

Report User:
JNic0001

SSO ID:
16223

Print Date:
3/6/2020

* require for
submission

require for
completion

Report Form

Facility Name:

Attalla City Of Wwt Lagoon

Permit Number:

AL0057657

* Date/Time SSO Began:

3/5/2020 10:00:00 AM

* Is SSO currently ongoing?

Yes No

Date/Time SSO Stopped:

3/6/2020 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 10000.00 and 24999.99 gal

Was the Department notified within 24 hours?
(If report online, verbal notification is not required)

Yes No

Date/Time of Notification:

3/6/2020 9:00:00 AM

Method of notification:

Verbal/Telephone Electronic via eSSO Other

Source of Discharge Event:
(check all that apply)

manhole lift station broken line

cleanout treatment plant other

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

[Empty text box for location of discharge]

* 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) 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 rehabilitate sewer mains

Indicate Efforts to Notify Public (check all that apply)

press release

*

placement of signs

other

* Date Public Was Notified: **3/6/2020**

notice not required because:

County Health Department

* Date Other Officials Were Notified: **3/6/2020**

State Health Department

* Date Other Officials Were Notified: **3/6/2020**

other

notice not required because:

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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