

HWY 11

Report User:  
JNic0001

SSO ID:  
16402

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 3:10:00 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 10:15:00 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: 34.015556

Longitude: -86.097500

Known or Suspected Cause of Discharge

heavy I & I

Ultimate Destination of Discharge (check all that apply)

ground absorbed

creek or river (Provide name) BIG WILLS CREEK (1499)

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 to look for places that allow I & I**

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

press release

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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?
- Facility SSO Report ID

Yes  No

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**General Comment**

Comment  
and  
Explanation

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