



December 2017

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program
Case Log

1

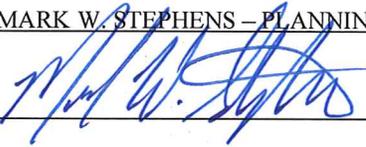
| General Information | |
|--|--|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 4-5-17 Start/End Time 12:30 PM - 2:45 P.M. |
| Location | MANHOLE |
| Latitude | 33.8086 Longitude -85.7672 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW AT MANHOLE DUE TO MAIN BLOCKAGE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WUG AND SB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: SSO WAS CORRECTED |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 4-5-17

SANITARY SEWER OVERFLOW EVENT REPORTING FORM

Permittee Name: Jacksonville Water Works, Gas and Sewer Board

Permit Number: AL0022586

Facility Name: Jacksonville City Of Wwtp Wwsb

County: Calhoun

Date/Time SSO Began: 4/5/2017 12:30:00 PM

Date/Time SSO Stopped: 4/5/2017 2:45:00 PM

Estimated Volume Discharged: _____ gallons () SSO is on-going

Estimated Volume is: () <1,000gal (X) >1,000gal () >10,000gal () >100,000gal () >1,000,000gal

Was Department verbally notified within 24 hours? () Yes (X) No Date/Time of Notification:

Person that verbally notified Department: _____ Phone Number:() - _____ ext.

Indicate source of discharge event: (X) manhole () lift station () broken line
() cleanout () treatment plant () other (describe):

Location of discharge (street address, etc.):

Lat/Long of discharge: 33.8086, -85.7672

Known or suspected cause of the discharge: Main blockage

Ultimate destination of discharge: () ground absorbed (X) creek or river (provide name): Tallasseehatchee Creek
() storm drain () drainage ditch
() backup into building/residence () other (describe):

Did the discharge reach swimming water? () Yes (X) No

Monitoring of the receiving water is: () complete (X) ongoing () not necessary

Was the affected area: () cleaned? () disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Routine Maintenance

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

() press release () placement of signs (X) other (describe): Place out cones

Date: _____ Date: _____ Date: 04/05/2017

() notice not required, because:

Indicate other officials notified (check all that apply):

(X) county health department () state health department () other (describe):

Date: 04/05/2017 Date: _____ Date: _____

() notice not required, because:

Other States notified: () Florida () Georgia () Mississippi () Tennessee

Were any public water supply intake locations effected? (X) No () Yes If yes, who was notified?

when was the notification made?



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

2

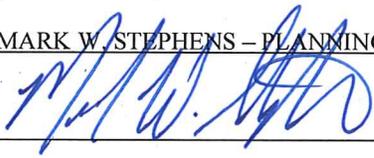
| General Information | |
|---|--|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 4-6-17 |
| Start/End Time | 7:30 AM - 9:00 AM |
| Location | 6 th STREET |
| Latitude | 33.8230 |
| Longitude | -85.7535 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW AT MANHOLE DUE TO MAIN STOPPED UP |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SIB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

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Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 4-6-17

SANITARY SEWER OVERFLOW EVENT REPORTING FORM

Permittee Name: Jacksonville Water Works, Gas and Sewer Board

Permit Number: AL0022586

Facility Name: Jacksonville City Of Wwtp Wwsb

County: Calhoun

Date/Time SSO Began: 4/6/2017 7:30:00 AM

Date/Time SSO Stopped: 4/6/2017 9:00:00 AM

Estimated Volume Discharged:

gallons

() SSO is on-going

Estimated Volume is: () <1,000gal (X) >1,000gal () >10,000gal () >100,000gal () >1,000,000gal

Was Department verbally notified within 24 hours? () Yes (X) No Date/Time of Notification:

Person that verbally notified Department:

Phone Number:() - ext.

Indicate source of discharge event: (X) manhole () lift station () broken line
() cleanout () treatment plant () other (describe):

Location of discharge (street address, etc.): 33.823061, -85.753570

Lat/Long of discharge: 33.8230, -85.7535

Known or suspected cause of the discharge: Main stopped up

Ultimate destination of discharge: () ground absorbed () creek or river (provide name):
(X) storm drain () drainage ditch
() backup into building/residence () other (describe):

Did the discharge reach swimming water? () Yes (X) No

Monitoring of the receiving water is: (X) complete () ongoing () not necessary

Was the affected area: (X) cleaned? () disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Routine Maintenance

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

() press release () placement of signs (X) other (describe): Placed out cones and pink ribbon

Date:

Date:

Date: 04/06/2017

() notice not required, because:

Indicate other officials notified (check all that apply):

(X) county health department () state health department () other (describe):

Date: 04/06/2017

Date:

Date:

() notice not required, because:

Other States notified: () Florida () Georgia () Mississippi () Tennessee

Were any public water supply intake locations effected? (X) No () Yes If yes, who was notified?

when was the notification made?



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

3

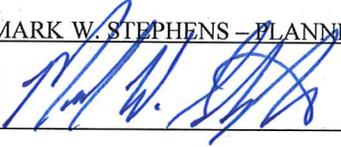
| General Information | |
|--|---|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 4-11-17 |
| Start/End Time | 2:00 PM - 4:00 PM |
| Location | |
| Latitude | 33.8023 |
| Longitude | -85.7752 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW AT MANHOLE DUE TO MAIN STOPPED UP. |
| Type of Investigation: | |
| <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

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Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 4-11-17

SANITARY SEWER OVERFLOW EVENT REPORTING FORM

Permittee Name: Jacksonville Water Works, Gas and Sewer Board

Permit Number: AL0022586

Facility Name: Jacksonville City Of Wwtp Wwsb

County: Calhoun

Date/Time SSO Began: 4/11/2017 2:00:00 PM

Date/Time SSO Stopped: 4/11/2017 4:00:00 PM

Estimated Volume Discharged:

gallons

() SSO is on-going

Estimated Volume is: () <1,000gal (X) >1,000gal () >10,000gal () >100,000gal () >1,000,000gal

Was Department verbally notified within 24 hours? () Yes (X) No Date/Time of Notification:

Person that verbally notified Department: Phone Number:() - ext.

Indicate source of discharge event: (X) manhole () lift station () broken line
() cleanout () treatment plant () other (describe):

Location of discharge (street address, etc.):

Lat/Long of discharge: 33.8023, -85.7752

Known or suspected cause of the discharge: Main Stopped up with rags, towels, and grease.

Ultimate destination of discharge: (X) ground absorbed () creek or river (provide name):
() storm drain () drainage ditch
() backup into building/residence () other (describe):

Did the discharge reach swimming water? () Yes (X) No

Monitoring of the receiving water is: (X) complete () ongoing () not necessary

Was the affected area: () cleaned? () disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Routine Maintenance

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

() press release () placement of signs (X) other (describe): Placed Out Cones and Pink Ribbon

Date: Date: Date: 04/11/2017

() notice not required, because:

Indicate other officials notified (check all that apply):

(X) county health department () state health department () other (describe):

Date: 04/11/2017 Date: Date:

() notice not required, because:

Other States notified: () Florida () Georgia () Mississippi () Tennessee

Were any public water supply intake locations effected? (X) No () Yes If yes, who was notified?

when was the notification made?



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#4

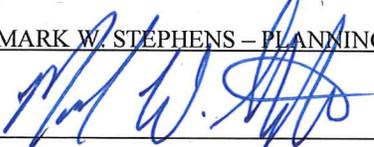
| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 5-31-17 Start/End Time 6:00 AM - 1:15 PM |
| Location | HWY 21 AND GREENLEAF STREET, SW |
| Latitude | 33.8040 Longitude -85.7611 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW AT MANHOLE DUE TO PARTIALLY CLOGGED PIPE (1" RAIN EVENT) |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WUGANDSB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

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Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 5-31-17

Submission Date: May 31 2017 1:45PM

SANITARY SEWER OVERFLOW EVENT REPORTING FORM

Permittee Name: Jacksonville Water Works, Gas and Sewer Board

Permit Number: AL0022586

Facility Name: Jacksonville City Of Wwtp Wwsb

County: Calhoun

Date/Time SSO Began: 5/31/2017 6:00:00 AM

Date/Time SSO Stopped: 5/31/2017 1:15:00 PM

Estimated Volume Discharged:

gallons

() SSO is on-going

Estimated Volume is: () <1,000gal (X) >1,000gal () >10,000gal () >100,000gal () >1,000,000gal

Was Department verbally notified within 24 hours? () Yes (X) No Date/Time of Notification:

Person that verbally notified Department:

Phone Number:() - ext.

Indicate source of discharge event: (X) manhole () lift station () broken line
() cleanout () treatment plant () other (describe):

Location of discharge (street address, etc.): Highway 21 and Green Leaf intersection

Lat/Long of discharge: 33.8040, -85.7611

Known or suspected cause of the discharge: Partially clogged pipe and over 1" rain event.

Ultimate destination of discharge: () ground absorbed () creek or river (provide name):
() storm drain (X) drainage ditch
() backup into building/residence () other (describe):

Did the discharge reach swimming water? () Yes (X) No

Monitoring of the receiving water is: (X) complete () ongoing () not necessary

Was the affected area: (X) cleaned? (X) disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

The maintenance department has been made aware of the overflow and should be put on a maintenance program.

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

() press release (X) placement of signs () other (describe):

Date:

Date: 05/31/2017

Date:

() notice not required, because:

Indicate other officials notified (check all that apply):

(X) county health department () state health department () other (describe):

Date: 05/31/2017

Date:

Date:

() notice not required, because:

Other States notified: () Florida () Georgia () Mississippi () Tennessee

Were any public water supply intake locations effected? (X) No () Yes If yes, who was notified?

when was the notification made?



STORMWATER
MANAGEMENT

City of Jacksonville
Illicit Discharge Detection and Elimination Program
Case Log

#4A

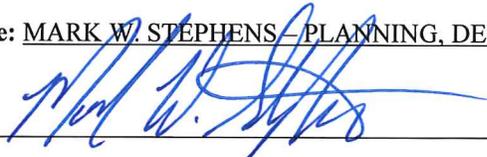
| General Information | |
|--|--|
| Responsible Party | XXXXXXXXXX XXXXXXXXXX BRANDON HARVEY |
| Date of Inspection | 6-1-17 Start/End Time 3:55 P.M |
| Location | 607 LINCOLN CREST SE |
| Latitude | N 33°47'42" Longitude N 85°45'12" |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | LIQUID WITH OILY SHEEN FLOWING FROM 4" PVC PIPE IN NE CORNER OF YARD |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| INITIAL INVESTIGATION - THERE IS POTENTIAL OF AN ILICIT DISCHARGE. LETTER WILL BE SENT TO REQUEST SITE ACCESS FOR FURTHER INVESTIGATION, RECEIVED A COMPLAINT BY TELEPHONE FROM FAYE COATS THAT LIVES AT 609 LINCOLN CREST, SE. | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IDDE/SWMP BROCHURE | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: |
| |
| |
| |
| |
| |
| |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

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Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 6-1-17

* NOT AN ILLICIT
DISCHARGE.



STORMWATER
MANAGEMENT

City of Jacksonville

Inspection and Correspondence Log

- 1) JUNE 1, 2017 - RECEIVED TELEPHONE CALL FROM FAYE COATS AT 609 LINCOLN CREST, SE THAT AN OILY SUBSTANCE WITH FOAM IS FLOWING FROM HER NEIGHBORS YARD AT 607 LINCOLN CREST, SE.
* MADE INITIAL INVESTIGATION - THERE IS A POTENTIAL ILLICIT DISCHARGE
- 2) JUNE 8, 2017 - MAILED LETTER TO ~~BRANDON HARVEY~~ BRANDON HARVEY AT 607 LINCOLN CREST, SE.
- 3) JUNE 9, 2017 - MADE SITE VISIT WITH CHRIS PATTERSON. WE WALKED TO REAR OF HARVEY PROPERTY. IT APPEARS LIQUID WITH OILY SUBSTANCE IS COMING FROM GROUND BETWEEN 603 AND 605 LINCOLN CREST, SE. CHRIS IS GOING TO PROVIDE SAMPLE BOTTLES AND I WILL GATHER SAMPLE FOR UTILITY DEPT. TO TEST.
- INTERNET RESEARCH DETERMINED THAT THIS MAY BE IRON AND/OR IRON BACTERIA IN THE WATER. WILL WAIT ON PROPERTY OWNER TO CALL AND SCHEDULE MEETING TO FURTHER INVESTIGATE.
- 4) JUNE 15, 2017 - BRANDON HARVEY CALLED, I EXPLAINED THE SITUATION. HE GAVE PERMISSION TO INVESTIGATE HIS PROPERTY.
- 5) JUNE ?, 2017 - OBTAIN WATER SAMPLE AND DELIVERED TO CHRIS PATTERSON AT WWTP FOR HIM TO PERFORM ANY TEST THAT HE COULD.



STORMWATER
MANAGEMENT

City of Jacksonville

Inspection and Correspondence Log

6) RESEARCH INDICATES THAT IT MAY BE IRON BACTERIA THAT IS NATURALLY OCCURING. WAITING ON TEST RESULTS

7) JUNE 16, 2017 - RECEIVED EMAIL FROM CHRIS PATTERSON, TEST INDICATE THAT IT IS NOT SEWER. CONCLUSION IS THAT IT IS NATURALLY OCCURING IRON BACTERIA.



Interagency Resource for Achieving Cooperation

IRAC's mission is to provide the forum and structure for governmental agencies to coordinate regulations that protect health, safety and the environment by speaking with one voice to provide clear environmental and regulatory direction that meets business and citizen needs.

Is that sheen contaminated water? What is that orange stuff?

Iron and Iron Bacteria in Water

Water quality inspectors receive calls about contaminated water or sheens that look like petroleum spills. Sometimes it may be a natural occurrence of iron bacteria.

What are iron bacteria?

Several kinds of microorganisms, including bacteria and protozoa, consume naturally occurring iron. They grow and multiply in stringy clumps in ponds, puddles, lakes, creeks and streams. They are a natural part of the environment in most parts of the world.



A result of the metabolic process of these microorganisms is the reaction of dissolved iron with oxygen from the air that forms yellow and red-colored iron oxides. These oxides do not dissolve in water. They sink to the bottom or are stored in slimy gelatinous material that surrounds iron bacteria cells. Chemically speaking, water-soluble bivalent iron (Fe^{2+}) is transformed (oxidized) into water-insoluble trivalent iron (Fe^{3+}).



What does water affected by iron bacteria look like?

In surface waters, slimy rust-colored material may be deposited on the bottom of water bodies, drains or on surrounding soils. Along with the rusty deposit there can be an iridescent sheen or oily-looking slick on the surface of the water called biofilm. It causes no environmental problems. In some areas, groundwater seepages leave harmless rust-colored stains on sidewalks and driveways.

Where is the iron coming from?

Iron is one of the most common elements found in nature; almost all water supplies contain measurable amounts of iron from iron-bearing soil or rock through which groundwater flows. Anaerobic groundwater (water that does not contain oxygen) seeps through the ground, cut banks and natural slide areas and retaining walls.



MAYOR
Johnny L. Smith
FCO/CITY ADMINISTRATOR
Jarrod Simmons
CITY CLERK
Antonia Rispoli Fanning



CITY COUNCIL
Sandra Fox Sudduth - President
Jerry Parris - President Pro-Tempore
Jimmy L. Harrell, Jr.
Tony Taylor
Coty Galloway

CITY OF JACKSONVILLE

June 8, 2017

Brandon Harvey
607 Lincoln Crest, SE
Jacksonville, AL 36265

Re: City of Jacksonville
Stormwater Management Program
Phase II Small MS4
ADEM NPDES Permit ALR040051
Illicit Discharge Notification

Dear Mr. Harvey:

In order for the City of Jacksonville to comply with the Alabama Department of Environmental Management (ADEM) National Pollutant Discharge Elimination System (NPDES) Permit ALR040051 for discharges from regulated Small Municipal Storm Sewer Systems (MS4), the City of Jacksonville was required to adopt a Stormwater Management Program (SWMP). One component of the SWMP is the Illicit Discharge Detection and Elimination (IDDE) Program, which creates a detection and elimination process for potential illicit discharges that cause stormwater pollution.

This letter shall serve as notice that on June 1, 2017, the City received a complaint of a potential illicit discharge from your property located at 607 Lincoln Crest, SE. The City investigated the complaint and it appears to be a liquid with an oily sheen flowing from a 4" pvc pipe located in the northeast corner of your yard and it may have the potential to cause stormwater pollution. The City requests that you schedule a meeting so we can access your property to further investigate the potential illicit discharge. Please contact my office immediately upon receipt of this letter in order to schedule a meeting.

If you have any questions or to schedule a meeting please call the City of Jacksonville Planning and Building Department at (256) 782-3840.

Sincerely,

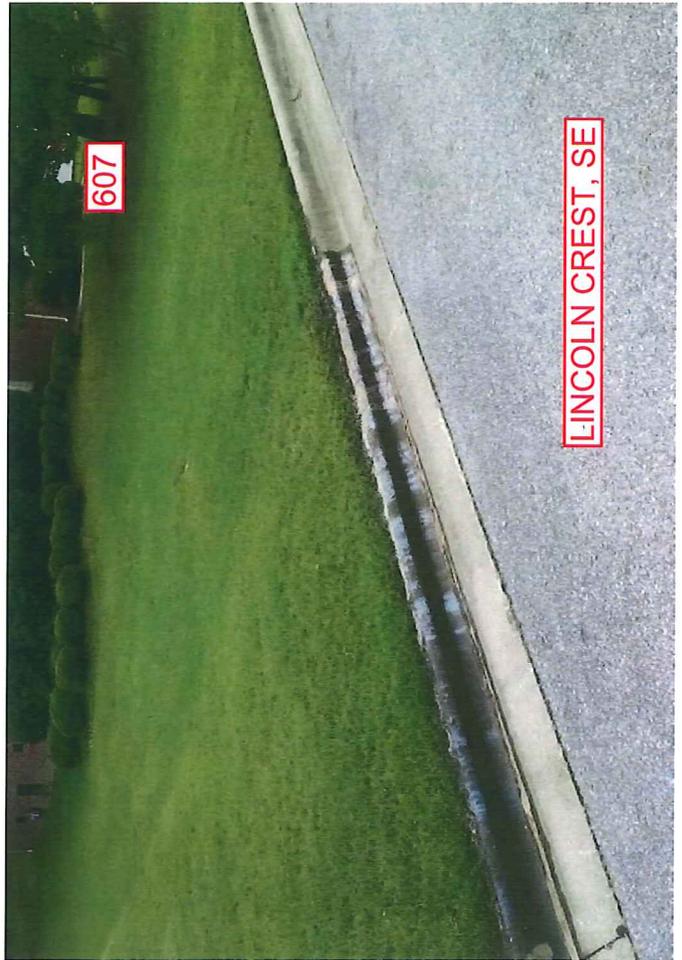
Mark W. Stephens, BSCE, CPESC
Planning, Development &
Stormwater Director

