



Sanitary Sewer Overflow 5-Day Follow Up Report

Ohio EPA Form 4237
Revised 11/12

Report Submitted by:	
Date	
Facility Name	
Ohio NPDES Permit No.	
Period Covered by Report	
Contact Person Name	
Contact Person Title	
Mailing Address	
City, State, Zip	
County	
Telephone No.	
E-mail Address	

Signature required at end of form

Overflow Information	
Event start date and time – if multiple locations, include information for each	
Event end date and time	
Location(s) the SSO – include unique ID number if one exists	
Destination(s) of overflow	<input type="checkbox"/> Basement or building <input type="checkbox"/> Ground <input type="checkbox"/> Storm sewer to receiving water <input type="checkbox"/> Directly to receiving water
Specific receiving water(s) (if applicable)	
Estimated volume (million gallons) – if multiple locations, include volume for each	
Sewer system component(s) from which release occurred	<input type="checkbox"/> Manhole <input type="checkbox"/> Constructed overflow <input type="checkbox"/> Pipe crack <input type="checkbox"/> Pump station <input type="checkbox"/> Other (explain)
Cause(s) of overflow	<input type="checkbox"/> Extreme weather <input 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)

Steps taken or planned to eliminate and/or reduce the overflow – include schedule of major milestones	
Steps taken or planned to prevent reoccurrence of the overflow(s) – include schedule of major milestones	
Steps taken or planned to mitigate the impact(s) of the overflow(s) – include schedule of major milestones	
Additional information (attach additional pages, maps, etc. as needed)	

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.

Signature Date

Title