

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT

Permit Number: AL0048593 Facility County: Morgan
Permittee Name: Decatur Utilities Facility Name: Decatur Utilities Wwtp
Date/Time SSO Began: 2/6/2020 9:24:00 AM Is the SSO on-going? Yes No
Date/Time SSO Stopped: 2/8/2020 6:00:00 PM

Did the SSO occur during wet weather? Yes No

Was the SSO caused by an extreme weather event (e.g. hurricane)? No Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: 3166095.00 gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? Yes No

Date/Time of Notification: 2/6/2020 10:01:00 AM

Method of notification: Verbal/Telephone Electronic via eSSO Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- Manhole Lift Station Broken Line
 Cleanout Treatment Plant Other: _____

Location of Discharge:

Latitude: 34.590012 Longitude: -86.996005

Street address or narrative description of location:

Manhole #1041 located at 1108 6th Avenue SW

Known or suspected cause of the discharge:

Inflow and infiltration from 3.64 inches of rainfall from 2-4-2020 through 2-6-2020

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Dry Branch Creek

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

Was the affected area: 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 and/or public health:

The affected area was marked with a sign, cleaned via pressure washing, and disinfected by DU field personnel.

DU is continuing rehabilitation efforts to the sewer collection system to eliminate inflow and infiltration and to prevent future overflows.

Indicate efforts to notify public:

Press Release Date:

Placement of Signs Date: 02/06/2020

Other **Robotic Phone Calls** Date: 02/06/2020

Notice not required, because:

Indicate other officials notified:

County Health Department Date: 02/06/2020

State Health Department Date:

Other **City of Decatur Streets & Environmental Department** Date: 02/06/2020

Notice not required, because:

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: Date:

General Report Comment or Explanation:

Submitted By	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signature	Date/Time Submitted
Tom Cleveland		Signed by E2	2/10/2020 9:16:45 AM