



**SANITARY SEWER OVERFLOW
ANNUAL REPORT**

DATE: 02/04/16

FACILITY NAME: Lower Scioto Water Reclamation Facility

OHIO NPDES PERMIT NO: 4PK00004*BD

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

CONTACT PERSON

NAME: Mark Chandler

TITLE: Operations Superintendent

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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

SSO Annual Report Table 1: SSO Identification

Ohio NPDES Permit No.: 4PK00004*BD

Identification No. ^A	Location Description	Receiving Water ^B	Eliminated ^C
	N/A		

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.

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

N/A
