



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER RESOURCES DIVISION

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 Discharge Being Reported	
<input checked="" type="checkbox"/>	<b>RTB Discharge:</b> The reported discharge was from a retention and treatment basin (RTB), or equivalent structure, which serves a municipal combined sewer system. The RTB or equivalent structure is designed in accordance with approved plans, and operated in accordance with criteria in a permit, order, or other enforceable document issued by the Michigan Department of Environmental Quality (MDEQ) or by court action. This type of discharge is commonly referred to as an RTB discharge.
<input type="checkbox"/>	<b>CSO Discharge:</b> The reported discharge is from a municipal combined sewer system and is not from a facility which is designed to meet final performance criteria specified in a permit, order, or other enforceable document. The discharge is associated with wet weather events. This type of discharge is commonly referred to as a combined sewer overflow (CSO).
<input type="checkbox"/>	<b>SSO Discharge:</b> The reported discharge is from a private or municipal separate sewer collection system (not wastewater treatment plant) during wet or dry weather, or a dry weather discharge from a municipal combined sewer collection system. This type of discharge is commonly referred to as a sanitary sewer overflow (SSO).
<input type="checkbox"/>	<b>Other:</b> 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.

Report Submitted By	
Name	Gary Lessard
Position	Superintendent
Address	88 Park Avenue
City, State, Zip code	Kingsford Mi 49802
County	Dickinson
Telephone No.	906-774-2255
E-mail address	glessard9@gmail.com
Signature	Date 9/24/2020

Sewer System Owner	
Name	Iron Mountain/Kingsford Joint Sewage Board
Address	88 Park Avenue
City, State, Zip Code	Kingsford Mi 49802
County	Dickinson

Discharge Information (see instructions for completing this section)	
Volume discharged (specify units, either gallons or million gallons)	3.547 million gallons



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Quality of discharge(s) (such as raw sewage, diluted raw sewage, partially treated, RTB, blended, etc.)	RTB			
Reason for the discharge(s)	1.32" Rain			
Location of the discharge(s)	88 Park Avenue Kingsford Mi 49802 outfall 002			
Surface waters impacted by the discharge(s)	Menominee River			
Land impacted by the discharge(s)	N/A			
Discharge event start date and time	Date: 9/24/20 Time: 0418			
Discharge event end date and time	Date: 9/24/2020 Time: 1015			
Is the sewer system owner in compliance or not in compliance with applicable discharge permits, laws, rules, and orders?	<input checked="" type="checkbox"/> In compliance  <input type="checkbox"/> Not in compliance		If not in compliance, please explain:	
Initial notification date and time (if no notice or >24 hrs of discharge, please explain at the end of the form)	<u>MDEQ</u>  Date: 9/24/20 Time: 0720	<u>Local Health Department</u>  Date: 9/24/20 Time: 0720	<u>Daily Local Newspaper</u>  Date: 9/24/20 Time: 0720	
Notification that the discharge has concluded (if the discharge was still occurring at the initial notification)	<u>MDEQ</u>  Date: 9/25/2020 Time: 0715  <input type="checkbox"/> Not applicable	<u>Local Health Department</u>  Date: 9/25/2020 Time: 0715  <input type="checkbox"/> Not applicable	<u>Daily Local Newspaper</u>  Date: 9/25/2020 Time: 0715  <input type="checkbox"/> Not applicable	
Precipitation type and measurements, if applicable	Type: Rain	Amount: 1.32	Start Date/Time: 9/23/2020 2100	End Date/Time: 9/24/2020 0900
Name of wastewater treatment facility normally receiving sewage	Iron Mountain/Kingsford WWTP			
Was this discharge disinfected to meet fecal coliform limitations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Actions taken to minimize the impact from the discharge(s), if any	Operated RTB as regulated by NPDES permit and O&M Manual			
Actions taken or that will be taken to prevent	N/A			



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reoccurrence of the discharge(s), if any	
Results of <i>E. coli</i> testing (select one)	<input checked="" type="checkbox"/> Results pending (provide expected date of submittal) <input type="checkbox"/> Results attached <input type="checkbox"/> Testing waived by local health department <input type="checkbox"/> Not applicable no discharge to surface waters
Additional Information (Check any box that is appropriate)	<input type="checkbox"/> (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.  <input checked="" type="checkbox"/> (2) The reported discharge was from an RTB, <u>and</u> the level of treatment provided is in full compliance with <u>final</u> performance criteria in a permit, order, or other enforceable document issued or entered between the MDEQ and the discharger, or by court action.  <input type="checkbox"/> (3) The reported discharge was of partially treated sewage that bypassed one or more treatment units at the wastewater treatment facility.  <input type="checkbox"/> All effluent limits were met during the event  <input type="checkbox"/> All effluent limits were not met during the event (please explain)
Additional information (attach sheets as necessary)	Should have e-coli result Friday 9-25-2020, will forward results to this group



