

# NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.4

(Submission #: HQ1-C5BT-TD5M2, version 2)

## Details

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**Submission Alias** NPDES Sanitary Sewer Overflow (SSO) Event Report

**SSO ID** SSO-00211408

**Submission ID** HQ1-C5BT-TD5M2

**Status** Submitting

## Form Input

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### General Instructions

### Processing

NOTE: You should choose the correct status for this SSO notification/report EACH time you submit a notification/report.

If you are able to complete all of the information in the first submittal, please indicate the status of  "Submit both the Initial 24-hour notification and 5-day report concurrently."

**Indicate which of the following describes the status of this SSO notification/report:**

Submit both the Initial 24-hour notification and 5-day report concurrently

**Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?**

No

**Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event?**

Yes

### Permittee Information

**Permit Number**

AL0053201

**Permittee**

The Water Works & Sewer Board of the City of Gadsden

### Facility/Site Information

**Facility Name**

Gadsden West River WWTP

**Facility County**

Etowah

## Assigned SSO ID

### Assigned SSO ID

SSO-00211408

## SSO Event - Information

### Date/Time SSO Event Started:

Date	Time
02/12/2024	08:36 am

### Is the SSO on-going?

No

### Date/Time SSO Event Stopped:

Date	Time
02/12/2024	11:55 pm

### Did the SSO occur during wet weather?

No

### Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?

No

### Report Estimated Volume Discharged as

Value

### Estimated Volume Discharged (in gallons)

11985

### Indicate source of discharge event

Manhole

### County in which SSO occurred (check all that apply)

Etowah

### Note

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s):

[Map Help link](#)

### Latitude/Longitude of discharge

34.00622354232747,-86.0266385650818

### Note

Please specify either the street address or location description for the discharge

### Street Address

1500 Randall St

### City

Gadsden

### State

AL

### ZIP Code

35901

**Location Description**

Manhole on the side of the road

**Known or suspected cause of the discharge**

Hydraulic discharge caused by heavy rain

**Destination of discharge**

Ground Absorbed  
Drainage Ditch

**Provide the first named creek or river that receives the flow.**

Coosa River

**Did the discharge enter an unnamed tributary prior to entering the first named creek or river listed above?**

No

**Did the discharge reach a designated swimming water?**

No

**Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:**

Not Performed

**Was the affected area cleaned?**

Yes

**Was the affected area disinfected?**

Yes

**Are you aware of any other potential health or environmental impacts?**

No

**SSO Event - Corrective Action**

**Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health.**

Lines will be checked to ensure there are no blockages.

**Please attach supporting information, if applicable:**

NONE PROVIDED  
**Comment**  
NONE PROVIDED

**Indicate efforts to notify public (check all that apply):**

Placement of Signs  
Other (Please Describe)

**Please describe the Other methods used to notify the public:**

Company Website

**Other Method of Public Notice Date:**

02/13/2024

**Date signs were placed:**

02/12/2024

**Indicate Other Officials Notified (check all that apply):**

County Health Department  
State Health Department

**County Health Department notification date:**

02/13/2024

**State Health Department notification date:**

02/13/2024

**Other States notified:**

NONE PROVIDED

**Were any public water supply intake locations affected?**

No

**Additional Attachments**

**Additional Attachments**

NONE PROVIDED

**Comment**

NONE PROVIDED

**General Comments**

**General Comments (Optional)**

We are working with contractors in this area to rehab lines.

**Status History**

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	User	Processing Status
2/13/2024 7:05:49 AM	Raymond Lee	Draft
2/13/2024 7:12:52 AM	Raymond Lee	Signing
2/13/2024 7:12:53 AM	Raymond Lee	Submitting

**Revisions**

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Revision	Revision Date	Revision By
Revision 1	2/12/2024 6:30 PM	Raymond Lee
Revision 2	2/13/2024 7:05 AM	Raymond Lee

# Agreements and Signature(s)

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## **SUBMISSION AGREEMENTS**

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

*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.*

**Signed** Raymond Lee on 02/13/2024 at 7:12 AM  
**By**