

### 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.

Permittee Name: The Water Works & Sewer Board of the City of Gadsden Permit Number: AL0053201  
Facility Name: Gadsden West River WWTP County: Etowah  
Date/Time SSO Began: 2/11/18 1300 Date/Time SSO Stopped: 2/11/18 1600  
Estimated Volume Discharged: 1800 gallons (Mandatory)  
Estimated Volume is: ( ) <1,000gal (X) >1,000gal ( ) >10,000gal ( ) >100,000gal ( ) >1,000,000gal

Was Department verbally notified within 24 hours? ( ) Yes (X) No Date/Time of Notification: \_\_\_\_\_  
Person that verbally notified Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Did you contact the SSO hotline? ( ) Yes (X) No

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

Location of discharge (street address, etc.): 401 N. 11th St.  
34.022406 - 86.01707

Known or suspected cause of the discharge: High system volume caused by weather event, both St Pump Station at max. cap.

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

Monitoring of the receiving water is: ( ) complete ( ) ongoing (X) 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): Line cleared of debris and inspected

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

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

Were any public water supply intake locations effected? (X) 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.**