

## SEWER OVERFLOW – REGULATORY NOTIFICATION

### Section 1. PURPOSE

This policy is to provide for the proper procedures to be followed by the Bedford Regional Water Authority (“Authority”) when a sewer overflow occurs.

### Section 2. PROCEDURES

- A. The cause of the overflow must be located and corrected by the Authority. Proper safety procedures must be followed and the proper Personal Protection Equipment (PPE) must be worn by Authority employees during all repairs. Any necessary clean-up must be performed once the problem has been corrected.
- B. All sewer overflows must be documented by the Authority personnel investigating the overflow.
  1. A “Sewer Overflow Reporting Form” must be completed. A sample of the form is provided as part of this policy.
  2. GPS Coordinates must be obtained, from the online GIS or by other means, and they must be included on the reporting form.
  3. Digital Photos must be taken of all overflows and included in the report.
  4. A Work Order will be completed clearly marked “Overflow.”
- C. The Operations Manager shall be notified of all sewer overflows.
- D. Lynchburg City shall be notified by the Operations Manager of any overflows that occur in the Forest Sewer service area which flows to the City of Lynchburg.
- E. All overflows are reported to the Roanoke office of the Department of Environmental Quality (DEQ).
  1. A verbal report must be called into DEQ by the Operations Manager within one (1) working business day after the time of the overflow.
  2. A written report must be submitted to DEQ by the Operations Manager within five (5) working business days after the time of the overflow.

### Section 3. REVISIONS

- A. This policy was approved and adopted by the Authority’s Executive Director on July 15, 2014.

< See next page for continuation >



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DATE:			INVESTIGATED BY:						WORK ORDER NO(s):											
I. LOCATION: (address)																				
BASIN /TRUNK NAME:			Public Sewer			Yes			No			Private Sewer			Yes			No		
CAUSE:			MAP REFERENCE:						MAP REFERENCE (cont.):											
Grease			Yes			No			GPS Coordinates: _____			HOUSE CONN.:			Yes			No		
Roots			Yes			No			Upstream MH NO: _____			CLEANOUT?			Yes			No		
Debris			Yes			No			Overflowing MH NO: _____			CSO			?			_____		
Defect / Collapse			Yes			No			Downstream MH NO: _____			ID			CATCH BASIN?			Yes		
No												No								
Vandalism			Yes			No														
FURTHER COMMENTS:																				
IMPACTS TO WATER OBSERVED:																				



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SEWAGE SPILL/BACKUP: SPILL RATE (GPM). _____ TOTAL RECOVERED (GAL) _____ TIME REPORTED: _____ TIME CONTAINED: _____ DATE COMPLETED: _____ SPILL REACH BODY OF WATER? Yes No SPILL ENTER STORMDRAIN?: Yes No RECEIVING BODY OF WATER: _____	II. PIPE DIAM: _____ DEPTH: _____ REPAIR PIPE LENGTH: _____ DIST.-C/O TO M/L _____ C/O TO ROW _____ DIST.-MH TO MH _____	WEATHER: BEFORE: Raining Yes No SEVERE: Yes No DURING: Raining Yes No SEVERE: Yes No
	CITY LINE FLOWING? Yes No REPEAT EVENT (2yr)? Yes No	FIELD SKETCH OF WORK: (ID MH, INTERSECTION, DIRECTION,) <u>REFERENCE - NORTH ↑</u>
	DEQ NOTIFIED? Yes No LYNCHBURG CITY NOTIFIED? Yes No Date and Time _____ (Field staff – see back for further instructions)	(ATTACH IF NEEDED)