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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Sanitary Sewer Overflow  5-Day Follow Up Report**  Division of Surface Water | | | | |
| **Report Submitted By** | | | | | | | | |
| **Date:** | | |  | | | | | |
| **Facility name:** | | |  | | | | | |
| **Ohio NPDES permit no.:** | | |  | | | | | |
| **Period covered by report:** | | |  | | | | | |
| **Contact person** | | |  | | | | | |
|  | **Name:** | |  | | | | | |
|  | **Title:** | |  | | | | | |
|  | **Mailing address:** | |  | | | | | |
|  | **County:** | |  | | | | | |
|  | **Telephone:** | | (   )    - | | | | | |
|  | **Email:** | |  | | | | | |
| **Signature required at end of form** | | | | | | | | |
| **Overflow Information** | | | | | | | | |
| **Event start date and time – if multiple locations, include information for each** | | |  | | | | | |
| **Event end date and time** | | |  | | | | | |
| **Location(s) the SSO – include unique ID number of one exists** | | |  | | | | | |
| **Destination(s) of overflow** | | | Basement or building  Ground  Storm sewer to receiving water  Directly to receiving water | | | | | |
| **Specific receiving water(s) if applicable** | | |  | | | | | |
| **Estimated volume (million gallons) - if multiple locations, include volume for each** | | |  | | | | | |
| **Sewer system component(s) from which release occurred** | | | Manhole  Constructed overflow  Pipe crack  Pump station  Other (explain) | | | | | |
| **Cause(s) of overflow** | | | Extreme weather  Debris in line  Other blockages  Other (explain) | | Equipment failure  Roots  Line deterioration | | | Power failure  Grease  Vandalism |
| **Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones** | | |  | | | | | |
| **Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones** | | |  | | | | | |
| **Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones** | | |  | | | | | |
| **Additional information (attach additional pages, maps, etc. as needed)** | | |  | | | | | |
| **Certification:**  *I certify that I have personally examined and am familiar with the information in this report and all attachments. I believe that the information is true, accurate, and complete.* | | | | | | | | |
| **Name (typed):** | |  | | | | **Title:** |  | |
| **Signature:** | |  | | | | **Date:** |  | |