

Report User: JNic0001 SSO ID: 18183 Print Date: 12/23/2020 \* require for submission require for completion

Report Form

Facility Name:

Attalla City Of Wwt Lagoon

Permit Number:

AL0057657

\* Date/Time SSO Began:

12/22/2020 2:30:00 PM

\* Is SSO currently ongoing?

Yes No

Date/Time SSO Stopped:

12/23/2020 7:30:00 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: 12/23/2020 8:35:00 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)

[Empty text box for location of discharge]

Latitude: 33.993611

Longitude: -86.106111

Grease was blocking the sewer main

Known or Suspected Cause of Discharge

ground absorbed

creek or river (Provide name) Un-named Tributary

Ultimate Destination of Discharge

(check all that apply)

storm drain

drainage ditch

backup into building/residence

other (describe)

Yes No Unknown

complete ongoing not necessary

Cleaned? Yes No Disinfected? Yes No

No Yes If Yes, please describe:

[Empty text box for cleaned/disinfected details]

The line needs to be cleaned periodically to prevent grease build up.

press release

\* placement of signs

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

Indicate Efforts to Notify Public

(check all that apply)

Indicate Other Officials Notified  
(check all that apply)

other **Uploaded report on City we**

\* Date Public Was Notified: **12/23/2020**

notice not required because:

County Health Department

\* Date Other Officials Were Notified: **12/23/2020**

State Health Department

\* Date Other Officials Were Notified: **12/23/2020**

other

notice not required because:

Other States:

Yes  No

Were any public water supply intake locations  
affected?  
Facility SSO Report ID

**General Comment**

General Report Comment and Explanation