



ADEQ | APP Groundwater Section
 1110 W Washington Street
 Phoenix, Arizona 85007
 (602) 771-4651 (voicemail)
 Email to: APPContingencyReports@azdeq.gov

SANITARY SEWER OVERFLOW (SSO) REPORT FORM	
1. Facility Information:	
Name of Permittee:	
Facility Address:	Mailing Address:
APP Permit ID#:	Do you have an AZPDES Permit? If yes, provide your permit ID(s):
Contact Name:	Title:
Telephone #:	Email Address:
2. Spill Information:	
What date did the SSO occur?	What time did the SSO occur?
Latitude of SSO:	Longitude of SSO:
Duration of SSO (hours):	Volume of SSO (gallons):
What is the root cause of the SSO? Comments:	Did the SSO discharge to? If applicable, provide name of surface water, wash, or MS4:
Provide a brief description to the incident leading up to the SSO? :	
Are there any known or potential human impacts? Comments:	Are there any known or potential environmental impacts? Comments:

SSO REPORT FORM

What corrective actions were taken to clean up and resolve the SSO? (click all that apply)	
Short Term Actions:	Long-term Plans:
<input type="checkbox"/> Fix electrical problem	<input type="checkbox"/> Sewer rehabilitation
<input type="checkbox"/> Sweeping, cleaning and disinfection	<input type="checkbox"/> Upgrade pump station capacity
<input type="checkbox"/> Repair broken pipe	<input type="checkbox"/> Public education program
<input type="checkbox"/> Sewer flushing, rodding, blockage debris removal	<input type="checkbox"/> Increase routine cleaning frequency
<input type="checkbox"/> Catch basin cleaning, disinfection	<input type="checkbox"/> Evaluate off-road easement maintenance program
<input type="checkbox"/> Repair mechanical problems	<input type="checkbox"/> Pipe/manhole rehabilitation repair
<input type="checkbox"/> Access to public limited	<input type="checkbox"/> Evaluate FOG program
<input type="checkbox"/> Warning signs/tape posted	<input type="checkbox"/> Perform hydraulic capacity analysis
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Implement inflow and infiltration capacity analysis
	<input type="checkbox"/> Pump station repair
	<input type="checkbox"/> Pump station capacity evaluation
	<input type="checkbox"/> Force main maintenance and testing
	<input type="checkbox"/> Other (specify)
Is there any additional information that you would like to provide ADEQ regarding the SSO?	
Certification: I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.	
Signature: Title:	Date: