

# Department of Public Utilities

Garrett County Sanitary District, Inc.

2008 Maryland Highway, Suite #2, Mtn. Lake Park, Maryland 21550  
 Telephone 301-334-6983 • Fax 301-334-6984 • E-mail: publicutilities@garrettcountry.org

## TELEPHONE REPORT OF SEWAGE OVERFLOW

EMERGENCY PHONE # 866-633-4686

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: 10/6/15	TIME: 8:15 <input checked="" type="radio"/> AM <input type="radio"/> PM
Is the Overflow Ongoing or has it been repaired	ONGOING <input type="radio"/> REPAIRED <input checked="" type="radio"/> (CIRCLE ONE)	DURATION OF INCIDENT: 25 min 8 <sup>40</sup> am leak stopped
Location of the Overflow: Street, Manhole #, Pump Station name, etc.	Sun Place Condos Deep Creek dr. Meltenny Md. 1692 deep Creek dr.	
Cause of the Overflow - Get as much information as possible.	2" plastic check valve ruptured	
What has been done to correct the Cause of the Overflow	plastic line repaired check valve replaced with brass check valve	
Did any of the Overflow Waste Water enter Waters of the State (includes storm drains)	YES <input checked="" type="radio"/> NO <input type="radio"/> (CIRCLE ONE)	NAME OF THE BODY OF WATER (IF YES) Deep Creek lake
Has/will the public be notified? If yes, how?	To be determined.	
Has/will the affected water body be posted as being contaminated?	affected are has been posted	
Estimated Quantity of the Overflow in GALLONS	6,000 gallons	
What type of Clean-up or other mitigation is being performed or scheduled to be performed	ditch in leak area cleaned with vacuum truck & lime stabilized, sampling started.	
Name of the Person Reporting the Overflow	NAME: John M.C. Miller PHONE: (301) 501-1109 TITLE: Superintendent	
Name and type of Facility	FACILITY NAME: Deep Creek lake	TYPE OF FACILITY: Collections
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	Carrol Hasselberger	
Date and Time of Report	DATE: 10/6/15	TIME: 1:27 AM <input checked="" type="radio"/> PM <input type="radio"/>
Name of Staff Report was referred to for follow-up		
Copy Provided to	Dave Lyons; Bill Lee; Inspection Divlision Chief; inspector	

Met with Steve Sherard on site @ 10<sup>15</sup> am 10/6/15 from Health dept  
 & Eric Null @ DNR