



**SANITARY SEWER OVERFLOW  
ANNUAL REPORT**

**DATE:** 02/04/16

**FACILITY NAME:** Hoover woods WWTP

**OHIO NPDES PERMIT NO:** 4PA00006\*GD

**PERIOD COVERED BY REPORT:** 01/01/2015 - 12/31/2015

**CONTACT PERSON**

**NAME:** Mark Chandler

**TITLE:** Operations Superintendent

**MAILING ADDRESS:**

7767 Walker wood Blvd.  
Lewis Center OH. 43035

**TELEPHONE:** 740 - 549 - 1906

**EMAIL:** mchandler@co.delaware.oh.us

***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

2-5-16

Date

Operations Superintendent

Title







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

N/A
-----