

# Department of Public Utilities

Garrett County Sanitary District, Inc.

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 **E-MAILED**  
*Date*

## TELEPHONE REPORT OF SEWAGE OVERFLOW

EMERGENCY PHONE # 866-633-4686

**COPY**  
*Shoey*

In What County did the Overflow Occur	Garrett	
Is this a combined sewer overflow (CSO)	YES <input type="radio"/> NO <input checked="" type="radio"/> (CIRCLE ONE)	
When did the Overflow Occur	DATE: March 17, 2015 TIME 11:15 <input checked="" type="radio"/> AM / PM	
Is the Overflow Ongoing or has it been repaired	ONGOING <input type="radio"/> REPAIRED <input checked="" type="radio"/> (CIRCLE ONE) DURATION OF INCIDENT: leak stopped 11:45am 3/17/15, Repair Completed 3:00pm	
Location of the Overflow: Street, Manhole #, Pump Station name, etc.	Between Serros lane & parking garage on Deep Creek Dr. McHenry Md. Ran across grass from Road about 70'	
Cause of the Overflow - Get as much information as possible.	Abandoned & capped 1 1/2" service line broke Between cap and main line.	
What has been done to correct the Cause of the Overflow	Tap and saddle removed and replaced with Stainless steel full circle repair clamp.	
Did any of the Overflow Waste Water enter Waters of the State (includes storm drains)	YES <input type="radio"/> NO <input checked="" type="radio"/> (CIRCLE ONE)	NAME OF THE BODY OF WATER (IF YES)
Has/will the public be notified? If yes, how?	No,	
Has/will the affected water body be posted as being contaminated?	N/A	
Estimated Quantity of the Overflow in GALLONS	200 gallons	
What type of Clean-up or other mitigation is being performed or scheduled to be performed	cleaned spill area with vacuum truck & lime stabilized	
Name of the Person Reporting the Overflow	NAME: John Miller TITLE: Superintendent	PHONE: (301) 501-1109 (301) 387-9175
Name and type of Facility	FACILITY NAME: Deep Creek Lake	TYPE OF FACILITY: Collection
Written Follow-up Notice	REMINDE THE CALLER THAT A WRITTEN FOLLOW-UP IS REQUIRED WITHIN 5 CALENDER DAYS (UNLESS THIS IS A CITIZEN COMPLAINT)	
Name of Staff Receiving Report	Carroll Hasselberger	
Date and Time of Report	DATE: 3/18/15 TIME: 9:55 <input checked="" type="radio"/> AM / PM	
Name of Staff Report was referred to for follow-up		
Copy Provided to	Dave Lyons; Bill Lee; Inspection Division Chief; inspector	

Called Steve Sherrard @ Health Dept + @ 10:00am 3/18/15