

# 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: 9/11/16	TIME 10:15 (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: Shut off @ 11 <sup>00</sup> am
Location of the Overflow: Street, Manhole #, Pump Station name, etc.	2518 Mayhew Inn Road.	
Cause of the Overflow - Get as much information as possible.	Top Blew out of 1 1/2" check valve on service line going to 2518 Mayhew Inn Rd.	
What has been done to correct the Cause of the Overflow	1 1/2" check valve dug up and replaced	
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) Unnamed tributary & Deep creek lake
Has/will the public be notified? If yes, how?	yes	
Has/will the affected water body be posted as being contaminated?	Signs posted up & downstream from where tributary enters DCL	
Estimated Quantity of the Overflow in GALLONS	1860 gallons	
What type of Clean-up or other mitigation is being performed or scheduled to be performed	Ditch & stream cleaned with vacuum truck & lime stabilized, Bacteria Sampling started	
Name of the Person Reporting the Overflow	NAME: John H.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	REMAND THE CALLER THAT A WRITTEN FOLLOW-UP IS REQUIRED WITHIN 5 CALENDER DAYS (UNLESS THIS IS A CITIZEN COMPLAINT)	
Name of Staff Receiving Report	Mallogany	
Date and Time of Report	DATE: 9/12/16	TIME: 9:00 (AM) / PM
Name of Staff Report was referred to for follow-up		
Copy Provided to	Dave Lyons; Bill Lee; Inspection Division Chief; Inspector	

Health Dept. Contacted @ 11<sup>00</sup>am & Lake Management @ 1<sup>10</sup>pm