## Instructions for Report of Discharge

The sewer system owner, or their designee, responsible for the discharge of sewage shall immediately, but not more than 24 hours after the discharge begins, and again at the conclusion of the discharge (if it was still occurring at the time of the initial notification), notify the MDEQ, local health department(s), and daily newspaper(s), as specified in the law. During normal business hours, notification to the MDEQ shall be made to the phone number shown on the attached table. Notification during non-business hours shall be made to the Pollution Emergency Alerting System at 1-800-292-4706.

The "Report of Discharge" form may be used to provide information required by law at the conclusion of the discharge. Information submitted to the MDEQ shall be directed to the appropriate MDEQ District Office (see attached table). This form may be submitted electronically as long as the form is signed and submitted as a pdf document.

### **Volume discharged**

Provide the volume discharged in gallons or millions of gallons (clearly indicate which units are being used). If volume is estimated, indicate that. If multiple discharge locations are included in the report, provide information for each discharge location and the total volume for all discharges.

### **Quality of discharge(s)**

Provide information on the quality of the discharge by using a narrative description and/or analytical data. Select the type of sewage that characterizes the discharge(s): raw sewage, diluted raw sewage (sewage diluted by rain or snowmelt), partially treated, RTB, or blended sewage (partially treated wastewater that combines with fully treated wastewater prior to discharge). If multiple discharge locations are included in the report, provide this information for each discharge location.

### **Reason for the discharge(s)**

Provide the reason for the discharge(s), such as an overflow from a lift station due to power failure caused by lightning strike, sewer overflow due to heavy rain, bypass at wastewater treatment plant due to pump failure, etc. Be specific.

### **Location of the discharge(s)**

Provide the street address or other descriptive location (provide a map if necessary) for each point of discharge. Provide the latitude and longitude to within ten (10) seconds, if known or obtainable. Indicate the city, township, if applicable, and county where the discharge is located.

### **Surface waters impacted by the discharge(s)**

Provide the name of the surface waters into which the discharge flows. If the discharge did not reach a surface water body, indicate "None." If the discharge goes to an unnamed surface waterbody, indicate that and provide the name of the first downstream waterbody with a name and a description of the path to this waterbody.

### **Land impacted by the discharge(s)**

Provide a description of any land that is impacted by the discharge, or indicate "None."

### **Discharge start date and time**

### **Discharge end date and time**

Provide the date and time the discharge(s) began and ended. If multiple discharge locations are included in the report, provide the discharge dates and times for each discharge location.

### **Compliance status**

Indicate whether the sewer system owner, prior to this discharge event, is in compliance with their wastewater discharge permits (if any) and applicable state and federal statutes, rules, and orders. If "not in compliance" is indicated, please provide an explanation.

### **Were initial notification procedures followed?**

Sewer system owners responsible for a discharge of sewage are required to immediately (but not more than 24 hours after the discharge begins) notify the MDEQ, local health departments, daily newspaper(s), and affected municipalities as described by the law. If the discharge was still occurring at



## Instructions for Report of Discharge

the time of the initial notification, sewer system owners must also notify the MDEQ when the discharge ends. Provide the date and time notifications were made to each entity. If the notification procedures were not followed, please explain and provide the steps taken to correct this situation.

Sewer system owners are also required to annually contact each municipality whose jurisdiction contains waters that may be affected by the discharge. If those contacted municipalities wish to be notified in the same manner as above, the owner of the sewer system shall provide that notification.

### **Precipitation type and measurements**

If the reason for the discharge is related to rainfall and/or snowmelt, provide the precipitation type, the amount of precipitation, time and duration of the precipitation (e.g., 2 inches of rain over a 6-hour period beginning at 3:00 a.m. on 9/14/2006).

### **Name of wastewater treatment facility normally receiving sewage**

Provide the name of the wastewater treatment facility that would have normally provided treatment to the sewage that was discharged.

### **Disinfected to comply with fecal coliform limitations**

This requirement is applicable to sewer systems with authorized points of discharge (by permit or order) that are required to disinfect wastewater prior to discharge to surface waters. If disinfection was required by a permit or order and it was not provided, please provide an explanation.

### **Actions taken to stop and/or minimize the discharge(s)**

Provide a description of the action(s) that the sewer system owner took to stop the discharge(s) or to minimize the amount discharged.

