

Report User:
JNic0001

SSO ID:
16227

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 1:00:00 PM**

* 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 9:15:00 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)

* Lat/Long of Discharge
(not required if " Location of Discharge " is reported) Latitude: **34.015556**

Longitude: **-86.097500**

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 to rehab lines

- 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?
- Facility SSO Report ID

Yes No

General Comment

General Report

Comment
and
Explanation

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