Report User: JNic0001 **SSO ID:** 16083

Print Date: 2/26/2020

\* require for submission



## **Report Form**

Facility Name:	Attalla City Of Wwt Lagoon		
Permit Number:	AL0057657		
* Date/Time SSO Began:	2/24/2020 7:00:00 AM		
* Is SSO currently ongoing?	●Yes ○No		
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	OValue   Range		
Estimated Volume	between 750000.00 and 999999.99 gal		
Was the Department notified within 24 hours? (If report online, verbal notification is not required)	<b>●</b> Yes ○No		
is not required;	<b></b> ✓ Date/Time of Notification:	2/24/2020 12:22:00 PM	
	Method of notification:	OElectronic via Verbal/Telephone eSSO Other	
	If notification was not submitted via eSSO, person that notified the Department	Person: Draper Suttles Phone Number: 3342717812	
Source of Discharge Event:	manhole lift station broken line		
(check all that apply)	cleanout Streatment plant Cot	ther	
* Location of Discharge(address,etc) (not required if " Lat/Long of Discharge " is reported)	The second of th		
* Lat/Long of Discharge (not required if " Location of Discharge " is reported)	Latitude: 33.981945		
	Longitude: <b>-86.031945</b>		
Known or Suspected Cause of Discharge	Heavy rain and I&I into Lago	on	
✓ Ultimate Destination of Discharge	ground absorbed		
(check all that apply)	creek or river (Provide name) BIG	WILLS CREEK (1499)	
		Un-named Tributary	
	storm drain		

	drainage ditch backup into building/residence		
	other (describe)		
☑ Did the Discharge reach swimming water?	●Yes ○No ○Unknown		
Monitoring of the Receiving Water (i.e. visual survey or water quality sampling) Is	○complete ●ongoing ○not necessary		
	Cleaned? Yes No Disinfected? Yes No		
Are you aware of any other potential health or environmental impacts	●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	find ways to minimize I&I		
and/or public health	press release		
✓ Indicate Efforts to Notify Public (check all that apply)	*		
(check all that apply)	placement of signs		
	other reported on City Website		
	* Date Public Was Notified: 2/26/2020		
	Inotice not required because:		
✓ Indicate Other Officials Notified	County Health Department		
(check all that apply)	* Date Other Officials Were Notified: 2/26/2020  State Health Department		
	* Date Other Officials Were Notified: 2/26/2020		
	other		
	notice not required because:		
	Other States:		
Were any public water supply	○Yes   No		

Were any public water supply intake locations affected?

Facility	SSO	Report	ID
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N/A

## **General Comment**

General Report Comment and Explanation

General Report of our collection system but of our treatment process.