

### 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: 12/1/18 1300 Date/Time SSO Stopped: 12/1/18 1600  
Estimated Volume Discharged: 180 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.): 400 N. 6th St.  
34.018576 -86.005451 MH#32

Known or suspected cause of the discharge: Weather event causing system to surcharge, lines inspected for infiltration

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): 6th Street Pump Station operating at full capacity

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.**