

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: 2/25/20 1110 Date/Time SSO Stopped: 2/26/20 0710
Estimated Volume Discharged: 6,000 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.): 1884 Rainbow Drive MH#4120
33.977000° N, -86.008813° W

Known or suspected cause of the discharge: hydraulic surcharge caused by wet weather event.

Ultimate destination of discharge: (X) ground absorbed (X) creek or river (provide name): Coosa
() storm drain () 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 cleaned and disinfected. Lines will be inspected as soon as possible. Lid will be bolted if possible.

Indicate efforts to notify public (check all that apply):
() press release (X) other (describe): Company Website
(X) 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.