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: 9/27/18 1600 Date/Time SSO Stopped: 9/27/18 1700

Estimated Volume Discharged: 360 **gallons** **(Mandatory)**

Estimated Volume is: (X) <1,000gal ( ) >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.): 1323 Jackson Ave
34.003303 -86.035428 MH# 4595

Known or suspected cause of the discharge: Hydraulic Surcharge during weather event

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): Area scheduled for rehab inspection

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 (If > 10,000 gal)	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.

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.