

Report User:
TJON0003

SSO ID:
19194

Print Date:
4/15/2021

*** require for
submission**

**require for
completion**

Report Form

Facility Name:

Fairhope WWTP

Permit Number:

AL0020842

* Date/Time SSO Began:

4/15/2021 8:27:00 AM

* Is SSO currently ongoing?

Yes No

Date/Time SSO Stopped:

4/15/2021 8:45:00 AM

Did the SSO occur during wet weather?

Yes No

Was the SSO caused by an extreme weather event (e.g. hurricane)?

Yes No

Report Estimated Volume as

Value Range

Estimated Volume

between 0.00 and 999.99 gal

Was the Department notified within

Yes No

24 hours?

(If report online, verbal notification is not required)

Date/Time of

4/15/2021 12:30:00 PM

Notification:

Method of

Verbal/Telephone Electronic via eSSO Other

notification:

Source of Discharge Event:

(check all that apply)

manhole lift station broken line

cleanout treatment plant other

* Location of Discharge(address,etc)
(not required if " Lat/Long of Discharge " is reported)

30.484045 -87.933092 ONE GRAND BLVD,POINT CLEAR, AL 36532

* Lat/Long of Discharge
(not required if " Location of Discharge " is reported)

Latitude: **30.484048**

Longitude: **-87.933103**

Known or Suspected Cause of Discharge

Heavy Rain and infiltration into system.

Ultimate Destination of Discharge
(check all that apply)

ground absorbed

creek or river (Provide name) **Mobile Bay (753)**

Un-named Tributary

storm drain

Did the Discharge reach swimming water?

Monitoring of the Receiving Water (i.e. visual survey or water quality sampling) Is

Was the affected area

Are you aware of any other potential health or environmental impacts

- drainage ditch
- backup into building/residence
- other (describe)

Yes No Unknown

complete ongoing not necessary

Cleaned? Yes No Disinfected? Yes No

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

Indicate Efforts to Notify Public (check all that apply)

Continue to find and repair infiltration into collection system.

press release

* Date Public Was Notified: **4/15/2021**

placement of signs

* Date Public Was Notified: **4/15/2021**

other

notice not required because:

County Health Department

* Date Other Officials Were Notified: **4/15/2021**

State Health Department

other

notice not required because:

Indicate Other Officials Notified (check all that apply)

Other States:

Were any public water supply intake locations affected?

Yes No

Facility SSO Report ID

N/A

General Comment

General
Report
Comment
and
Explanation

