

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

Purpose of Form: All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (<https://e2.adem.alabama.gov/NPDES>).

Permittee Name: THE WATER WORKS & SEWER BOARD OF THE CITY OF GADSDEN Permit Number: AL 0053201

Facility Name: GADSDEN WEST RIVER WWTP County: ETOWAH

Date/Time¹ SSO Began: 7/4/2018 0857 Is the SSO on-going? Yes No If no, Date/Time¹ SSO Stopped: 7/4/2018 1056

Did the SSO occur during wet weather? Yes No

Was the SSO caused by an extreme weather event (e.g. hurricane)? Yes No If yes, describe the nature of the extreme weather event:

REPORT ESTIMATED VOLUME DISCHARGED—REQUIRED

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

| VALUE | Estimated Volume Discharged: <u>100</u> gallons | | | |
|--------------|-----------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| RANGE | <input type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons <25,000 | <input type="checkbox"/> 25,000 ≥ gallons <50,000 |
| | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 | <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 |
| | <input type="checkbox"/> 500,000 ≥ gallons <750,000 | <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | Any estimated volume above 1,000,000 gallons should be entered in the VALUE section | |

Was the Department notified within 24 hours? Yes No Date/Time¹ of Notification: 7/4/2018 1550

Method of notification: Verbal/Telephone Electronic via eSSO Other _____

If notification was not submitted via eSSO, person that notified the Department: _____ Phone Number: _____

Indicate source of discharge event: Manhole Lift Station Broken Line

Cleanout Treatment Plant

Other (describe): _____

Latitude/Longitude of discharge (REQUIRED) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]

Latitude 34 . 019800 ° Longitude - 86 . 065900 °

Location of discharge (street address, etc.):

ROSEMOUNT PUMP STATION
3800 ROSELAWN DRIVE
GADSDEN, AL 35904

¹Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

PUMP STATION TRIPPED OUT

Ultimate destination of discharge: Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence Creek or River (provide name): Other (describe):

Did the discharge reach a designated swimming water? Yes No Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is: Complete Ongoing Not Performed

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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):

PUMPS RESET AND PUMP STATION RESTARTED. THOROUGH CHECK OF ELECTRICAL COMPONENTS FOR PROPER OPERATION. PUMP STATION CHECKED ON ROUTINE BASIS.

Indicate efforts to notify public (check all that apply): Press Release Date: Placement of Signs Date: Other (describe): COMPANY WEBSITE Date: 7/4/2018 Notice not required, because:

Indicate other officials notified (check all that apply): County Health Department Date: 7/4/2018 State Health Department Date: Other (describe): ADEM Date: 7/4/2018 Notice not required, because:

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes If yes, who was notified: Date:

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.

Signature of Responsible Official/Duly Authorized Representative: Date:

Name of Responsible Official/Duly Authorized Representative (type or print):

Title of Responsible Official/Duly Authorized Representative: