT VIOLATIONS

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

### \* CORRECTIVE / REMEDIAL ACTION BEING TAKEN

<input type="checkbox"/> AUXILIARY POWER SYSTEM ON-LINE <input type="checkbox"/> DISINFECT WITH _____ <input type="checkbox"/> BYPASS <input type="checkbox"/> CONTAINED ON-SITE <input type="checkbox"/> OTHER	<input type="checkbox"/> BACK-UP ON-LINE <input type="checkbox"/> SAMPLES TAKEN (IF SURFACE WATERS IMPACTED) <input type="checkbox"/> RESTORE POWER <input type="checkbox"/> REPLACE EQUIPMENT/SUPPLIES <input type="checkbox"/> VAC TRUCK/DESTINATION: _____	<input type="checkbox"/> NOTIFIED LOCAL AUTHORITIES <input type="checkbox"/> NOTIFIED STATE WATCH OFFICE <input type="checkbox"/> NOTIFIED PERMITTEE/OWNER <input type="checkbox"/> LINE REPAIRED <input type="checkbox"/> SIGNS POSTED NEAR AFFECTED WATERS
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\* REMEDIAL ACTION BEING TAKEN / ESTIMATED TIME FOR COMPLETION OF REPAIRS: please see incident report form attached

# CITY OF MARATHON • INCIDENT REPORT FORM • WASTEWATER

\*\*\*\*\*PLEASE PRINT LEGIBLY\*\*\*\*\*

Incident Number: **0914-09**

<b>PERSON REPORTING THE INCIDENT:</b>			
Name:	<b>John Wolfe/ Trailer Rama</b>		
Address:			
<input type="checkbox"/> Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Visitor	<input checked="" type="checkbox"/> <b>Other</b>
Home Phone:		Cell Phone:	<b>305-481-6747</b>
Other address:			
E-mail address:			
<b>INCIDENT INFORMATION:</b>			
Date:	<b>Thursday • 18 September 2014</b>	Time:	<b>6:30pm to 5:30am</b>
Location:	<b>SA 3, Collection System</b>	Police notified:	<input type="checkbox"/> Yes. Incident #: <input checked="" type="checkbox"/> <b>No</b>
Was sewage discharged into residence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, is resident requesting restoration <input type="checkbox"/> Yes <input type="checkbox"/> No			
Resident signature:		Date:	
Describe what happened, how it happened, factors leading to the event. <b>Be as specific as possible.</b>			
<p><b>Staff responded to a call from John Wolfe about a backup at Trailer Rama.</b></p> <p><b>Staff arrived and found Trailer Rama's buffer tank over flowing. A nearby pit was checked for vacuum and the level was 0". Staff went to the plant and found the vac panel was on but the vacuum pumps would not operate and SCADA failed to call. The vac panel was reset and the pumps came on. Mark was called and informed of the situation and that a pump truck was needed at Trailer Rama. Sweetwater came and pumped out the buffer tank. Staff returned to plant as vacuum was increasing to clear a high level lockout. Sections A and B were closed and C section was cleared. B section was opened and while clearing it a leak was found at Blue Green Hammocks. Green Tech was called to fix the issue. A section was opened and while clearing a leak was found at the city park buffer tank. The valve was turned off. All buffer tanks were checked to ensure of no over flows and none were found. While clearing the liquid from all sections a call came in from Castaways about a back up. Staff cleared their pit and purged the line from there. A low vacuum call from the plant was isolated to Galway Bay. Mark was called to get permission to close one of their valves. Once closed the end of the lines were cleared and the system returned to normal operation. System was monitored before completing the response.</b></p>			
<b>RESPONSE INFORMATION:</b>			
Emergency Repairs Done: <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No			
Scope of Repairs:	<b>Reset vac panel, clear HLL, locate leaks, purge lines</b>		
Company making emergency repairs ( other than US Water):			
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If needed attach a separate sheet with the names, addresses and phone numbers</i>			
<b>RESPONDENT INFORMATION:</b>			
Name of Respondent:	<b>Dolson (11 hrs)</b>		
Company/Title:	<b>US Water Maintenance</b>		
Date Report Completed:	<b>19 September 2014</b>		