Enclosures: photos, SWMP and IDDE brochures



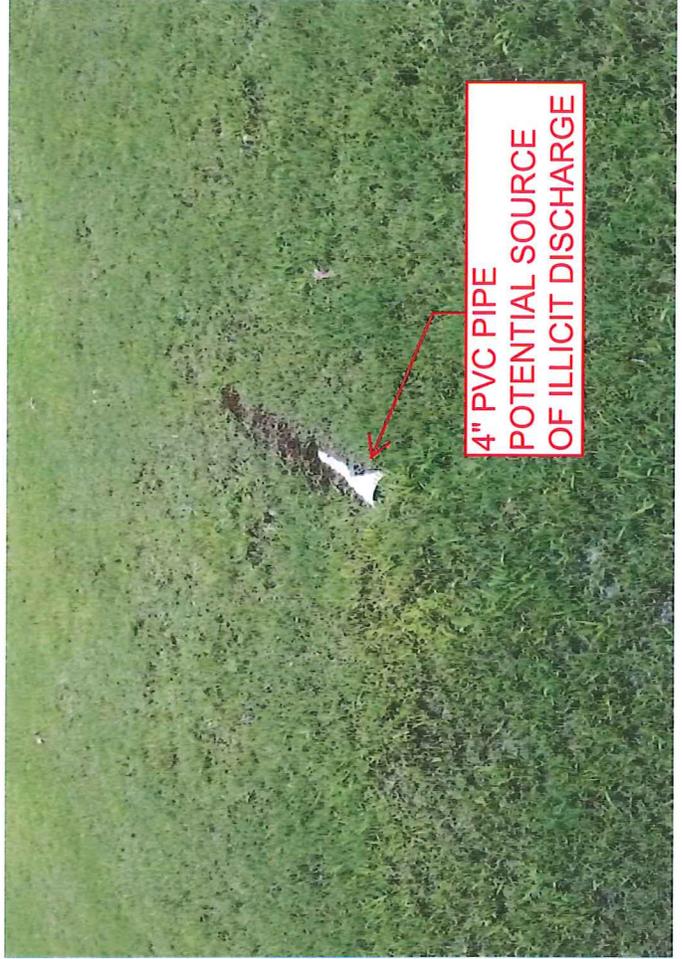
LIQUID WITH OILY SHEEN

BRANDON HARVEY
607 LINCOLN CREST, SE
(6-1-17)

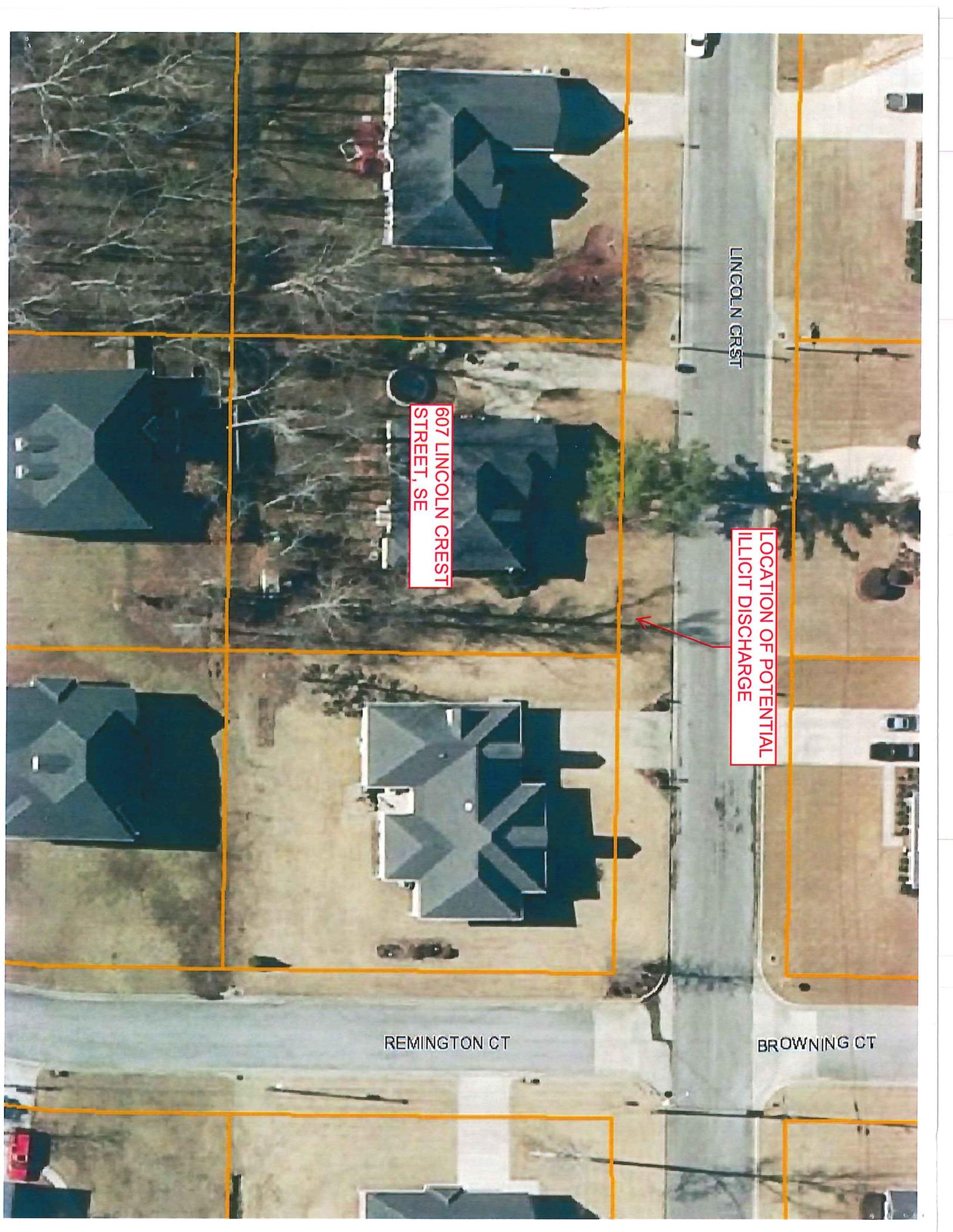


607

LINCOLN CREST, SE



4" PVC PIPE
POTENTIAL SOURCE
OF ILLICIT DISCHARGE



LINCOLN CRST

LOCATION OF POTENTIAL
ILLICIT DISCHARGE

607 LINCOLN CREST
STREET, SE

REMINGTON CT

BROWNING CT

FROM CHRIS PATTERSON
TEXTED (6-16-17)
HE SAYS NOT SEWER

PH - 6.00 23.0°C
DO - 6.01
NH₃-N - .19
TSS - 69

Legacy Blvd.



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#5

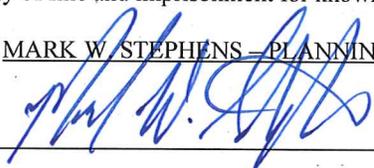
| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 7-21-17 Start/End Time 4:00 PM - 8:00 PM |
| Location | |
| Latitude | 33.8103 Longitude -85.7612 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW AT MANHOLE DUE TO LARGE AMOUNT OF GREASE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY TITE WUGANDSB PERMIT NO. ALD022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 7-21-17

Submission Date: Jul 21 2017 8:11PM

SANITARY SEWER OVERFLOW EVENT REPORTING FORM

Permittee Name: Jacksonville Water Works, Gas and Sewer Board

Permit Number: AL0022586

Facility Name: Jacksonville City Of Wwtp Wwsb

County: Calhoun

Date/Time SSO Began: 7/21/2017 4:00:00 PM

Date/Time SSO Stopped: 7/21/2017 8:00:00 PM

Estimated Volume Discharged:

gallons

() SSO is on-going

Estimated Volume is: () <1,000gal () >1,000gal () >10,000gal () >100,000gal () >1,000,000gal

Was Department verbally notified within 24 hours? () Yes () No Date/Time of Notification:

Person that verbally notified Department: Phone Number:() - ext.

Indicate source of discharge event: () manhole () lift station () broken line
() cleanout () treatment plant () other (describe):

Location of discharge (street address, etc.):

Lat/Long of discharge: 33.8103, -85.7612

Known or suspected cause of the discharge:

Large Amount Of Grease

Ultimate destination of discharge: () ground absorbed () creek or river (provide name):
() storm drain () drainage ditch
() backup into building/residence () other (describe):

Did the discharge reach swimming water? () Yes () No

Monitoring of the receiving water is: () complete () ongoing () not necessary

Was the affected area: () cleaned? () disinfected?

Describe corrective actions taken, plans to eliminate future discharges, and actions or plans to mitigate impacts to the environment and/or public health (attach additional sheets if necessary):

Enforce grease trap pumping on all businesses in area.

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

() press release () placement of signs () other (describe):

Date: Date: Date:

() notice not required, because:

Indicate other officials notified (check all that apply):

() county health department () state health department () other (describe):

Date: 07/21/2017 Date: Date:

() notice not required, because:

Other States notified: () Florida () Georgia () Mississippi () Tennessee

Were any public water supply intake locations effected? () No () Yes If yes, who was notified?

when was the notification made?



December 2017

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program
Case Log

#6

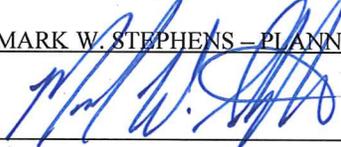
| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 11-13-17 Start/End Time 2:54 PM - 3:00 PM |
| Location | INTERSECTION OF ALEXANDRA ROAD, SW AND C STREET, SW |
| Latitude | 33.811018 Longitude - 85.771571 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW DUE TO BROKEN LINE (ROOTS AND BRICK) |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WUG AND SB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em; color: blue;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 11-13-17

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: [redacted] Other: [redacted]

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

[redacted]

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

Sewer crew unstopped the line ,which stopped the sso. The sewer crew is in the process of videoing the line to see what the corrective action will be on 11/14/17 to prevent future discharges in this area.

Indicate efforts to notify public:

Press Release Date: [redacted]
 Placement of Signs Date: 11/13/2017
 Other [redacted] Date: [redacted]
 Notice not required, because: [redacted]

Indicate other officials notified:

County Health Department Date: 11/14/2017
 State Health Department Date: [redacted]
 Other [redacted] Date: [redacted]
 Notice not required, because: [redacted]

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: [redacted] Date: [redacted]

General Report Comment or Explanation:

[redacted]

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|-----------------------|
| Chris Patterson | | Signed by E2 | 11/14/2017 7:08:07 AM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#17

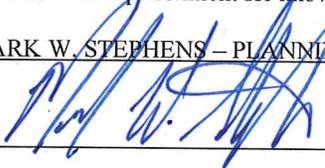
| General Information | |
|---|--|
| Responsible Party | JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD |
| Date of Inspection | 11-16-17 |
| Start/End Time | 9:15 AM - 2:00 PM |
| Location | ON 12 th STREET, NE BETWEEN 2 nd AVE, NE AND 3 rd AVE, NE |
| Latitude | 33.832057 |
| Longitude | -85.758553 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SANITARY SEWER OVER-FLOW DUE TO STOPPED UP LINE (ROOTS) |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY TITE WWG AND SB PERMIT No. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: SSO WAS CORRECTED |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 11-16-17

Ultimate destination of discharge:

(X) Ground Absorbed () Storm Drain (X) Drainage Ditch () Backup into Building/Residence

() Creek or River: [redacted] () Other: [redacted]

Did the discharge reach swimming water? () Yes (X) No () Unknown

Monitoring of the receiving water (i.e. visual survey or water quality sampling) is: (X) Complete () Ongoing () Not Necessary

Was the affected area: Cleaned? (X) Yes () No Disinfected? (X) Yes () No

Are you aware of any other potential health or environmental impacts? (X) No () Yes If Yes, please describe:

[redacted]

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

Sewer crew unstopped the line which caused the sso. The sewer crew will be videoing the line on 11-17-17 to see if future action will be necessary.

Indicate efforts to notify public:

() Press Release Date: [redacted]
(X) Placement of Signs Date: 11/16/2017
() Other [redacted] Date: [redacted]
() Notice not required, because: [redacted]

Indicate other officials notified:

(X) County Health Department Date: 11/16/2017
() State Health Department Date: [redacted]
() Other [redacted] Date: [redacted]
() Notice not required, because: [redacted]

Other states notified: () Florida () Georgia () Mississippi () Tennessee

Were any public water supply intake locations affected? (X) No () Yes

If Yes, who was notified: [redacted] Date: [redacted]

General Report Comment or Explanation:

[redacted]

Table with 4 columns: Submitted By, Signature, Date/Time Submitted, and a large text area for certification. Submitted By: Chris Patterson, Signature: Signed by E2, Date/Time Submitted: 11/16/2017 5:05:40 PM.



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

7A

| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WWG & S BOARD |
| Date of Inspection | 12-1-17 |
| Start/End Time | 2:00 PM - 3:00 PM |
| Location | 2027 KAY DRIVE, SW |
| Latitude | 33.807574 |
| Longitude | -85.768202 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT CLEANOUT DUE TO ROOTS |
| Type of Investigation: | |
| <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SB PERMIT No. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-1-17

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 12/1/2017 2:00:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/1/2017 3:00:00 PM

Did the SSO occur during wet weather? () Yes (X) No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: 15.00 gallons

Estimated Volume Discharged Range:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | () 1,000 ≥ gallons <10,000 | () 10,000 ≥ gallons <25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| () 100,000 ≥ gallons <250,000 | () 250,000 ≥ gallons <500,000 | () 500,000 ≥ gallons <750,000 |
| () 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 12/1/2017 12:19:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station () Broken Line
(X) Cleanout () Treatment Plant () Other: _____

Location of Discharge:

Latitude: 33.807574 Longitude: -85.768202

Street address or narrative description of location:

2027 Kay Dr.

Known or suspected cause of the discharge:

Roots

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

 Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Line has been cleared of roots.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 12/01/2017
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 12/01/2017
 State Health Department Date: _____
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 12/1/2017 4:24:03 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

7B

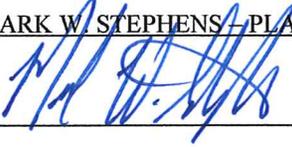
| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WWG AND S BOARD |
| Date of Inspection | 12-6-17 |
| Start/End Time | 12:15 PM - 1:00 PM |
| Location | HWY 21 IN FRONT OF JACKS |
| Latitude | 33.809915 |
| Longitude | -85.761315 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO GREASE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND S/B PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-6-17

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 12/6/2017 12:15:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/6/2017 1:00:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 12/6/2017 2:00:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.809915 Longitude: -85.761315

Street address or narrative description of location:

HWY 21 in front of Jacks.

Known or suspected cause of the discharge:

Grease

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Cleaned clogged line. We are going to go back to the area and inspect grease traps.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 12/06/2017
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 12/06/2017
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 12/6/2017 2:01:16 PM |



December 2017

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program # 8
Case Log

| General Information | |
|--|--|
| Responsible Party | EUGENE C. SUTLEY |
| Date of Inspection | 12-11-17 |
| Location | 101 PELHAM ROAD SOUTH |
| Latitude | N 33° 48' 51" |
| Longitude | W 85° 45' 39" |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | UNAUTHORIZED DISCHARGE FROM CARWASH BUSINESS |
| Type of Investigation: | |
| <input checked="" type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| CARWASH BUSINESS IS OPERATING AT THIS LOCATION. WATER FROM CAR WASHING ACTIVITY IS RUNNING INTO THE CITY'S STORM SEWER SYSTEM. ADEM PERMIT NO. ALR040051 DOES NOT ALLOW THIS TYPE OF DISCHARGE. | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email CERTIFIED | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: IMMEDIATELY | |

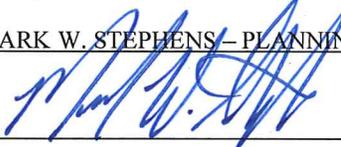
- LETTER
- 1) MAILED & CERTIFIED ON 12-11-17 (RETURNED/UNCLAIMED 1-8-18)
 - 2) MAILED LETTER REG. MAIL ON 1-8-18

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: LETTER STATED THAT CAR WASHING ACTIVITY MUST BE MOVED INSIDE, WATER ROUTED TO AN OIL/WATER SEPERATOR AND CONNECTED TO CITY'S SANITARY SEWER. |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  Date: 12-11-17



Inspection and Correspondence Log

101 PELHAM ROAD SOUTH

- 1) UNAUTHORIZED DISCHARGE FROM CARWASH BUSINESS
12-11-17
- 2) 12-11-17 MAILED CERTIFIED LETTER TO OWNER.
- 3) 1-8-18 MAILED LETTER TO OWNER.
- 4) DISCUSSED ISSUE WITH CAR WASH OPERATOR
MANY TIMES. HE SAID THE OWNER WAS
TAKING CARE OF THE IMPROVEMENTS.
- 5) 4-2-18 MAILED CERTIFIED LETTER TO
OWNER STATING CAR WASH ACTIVITY
MUST STOP WITHIN THREE WEEKS IF
PROBLEM IS NOT RESOLVED.
- 6) 5-2-18 MAYOR GIVE TWO WEEK EXTENSION
- 7) 5-18-18 MAYOR SAYS IF EQUIPMENT IS THE
HOLD-UP HE CAN CONTINUE TO WASH.



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#9

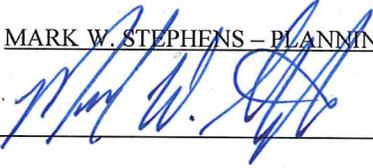
| General Information | |
|---|--|
| Responsible Party | EDWARD AND SHEILA JEAN SAMPSON |
| Date of Inspection | 12-11-17 |
| Location | 119 DRAYTON STREET, SE |
| Latitude | N 33°48'45" |
| Longitude | W 85°45'38" |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | UNAUTHORIZED DISCHARGE FROM CARWASH BUSINESS |
| Type of Investigation: | |
| <input checked="" type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| <p>A CARWASH BUSINESS IS OPERATING AT THIS LOCATION. WATER FROM CAR WASHING ACTIVITY IS RUNNING INTO THE CITY'S STORM SEWER SYSTEM. ADEM PERMIT NO. ALR040051 DOES NOT ALLOW THIS TYPE OF DISCHARGE.</p> | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email CERTIFIED | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: IMMEDIATELY | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: LETTER STATED THAT CAR WASHING ACTIVITY MUST BE MOVED INSIDE, WATER Routed TO AN OIL/WATER SEPERATOR AND CONNECTED TO CITY'S SANITARY SEWER. |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-11-17

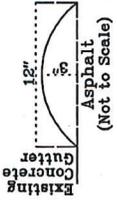


STORMWATER
MANAGEMENT

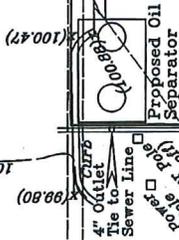
Inspection and Correspondence Log

119 DRAYTON STREET, SE

- 1) 12-11-17 UNAUTHORIZED DISCHARGE FROM CARWASH BUSINESS
- 2) 12-11-17 MAILED CERTIFIED LETTER TO OWNER.
- 3) CARWASH OPERATOR CONTACTED ENGINEER (BOBBY BAILEY)
TO DESIGN OIL/WATER SEPARATOR THAT ALLOWS
CAR WASH RUNOFF TO ENTER BEFORE FLOWING
INTO CITY'S SANITARY SEWER.
- 4) 1-23-18 PLANS RECEIVED
- 5) OIL/WATER SEPARATOR WAS INSTALLED
DURING FEBRUARY
- 6) 3-13-18 FINAL INSPECTION PERFORMED.

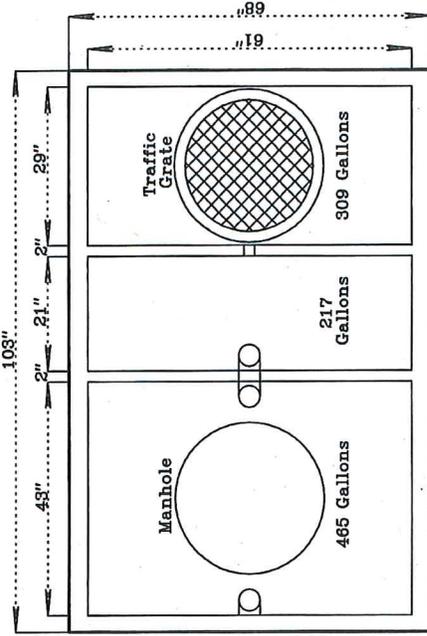


DRAYTON STREET SE

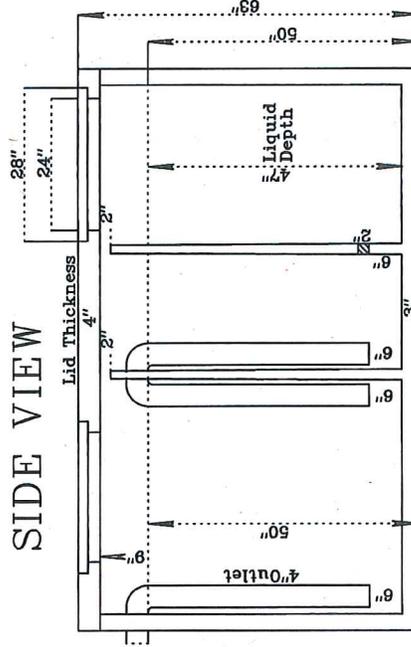


Existing 15" Pipe

TOP VIEW



SIDE VIEW



Oil Separator
(Not to Scale)



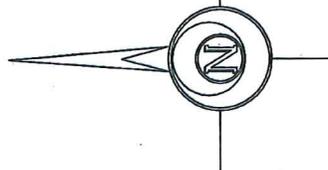
JOB #17-351 (Revised-2)

ITEMS IN PARENTHESES ARE AS RECORDED

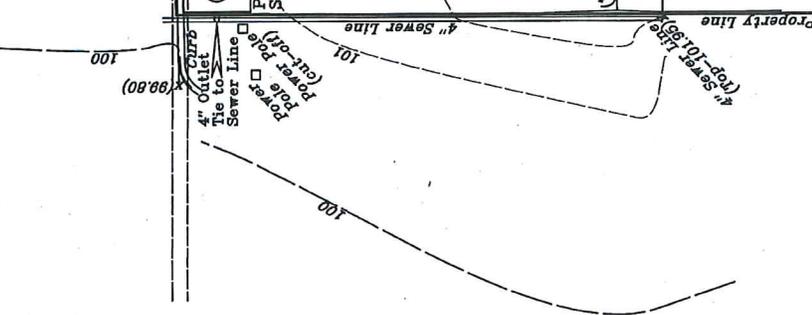
* NOT VALID UNLESS SEALED WITH EMBOSSED SEAL OR STAMPED WITH RED INK SEAL

LEGEND

- * Elevations are Relative
- * Curbs in Servals One Foot (101.28) - Spot Elevation



ENGINEER
STATE OF FLORIDA
No. 11751



J.B.'S QUALITY CAR CARE - REVISED

The accompanying plot plan and oil separator is specifically addressed to minimize cost and complexity of operation and maintenance while still providing adequate prevention of contaminated water intruding on the storm sewer system. Therefore, the prevention of surface runoff during a rain fall event is imperative. To prevent said intrusion, the standard solid lid is provided which shall be installed atop the grate in the separator during any rainfall event and during hours when employees are not present. The lid may be removed when runoff from the last rain event ceases to flow. Additionally, the existing back of curbing will serve as a fail-safe to nominal runoff which may bypass the grate.





December 2017

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program
Case Log

#10

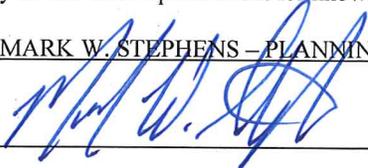
| General Information | |
|---|--|
| Responsible Party | DOUG AND MARCIA LIPSEY |
| Date of Inspection | 12-11-17 |
| Location | 207 PELHAM ROAD SOUTH |
| Latitude | N 33° 48' 45" |
| Longitude | W 85° 45' 42" |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | UNAUTHORIZED DISCHARGE FROM CARWASH BUSINESS |
| Type of Investigation: | |
| <input checked="" type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| CARWASH BUSINESS IS OPERATING AT THIS LOCATION. WATER FROM CAR WASHING ACTIVITY IS RUNNING INTO THE CITY'S STORM SEWER SYSTEM. ADEM PERMIT NO. ARO40051 DOES NOT ALLOW THIS TYPE OF DISCHARGE | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email CERTIFIED | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: IMMEDIATELY | |

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: |
| LETTER STATED THAT CAR WASHING ACTIVITY MUST BE MOVED INSIDE, WATER Routed TO AN OIL/WATER SEPERATOR AND CONNECTED TO THE CITY'S SANITARY SEWER. |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-11-17



Inspection and Correspondence Log

207 PELHAM ROAD SOUTH

- 1) 12-11-17 UNAUTHORIZED DISCHARGE FROM CARWASH BUSINESS.
- 2) 12-11-17 MAILED CERTIFIED LETTER TO OWNER.
- 3) SPOKE WITH OWNER AND OPERATOR SEVERAL TIMES. OWNER SAID IT WAS THE OPERATOR'S RESPONSIBILITY TO INSTALL ANY IMPROVEMENTS
- 4) 4-2-18 MAILED CERTIFIED LETTER GIVING THREE WEEKS TO COMPLY OR STOP WASHING.
- 5) AS OF MAY 21, 2018 NO WASHING HAS OCCURRED IN SEVERAL WEEKS.



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

11

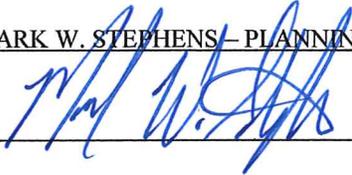
| General Information | |
|---|--|
| Responsible Party | JACKSONVILLE WWG AND S BOARD |
| Date of Inspection | 12-18-17 |
| Start/End Time | 2:00 PM - 2:20 PM |
| Location | INTERSECTION OF CHURCH AVE, SE AND GARDNER DRIVE, SE |
| Latitude | 33.805101 |
| Longitude | -85.759943 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO GREASE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

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Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-18-17

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 12/18/2017 2:00:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/18/2017 2:20:00 PM

Did the SSO occur during wet weather? () Yes (X) No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 12/18/2017 2:45:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.805101 Longitude: -85.759943

Street address or narrative description of location:

Intersection of Church Ave and Gardner Dr in the ditch.

Known or suspected cause of the discharge:

Grease

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
 Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

The sewer crew jetted the line and freed it of the blockage. The crew will be back in the area tomorrow looking for other areas that need jetting to prevent future sso.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 12/18/2017
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 12/18/2017
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|-----------------------|
| Chris Patterson | | Signed by E2 | 12/18/2017 3:03:39 PM |



December 2017

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program
Case Log

#12

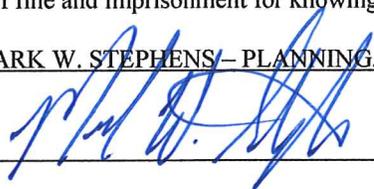
| General Information | | | |
|---|---|----------------|--------------------|
| Responsible Party | JACKSONVILLE WWG AND S BOARD | | |
| Date of Inspection | 12-20-17 | Start/End Time | 11:00 AM - 1:30 PM |
| Location | 1007 ALEXANDRIA-JACKSONVILLE HWY - LOT 45 | | |
| Latitude | 33.800031 | Longitude | -85.774220 |
| Inspector's Name(s) | MARK W. STEPHENS | | |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR | | |
| Inspector's Contact Information | (256) 782-3840 | | |
| Inspector's Qualifications | CPESC #5132 | | |
| Type of suspected illicit discharge or connection | SSO AT CLEANOUT DUE TO MAIN BLOCKAGE | | |
| Type of Investigation: | <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | | |
| Investigation Results | | | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND S/B PERMIT NO. ALO022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | | | |
| Responsible party contacted | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | | |
| Responsible party was provided a copy of the IDDE Ordinance: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-20-17

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 12/20/2017 11:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/20/2017 1:30:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 12/20/2017 12:50:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station () Broken Line
(X) Cleanout () Treatment Plant (X) Other: service line

Location of Discharge:

Latitude: 33.800031 Longitude: -85.774220

Street address or narrative description of location:

1007 Alexandria Jacksonville Hwy Lot45

Known or suspected cause of the discharge:

Main is clogged causing the sewer to back up into the service and coming out were the service line is cracked.

Ultimate destination of discharge:

- Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
- Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

The sewer crew jetted and cleared the main.

Indicate efforts to notify public:

- Press Release Date: _____
- Placement of Signs Date: 12/20/2017
- Other Roped off area Date: 12/20/2017
- Notice not required, because: _____

Indicate other officials notified:

- County Health Department Date: _____
- State Health Department Date: 12/20/2017
- Other _____ Date: _____
- Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|-----------------------|
| Chris Patterson | | Signed by E2 | 12/20/2017 2:02:13 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

13

| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WWG AND S BOARD |
| Date of Inspection | 12-22-17 |
| Start/End Time | 11:00 AM - 10:00 PM |
| Location | 1015 7th STREET, NE |
| Latitude | 33.82458 |
| Longitude | -85.748007 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO BROKEN MAIN THAT WAS OBSTRUCTED |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-22-17

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 12/22/2017 11:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/22/2017 10:00:00 PM

Did the SSO occur during wet weather? () Yes (X) No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | (X) 1,000 ≥ gallons <10,000 | () 10,000 ≥ gallons < 25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| () 100,000 ≥ gallons < 250,000 | () 250,000 ≥ gallons <500,000 | () 500,000 ≥ gallons <750,000 |
| () 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 12/22/2017 11:40:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station (X) Broken Line
() Cleanout () Treatment Plant () Other: _____

Location of Discharge:

Latitude: 33.824458 Longitude: -85.748007

Street address or narrative description of location:

1015 7th St

Known or suspected cause of the discharge:

Broken main that is obstructed.

