



**SANITARY SEWER OVERFLOW
ANNUAL REPORT**

DATE: 02/04/16

FACILITY NAME: Scioto Reserve Wastewater Reuse Facility

OHIO NPDES PERMIT NO: 4MP00009*BM

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

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

N/A