Permit Number: AL0048593
Facility County: Morgan
Permittee Name: Decatur Utilities
Facility Name: Decatur Utilities Wwtp
Date/Time SSO Began: 2/10/2020 2:45:00 PM
Date/Time SSO Stopped: 2/15/2020 10:21:00 AM
Did the SSO occur during wet weather? (X) Yes ( ) No
Was the SSO caused by an extreme weather event (e.g. hurricane)? ( ) No (X) Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: 6936000.00 gallons
Estimated Volume Discharged Range:

( ) 1,000 ≥ gallons <10,000
( ) 10,000 ≥ gallons < 25,000
( ) 25,000 ≥ gallons <50,000
( ) 50,000 ≥ gallons <75,000
( ) 100,000 ≥ gallons < 250,000
( ) 250,000 ≥ gallons <500,000
( ) 75,000 ≥ gallons <1,000,000

Was the Department notified within 24 hours? (X) Yes ( ) No
Date/Time of Notification: 2/10/2020 3:05:00 PM
Method of notification: ( ) Verbal/Telephone (X) Electronic via eSSO ( ) Other:

If notification was not submitted via eSSO:
Person that notified the Department: ______________________ Phone Number: ________

Source of discharge event:

(X) 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 8.83 inches of rainfall from 2-4-2020 through 2-13-2020
Ultimate destination of discharge:
- [ ] Ground Absorbed
- [ ] Storm Drain
- [ ] Drainage Ditch
- [ ] Backup into Building/Residence
- [ ] Creek or River: Dry Branch Creek
- [ ] Other: 

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 of debris, 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: 02/10/2020
- [ ] Other  Robotic Phone Calls  Date: 02/10/2020
- [ ] Notice not required, because: 

Indicate other officials notified:
- [ ] County Health Department  Date: 02/10/2020
- [ ] State Health Department  Date: 
- [ ] Other  City of Decatur Streets & Environmental Department  Date: 02/10/2020
- [ ] 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  Signature  Date/Time Submitted
Billy Strobel  Signed by E2  2/15/2020 1:36:38 PM

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.