



**SANITARY SEWER OVERFLOW  
ANNUAL REPORT**

**DATE:** 03/08/18

**FACILITY NAME:** Lower Scioto WRF

**OHIO NPDES PERMIT NO:** 4PK00004\*BD

**PERIOD COVERED BY REPORT:** 1/1/17 -12/31/17

**CONTACT PERSON**

**NAME:** Mark Chandler

**TITLE:** Operations Superintendent

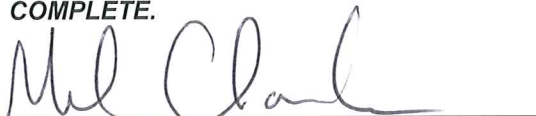
**MAILING ADDRESS:**

7767 Walker Wood Blvd.  
Lewis Center, Ohio 43035

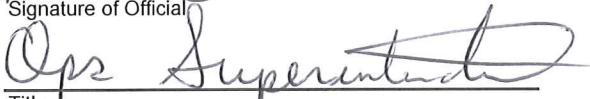
**TELEPHONE:** 740-833-2226

**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

3-13-18  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Title







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

301- We thought that the 6 in. force main air release went bad because the pit was full and we were using the 6 in. at that time after removing the wastewater we saw that the 12 in. force main was leaking at the clamp on the 12 in.



# Sanitary Sewer Overflow 5-Day Follow Up Report

Division of Surface Water

**Report Submitted By**

<b>Date:</b>	December 1 2017
<b>Facility name:</b>	Lower Scioto Water Reclamation Facility
<b>Ohio NPDES permit no.:</b>	4PK00004*CD
<b>Period covered by report:</b>	
<b>Contact person</b>	
<b>Name:</b>	Mark Chandler
<b>Title:</b>	Operations Superintendent
<b>Mailing address:</b>	7767 Walker Wood BLVD Lewis Center Oh. 43035
<b>County:</b>	Delaware
<b>Telephone:</b>	(740)833 - 5123
<b>Email:</b>	Mchandler@co.delaware.oh.us

**Signature required at end of form**

**Overflow Information**

<b>Event start date and time – if multiple locations, include information for each</b>	December 1 2017 at 8:00 Pm call came in about manhole leaking water. December 1 2017 at 8:45 pm delaware county collections crew on site.
<b>Event end date and time</b>	December 2 2017 at 1:00 am
<b>Location(s) the SSO – include unique ID number of one exists</b>	The SSO took place at 6600 st rt 745 is the closes address and it would be north west of the back side of that address. In an open field.
<b>Destination(s) of overflow</b>	<input type="checkbox"/> Basement or building <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
<b>Estimated volume (million gallons) - if multiple locations, include volume for each</b>	10,000.00 Gallons 0.01
<b>Sewer system component(s) from which release occurred</b>	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input type="checkbox"/> Pump station <input checked="" type="checkbox"/> Other (explain) Air release pit
<b>Cause(s) of overflow</b>	<input type="checkbox"/> Extreme weather <input checked="" type="checkbox"/> Equipment failure <input type="checkbox"/> Power failure <input type="checkbox"/> Debris in line <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Other blockages <input type="checkbox"/> Line deterioration <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (explain)



<b>Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones</b>	We thought that the 6 in force mains air release went bad because the pit was full and we were using the 6 in at that time after removing the wastewater we saw that the 12 in force main was leaking at the clamp. so we shut the 12 in force main off at the plant so that the 6 in force main could not back feed in to the 12 in. Which stop the leak.
<b>Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones</b>	We are going to have the 12 in. force main clamp fixed .
<b>Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones</b>	Check the air release pits more often
<b>Additional information (attach additional pages, maps, etc. as needed)</b>	

**Certification:**  
*I certify that I have personally examined and am familiar with the information in this report and all attachments. I believe that the information is true, accurate, and complete.*

**Name (typed):** Ricky Thomas \_\_\_\_\_ **Title:** Collections System manager \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_