

The facility experienced an extreme environmental event resulting in too many noncompliance events to count.

1. Noncompliance Period Start and End Dates :

Start date of noncompliance:

End date of noncompliance:

5/6/2019

5/6/2019

2. Sewer Overflow/Bypass Outfall Information

For each individual sewer overflow or bypass please identify the associated permitted feature(s)(if any) OR the latitude and longitude

Sewer Overflow/Bypass Unique Identifier	Sewer Overflow/Bypass Reporting Requirement	Permitted Feature Number Associated with a Sewer OverFlow/Bypass	Sewer Overflow/Bypass NOT Associated with Permitted Feature	Identify the pollutant(s) that exceed limit(s)
1	5 day reporting noncompliance	Outfall 001	43.59 -116.62	

3. Sewer Overflow/Bypass Information

Please provide the following information for each Sewer OverFlow/Bypass Unique Identifier

Sewer Overflow/Bypass Unique Identifier	Sewer Overflow/Bypass Category	Type of Treatment of Outfall (include all that apply) (Optional field)	Type of Sewer Overflow/ByPass Structure	Duration of Sewer Overflow/ Bypass			Sewer Overflow/Bypass Discharge Volume		Select Type of Sewer OverFlow/Bypass By Weather	Receiving Waterbody Name for Unpermitted Feature
				Approx. Duration of Sewer Overflow/Bypass (hours)	Approx. Start time and date of Sewer Overflow/Bypass	Approx. End time and date of Sewer Overflow/Bypass	Discharge Volume (gallons)	Discharge Rate (gallons per hr)		
1	SSO	• none	manhole	3.50	5/6/2019 10:10 AM	5/6/2019 1:30 PM	150		Wet	

4. Known or Likely Cause of Sewer OverFlow/Bypass

Please indicate the known or likely cause(s) of the sewer overflow or bypass.

Select at least one cause for each 'Sewer Overflow/Bypass Unique Identifier'. Check all that apply.

Sewer Collection System Problems	
	1
Mechanical Failure	<input type="checkbox"/>
Fats/Oil/Grease	<input type="checkbox"/>

Sewer Collection System Problems	1
Pump Station Electrical Failure	<input type="checkbox"/>
Pump Station Capacity	<input type="checkbox"/>
Inadequate Sewer System Capacity	<input type="checkbox"/>
Tree Roots	<input type="checkbox"/>
Rags/wipes	<input type="checkbox"/>
Debris	<input type="checkbox"/>
High Levels of Inflow and/or Infiltration	<input type="checkbox"/>
Broken Pipe (due to unforeseen circumstances)	<input type="checkbox"/>
Broken Pipe (caused by construction or maintenance activity)	<input type="checkbox"/>
Other	Contractors Test/Plug

Plant Operation Problem

Plant Operation Problems	1
Blockage at TWTDS Operations	<input type="checkbox"/>
Inadequate TWTDS Capacity Due to TWTDS Operatoring at Design Capacity	<input type="checkbox"/>
Inadequate TWTDS Capacity Due to Stormwater Event	<input type="checkbox"/>
Flooding of TWTDS Due to Hurricane or Large Stormwater Event	<input type="checkbox"/>
Flooding of TWTDS Due to Snowmelt	<input type="checkbox"/>
TWTDS Electrical Failure	<input type="checkbox"/>
Other	

5. Corrective Actions Taken or Planned for Sewer Overflow/Bypasses

Please indicate the corrective action(s) taken or planned for this sewer overflow or bypass.

Select at least one cause for each 'Sewer Overflow/Bypass Unique Identifier'. Check all that apply.

