

**Report User:**  
TJON0003

**SSO ID:**  
19193

**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 10:10:00 AM**

\* Is SSO currently ongoing?

Yes  No

Date/Time SSO Stopped:

**4/15/2021 11:00:00 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 12:27:00 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)

**18000 Quail**

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

Latitude: **30.487967**

Longitude: **-87.928242**

Known or Suspected Cause of Discharge

**Heavy rain in area causing 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 the 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

We have been smoke testing and repair and lining pipe in the area.

