

PERMIT NO.:

Date Rec'd:

Rec'd By:



WATER PROTECTION BUREAU

FORM
SSO

Sanitary Sewer Overflow (SSO) Event Form

This SSO report form is to be used by municipalities that have experienced an SSO. SSOs are discharges of wastewater (including that combined with rainfall induced infiltration/inflow) from a separate sanitary sewer prior to treatment at the wastewater treatment plant. SSOs typically release untreated sewage into basements or out of manholes and onto city streets, playgrounds, and into streams. SSOs can be attributed to the sanitary sewer collection system being improperly designed, operated and/or maintained. SSOs are a threat to public health and the environment. The submittal of this form will fulfill the five day written report requirement for your permit and Administrative Rules of Montana (ARM) 17.30.1342(12)(f)(i) provided: 1) the form is completely filled out, and 2) the form is received by the Department within 5 days of the 24 hour oral report.

Section A - Facility and Contact Information

Permit Number: _____
 Facility Name _____
 Mailing Address _____
 City, State, and Zip Code _____
 Name and Title of Person Reporting the Noncompliance _____
 Phone Number _____ Email _____

Section B - SSO Reporting Information

Date of SSO _____ Date Facility Became Aware of the SSO _____
 Start Time of SSO _____ End Time of SSO _____ Duration of SSO (hours) _____
 If SSO has not been corrected provide an anticipated time it is expected to continue _____

SSO Volume (gallons) _____ (An estimate is required if the actual volume is not known)
 Method for Determining SSO Volume _____
 24 hour Oral Notification Provided to DEQ Date _____ Time _____
 DEQ Person Contacted _____

Section C - SSO Location

Street Address of SSO _____
 Latitude and Longitude of SSO (if available) Lat _____ Long _____
 Name of Receiving Water _____
 Manhole Number _____

Section D - SSO Description

Cause of SSO

Impact of SSO (check at least one)

- SSO Reached Receiving Water
- SSO Reached Public Land Only
- SSO Affected Private Property
- Basement Backup
- SSO Occurred on Treatment Plant Grounds

System Component (If you check "Other" you must explain)

- Manhole
 - House Lateral
 - Pipe Failure
 - Other
 - Storm Drain
 - Constructed Emergency Outfall
 - Pump Station Failure
- Explain Other system Component

Section E – SSO Prevention and Mitigation

Steps Taken to Reduce, Prevent, and Mitigate (more than one can be checked. If you check "Other" you must explain)

- Removed Blockage
- Repaired Pipe
- Repaired Pump Station
- Other – please describe

Description in detail of steps taken to reduce, prevent, eliminate, and mitigate reoccurrence of the noncompliance

Section F - CERTIFICATION

Reporting Authorization: This section must be signed by a principal executive officer, a ranking elected official, or a duly authorized representative of that person [ARM 17.30.1323].

All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of a fine and imprisonment for knowing violations. [75-5-633, MCA]

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

Return this form to:

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-6697