



Town of Walpole
Commonwealth of
Massachusetts

Superintendent of Sewer & Water

Bernard Marshall

Town Hall
#135 School Street
Walpole, Ma. 02081
Phone (508) 660-7308
Fax (508) 660-7323

April 17, 2019

To: David Burns
Southeast Region
Massachusetts Department of Environmental Protection

From: Bernard Marshall
Superintendent
Walpole Water Department

Dear Mr. Burns,

Please allow this letter to serve as a record of the Discharge from the fractured forced main in the Walpole Park South area of Walpole on April 12, 2019. Eversource drilled through an unmarked forced main while attempting to set a new utility pole. Walpole Water/Sewer were not given advanced notice of this activity. Walpole Sewer responded to the incident, shut the lift station off, isolated the area, and repaired the fractured infrastructure. I have sent a copy of the SSO Bypass notification, with this letter. An email was sent Tuesday April 16, 2019, with the information attached. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Bernard Marshall
Superintendent
Walpole Sewer/Water
508-660-7310



Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
**Sanitary Sewer Overflow (SSO)/Bypass
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Information

Walpole Sewer/Water Department
Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Bernard

First Name

Marshall

Last Name

508-660-7310

Telephone No.

Superintendent

Title

bmarshall@walpole-ma.us

E-mail Address

B. Phone Notifications:

See DEP Regional Office telephone and fax numbers at the end of this form.

1. MassDEP staff contacted:

David
first name

Burns
last name

Date/Time contacted:

4/12/19
Date

1:45
Time

☐ am ☒ pm

2. EPA staff contacted:

first name

last name

Date/Time EPA contacted:

Date

Time

☐ am ☐ pm

3. Board of Health contacted:

First Name

Last Name

Date/Time contacted:

Date

Time

☐ am ☐ pm

4. Others notified (select all that apply);

☐ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager ☐ Other:

(specify)

C. SSO Information

1. SSO Discovered:

4/12/19
Date

1:00
Time

☐ am ☒ pm

By: Eversource

2. SSO Stopped:

4/12/19
Date

2:00
Time

☐ am ☒ pm

3. SSO Discharge from:

☐ Sanitary Sewer Manhole

☒ Pump Station

☐ Backup into Property

☐ Other:

(specify)

4. SSO Discharge to: ☒ Ground Surface (no release to surface water)

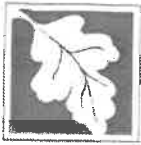
☐ Direct to Receiving Water

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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C. SSO Information (cont.)

Location: Entrance to Walpole Park South
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 100 gals

Method of Estimating Volume: length of forced main and diameter of pipe

6. Cause of SSO Event:

☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☒ Other: Eversource drilling to install telephone pole
(Specify)

7. Corrective Actions Taken:

Straw Wattles installed during excavation, and repair of 6"pvc forced main

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No

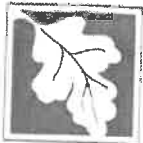
Corrective Actions Completed: ☒ Yes ☐ No

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☐ Additional comments below: ☒ No additional comments or attachments

Additional comments and planned actions:



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E. Certification Statement

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 my 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.

David E. M. [Signature]

Signature of Authorized Representative

4-16-2019

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions, Douglas Koopman	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	