

# NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQH-GTE6-G725W, version 1)

Digitally signed by:  
AEPACS  
Date: 2025.12.01 09:35:13 -06:00  
Reason: Submission Data  
Location: State of Alabama

## Details

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**Submission Alias** NPDES Sanitary Sewer Overflow (SSO) Event Report

**SSO ID** SSO-00213826

**Submission ID** HQH-GTE6-G725W

## Form Input

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### General Instructions

All publicly or privately owned wastewater treatment plants holding an NPDES permit are required to provide immediate notification to the Alabama Department of Environmental Management (ADEM), county public health officials, the public, and any other affected entity such as public water systems as soon as possible upon becoming aware of any notifiable sanitary sewer overflow (SSO) events.

A "notifiable SSO", as defined in ADEM Admin. Code r. 335-6-6-.02(hh), is an overflow, spill, release or diversion of wastewater from a sanitary sewer system that either (1) reaches a surface water of the State or (2) may imminently and substantially endanger human health based on potential for public exposure including but not limited to close proximity to public or private water supply wells or in areas where human contact would be likely to occur.

Immediate notification shall be provided within 24 hours of becoming aware of the event. This immediate notification may be made either verbally to the Department's SSO Hotline at (334) 274-4200 or electronically to the Department's Alabama Environmental Permitting and Compliance System (AEPACS) system. The follow-up report shall be submitted within five days of becoming aware of the SSO event using the Department's AEPACS system.

Special Note:

The Sanitary Sewer Overflow map allows users to see the locations of SSOs that have been reported to the Department. They are displayed on the map for 10 days after the SSO has ceased. The colors indicate the volume of the discharge.

Click on any dot on the map and a popup will display information about the SSO(s).

At the top of the popup that is displayed after clicking on a dot, there is a number that indicates the number of SSOs at that location. Users can cycle through them by clicking on the arrows at the top of the popup.


At the bottom of the popup is a link ("click for eFile") that will take users to SSOs reported from that facility. The eFile entries that appear are sorted by date from most recent to oldest and contain only SSO reports.

Users can zoom in and out by using the +/- buttons at the top left of the map, the scroll on their mouse, or by holding the Shift key down while clicking and dragging a box on the map to zoom in.

The Switch Basemap button at the top right of the page allows users to select a different basemap.  
[Please also be aware that the SSOs reported to the Department will appear on a public map here.](#)

## Processing

NOTE: You should choose the correct status for this SSO notification/report EACH time you submit a notification/report.

If you are able to complete all of the information in the first submittal, please indicate the status of  Submit both the Initial 24-hour notification and 5-day report concurrently."

**Indicate which of the following describes the status of this SSO notification/report:**

Submit Initial 24-hour notification

**Prior to submitting this notification/report through AEPACS, did you make the first notification of this SSO to the Department by a method other than AEPACS (e.g. SSO Hotline, Fax, Email)?**

No

**Regardless of the notification method used to first notify the Department of this SSO event (i.e. AEPACS, SSO hotline, fax, etc), was the initial notification made to the Department within 24 hours of becoming aware of the event?**

Yes

## **Permittee Information**

**Permit Number**

AL0042234

**Permittee**

Baldwin County Sewer Service, LLC

## **Facility/Site Information**

**Facility Name**

Spanish Fort Sewer WWTP

**Facility County**

Baldwin

## **Assigned SSO ID**

**Assigned SSO ID**

SSO-00213826

## **SSO Event - Information**

**Date/Time SSO Event Started:**

Date	Time
11/30/2025	09:00 pm

**Is the SSO on-going?**

No

**Date/Time SSO Event Stopped:**

Date	Time
11/30/2025	09:45 pm

**Did the SSO occur during wet weather?**

No

**Was the SSO caused by an extreme weather event (e.g. hurricane) that flooded the ENTIRE sewer system?**

No

**Note:**

If estimated volume discharged is known, the VALUE section should be completed. If you only select a RANGE, you should be aware that the estimated volume discharged will be considered to be the largest value of the range selected. Estimated volumes above 1,000,000 gallons must be entered as a VALUE.

**Report Estimated Volume Discharged as**

NONE PROVIDED

**Indicate source of discharge event**

NONE PROVIDED

**County in which SSO occurred (check all that apply)**

Baldwin

**Note**

For detailed information on how to place a point on the map, please click the Map Help link below. Also, when reporting for an SSO(s) caused by an extreme weather event, please specify a general location for the SSO(s):

[Map Help link](#)

**Latitude/Longitude of discharge**

30.687447,-87.815261

**Note**

Please specify either the street address or location description for the discharge

**Street Address**

Canopy Loop

**City**

NONE PROVIDED

**State**

AL

**ZIP Code**

NONE PROVIDED

**Location Description**

east side of road

**Known or suspected cause of the discharge**

NONE PROVIDED

**Destination of discharge**

NONE PROVIDED

**Did the discharge reach a designated swimming water?**

NONE PROVIDED

**Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:**

NONE PROVIDED

**Was the affected area cleaned?**

NONE PROVIDED

**Was the affected area disinfected?**

NONE PROVIDED

**Are you aware of any other potential health or environmental impacts?**

No

**SSO Event - Corrective Action**

**Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health.**

NONE PROVIDED

**Please attach supporting information, if applicable:**

NONE PROVIDED

**Comment**

NONE PROVIDED

**Indicate efforts to notify public (check all that apply):**

Placement of Signs

**Date signs were placed:**

11/30/2025

**Indicate Other Officials Notified (check all that apply):**

State Health Department

**State Health Department notification date:**

12/01/2025

**Other States notified:**

NONE PROVIDED

**Were any public water supply intake locations affected?**

No

## **Additional Attachments**

**Additional Attachments**

NONE PROVIDED

**Comment**

NONE PROVIDED

## **General Comments**

**General Comments (Optional)**

NONE PROVIDED

## Agreements and Signature(s)

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### **SUBMISSION AGREEMENTS**

- ☒ I am the owner of the account used to perform the electronic submission and signature.
- ☒ I have the authority to submit the data on behalf of the facility I am representing.
- ☒ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☒ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

*I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.*

**Signed**  
**By** david flesch on 12/01/2025 at 9:29 AM