ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORTING FORM

Purpose of Form: All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur. Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO's Hotline at (334) 274-4200 or electronically to the Department's eSSO Electronic Reporting System. The follow-up report shall be submitted within five days of becoming aware of the SSO event using either this form or the Department's eSSO Electronic Reporting System.

Facilities are strongly urged to utilize the electronic system. Registration information for the Department's eSSO system can be found at the following link: (https://e2.adem.alabama.gov/NPDES).

Permittee Name:_____ Permit Number:_____

Facility Name:_____ County:_____

Date/Time SSO Began:_____

Is the SSO on-going? ☐ Yes ☐ No If no, Date/Time SSO Stopped:_____

MANDATORY - REPORT ESTIMATED VOLUME (If specific volume is known, complete value section. Otherwise, provide a range):

VALUE	**Estimated Volume Discharged:_____ gallons**
RANGE	☐ **<1,000 gallons** ☐ **>1,000 gallons** ☐ **>10,000 gallons** ☐ **>100,000 gallons** ☐ **>1,000,000 gallons**

Was the Department verbally notified within 24 hours? ☐ Yes ☐ No Date/Time of Notification:_____

Person that verbally notified the Department:_____Phone Number:_____

Indicate source of discharge event: ☐ Manhole ☐ Lift Station ☐ Broken Line
☐ Cleanout ☐ Treatment Plant
☐ Other (describe:_____

Location of discharge (street address, etc.):_____

_____

Latitude/Longitude of discharge (if known):_____

Known or suspected cause of the discharge:_____

_____

_____

Ultimate destination of discharge: ☐ Ground Absorbed ☐ Storm Drain
☐ Drainage Ditch ☐ Backup into Building/Residence
☐ Creek or River (provide name):_____
☐ Other (describe):_____

Did the discharge reach swimming water? ☐ Yes ☐ No ☐ Unknown

Monitoring of the receiving water is: ☐ Complete ☐ Ongoing ☐ Not Necessary

Was the affected area: ☐ Cleaned? ☐ Disinfected?

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):

_____

_____

_____

Indicate efforts to notify public (check all that apply): ☐ Press Release Date:_____

☐ Placement of Signs Date:_____

☐ Other (describe):_____ Date:_____

☐ Notice not required, because:_____

Indicate other officials notified (check all that apply): ☐ County Health Department Date:_____

☐ State Health Department Date:_____

☐ Other (describe):_____ Date:_____

☐ Notice not required, because:_____

Other states notified: ☐ Florida ☐ Georgia ☐ Mississippi ☐ Tennessee

Were any public water supply intake locations affected? ☐ No ☐ Yes

If yes, who was notified:_____ 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.

Signature of Facility Representative:_____ Date:_____

Name of Facility Representative (type or print):_____

Title of Facility Representative:_____

If the SSO Event was <u>greater than 10,000 gallons</u>, responsible official signature required:

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.

Signature of Responsible Official:_____ Date:_____

Name of Responsible Official (type or print):_____

Title of Responsible Official:_____

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.