

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQH-GTE6-G725W, version 2)

Digital signature by:
ADEM
Date: 2025.12.02 05:43:12 -06:00
Reason: Submission Data
Location: State of Alabama

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00213826

Submission ID HQH-GTE6-G725W

Form Input

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 the 5-day Report

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)?

Yes

Method of Initial Notification to ADEM:

Other: aepacs

Provide the Date/Time of the Initial Notification to ADEM:

Date	Time
12/01/2025	09:29 am

Person that notified the Department

First Name	Last Name	
David	Flesch	
Phone Type	Number	Extension
Business	2517472977	

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

Value

Estimated Volume Discharged (in gallons)

500

Indicate source of discharge event

Other (Please Describe)

Please describe the ◆Other◆ source(s) of the discharge event

check valve blew out

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

check valve blew out

Destination of discharge

Ground Absorbed

Other (Please Describe)

Please describe the ◊Other◊ destination(s) of the discharge:
pump truck

Did the discharge reach a designated swimming water?
No

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is:
Not Performed

Was the affected area cleaned?
Yes

Was the affected area disinfected?
Yes

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.

had pump truck on site for excess liquid and clean up, replaced check valve, cleaned and disinfected area with lime , placed sign out

Please attach supporting information, if applicable:

thumbnail_IMG_2939.jpg - 12/02/2025 05:35 AM
thumbnail_IMG_2941.jpg - 12/02/2025 05:35 AM
thumbnail_IMG_2943.jpg - 12/02/2025 05:36 AM
thumbnail_IMG_2944.jpg - 12/02/2025 05:36 AM
thumbnail_IMG_2952.jpg - 12/02/2025 05:36 AM

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

Revisions

Revision	Revision Date	Revision By
Revision 1	12/1/2025 6:17 AM	david flesch
Revision 2	12/2/2025 5:31 AM	david flesch

Agreements and Signature(s)

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 david flesch on 12/02/2025 at 5:38 AM
By

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ZIP Code

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Location Description

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Destination of discharge

Ground Absorbed

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State Health Department notification date:

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By



















**There has been a recent
sewer spill in this area.**

Even though the area has
been cleared and disinfected,
please be aware of possible
contamination.



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WELCOME