

SANITARY SEWER OVERFLOW EVENT REPORTING FORM

NOTE: This form is to be used to document written notification of a sanitary sewer overflow event or sewage release within five days of becoming aware of the event.

The Water Works & Sewer Board of the City

Permittee Name: of Gadsden Permit Number: AL0053201

Facility Name: Gadsden West River WWTP County: Etowah

Date/Time SSO Began: 2/7/2018 0800 Date/Time SSO Stopped: 2/7/2018 1000

Estimated Volume Discharged: 720 gallons (Mandatory)

Estimated Volume is: <1,000gal >1,000gal >10,000gal >100,000gal >1,000,000gal

Was Department verbally notified within 24 hours? Yes No Date/Time of Notification: _____

Person that verbally notified Department: _____ Phone Number: _____

Did you contact the SSO hotline? Yes No

Indicate source of discharge event: manhole lift station broken line
 cleanout treatment plant other (describe): _____

Location of discharge (street address, etc.): 408 N. 11th St.
34.02241 - 86.017082 MA# 1085 + 838

Known or suspected cause of the discharge: Significant weather event causing line surcharge

Ultimate destination of discharge: ground absorbed creek or river (provide name): _____
 storm drain drainage ditch other (describe): _____

Monitoring of the receiving water is: complete ongoing not necessary

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary): Pump stations running at full capacity, lines inspected for infiltration

Indicate efforts to notify public (check all that apply):
 press release other (describe): Company website
 placement of signs notice not required, because: _____

Indicate other officials notified (check all that apply):
 county health department other (describe): ADPH
 notice not required, because: _____

Were any public water supply intake locations effected? No Yes If yes, who was notified? _____

Name/Title of Facility Representative Signature of Responsible Official Date
(If > 10,000 gal)

I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.

ONE COPY OF A USGS QUAD SHEET OR OTHER GEOGRAPHICALLY REFERENCED MAP MUST BE ATTACHED SHOWING THE EXACT LOCATION OF ALL DISCHARGES GREATER THAN 10,000 GALLONS.