



Oregon Department of Environmental Quality SSO Reporting Form

RECEIVED

DEC 23 2024

DEQ-SALEM OFFICE



This information must be submitted within 5 days of becoming aware of the overflow.
Please complete online and print for signature. Be sure to fill out all fields.

FACILITY/CONTACT INFORMATION

Name of Permittee: City of Hubbard		
Contact Name: Michael Krebs		
Phone:	Email:	County:
503-982-9429	mkrebs@cityofhubbard.org	Marion <input type="checkbox"/>
DEQ Permit # (see permit face page): 101640		DEQ File #: 40494
OERS Incident #: 2024-3184	Date Reported to OERS: 12/17/2024	
Date Reported To DEQ: 12/17/2024	Today's Date: 12/17/2024	
Date SSO Started (if known): 12/17/2024	Time Started (if known): 01:15	
Date SSO Stopped (if known): 12/17/2024	Time Stopped (if known): 08:35	
SSO Location: Pump Station <input type="checkbox"/>	WWTP Digester <input checked="" type="checkbox"/>	
SSO Nearest Address: 3607 Sunset Drive		
City: Hubbard	Zip Code: 97032	
SSO Latitude (if known):	Longitude (if known):	
Estimate of Quantity Overflowed: 60,538 gallons		(Gallons) Link to estimation method
Did the SSO discharge to surface water? Yes <input type="checkbox"/>		
Name of waterbody: Mill Creek		

PUBLIC NOTIFICATION

Notified downstream drinking water sources (List Below)? No <input type="checkbox"/>	
Name of drinking water facility:	
Signs Posted? Yes <input type="checkbox"/>	
Media contacted? Yes <input type="checkbox"/>	
Who? Woodburn Independent	
List any other steps taken to notify the public or state/federal agencies: Signage posted at Mill Creek.	

CAUSES

Cause or suspected cause of the overflow: Other (explain): <i>If needed, attach additional sheets</i> Digester not turned off. Alarm call-out not activated.	<input type="checkbox"/>
Rainfall in the 24 hours prior to SSO (for storm-related overflows): 0.30 (inches)	
Source of rainfall data: National Weather Services Advanced Hydrologic Prediction Service <i>If needed, attach additional sheets</i>	<input type="checkbox"/>

1-in-5 year 24 hour rainfall for the sewerage system area (if known): (in/24hr)

EMERGENCY RESPONSE AND MIGRATION

List actions taken to stop and mitigate the impact of the SSO.

For overland flow:	Taped off affected area? No <input type="checkbox"/>
	Cleaned up affected area? Yes <input type="checkbox"/>
For SSO to surface water:	Bacteria samples taken to confirm impact? Yes <input type="checkbox"/>
	Follow up bacteria samples taken to confirm end of impact? Yes <input type="checkbox"/>

Describe monitoring and results:
 Impact samples drawn: results E. Coli 224.7 (see attached document)
 End of impact samples scheduled to be drawn on Monday, December 23, 2024.

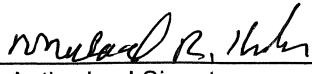
For SSOs that impact buildings:	Pumped out flooded buildings? N/A <input type="checkbox"/>
	Disinfected?

Other measures taken (describe):

Steps taken or planned to reduce, eliminate, and prevent the reoccurrence of the overflow and schedule for those steps:
 1) End of day WWTP walkthrough will take place daily;
 2) Staff is working with the emergency call-out equipment provider to correct the call out system set-up, after which the system will be tested weekly.

COMMENTS

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.

	12/18/2024
Authorized Signature	Date
MICHAEL SZREBS	(603) 982-9429
Name (print)	Phone Number

*You may attach additional information to this report before sending to DEQ as needed to explain the circumstances of the overflow. This information may include but is not limited to: maintenance records and bacteria monitoring results.

Upon completion, print out this form and send to the appropriate DEQ Address:

Portland-Permit Coordinator 700 NE Multnomah St., Suite 600 Portland, OR 97232	Salem-Permit Coordinator 4026 Fairview Industrial Dr. SE Salem, OR 97302	Pendleton-Permit Coordinator 800 SE Emigrant, #330 Pendleton, OR 97801
---	---	---

FOR DEQ PERSONNEL ONLY

Pre-Enforcement Notice

Warning Letter

No enforcement action was warranted because:

The SSO was caused by unpreventable vandalism or similar force majeure; or

The SSO is allowed as an exception to the permit as maintenance; or

The cause of the current SSO was beyond reasonable control AND we do not expect the permittee to prevent similar SSOs in the future; or

The SSO was 400 gallons or less, spilled to the ground and not reaching surface water; permittee properly reported, cleaned up, and took appropriate public notice measures; and the SSO was not part of a chronic problem.

COMMENTS

Empty box for comments.

CITY OF HUBBARD
 WASTEWATER LABORATORY
 E.COLI COLIFORM BENCH SHEET
 Method: IDEXX Quanti Tray/2000

LAB DATE 12/17/2024

SAMPLE SOURCE: <u>U.V. CHANNEL</u>			
MLS USED	LARGE WELLS	SMALL WELLS	E.COLI FROM CHART
<u>100</u>	<u>49</u>	<u>12</u>	<u>224.7</u>

BLANK E.COLI COLONIES: /100 mls CONTROL E.COLI COLONIES: /1mls

Sample collected: Date 12/17/2024 Time 13:15

Set-tech JH Read-out tech myk Calc tech mcl

Final effluent chlorine residual 0 mg/l

Dechlorinated final chlorine residual 0 mg/l

Incubation: Time in 13:40

Incubation: Date out 12/17/2024 Time out 09:45

Water bath temp: In 35.0°C Out 35.0°C

NOTES: