



**SANITARY SEWER OVERFLOW
ANNUAL REPORT**

DATE: 02/10/14

FACILITY NAME: City of Sidney - WWTP

OHIO NPDES PERMIT NO: 1PD00009*PD

PERIOD COVERED BY REPORT: January 1, 2013 - December 31, 2013

CONTACT PERSON

NAME: Barry Zerkle

TITLE: WWTP - Supt.

MAILING ADDRESS:

201 W. Poplar St.
Sidney, Oh 45365

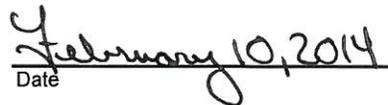
TELEPHONE: 937.498.8721

EMAIL: BZerkle@SidneyOh.com

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REPORT, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.



Signature of Official



Date

WWTP-Supt.

Title

Enter narrative analysis of WIB patterns by location, frequency and cause.

The one WIB occurrence happened when power was interrupted at the Kuther Rd. lift station. The light and alarm were re-wired to run on an installed secondary alarm circuit shortly after this event. The lift station was also fitted with a back up generator in the summer of 2013.



State of Ohio Environmental Protection Agency

Sanitary Sewer Overflow 5-Day Follow Up Report

Ohio EPA Form 4237
Issued 08/04

Report Submitted by:	
Date	08/30/13
Facility Name	City of Sidney WWTP
Ohio NPDES Permit No.	1PD00009*PD
Period Covered by Report	8/30/2013
Contact Person Name	Barry Zerkle
Contact Person Title	WWTP Supt
Mailing Address	201 W. Poplar St.
City, State, Zip	Sidney, OH 45365
County	Shelby
Telephone No.	937-498-8721
E-mail Address	BZerkle@sidneyoh.com

Signature required at end of form

Overflow Information	
Event start date and time – if multiple locations, include information for each	8/30/2013 @03:30
Event end date and time	8/30/2013 @ 04:00
Location(s) the SSO – include unique ID number if one exists	Mason Road lift station GPS: N-84d 9'2.3" W-40 19' 52.44"
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	Plum Creek via nearby draining ditch
Estimated volume (million gallons) – if multiple locations, include volume for each	0.0003 MG (Did not reach nearby ditch)
Sewer system component(s) from which release occurred	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input checked="" type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input type="checkbox"/> Extreme weather <input type="checkbox"/> Equipment failure <input checked="" type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)

<p>Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones</p>	<p>City staff will contact Electric Supplier next week to determine if there are power spikes occurring. Once determined the City will look into devices to control power surges.</p>
<p>Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones</p>	<p>Additional telemetry with new level monitoring to all lift stations is a project that has been identified in the collection system improvements. Incoming power supply will be evaluated by City staff and Electric Supplier.</p>
<p>Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones</p>	<p>None for this event.</p>
<p>Additional information (attach additional pages, maps, etc. as needed)</p>	<p>Lift station located at the intersection of Thompson-Schiff and Mason Rd. (aerial photo attached).</p>

I CERTIFY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Benny Zieble
Signature

Aug 30, 2013
Date

City of Sidney WWTP Supt.
Title



THOMPSON SCHIFF

MASON

Mason Rd.
lift station





State of Ohio Environmental Protection Agency

Ohio EPA Form 4237
Issued 08/04

Sanitary Sewer Overflow 5-Day Follow Up Report

Report Submitted by:	
Date	12/31/13
Facility Name	City of Sidney - WWTP
Ohio NPDES Permit No.	1PD00009*PD
Period Covered by Report	12/21/2013 - 12/22/2013
Contact Person Name	Barry Zerkle
Contact Person Title	WWTP Supt.
Mailing Address	201 W. Poplar St.
City, State, Zip	Sidney, oh 45365
County	Shelby
Telephone No.	937.498.8721
E-mail Address	BZerkle@sidneyoh.com

Signature required at end of form

Overflow Information	
Event start date and time – if multiple locations, include information for each	1) 12/21/2013 @ approximately 14:00 2) 12/21/2013 @ approximately 14:00
Event end date and time	1) 12/22/2013 @ approximately 08:00 2) 12/22/2013 @ approximately 08:00
Location(s) the SSO – include unique ID number if one exists	1) Court St. @ Walnut St. (S1-3-11) 2) Court St. @ Franklin St. (S1-3-12)
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	The Great Miami River
Estimated volume (million gallons) – if multiple locations, include volume for each	1) 1.0 MG 2) 1.0 MG
Sewer system component(s) from which release occurred	<input checked="" type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input checked="" type="checkbox"/> Extreme weather <input type="checkbox"/> Equipment failure <input type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)

Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones	An aggressive I/I reduction program started in 2013. The City has committed funds and hired staff to identify and remove sources of clean water from the collection system.
Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones	By eliminating the sources of clean water during such storm events the collection system will not become overwhelmed and such events will be eliminated.
Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones	None for this event.
Additional information (attach additional pages, maps, etc. as needed)	<p>This storm event totaled 4.61" of rainfall measured at the WWTP. In addition there was 6" of snow and ice pack on the ground. The impact of this event resulted in the third highest river crest in the City of Sidney since 1913.</p> <p>The City of Sidney remains committed to finding and eliminating clean water intrusion into the sanitary sewer system.</p>

I CERTIFY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Benny Zerkle
Signature

12-31-13
Date

WWTP-Supt.
Title



Sanitary Sewer Overflow 5-Day Follow Up Report

Ohio EPA Form 4237
Revised 11/12

Report Submitted by:	
Date	07/21/13
Facility Name	City of Sidney WWTP
Ohio NPDES Permit No.	1PD00009*PD
Period Covered by Report	July 21, 2013
Contact Person Name	Kent Fogt
Contact Person Title	Foreman II Sewer
Mailing Address	415 S. Vandemark Road, Sidney, Ohio 45368
City, State, Zip	Sidney, Ohio 45368
County	Shelby
Telephone No.	937.498.8457
E-mail Address	kfogt@sidneyoh.com

Signature required at end of form

Overflow Information	
Event start date and time – if multiple locations, include information for each	7/21/13. Receive call at 11:45 AM into K. Fogt. Sewer backing up into veterinary clinic basement at 301 N. Kuther Rd.
Event end date and time	7/21/13, Event ends in 15 minutes at approximately Noon.
Location(s) the SSO – include unique ID number if one exists	301 N. Kuther Rd.
Destination(s) of overflow	<input checked="" type="checkbox"/> Basement or building <input type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	N/A
Estimated volume (million gallons) – if multiple locations, include volume for each	2-3 inches of water in basement, approximately 150 gallons.
Sewer system component(s) from which release occurred	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input checked="" type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input checked="" type="checkbox"/> Extreme weather <input type="checkbox"/> Equipment failure <input checked="" type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)

<p>Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones</p>	
<p>Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones</p>	<p>This problem was taken care of on site at the time of the call. The circuit breaker was restored and the station placed back in service. The light and alarm will be re-wired so that the power outages like this will trip it and will run on battery power.</p>
<p>Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones</p>	
<p>Additional information (attach additional pages, maps, etc. as needed)</p>	

I CERTIFY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Ken McAlexander 7-23-13

Signature Date

Chief Operator

Title