



**PART I:**

This form shall be submitted to the appropriate DWQ Regional Office within five business days of the first knowledge of the sanitary sewer overflow (SSO).

Permit Number: WQCSD0289 (WQCS# if active, otherwise use WQCSD#)

Facility: Green Level Collection System Incident #: 202400918

Owner: Town of Green Level

City: Green Level County: Alamance Region: Winston-Salem

Source of SSO (check applicable):  Sanitary Sewer  Pump Station / Lift Station

SPECIFIC location of the SSO (be consistent in description from past reports or documentation - i.e. Pump Station 6, Manhole at Westall & Bragg Street, etc): 1080 WYATT ROAD, BURLINGTON, , 27217

Manhole #: \_\_\_\_\_

Latitude (Decimal Degrees): \_\_\_\_\_ Longitude (Decimal Degrees): \_\_\_\_\_

Incident Started Dt: 05/14/2024 Time: 7:00 pm Incident End Dt: 05/14/2024 Time: 08:30 pm  
(mm-dd-yyyy) (hh:mm AM/PM) (mm-dd-yyyy) (hh:mm AM/PM)

Estimated Volume of the SSO: 5,000 gallons Estimated Duration (Round to nearest hour): 1:30 hours

Describe how the volume was determined: observation

Weather conditions during the SSO event: heavy rain

Did SSO reach surface waters?  Yes  No  Unknown Volume reaching surface waters (gals): 5000

Surface water name: Otter Creek

Did the SSO result in a fish kill?  Yes  No  Unknown If Yes, what is the estimated number of fish killed? 0

SPECIFIC cause(s) of the SSO:

Severe Natural Conc  Inflow and Infiltration

24 hour verbal notification (name of person contacted ): Ron Boone

DWR  Emergency Mgmt Date (mm-dd-yyy): 05/15/2024 Time (hh:mm AM/PM): 11:39:00 am

If an SSO is ongoing, please notify the appropriate Regional Office on a daily basis until SSO can be stopped.  
Per G.S. 143-215.1C(b), the responsible party of a discharge of 1,000 or more of untreated wastewater to surface waters shall issue a press release within 24-hours of first knowledge to all print and electronic news media providing general coverage in the county where the discharge occurred. When 15,000 gallons or more of untreated wastewater enters surface waters, a public notice shall be published within 10 days and proof of publication shall be provided to the Division within 30 days. Refer to the reference statute for further detail.  
The Director, Division of Water Resources, may take enforcement action for SSOs that are required to be reported to Division unless it is demonstrated that:  
1) the discharge was cause by sever natural conditions and there were no feasible alternative to the discharge; or  
2) the discharge was exceptional, unintentional, temporary and caused by factors beyond the reasonable control of the Permittee and/or owner, and the discharge could not have been prevented by the exercise of reasonable control.  
Part II must be completed to provide a justification claim for either of the above situations. This information will be the basis

**WHETHER OR NOT PART III IS COMPLETED, A SIGNATURE IS REQUIRED AT THE END OF THIS FORM**

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**PART II:**

**ANSWER THE FOLLOWING QUESTIONS FOR EACH RELATED CAUSE CHECKED IN PART I OF THIS FORM AND INCLUDE THE APPROPRIATE DOCUMENTATION AS REQUIRED OR DESIRED**

**COMPLETE ONLY THOSE SECTIONS PERTAINING TO THE CAUSE OF THE SSO AS CHECKED IN PART I**  
**(In the check boxes below, NA = Not Applicable and NE = Not Evaluated)**

**A HARDCOPY OF THIS FORM SHOULD BE SUBMITTED TO THE APPROPRIATE DWR REGIONAL OFFICE UNLESS IS**

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**Severe Natural Condition**

Describe the "severe natural condition" in detail?

Heavy rain

How much advance warning did you have and what actions were taken in preparation for the event?

Comments:

**Inflow and Infiltration**

Are you under an SOC (Special Order by Consent) or do you have a schedule in any permit that addresses I/I?  Yes  No  NA  NE

Explain if Yes:

What corrective actions have been taken to reduce or eliminate I & I related overflow at this spill location within the last year?

Has there been any flow studies to determine I/I problems in the collection system at the SSO location?  Yes  No  NA  NE

If Yes, when was the study completed and what actions did it recommend?

Has the line been smoke tested or videoed within the past year?  Yes  No  NA  NE

If Yes, when and indicate what actions are necessary and the status of such actions:

Are there I/I related projects in your Capital Improvement Plan?  Yes  No  NA  NE

If Yes, explain:

Have there been any grant or loan applications for I/I reduction projects?  Yes  No  NA  NE

If Yes, explain:

Do you suspect any major sources of inflow or cross connections with storm sewers?  Yes  No  NA  NE

If Yes, explain:

Have all lines contacting surface waters in the SSO location and upstream been inspected recently?  Yes  No  NA  NE

If Yes, explain:

What other corrective actions are planned to prevent future I/I related SSOs at this location?

Comments:

**System Visitation**

ORC  Yes

Backup  Yes

Name:  
Dexter Leath

Cert#

Date visited:  
05/14/2024

Time visited:  
0700pm

How was the SSO remediated (i.e. Stopped and cleaned up)?  
Tanker truck used to haul and rain stopped

As a representative for the responsible party, I certify that the information contained in this report is true and accurate to the best of my knowledge.

Person submitting claim: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Any addition information desired to be submitted should be sent to the appropriate Division Regional Office within five days of knowledge of the SSO with reference to the incident number (the incident number is only generated when electronic entry of the form is completed, if used).