SANITARY SEWER OVERFLOW
ANNUAL REPORT

DATE: 01/19/17

FACILITY NAME: Scioto Reserve Wastewater Reuse Facility

OHIO NPDES PERMIT NO: 4MP00009*BM

PERIOD COVERED BY REPORT: 01/01/16-12/31/16

CONTACT PERSON

NAME: Mark Chandler

TITLE: Operations Superintendent

MAILING ADDRESS:
7767 Walker Wood Blvd.
Lewis Center, Ohio 43035

TELEPHONE: 740-833-2226

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

1-19-17
Date

Operations Superintendent
Title

Click to clear all entered information (on all 5 pages of this form) CLEAR

SSO Annual Report Table 1: SSO Identification Ohio NPDES Permit No.: 4MP00009*BM

Identification No.[A]	Location Description	Receiving Water[B]	Eliminated[C]
	None		

SSO Annual Report Table 2: SSO Event Information Ohio NPDES Permit No.: 4MP00009*BM

Date[A]	Identification No.[B]	Receiving Water[C]	Volume[D]
		N/A	
		None	

A. Enter date as "MM/DD/YY". Enter "Various" to summarize overflows of less than 1000 gallons from an SSO location.

B. Enter the unique identification assigned in Table 1.

C. 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".

D. Enter estimate of volume in MG (millions of gallons). Enter estimate of total volume if summarizing data.

Use additional pages as needed.

SSO Annual Report Table 3: Water In Basement Occurrences Ohio NPDES Permit No.: 4MP00009*BM

Sewershed[A]	WIB Occurrences[B]	Causes[C]
N/A	0	

SSO Annual Report: Water In Basement Narrative

Ohio NPDES Permit No.: 4MP00009*BM

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