

# 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 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: \_\_\_\_\_ Facility County: \_\_\_\_\_

Date/Time<sup>1</sup> SSO Began: \_\_\_\_\_ Is the SSO on-going?  Yes  No If no, Date/Time<sup>1</sup> SSO Stopped: \_\_\_\_\_

Did the SSO occur during wet weather?  Yes  No

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the entire sewer system?  Yes  No

If yes, describe the nature of the extreme weather event: \_\_\_\_\_

*Note: For notifiable SSOs caused by an extreme weather event (e.g., hurricane) that floods the entire sewer system and are too numerous to count, the permittee is not required to provide information that cannot be practicably captured (e.g. latitude/longitude, source/structure, duration of the SSO, the estimated discharge volume, the receiving waterbody, the corrective actions taken, or the potential impacts).*

**REPORT ESTIMATED VOLUME DISCHARGED- REQUIRED**

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected.

VALUE	Estimated Volume Discharged: _____ gallons			
<b>RANGE</b>	<input type="checkbox"/> ≤ 1,000 gallons	<input type="checkbox"/> 1,000 < gallons ≤ 10,000	<input type="checkbox"/> 10,000 < gallons ≤ 25,000	<input type="checkbox"/> 25,000 < gallons ≤ 50,000
	<input type="checkbox"/> 50,000 < gallons ≤ 75,000	<input type="checkbox"/> 75,000 < gallons ≤ 100,000	<input type="checkbox"/> 100,000 < gallons ≤ 250,000	<input type="checkbox"/> 250,000 < gallons ≤ 500,000
	<input type="checkbox"/> 500,000 < gallons ≤ 750,000	<input type="checkbox"/> 750,000 < gallons ≤ 1,000,000	<b>Any estimated volume above 1,000,000 gallons should be entered in the VALUE section</b>	

Was the Department notified within 24 hours?  Yes  No Date/Time<sup>1</sup> of Notification: \_\_\_\_\_

Method of notification:  Verbal/Telephone  Electronic via eSSO  Other \_\_\_\_\_

If notification was not submitted via eSSO, person that notified the Department: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

Indicate source of discharge event:  Manhole  Lift Station  Broken Line  
 Cleanout  Treatment Plant  
 Other (describe): \_\_\_\_\_

County in which SSO occurred: \_\_\_\_\_

Latitude/Longitude of discharge (**REQUIRED**) [Report coordinates in decimal degrees to the precision indicated (e.g. 32.463022°, -86.397067°)]:

**Latitude**     .  °     
 **Longitude**    -  .  °

Location of discharge (street address, etc.):

<sup>1</sup>Time reported is assumed to be Central Time Zone, unless otherwise indicated.

Known or suspected cause of the discharge:

[Empty box for cause of discharge]

Destination of discharge:
 Ground Absorbed
 Storm Drain\*
 Backup into Building/Residence
 Drainage Ditch\*
 Creek or River (name of the first named surface water the discharge reached):
 Other (describe):

\*If the SSO discharge first entered a storm drain or drainage ditch, you must also provide the first named creek or river that receives the flow from that storm drain/drainage ditch.

Did the discharge reach a designated swimming water?  Yes  No  Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:
 Complete (Monitoring results are attached or have been submitted to ADEM)
 Ongoing (Monitoring results will be submitted to ADEM upon completion)
 Not Performed

Was the affected area: Cleaned?  Yes  No Disinfected?  Yes  No

Are you aware of any other potential health or environmental impacts?  No  Yes If Yes, please describe:

[Empty box for other potential health or environmental impacts]

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):

[Empty box for corrective actions]

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 Responsible Official/Duly Authorized Representative: Date:

Name of Responsible Official/Duly Authorized Representative (type or print):

Title of Responsible Official/Duly Authorized Representative: