

Table of Contents

Table of Contents	1
NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form	2
(Submission #: HQS-2Y06-MP6B1, version 1)	2
Details	2
Form Input	2
General Instructions	2
Processing	2
Permittee Information	2
Facility/Site Information	2
Assigned SSO ID	3
SSO Event - Information	3
SSO Event - Corrective Action	4
Additional Attachments	4
General Comments	5
Status History	5
Agreements and Signature(s)	6

NPDES Sanitary Sewer Overflow (SSO) Event Reporting Form

version 1.5

(Submission #: HQS-2Y06-MP6B1, version 1)

Details

Submission Alias NPDES Sanitary Sewer Overflow (SSO) Event Report

SSO ID SSO-00214998

Submission ID HQS-2Y06-MP6B1

Status Submitting

Form Input

General Instructions

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 both the Initial 24-hour notification and 5-day report concurrently

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

AL0049042

Permittee

The Utilities Board of the City of Foley

Facility/Site Information

Facility Name

Foley WWTP

Facility County

Baldwin

Assigned SSO ID

Assigned SSO ID

SSO-00214998

SSO Event - Information

Date/Time SSO Event Started:

Date	Time
10/04/2026	03:21 pm

Is the SSO on-going?

No

Date/Time SSO Event Stopped:

Date	Time
10/04/2026	06:45 pm

Did the SSO occur during wet weather?

Yes

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

No

Report Estimated Volume Discharged as

Value

Estimated Volume Discharged (in gallons)

5940

Indicate source of discharge event

Manhole

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

30.3724013993737,-87.67467184748611

Note

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

Street Address

2919 S Juniper Street

City

Foley

State

AL

ZIP Code

36535

Location Description

Sanitary Sewer manhole adjacent to the Victoria Place lift station.

Known or suspected cause of the discharge

The lift station was out of service for the installation of a corrosion-resistant liner. During this time, the area experienced extreme weather with over 5 inches of rain falling in 12 hours, including peak intensity rates exceeding 2 inches per hour. This excessive inflow overwhelmed the manhole capacity. Once the overflow was identified, the lift station was brought back into service to facilitate pumping and mitigate the discharge.

Destination of discharge

Ground Absorbed
Drainage Ditch

Provide the first named creek or river that receives the flow.

Boggy Branch

Did the discharge enter an unnamed tributary prior to entering the first named creek or river listed above?

No

Did the discharge reach a designated swimming water?

Unknown

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.**

Our operators are working to identify the locations where rainwater is entering the gravity collection system and ultimately reaching the lift stations.

Please attach supporting information, if applicable:

NONE PROVIDED

Comment

NONE PROVIDED

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

Press Release

Press release date:

10/05/2026

Indicate Other Officials Notified (check all that apply):

County Health Department

County Health Department notification date:

10/05/2026

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

Status History

	User	Processing Status
10/5/2026 9:50:55 AM	Jason Skelton	Draft
10/5/2026 10:10:25 AM	Jason Skelton	Signing
10/5/2026 10:10:49 AM	Jason Skelton	Submitting

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
By Jason Skelton on 10/05/2026 at 10:10 AM