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NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQN-ANV8-TZDH2, version 1)

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00214315

Submission ID HQN-ANV8-TZDH2

Status Submitting

Form Input

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-00214315

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
05/04/2026	04:15 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
05/04/2026	04:45 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)

75

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

34.020730,-86.0500016

Note

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

Street Address

2906 Sansom Ave

City

Gadsden

State

AL

ZIP Code

35904

Location Description

Manhole behind residence

Known or suspected cause of the discharge

Collapsed line

Destination of discharge

Ground Absorbed

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.

Collapsed line was excavated and repair made

Please attach supporting information, if applicable:

NONE PROVIDED
Comment
NONE PROVIDED

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

Other (Please Describe)

Please describe the Other methods used to notify the public:

Company website

Other Method of Public Notice Date:

05/05/2026

Indicate Other Officials Notified (check all that apply):

County Health Department
State Health Department

County Health Department notification date:

05/05/2026

State Health Department notification date:

05/05/2026

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)

NONE PROVIDED

Status History

	User	Processing Status
5/5/2026 9:01:42 AM	Gary Slaten	Draft
5/5/2026 11:06:10 AM	Mike Lankford	Signing
5/5/2026 11:06:11 AM	Mike Lankford	Submitting

Agreements and Signature(s)

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 Mike Lankford on 05/05/2026 at 11:06 AM
By