

RAW SEWAGE DISCHARGE REPORT

DATE 11-9-15

LOCATION 1600 Johnson Rd

DATE OF DISCHARGE 11-6-15

DURATION OF DISCHARGE

TIME FOUND 8:45 A.M. TIME OVERFLOW STOPPED 9:10 a.m.

QUANTITY OF DISCHARGE (GALLONS) 45-55

CAUSE OF DISCHARGE Grease was built up on the walls and inside the invert. Rags was mounted around the base up towards the steps.

CORRECTIVE ACTION TAKEN Rodded the main Line from manHole to manHole - pulled 5gal. bucket of Rags from manHole - main Line

FURTHER ACTION REQUIRED Keep a routine check over the area involved

NAMES OF PERSONNEL PRESENT L. Brown - C. Mason

NAME OF PERSON COMPLETING THIS FORM C. Mason

TO WHOM AND WHEN WAS THIS REPORTED To Larry Brown @ 8:45 A.M. - 11-6-15

SIGNATURE Calvin Mason DATE 11-6-15

RECEIPT ACKNOWLEDGED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RAW SEWAGE DISCHARGE REPORT

DATE 12-9-15

LOCATION 20 W. BANK ST

DATE OF DISCHARGE 12-9-15

DURATION OF DISCHARGE

TIME FOUND 3:45 TIME OVERFLOW STOPPED 9:30

QUANTITY OF DISCHARGE (GALLONS) 250 GALLONS

CAUSE OF DISCHARGE MAN CITY SEWERLINE IN

STREET BACK-UP BUT TRIED TO ROD

CITY CLEANOUT AND THEN JETTED WITH

JETT TRUCK AND RODDED AGAIN TO UNSTOPPED CITY

MAIN SEWERLINES

CORRECTIVE ACTION TAKEN CONTACT BENNIE AND

CLEAN UP CREW WAS CALL TO CLEAN

SEWAGE SPILLS IN BUILDING (BATHROOMS)