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

Provide a description of the action(s) that the sewer system owner took to minimize the impact from the discharge(s), such as actions taken to minimize exposure to the public or to contain/capture the discharge(s).

### **Actions to prevent reoccurrence of the discharge(s)**

Provide a description of actions taken or planned (but not yet implemented) to prevent reoccurrence of this discharge(s). This may include plans to replace equipment, to conduct inflow/infiltration studies, to examine maintenance procedures, etc. Please include a schedule for planned actions.

### **Results of E. coli testing**

Provide the results of E. coli testing of affected waters as specified by the local health department(s). If results are not yet available, provide the date they are expected to be available and then submit them as soon as they become available. If the local health department did not require testing, indicate that the testing is "waived." If the discharge(s) did not reach affected surface waters, circle "not applicable."

### **Discharge Report**

Report the characterization of the discharge by checking the appropriate box. Please check only one box.

An example of discharge characterization (1) is accidental releases from work done by a phone carrier who unexpectedly damages a sewer pipe.

An example of discharge characterization (2) is an RTB where 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.

An example of discharge characterization (3) is partially treated sewage that bypasses one or more treatment units at the wastewater treatment facility, such as primary clarification or disinfection.



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The discharge will be characterized when posted to the MDEQ web site. *However, be aware that the MDEQ reserves the right to recharacterize the web posting based on facts related to the discharge.*

**Additional information**

Provide any additional information you deem appropriate.

**Return completed and signed form by mail, e-mail, or fax to the District Office indicated on the attached table.**



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Water Resources Division District Office Addresses and County Jurisdictions

<u>MDEQ DISTRICT OFFICES</u>	<u>TELEPHONE # FAX #</u>	<u>COUNTY JURISDICTIONS</u>
CADILLAC DISTRICT OFFICE WRD DISTRICT SUPERVISOR 120 WEST CHAPIN ST CADILLAC, MI 49601-2158	231-775-3960 231-775-1511	ALPENA GRAND TRAVERSE OSCEOLA ALCONA KALKASKA OSCODA ANTRIM LAKE OTSEGO BENZIE LEELANAU PRESQUE ISLE CHARLEVOIX MANISTEE ROSCOMMON CHEBOYGAN MASON WEXFORD CRAWFORD MISSAUKEE EMMET MONTMORENCY
SOUTHEAST MICHIGAN DISTRICT OFFICE WRD DISTRICT SUPERVISOR 27700 DONALD CT WARREN, MI 48092-2793	586-753-3700 586-753-3751	MACOMB OAKLAND ST. CLAIR WAYNE
GRAND RAPIDS DISTRICT OFFICE WRD DISTRICT SUPERVISOR 350 OTTAWA AVE NW, UNIT 10 GRAND RAPIDS, MI 49503-2341	616-356-0500 616-356-0202	BARRY MUSKEGON IONIA NEWAYGO KENT OCEANA MECOSTA OTTAWA MONTCALM
JACKSON DISTRICT OFFICE WRD DISTRICT SUPERVISOR 301 EAST LOUIS GLICK HIGHWAY JACKSON, MI 49201-1556	517-780-7690 517-780-7855	HILLSDALE MONROE JACKSON WASHTENAW LENAWEE
UPPER PENINSULA DISTRICT OFFICE WRD DISTRICT SUPERVISOR 420 FIFTH STREET GWINN, MICHIGAN 49841-3004	906-346-8300 906-346-4480	ALGER HOUGHTON MENOMINEE BARAGA IRON ONTONAGON CHIPPEWA KEWEENAW SCHOOLCRAFT DELTA LUCE DICKINSON MARQUETTE GOGEBIC MACKINAC
KALAMAZOO DISTRICT OFFICE WRD DISTRICT SUPERVISOR 7953 ADOBE ROAD KALAMAZOO, MI 49009-5026	269-567-3500 269-567-9440	ALLEGAN CASS BERRIEN KALAMAZOO BRANCH ST. JOSEPH CALHOUN VAN BUREN
SAGINAW BAY DISTRICT OFFICE WRD DISTRICT SUPERVISOR 401 KETCHUM STREET, SUITE B BAY CITY, MI 48708	989-894-6200 989-891-9237	ARENAC ISABELLA BAY MIDLAND CLARE OGEMAW GLADWIN SAGINAW HURON SANILAC IOSCO TUSCOLA
LANSING DISTRICT OFFICE WRD DISTRICT SUPERVISOR P.O. BOX 30242 LANSING, MI 48909-7742	517-284-6651 517-241-3571	CLINTON LAPEER EATON LIVINGSTON GENESEE SHIAWASSEE GRATIOT INGHAM