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

The pipe that was broke has been cut out and replaced.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 12/22/2017
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 12/22/2017
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|------------------------|
| Chris Patterson | | Signed by E2 | 12/22/2017 11:41:42 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#14

| General Information | |
|--|---|
| Responsible Party | JACKSONVILLE WWG AND S BOARDS |
| Date of Inspection | 12-28-17 |
| Location | INTERSECTION OF ALEXANDRIA ROAD, SW AND CST., SW |
| Latitude | 33.811018 |
| Longitude | -85.771571 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO BROKEN LINE BLOCKAGE WITH ROOTS & BRICKS |
| Type of Investigation: | <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SB PERMIT No. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 12-28-17

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 12/28/2017 11:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/28/2017 12:00:00 PM

Did the SSO occur during wet weather? () Yes (X) No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons <25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons <250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 12/28/2017 6:10:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station (X) Broken Line
() Cleanout () Treatment Plant () Other: _____

Location of Discharge:

Latitude: 33.811018 Longitude: -85.771571

Street address or narrative description of location:

Intersection of Alexandria Rd and C St.

Known or suspected cause of the discharge:

Roots and bricks

Ultimate destination of discharge:

- Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
- Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

The sewer crew unstopped blockage. They will be back in the area to find the underlying problem and resolve it.

Indicate efforts to notify public:

- Press Release Date: _____
- Placement of Signs Date: 12/28/2017
- Other _____ Date: _____
- Notice not required, because: _____

Indicate other officials notified:

- County Health Department Date: _____
- State Health Department Date: 12/28/2017
- Other _____ Date: _____
- Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|-----------------------|
| Chris Patterson | | Signed by E2 | 12/28/2017 6:07:52 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#15

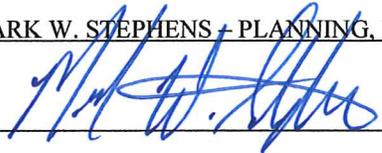
| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WWG AND S BOARD |
| Date of Inspection | 1-20-18 |
| Start/End Time | 10:30 AM - 11:30 AM |
| Location | 100 LEGACY BLVD, SE |
| Latitude | 33.096321 |
| Longitude | -85.051847 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS |
| Type of Investigation: | |
| <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND S/B PERMIT NO. ALO022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 1-20-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 1/20/2018 10:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/20/2018 11:30:00 AM

Did the SSO occur during wet weather? () Yes (X) No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 1/20/2018 5:45:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.796321 Longitude: -85.751847

Street address or narrative description of location:

1000 Legacy Blvd

Known or suspected cause of the discharge:

Roots

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Sewer crew unclogged line. Line will be monitored to determine if future action will be necessary.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 01/20/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 01/20/2018
 State Health Department Date: _____
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 1/20/2018 5:08:16 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#16

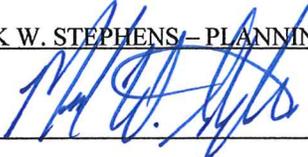
| General Information | |
|---|---|
| Responsible Party | JACKSONVILLE WWG AND S BOARD |
| Date of Inspection | 2-7-18 |
| Start/End Time | 10:00 AM - 10:30 AM |
| Location | 655 NISBET STREET, NW (AERATION BASIN AT WWTP) |
| Latitude | 33.826379 |
| Longitude | -85.781556 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT TREATMENT PLANT - PLANT IS UNDER RENOVATION, NOT ABLE TO RUN AT CAPACITY |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| REPORTED TO STORMWATER DIRECTOR BY THE WWG AND S B PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 2-7-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 2/7/2018 10:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/7/2018 10:30:00 AM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons <25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons <250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 2/8/2018 8:50:00 AM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station () Broken Line
() Cleanout (X) Treatment Plant () Other:

Location of Discharge:

Latitude: 33.826379 Longitude: -85.781556

Street address or narrative description of location:

655 Nisbet St. Aeration Basin

Known or suspected cause of the discharge:

Plant is under construction causing us not to be able to run at full capacity.

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
 Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Plant is undergoing a upgrade.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/07/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 02/07/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|---------------------|
| Chris Patterson | | Signed by E2 | 2/8/2018 8:58:43 AM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

17

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 2-7-18 Start/End Time 10:00 AM - 3:00 PM |
| Location | HWY 21 AND GREELEAF ST, SW AT GAS STATION |
| Latitude | 33.804028 Longitude -85.761129 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____

Date: _____

2-7-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 2/7/2018 10:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/7/2018 3:00:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | () 1,000 ≥ gallons <10,000 | (X) 10,000 ≥ gallons < 25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| () 100,000 ≥ gallons < 250,000 | () 250,000 ≥ gallons <500,000 | () 500,000 ≥ gallons <750,000 |
| () 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 2/8/2018 8:45:00 AM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.804028 Longitude: -85.761129

Street address or narrative description of location:

Hwy 21 and Greenleaf at the gas station.

Known or suspected cause of the discharge:

Roots.

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/07/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 02/07/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|---------------------|
| Chris Patterson | | Signed by E2 | 2/8/2018 9:00:56 AM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#18

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 2-11-18/2-12-18 |
| Start/End Time | 8:00 PM - 5:30 PM |
| Location | HWY 21 AND GREENLEAF ST. SW AT GAS STATION |
| Latitude | 33.804041 |
| Longitude | -85.761145 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS AND GREASE |
| Type of Investigation: | |
| <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director | |
| By the Water Works, Gas and Sewer Board | |
| Permit No. AL0022586 | |
| ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____ **Date:** 2-12-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 2/11/2018 8:00:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/12/2018 5:30:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | () 1,000 ≥ gallons <10,000 | (X) 10,000 ≥ gallons < 25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| () 100,000 ≥ gallons < 250,000 | () 250,000 ≥ gallons <500,000 | () 500,000 ≥ gallons <750,000 |
| () 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 2/12/2018 12:00:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.804041 Longitude: -85.761145

Street address or narrative description of location:

Hwy 21 and Green leaf St at the gas staion

Known or suspected cause of the discharge:

Roots and Grease

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/11/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 02/11/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| | | | |
|---------------------|--|------------------|----------------------------|
| Submitted By | 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. | Signature | Date/Time Submitted |
| Chris Patterson | | Signed by E2 | 2/12/2018 6:15:55 PM |



December 2017

STORMWATER MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

#19

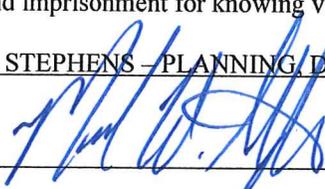
| General Information | |
|--|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 2-12-18 |
| Start/End Time | 8:00 AM - 5:30 PM |
| Location | 615 PELHAM ROAD |
| Latitude | Longitude |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 2-12-18

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 2/12/2018 8:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/12/2018 5:30:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | () 1,000 ≥ gallons <10,000 | (X) 10,000 ≥ gallons <25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| () 100,000 ≥ gallons <250,000 | () 250,000 ≥ gallons <500,000 | () 500,000 ≥ gallons <750,000 |
| () 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 2/12/2018 12:10:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other: _____

Location of Discharge:

Latitude: 33.821943 Longitude: -85.762547

Street address or narrative description of location:

615 Pelham Rd

Known or suspected cause of the discharge:

Roots

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
 Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

The sewer crew worked today to unclog main. They will be back in the area in the next few days to video. Additional work will be preformed if necessary.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/12/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 02/12/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 2/12/2018 6:14:32 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#20

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 2-28-18 |
| Location | 1003 LADIGA STREET |
| Latitude | 33.813406 |
| Longitude | -85.747145 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center; font-size: 1.2em;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____

Date: _____

2-28-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 2/28/2018 8:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/28/2018 9:15:00 AM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons <25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons <250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 2/28/2018 1:44:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.813406 Longitude: -85.747145

Street address or narrative description of location:

1003 Ladiga St

Known or suspected cause of the discharge:

Roots

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Sewer crew will be in the area soon to video and do additional cleaning.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/28/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 02/28/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| | | | |
|---------------------|--|------------------|----------------------------|
| Submitted By | 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. | Signature | Date/Time Submitted |
| Chris Patterson | | Signed by E2 | 2/28/2018 1:46:40 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

21

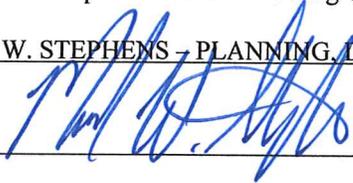
| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-1-18 |
| Start/End Time | 7:45 AM - 8:30 AM |
| Location | MOUNTAIN STREET, NE AND 2ND AVENUE, NE |
| Latitude | 33.818509 |
| Longitude | -85.758549 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS, RAGS, AND GREASE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 3-1-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/1/2018 7:45:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/1/2018 8:30:00 AM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/1/2018 2:35:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.818509 Longitude: -85.758549

Street address or narrative description of location:

Mountain st and 2nd ave

Known or suspected cause of the discharge:

roots, rags, grease

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

sewer crew will be back in the area to video and reclean if necessary.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/01/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/01/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| | | | |
|---------------------|--|------------------|----------------------------|
| Submitted By | 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. | Signature | Date/Time Submitted |
| Chris Patterson | | Signed by E2 | 3/1/2018 2:35:58 PM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

22

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-1-18 |
| Start/End Time | 8:20 AM - 8:55 AM |
| Location | 6 th STREET, NE AND 6 th AVENUE, NE |
| Latitude | 33.823054 |
| Longitude | -85.753586 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS, RAGS, AND GREASE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

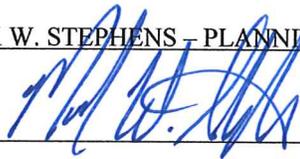
| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____



Date: _____

3-1-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/1/2018 8:20:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/1/2018 8:55:00 AM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons <25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons <250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/1/2018 2:35:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.823054 Longitude: -85.753586

Street address or narrative description of location:

6th st and 6th ave

Known or suspected cause of the discharge:

roots, rags, grease.

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

sewer crew will be back in the area to video and reclean if necessary.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/01/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/01/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|---------------------|
| Chris Patterson | | Signed by E2 | 3/1/2018 2:34:17 PM |



December 2017

STORMWATER MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

23

| General Information | |
|---|--|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-7-18 |
| Start/End Time | 2:30 PM - 4:00 PM |
| Location | 609 10th AVENUE, NE |
| Latitude | 33.824215 |
| Longitude | -85.748678 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | BROKEN MAIN, DEBRIS FROM BREAK CAUSED BLOCKAGE |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

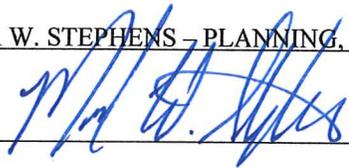
| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: <p style="text-align: center;">SSO WAS CORRECTED</p> |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____



Date: _____

3-7-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/7/2018 2:30:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/7/2018 4:00:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons <25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons <250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/8/2018 11:15:00 AM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station (X) Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.824215 Longitude: -85.748678

Street address or narrative description of location:

609 10th Ave

Known or suspected cause of the discharge:

The main broke, and the debris from the broken pipe caused a blockage. And the break allowed sewage to escape.

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
 Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Sewer crew jetted the main, allowing flow to pass stopping the sso. The sewer crew is now back on site doing a point repair.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/07/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/07/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 3/8/2018 11:19:04 AM |



December 2017

STORMWATER MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

#24

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-11-18 Start/End Time 9:00 AM - 6:00 PM |
| Location | HWY 21 AND GREENLEAF STREET SW |
| Latitude | 33.804041 Longitude -85.761143 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS AND GREASE |
| Type of Investigation: | |
| <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: SSO WAS CORRECTED |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 3-11-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/11/2018 9:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/11/2018 6:00:00 PM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/12/2018 8:30:00 AM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.804041 Longitude: -85.761145

Street address or narrative description of location:

Hwy 21 and Greenleaf St

Known or suspected cause of the discharge:

Roots and Grease

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

We have contacted video industrial to come clean and video the area starting March 21. Other maintenance may be done based on video industrials finding.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/11/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/11/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| | | | |
|---------------------|---|------------------|----------------------------|
| Submitted By | <small>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.</small> | Signature | Date/Time Submitted |
| Chris Patterson | | Signed by E2 | 3/12/2018 8:25:06 AM |



December 2017

STORMWATER
MANAGEMENT

**Illicit Discharge Detection and Elimination Program
Case Log**

#25

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-20-18 |
| Start/End Time | 6:30 AM - 6:45 AM |
| Location | 655 NISBET STREET, NW |
| Latitude | 33.826379 |
| Longitude | -85.781556 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT TREATMENT PLANT, PLANT IS UNDER RENOVATION AND RUNNING HALF CAPACITY |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

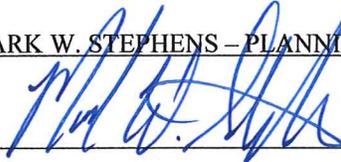
| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: SSO WAS CORRECTED |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____



Date: _____

3-20-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/20/2018 6:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/20/2018 6:45:00 AM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/20/2018 3:30:00 PM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- () Manhole () Lift Station () Broken Line
() Cleanout (X) Treatment Plant () Other:

Location of Discharge:

Latitude: 33.826379 Longitude: -85.781556

Street address or narrative description of location:

655 Nisbet St NW.

Known or suspected cause of the discharge:

The plant is undergoing a upgrade and is being run at half capacity due to construction.

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence
 Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Plant is undergoing a upgrade.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/20/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/20/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 3/20/2018 3:36:54 PM |



STORMWATER
MANAGEMENT

December 2017

**Illicit Discharge Detection and Elimination Program
Case Log**

26

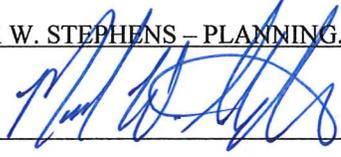
| General Information | |
|---|--|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-20-18/3-21-18 Start/End Time 7:30 AM - 5:00 AM |
| Location | 615 PELHAM ROAD |
| Latitude | 33.821943 Longitude -85.762547 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS AND INFILTRATION |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director By the Water Works, Gas and Sewer Board Permit No. AL0022586 ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: SSO WAS CORRECTED |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 3-21-18

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/20/2018 7:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/21/2018 5:00:00 AM

Did the SSO occur during wet weather? (X) Yes () No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | (X) 1,000 ≥ gallons <10,000 | () 10,000 ≥ gallons < 25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| () 100,000 ≥ gallons < 250,000 | () 250,000 ≥ gallons <500,000 | () 500,000 ≥ gallons <750,000 |
| () 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/21/2018 5:30:00 AM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- (X) Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.821943 Longitude: -85.762547

Street address or narrative description of location:

615 Pelham Rd

Known or suspected cause of the discharge:

Roots and infiltration

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Sewer crew will be in the area soon to video and clean. Additional steps will be taken based on findings of the video.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/20/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/20/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 3/21/2018 5:27:17 AM |



December 2017

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

#27

| General Information | |
|---|---|
| Responsible Party | Jacksonville Water Works, Gas and Sewer Board |
| Date of Inspection | 3-23-18 |
| Start/End Time | 11:45 AM - 2:40 PM |
| Location | ALLEY BEHIND 907 4TH AVENUE, NE |
| Latitude | 33.826248 |
| Longitude | -85.755443 |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | (256) 782-3840 |
| Inspector's Qualifications | CPESC #5132 |
| Type of suspected illicit discharge or connection | SSO AT MANHOLE DUE TO ROOTS |
| Type of Investigation: | |
| <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| Reported to Stormwater Director | |
| By the Water Works, Gas and Sewer Board | |
| Permit No. AL0022586 | |
| ADEM was notified (see reporting form) | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|--|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Explain: SSO WAS CORRECTED |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature: _____

Date: _____

3-23-18

**ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM)
SANITARY SEWER OVERFLOW (SSO) EVENT REPORT**

Permit Number: AL0022586 Facility County: Calhoun
Permittee Name: Jacksonville Water Works, Gas and Sewer Board Facility Name: Jacksonville City Of Wwtp Wwsb
Date/Time SSO Began: 3/23/2018 11:45:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 3/23/2018 2:40:00 PM

Did the SSO occur during wet weather? () Yes (X) No

Was the SSO caused by an extreme weather event (e.g. hurricane)? (X) No () Yes If Yes, describe of the nature of the extreme weather event:

Estimated Volume Discharged Value: _____ gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> <1,000 gallons | <input type="checkbox"/> 1,000 ≥ gallons <10,000 | <input type="checkbox"/> 10,000 ≥ gallons < 25,000 |
| <input type="checkbox"/> 25,000 ≥ gallons <50,000 | <input type="checkbox"/> 50,000 ≥ gallons <75,000 | <input type="checkbox"/> 75,000 ≥ gallons <100,000 |
| <input type="checkbox"/> 100,000 ≥ gallons < 250,000 | <input type="checkbox"/> 250,000 ≥ gallons <500,000 | <input type="checkbox"/> 500,000 ≥ gallons <750,000 |
| <input type="checkbox"/> 750,000 ≥ gallons <1,000,000 | | |

Was the Department notified within 24 hours? (X) Yes () No

Date/Time of Notification: 3/24/2018 8:20:00 AM

Method of notification: () Verbal/Telephone (X) Electronic via eSSO () Other: _____

If notification was not submitted via eSSO:

Person that notified the Department: _____ Phone Number: _____

Source of discharge event:

- Manhole () Lift Station () Broken Line
() Cleanout () Treatment Plant () Other: _____

Location of Discharge:

Latitude: 33.828248 Longitude: -85.755445

Street address or narrative description of location:

In the alley behind 907 4th Ave

Known or suspected cause of the discharge:

Roots

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: Other:

Did the discharge reach swimming water? Yes No Unknown

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

Was the affected area: Cleaned? Yes No Disinfected? Yes No

Are you aware of any other potential health or environmental impacts? No Yes If Yes, please describe:

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

Sewer crew videoed the main and found the obstruction. They then jetted the main removing the obstruction. This area will be added to our list of frequently monitored sites to prevent future discharges.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 03/23/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 03/23/2018
 Other _____ Date: _____
 Notice not required, because: _____

Other states notified: Florida Georgia Mississippi Tennessee

Were any public water supply intake locations affected? No Yes

If Yes, who was notified: _____ Date: _____

General Report Comment or Explanation:

| Submitted By | 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. | Signature | Date/Time Submitted |
|-----------------|--|--------------|----------------------|
| Chris Patterson | | Signed by E2 | 3/24/2018 8:21:46 AM |



December 2017

**Sediment and Erosion Control
Case Log**

1

APRIL 1, 2015 - AUGUST 1, 2017

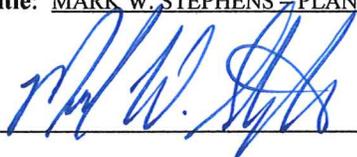
| General Information | |
|--|--|
| Responsible Party | CHOCOLOCOCO MOUNTAIN CAMPGROUND AND ORV PARK |
| Date of Inspection | 2015-2017 |
| Location | 275 FORNEY ROAD, SE |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | OFFICE (256) 782-3840 CELL (256) 613-6507 |
| Inspector's Qualifications | CPESC #5132 |
| Description of sediment and erosion problems | EROSION CAUSING SILT AND SEDIMENT TO WASH DOWNSTREAM |
| Type of Investigation: <input type="checkbox"/> Follow-up to citizen complaint <input checked="" type="checkbox"/> City initiated <input type="checkbox"/> Other _____ | |
| Investigation Results | |
| PROPERTY LOCATED IN COUNTY ADJACENT TO CITY LIMITS. THE OFF-ROAD PARK IS CREATING EROSION PROBLEMS. THERE IS NOT ADEQUATE BMP'S. | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the SWMP Information: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the sediment and erosion problems must be corrected in a timely manner: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| | |
|--|-----------------|
| Suggestions made by inspector on how to remedy the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain: TOLD TO HIRE AN ENGINEER TO EVALUATE AND PREPARE A PLAN OF ACTION. | |
| Follow-up inspection was performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | |
| Responsible party agreed to voluntarily correct the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Warning Notice issued for violations of the Storm Water Management Program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: |
| Notice of Violation issued for violations to the Storm Water Management Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: |
| Responsible party failed to make corrective actions and the City performed corrective actions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Date: | |
| Responsible party was assessed costs for corrective actions performed by the City: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Date: | Method: Amount: |