Short Term Responsive Actions e.g. Actions which prevent sewage from reaching water of the state	1
Fix electrical problem	<input type="checkbox"/>
Street sweeping and cleaning, disinfection	<input type="checkbox"/>
Sewer flushing, rodding, blockage/debris removal	<input type="checkbox"/>
Fix broken pipe	<input type="checkbox"/>
Catch basin cleaning, disinfection	<input type="checkbox"/>
Fix mechanical problem	<input type="checkbox"/>
Limit access	<input type="checkbox"/>
Post signs	<input type="checkbox"/>
None available	<input type="checkbox"/>
Other	Removed Test Ball/Plug from system
Long Term Corrective Actions e.g. Actions which prevent reoccurrences of issues	1
Option specific to SSOs	
Other	
Options Specifics to All CSOs, SSO, and Bypasses	
Sewer rehabilitation	<input type="checkbox"/>
Upgrade pump station capacity	<input type="checkbox"/>
Public education program	<input type="checkbox"/>
Increase routine cleaning frequency	<input type="checkbox"/>

Long Term Corrective Actions e.g. Actions which prevent reoccurrences of issues	1
Increase routine inspection frequency	<input type="checkbox"/>
Evaluate off-road easement maintenance program	<input type="checkbox"/>
Pipe/manhole rehabilitation/repair	<input type="checkbox"/>
Evaluate FOG control program	<input type="checkbox"/>
Perform hydraulic capacity analysis	<input type="checkbox"/>
Implement inflow and infiltration Control Program	<input type="checkbox"/>
Pump station repair	<input type="checkbox"/>
Pump station capacity evaluation	<input type="checkbox"/>
Evaluation force main maintenance/testing procedures	<input type="checkbox"/>
Other	Informed Engineering Division of the issue

6. Known or Potential Impacts of Sewer Overflow/Bypasses

Please indicate the type of known or potential impacts of the reported sewer overflow/bypass event. Select at least one cause for each 'Sewer Overflow/Bypass Unique Identifier'. Check all that apply.

Human Health Impacts of Sewer Overflow Event	1
Beach closures	<input type="checkbox"/>
Odors	<input type="checkbox"/>
Shellfish bed closures	<input type="checkbox"/>
Drinking water contamination	<input type="checkbox"/>
Fishing and shell-fishing restrictions	<input type="checkbox"/>

Human Health Impacts of Sewer Overflow Event	1
Sewage backup in building (caused by problem in sewer collection system, not private lateral)	<input type="checkbox"/>
Sewage on land surface with potential human exposure (caused by problem in sewer collection system, not private lateral)	<input checked="" type="checkbox"/>
No effects	<input type="checkbox"/>
Other	
Environmental Impacts of Sewer Overflow Event	1
Aesthetic impairment	<input type="checkbox"/>
Aquatic life impairment	<input type="checkbox"/>
Fish kills	<input type="checkbox"/>
Aquatic habitat impairment	<input type="checkbox"/>
Eutrophication	<input type="checkbox"/>
Algal blooms	<input type="checkbox"/>
No effects	<input checked="" type="checkbox"/>
Other	

7. Provide the estimated number of persons who came into contact with wastewater from the overflow. 0

8. Additional Information and Attachments

Please enter any additional information in the comment box below that you would like to provide.

Attachments: 11229 Shiko SSO - May 6, 2019.pdf



Nampa Wastewater Division

340 W. Railroad Street, Nampa, Idaho 83687-1741
(208) 468-5840, FAX 467-9194

Idaho Department of Environmental Quality
1445 N Orchard
Boise, Id. 83706

5-07-2019

Dear DEQ: Re: Permit ID-002206-3

We received a sewer complaint May 06th 2019 at 10:10 a.m. from the residents at 11229 Shiko reporting that he was seeing what appeared to be wastewater coming from a manhole on his street in front of his house. Michael Creager arrived at 10:25 a.m. to find a manhole slowly weeping onto the street from the lid. It appeared to have overflowed approximately 150 gallons onto the landscaping of the surrounding area.

The Vector arrived at 10:45 and began to clean the line. We were unable to remove the blockage and immediately began vacuuming out the manhole to access what may be the problem. At 11:10 a.m. the overflow was stopped and were able to clearly see a test plug that a contractor had left in the downstream side of the manhole.

At 13:30 p.m. tools arrived in order to puncture and remove the test plug. This line segment was cleared, cleaned and the area disinfected and at no times did the backup cause the sewer to overflow to waters of the US.

A handwritten signature in blue ink, appearing to read "A Zimmerman", with a long horizontal line extending to the right.

Andy Zimmerman
City of Nampa
Wastewater Superintendent.
208-468-5843

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on the inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Check to certify you have read the above language and abide by the language and terms

Name:

Signature Date: