

PD

Report User:
JNic0001

SSO ID:
16401

Print Date:
3/24/2020

* require for
submission

 require for
completion

Report Form


Facility Name: **Attalla City Of Wwt Lagoon**


Permit Number: **AL0057657**

* Date/Time SSO Began: **3/23/2020 3:00:00 PM**

* Is SSO currently ongoing? Yes No


 Date/Time SSO Stopped: **3/24/2020 7:00:00 AM**


 Did the SSO occur during wet weather? Yes No

 Was the SSO caused by an extreme weather event (e.g. hurricane)? Yes No


 Report Estimated Volume as Value Range

 Estimated Volume **between 1000.00 and 9999.99 gal**

 Was the Department notified within 24 hours? Yes No
(If report online, verbal notification is not required)

 Date/Time of Notification: **3/24/2020 10:10:00 AM**

 Method of notification: Verbal/Telephone Electronic via eSSO Other

 Source of Discharge Event: manhole lift station broken line

(check all that apply)

cleanout treatment plant other

* Location of Discharge(address,etc)
(not required if " Lat/Long of Discharge " is reported)


* Lat/Long of Discharge
(not required if " Location of Discharge " is reported)

Latitude: **34.022778**

Longitude: **-86.087222**

 Known or Suspected Cause of Discharge

I & I

 Ultimate Destination of Discharge
(check all that apply)

ground absorbed

creek or river (Provide name)

Un-named Tributary

storm drain

drainage ditch

backup into building/residence

- Did the Discharge reach swimming water?
- Monitoring of the Receiving Water (i.e. visual survey or water quality sampling) Is
- Was the affected area
- Are you aware of any other potential health or environmental impacts

other (describe)

Yes No Unknown

complete ongoing not necessary

Cleaned? Yes No Disinfected? Yes No

No Yes If Yes, please describe:

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

continue looking for places that I & I are getting into sewer main

- Indicate Efforts to Notify Public (check all that apply)

press release

*

placement of signs

other

* Date Public Was Notified: **3/24/2020**

notice not required because:

County Health Department

* Date Other Officials Were Notified: **3/24/2020**

State Health Department

* Date Other Officials Were Notified: **3/24/2020**

other

notice not required because:

- Indicate Other Officials Notified (check all that apply)

Other States:

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- Were any public water supply intake locations affected?

Yes No

Facility SSO Report ID

General Comment

Comment
and
Explanation

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