

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: MT

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)

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

SSO Reached Receiving Water

Manhole

Storm Drain

SSO Reached Public Land Only

House Lateral

Constructed Emergency Outfall

SSO Affected Private Property

Pipe Failure

Basement Backup

Other

Pump Station Failure

SSO Occurred on Treatment Plant Grounds

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

Submit this form:

**Electronically:**  
FACTS

<https://deq.mt.gov/Public/FACTS>

**Mail:**

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