OhioEPA

SANITARY SEWER OVERFLOW
ANNUAL REPORT

DATE:

FACILITY NAME:

OHIO NPDES PERMIT NO:

PERIOD COVERED BY REPORT:

CONTACT PERSON

NAME:

TITLE:

MAILING ADDRESS:

TELEPHONE:

EMAIL:

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS REPORT AND ALL ATTACHMENTS. BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REPORT, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Signature of Official

Date

Title

Click to clear all entered information (on all 5 pages of this form) CLEAR

SSO Annual Report Table 1: SSO Identification Ohio NPDES Permit No.:

Identification No.[A]	Location Description	Receiving Water[B]	Eliminated[C]

A. Assign each SSO location a unique identification by numbering them consecutively, beginning with 301.

B. Enter name of receiving water. If an SSO enters a storm sewer, enter "SS to (name of receiving water)". If an SSO does not reach a receiving water, enter "None".

C. If an SSO has been eliminated, enter the date of elimination (MM/DD/YY).

Use additional pages as needed.

SSO Annual Report Table 2: SSO Event Information Ohio NPDES Permit No.:

Date[A]	Identification No.[B]	Receiving Water[C]	Volume[D]

SSO Annual Report Table 3: Water In Basement Occurrences Ohio NPDES Permit No.:

Sewershed[A]	WIB Occurrences[B]	Causes[C]

SSO Annual Report: Water In Basement Narrative Ohio NPDES Permit No.:

Enter narrative analysis of WIB patterns by location, frequency and cause.