



# Sanitary Sewer Overflow 5-Day Follow Up Report

Ohio EPA Form 4237  
Issued 08/04

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	Basement or building      Ground      Storm sewer to receiving water 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	Manhole      Constructed overflow      Pipe crack      Pump station Other (explain)
Cause(s) of overflow	Extreme weather      Equipment failure      Power failure Debris in line      Roots      Grease Other blockages      Line deterioration      Vandalism Other (explain)

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

***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