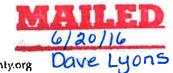


N-19-2016 17:33 Fr

Department of Public Utilities

Garrett County Sanitary District, Inc.



To:3013346984

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

TELEPHONE REPORT OF SEWAGE OVERFLOW

EMERGENCY PHONE #866-633-4686

EWERGENCY PHONE # 800-033-4686	
In What County did the Overflow Occur	Garrett
Is this a combined sewer overflow (CSO)	YES (NO) (CIRCLE ONE)
When did the Overflow Occur	DATE: TIME 10 40 (AM) PM June 19 2016
is the Overflow Ongoing or has it been repaired	ONGOING (REPAIRED DURATION OF INCIDENT: (CIRCLE ONE) 1046m - 1220m 160, 40, min.
Location of the Overflow: Street, Manhole #, Pump Station name, etc.	(CIRCLE ONE) 1040 — 120 — 1hr. 40. min. 1046 Lake Shore Dr. rain into ditch a long Lakeshore dr. down ditch line and crossed over lakeshore dr. Through culvert between 1003 and 981 lakeshore then down ditch to Deep Creek lake
Cause of the Overflow - Get as much information as possible.	Top blow out of 1%" checkvalve on service line at 1046 lakeshore dr.
What has been done to correct the Cause of the Overflow	Service tine has been dug up and Check valve replaced
Did any of the Overflow Waste Water enter Waters of the State (includes storm drains)	(CIRCLE ONE) NAME OF THE BODY OF WATER (IF YES)
Has/will the public be notified? If ves. how?	informed customers in immediate area
Has/will the affected water body be posted as being contaminated?	Posted signs at all docks in attacted area and Started Ecoli samples of Lake
Estimated Quantify of the Overflow in GALLONS	2 smallers
What type of Clean-up or other mitigation is being performed or scheduled to be performed	Claned up ditch with vocum truck and lime stabilized.
Name of the Person Reporting the Overflow	NAME: John M.C. Miller PHONE: (301) 387-9175 TITLE: Superintendent (301) 501-1109
Name and type of Facility	FACILITY NAME: TYPE OF FACILITY: Deep Creek Lake Collections
Written Follow-up Notice	REMIND THE CALLER THAT A WRITTEN FOLLOW-UP IS REQUIRED WITHIN 5 CALENDER DAYS (UNLESS THIS IS A CITIZEN COMPLAINT)
Name of Staff Receiving Report	Val Leton
Date and Time of Report Name of Staff Report was referred to for follow-up	DATE: 6 19(16 TIME: 5:50 AM (PM)
Copy Provided to	Dave Lyons; Bill Lee; Inspection Division Chief; inspector
STATE OF THE STATE	1 1 2 1 4 1 6 6 6

Pat Hudrall informed Steve Sherard With Garrett County Health Dept. around 15m