FURTHER ACTION REQUIRED \_\_\_\_\_

NAMES OF PERSONNEL PRESENT Carnell Jones / CALVIN MASON /  
LARRY BROWN

NAME OF PERSON COMPLETING THIS FORM Carnell Jones

TO WHOM AND WHEN WAS THIS REPORTED BENNIE CARTER

SIGNATURE Carnell Jones DATE 12-9-15

RECEIPT ACKNOWLEDGED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RAW SEWAGE DISCHARGE REPORT

DATE 12/9/15

LOCATION Martz Pumping Station

DATE OF DISCHARGE 12/9/15

DURATION OF DISCHARGE  
TIME FOUND 7:40 Am TIME OVERFLOW STOPPED 8:10 Am

QUANTITY OF DISCHARGE (GALLONS) 250 gallons

CAUSE OF DISCHARGE power failure at pump station

CORRECTIVE ACTION TAKEN Restarted pumps and waited to pump down

FURTHER ACTION REQUIRED n/a

NAMES OF PERSONNEL PRESENT J. Lyons, F. Satterwhite, P. Burnette

NAME OF PERSON COMPLETING THIS FORM J. Lyons

TO WHOM AND WHEN WAS THIS REPORTED F. Satterwhite

SIGNATURE [Signature] DATE 12-9/15

RECEIPT ACKNOWLEDGED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RAW SEWAGE DISCHARGE REPORT

DATE 12-11-15

LOCATION Lafayette St by bridge

DATE OF DISCHARGE 12-11-15

DURATION OF DISCHARGE

TIME FOUND 4:20 TIME OVERFLOW STOPPED 7:15

QUANTITY OF DISCHARGE (GALLONS) 1.75 Gallons

CAUSE OF DISCHARGE HEAVY GREASE IN MAIN CITY SEWERLINE

CORRECTIVE ACTION TAKEN HAD TO ROD TO UNSTOPPED OPEN AND RUNNING

FURTHER ACTION REQUIRED \_\_\_\_\_

NAMES OF PERSONNEL PRESENT RODNEY GRAMMER AND MY SELF Carnell Jones

NAME OF PERSON COMPLETING THIS FORM Carnell Jones

TO WHOM AND WHEN WAS THIS REPORTED G. CLARE / BENNIE CARTER

SIGNATURE Carnell Jones DATE 12-14-15

# RAW SEWAGE DISCHARGE REPORT

DATE 12/23/15

LOCATION Main station

DATE OF DISCHARGE 12/23/15

DURATION OF DISCHARGE  
TIME FOUND 1:00 pm TIME OVERFLOW STOPPED 2:00 AM

QUANTITY OF DISCHARGE (GALLONS) 300 gallons

CAUSE OF DISCHARGE station took on more than it could handle @ 1 time

CORRECTIVE ACTION TAKEN Monitored pumps

FURTHER ACTION REQUIRED  N/A

NAMES OF PERSONNEL PRESENT J. Lyons, D. Burnette, G. Marek, F. Satterwhite

NAME OF PERSON COMPLETING THIS FORM J. Lyons

TO WHOM AND WHEN WAS THIS REPORTED Benny Carter

SIGNATURE J. Lyons DATE 12/23/15

RECEIPT ACKNOWLEDGED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

RAW SEWAGE DISCHARGE REPORT

DATE 12/28/15

LOCATION E. Walnut Hill pumping station

DATE OF DISCHARGE 12/29/15

DURATION OF DISCHARGE

TIME FOUND 8:00 Am TIME OVERFLOW STOPPED 8:20 Am

QUANTITY OF DISCHARGE (GALLONS) 250 gallons

CAUSE OF DISCHARGE Transducer failure

CORRECTIVE ACTION TAKEN repaired same

FURTHER ACTION REQUIRED n/a

NAMES OF PERSONNEL PRESENT J. Lyons D Burnette

NAME OF PERSON COMPLETING THIS FORM J. Lyons

TO WHOM AND WHEN WAS THIS REPORTED \_\_\_\_\_

SIGNATURE Jerry Lyons DATE 12/28/15

RECEIPT ACKNOWLEDGED BY \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**Unauthorized Discharge & Overflow Report**  
Piedmont Regional Office  
Phone #(804)527-5020 Fax #(804)527-5106

**Incident Response No:** 10092016-1 **Reported To:** 804 527-5127  
Patrick Bishop

**Date Reported:** 10/9/16 **Time:** 12:30am **Reported by:** Richard Harris

**Receiving Facility Name:** Southside Central **Permit No.:** VA 0025437  
Wastewater Authority WWTF

**Owner of Conveyance** Petersburg Public Utilities  
(if different from receiving facility)

**Address:** 424 St. Andrews St.

**County/City:** Petersburg, VA **Zip:** 23803

**Contact at Scene:** Fred Satterwite **Telephone No.:** (804) 733-2407

**Date of Incident** 10/9/2016 **Time of Incident:** 12:30am

**Length of Time Discharge Continued:** 3

**Volume of Discharge (gal):** 1000

Location: River St. and Joseph Jenkins St.

A 3.5" rainfall over a five hour period caused an overflow at our Main Pump Station. All station equipment was in working order during the rain event.

**Affected Body of Water (if applicable):** Did not make it to a waterway

**Has the Virginia Department of Health (VDH) Been Notified?**  Yes  No  
(Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

**Note to Facility:** This FAXED report can also serve as your five day letter if the discharge has been stopped and you attach a description of the steps planned or taken to reduce, eliminate, and prevent a recurrence of present or any future discharges not authorized by a permit.

RAW SEWAGE DISCHARGE REPORT

DATE 12-1-16

LOCATION 1232 mckenzie

DATE OF DISCHARGE 12-1-16

DURATION OF DISCHARGE

TIME FOUND 9:50 A.M. TIME OVERFLOW STOPPED 10:30 A.M.

QUANTITY OF DISCHARGE (GALLONS) 4 gallons

CAUSE OF DISCHARGE Hole in the pipe about the size of small top.

CORRECTIVE ACTION TAKEN fill the area in with okum and mixed some cement and filled in the area

FURTHER ACTION REQUIRED Replace 15' of pipe

NAMES OF PERSONNEL PRESENT L. Brown - C. Mason

NAME OF PERSON COMPLETING THIS FORM C. Mason

TO WHOM AND WHEN WAS THIS REPORTED L. Brown 9:50 A.M. 12-1-16

SIGNATURE Calvin Mason DATE 12-1-16

**Unauthorized Discharge & Overflow Report**  
Piedmont Regional Office  
Phone #(804)527-5020 Fax #(804)527-5106

804 527-5127  
Patrick Bishop

Incident Response No: 12012016-1 Reported To: Patrick Bishop

Date Reported: 12/1/16 Time: 9:50am Reported by: Richard Harris

Receiving Facility Name: Southside Central Wastewater Authority WWTF Permit No.: VA 0025437

Owner of Conveyance (if different from receiving facility): Petersburg Public Utilities

Address: 424 St. Andrews St.

