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NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.2

(Submission #: HPM-4EWX-TXSN1, version 1)

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00209377

Submission ID HPM-4EWX-TXSN1

Status Submitting

Form Input

General Instructions

Processing

NOTE: You should choose the correct status for this SSO notification/report EACH time you submit a notification/report.

If you are able to complete all of the information in the first submittal, please indicate the status of "Submit both the Initial 24-hour notification and 5-day report concurrently."

Indicate which of the following describes the status of this SSO notification/report:

Submit Initial 24-hour notification

Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?

Yes

Method of Initial Notification to ADEM:

Verbal/Telephone

Provide the Date/Time of the Initial Notification to ADEM:

Date	Time
8/22/2022	10:22 am

Person that notified the Department

First Name	Last Name	
Robert	Davis	
Phone Type	Number	Extension
Business	2519647644	

Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event?

Yes

Permittee Information

Permit Number
AL0060283

Permittee
Town Of Loxley

Facility/Site Information

Facility Name
Town of Loxley WWTP

Facility County
Baldwin

Assigned SSO ID

Assigned SSO ID
SSO-00209377

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
8/22/2022	06:35 am

Is the SSO on-going?
Yes



Did the SSO occur during wet weather?
Yes

Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?
No

Report Estimated Volume Discharged as
Range

Estimated Volume Discharged (Range)
10,000 < gallons <= 25,000

Indicate source of discharge event
Other (Please Describe)

Please describe the  Other  source(s) of the discharge event
Overflow at the wastewater flow equalization basin.

County in which SSO occurred (check all that apply)
Baldwin

Note
For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s):
[Map Help link](#)

Latitude/Longitude of discharge
30.61118,-87.76402

Note
Please specify either the street address or location description for the discharge

Street Address

NONE PROVIDED

City

NONE PROVIDED

State

AL

ZIP Code

NONE PROVIDED

Location Description

NONE PROVIDED

Known or suspected cause of the discharge

The wastewater flow equalization that is utilized to divert wastewater too during peak flow events is at 100% capacity and overflowing.

Destination of discharge

Creek or River

Provide the first named creek or river that receives the flow.

Corn Branch

Did the discharge enter an unnamed tributary prior to entering the first named creek or river listed above?

Yes

Did the discharge reach a designated swimming water?

Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:

Not Performed

Was the affected area cleaned?

No

Was the affected area disinfected?

No

Are you aware of any other potential health or environmental impacts?

No

SSO Event - Corrective Action

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

The City of Loxley is in the process of upgrading the existing outfall to accomodate peak flows that are currently restricted by an undersized outfall line.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

Indicate efforts to notify public (check all that apply):

Other (Please Describe)

Placement of Signs

Please describe the Other methods used to notify the public:

Posted on website.

Other Method of Public Notice Date:

8/22/2022

Date signs were placed:

8/22/2022

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

8/22/2022

Other States notified:

NONE PROVIDED

Were any public water supply intake locations affected?

No

Additional Attachments

Additional Attachments

NONE PROVIDED

Comment

NONE PROVIDED

General Comments

General Comments (Optional)

NONE PROVIDED

Status History

	User	Processing Status
8/22/2022 2:48:07 PM	Robert Davis	Draft
8/22/2022 3:04:30 PM	Robert Davis	Signing
8/22/2022 3:04:30 PM	Robert Davis	Submitting

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

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.

Signed Robert Davis on 08/22/2022 at 2:48 PM
By