County/City: Petersburg, VA Zip: 23803

Contact at Scene: Calvin Mason Telephone No.: (804) 733-2407

Date of Incident: 12-1-2016 Time of Incident: 9:50am

Length of Time Discharge Continued: 40 min

Volume of Discharge (gal): 4 gallons

Description of Nature and Location of Discharge 1232 McKenzie st  
There was a hole in the Sewer main  
pipe at 1232 McKenzie.

---



---



---



---

Affected Body of Water (if applicable): Did not make it to a Waterway

Has the Virginia Department of Health (VDH) Been Notified?  Yes  No  
 (Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

**Note to Facility:** This FAXED report can also serve as your five day letter if the discharge has been stopped and you attach a description of the steps planned or taken to reduce, eliminate, and prevent a recurrence of present or any future discharges not authorized by a permit.

**PLEASE CONTACT PATRICK BISHOP W/in 24 hrs by phone**

**Unauthorized Discharge & Overflow Report**  
Piedmont Regional Office  
Phone #(804)527-5020 Fax #(804)527-5106

Incident Response No: 12152016-1 Reported To: 804 527-5127  
Patrick Bishop

Date Reported: 12/15/16 Time: 1:34pm Reported by: Richard Harris<sup>TH</sup>

Receiving Facility Name: Southside Central Wastewater Authority WWTF Permit No.: VA 0025437

Owner of Conveyance (if different from receiving facility): Petersburg Public Utilities

Address: 424 St. Andrews St.

County/City: Petersburg, VA Zip: 23803

Contact at Scene: James Smith Telephone No.: (804) 466-9520

Date of Incident: 12-15-2016 Time of Incident: 1:34pm

Length of Time Discharge Continued: 3min

Volume of Discharge (gal): 5 to 10 gallons

Description of Nature and Location of Discharge: East Walnut Hill pump stat.  
Both pumps failed at East Walnut Hill  
pump station. No alarm was sent out  
from SCADA

Affected Body of Water (if applicable): A Creek by the Station

Has the Virginia Department of Health (VDH) Been Notified?  Yes  No  
 (Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

**Note to Facility:** This FAXED report can also serve as your five day letter if the discharge has been stopped and you attach a description of the steps planned or taken to reduce, eliminate, and prevent a recurrence of present or any future discharges not authorized by a permit.

**PLEASE CONTACT PATRICK BISHOP W/in 24 hrs by phone**

**Unauthorized Discharge & Overflow Report**  
Piedmont Regional Office  
Phone #(804)527-5020 Fax #(804)527-5106

Incident Response No: 12272016-1 Reported To: 804 527-5127  
Patrick Bishop

Date Reported: 12-27-16 Time: 10:00 AM Reported by: James Lyons

Receiving Facility Name: Southside Central Permit No.: VA 0025437  
Wastewater Authority WWTF

Owner of Conveyance (if different from receiving facility): Petersburg Public Utilities

Address: 424 St. Andrews St.

County/City: Petersburg, VA Zip: 23803

Contact at Scene: Fred Satterwhite Telephone No.: 804-400-9518

Date of Incident: 12-27-16 Time of Incident: 10:00 AM

Length of Time Discharge Continued: 10:45 am

Volume of Discharge (gal): 750 gallons

Description of Nature and Location of Discharge: East Walnut Hill  
Both pumps failed received High level Alarms  
Reset pumps

Affected Body of Water (if applicable): \_\_\_\_\_

Has the Virginia Department of Health (VDH) Been Notified?  Yes  No  
(Contact VDH if a drinking water supply or shellfish waters may be impacted or if spill volume is greater than 1000 gallons or unknown)

Note to Facility: This FAXED report can also serve as your five day letter if the discharge has been stopped and you attach a description of the steps planned or taken to reduce, eliminate, and prevent a recurrence of present or any future discharges not authorized by a permit.

**PLEASE CONTACT PATRICK BISHOP W/in 24 hrs by phone**