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 8-1-17



City of Jacksonville

Inspection Log

CHOCOLOCCOMTN. CAMPGROUND AND PARK - FORNEY ROAD SE ²⁷⁵

- 1) INSPECTION PERFORMED 4-1-15
- 2) LETTER MAILED 5-8-15
- 3) MET WITH OWNERS 5-18-15 TO DISCUSS ISSUES & IMPROVEMENTS
- 4) FOLLOW-UP INSPECTION 7-9-15 - NO APPARENT PROGRESS
- 5) FOLLOW-UP LETTER MAILED 7-14-15
- 6) OCTOBER 16, 15 - DROVE BY SITE, GATE WAS CLOSED.
~~WILL SEND LETTER REQUESTING A MEETING TO~~
~~INSPECT BMP'S. NO PHOTOS~~
- 7) OCTOBER 22, 15 - MAILED LETTER REQUESTING MEETING
- 8) JANUARY 15, 16 - PERFORMED INSPECTION, MAILED LETTER REQUESTING MEETING
- 9) FEBRUARY 19, 16 - MET WITH OWNERS, SOME PROGRESS BEING MADE AND WILL CONTINUE
- ~~10) MAY 6, 2016 - PERFORM INSPECTION, MADE PHOTOS~~
- 10) MAY 3, 2016 - TALKED TO CHRIS GANN (ASST. ENG. CAL. COUNTY) ABOUT ISSUES. HE SAID THEY WERE CONTACTED BY LEE PATTERSON ABOUT PATTERSON LAKE BEING FILLED-IN WITH SILT. CHRIS SAID HE THOUGHT LEE WAS CALLING ADEM.
- 11) MAY 6, 2016 - PERFORMED INSPECTION, MADE PHOTOS.
- 12) MAY 12, 2016 - MAILED LETTER, ~~COPIED CHRIS GANN (NOV)~~
- 13) MAY 26, 2016 - MEET WITH OWNER'S ENGINEER (BOBBY BAILEY) TO DISCUSS ISSUES AND MAKE SITE VISIT. HE IS TO MEET WITH OWNERS TO DISCUSS ISSUES AND SOLUTIONS. RECEIVED LETTER FROM BAILEY WITH SOLUTIONS.



STORMWATER
MANAGEMENT

City of Jacksonville
Inspection and Correspondence Log

- 14) JUNE 27, 2016 - PERFORMED INSPECTION & MADE LIMITED PHOTOS.
WAITING ON OWNER AND ENGINEER TO PROVIDE
"PLAN OF ACTION" AND SCHEDULE
- 15) AUGUST 12, 2016 - MADE PHOTO AT ENTRANCE (NO INSPECTION)
- 16) AUGUST 23, 2016 - CALLED OWNER'S ENGINEER (BOBBY BAILEY)
TO REMIND HIM TO PROVIDE CITY WITH
"PLAN OF ACTION" AND "SCHEDULE" FOR
ADDRESSING ISSUES.
- RECEIVED LETTER FROM ENGINEER DATED MAY 26, 2016.
BY EMAIL
- 17) RECEIVED LETTER BY MAIL FROM ENGINEER DATED MAY 26, 16.
(8-25-16)
- 18) NO SEPTEMBER INSPECTION - WEATHER DRY
- 19) OCTOBER 26, 2016 - NO INSPECTION PERFORMED, GATE
WAS LOCKED - DROUGHT CONDITIONS
PHOTO MADE
- 20) NOVEMBER - DROUGHT CONTINUES
- 21) DECEMBER 28, 2016 - NO INSPECTION WAS PERFORMED,
GATE WAS LOCKED, MADE PHOTO
CONTACTED THEIR ENGINEER (BOBBY BAILEY) TO
DISCUSS ~~ED~~ ACTIONS THEY HAVE TAKEN FOR
EROSION & SEDIMENT CONTROL. HE IS TO PROVIDE
A LETTER OR EMAIL WITH SUMMARY,
- 22) JANUARY 3, 2016 - RECEIVED LETTER FROM BAILEY
WITH UPDATES OF SOLUTIONS.

STORMWATER
MANAGEMENT

**City of Jacksonville
Inspection and Correspondence Log**

- 23) FEBRUARY 2, 2017 - CONTINUING TO STAY IN TOUCH WITH BAILEY ENGINEERING ON PROGRESS OF EROSION & SEDIMENTATION CONTROLS.
- 24) MARCH 13, 2017 - NO INSPECTION, GATE WAS LOCKED MADE PHOTO, CONTINUING TO STAY IN TOUCH WITH BAILEY ENGINEERING ON BMPs.
- 25) APRIL - NO INSPECTION PERFORMED
- 26) JUNE 2, 2017 - RECEIVED EMAIL FROM BAILEY ENGINEERING WITH UPDATE (LETTER DATED 5-30-17), WILL REQUEST SITE MEETING WITH ENGINEER/OWNER TO DISCUSS ISSUES AND UPDATES.
- 27) MAY 26, 2017 - MADE VISIT, NO PHOTO, GATE LOCKED
- 28) JUNE 2, 2017 - SENT EMAIL TO BAILEY REQUESTING THAT HE SCHEDULE A MEETING ON-SITE.
- 29) JUNE 5, 2017 - RECEIVED LETTER FROM BAILEY
- 30) JULY 7, 2017 - HAD SITE MEETING WITH OWNER (TREV MEDONALD) AND ENGINEER (BOBBY BAILEY) TO DISCUSS IMPROVEMENTS AND GET VISUAL OF SAID IMPROVEMENTS. PROGRESS HAS BEEN MADE AND OWNER SAID IT WILL CONTINUE. OWNER EXPRESSED CONCERN OF WHY CITY HAD JURISDICTION ON COUNTY PROPERTY. I EXPLAINED IT WAS BECAUSE THE RUNOFF FLOWED INTO THE CITY'S MS-4.

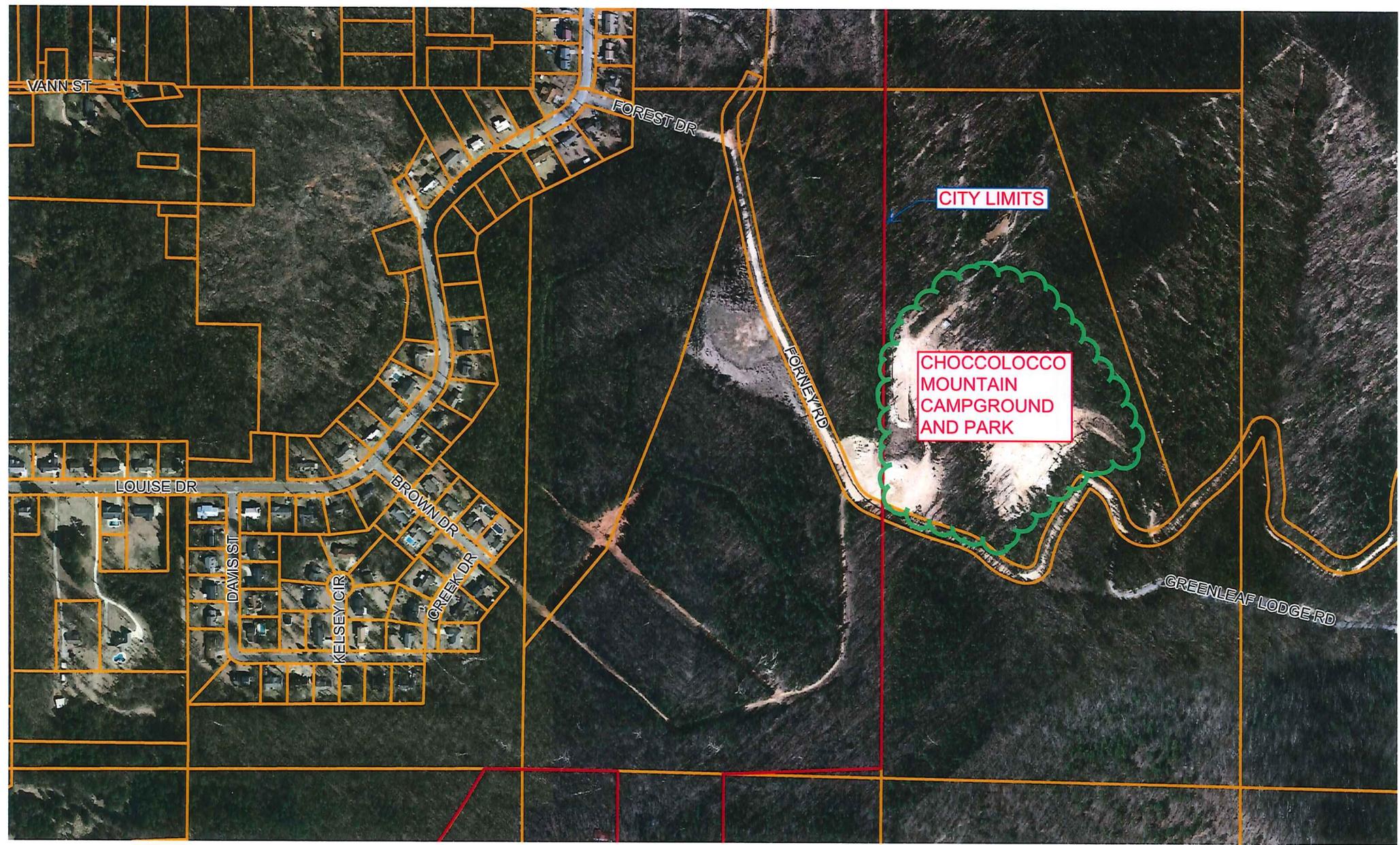


STORMWATER
MANAGEMENT

City of Jacksonville
Inspection and Correspondence Log

30) CONTINUED: I TOLD HIM THAT THEY HAD DONE A GOOD JOB, BUT IT NEEDED TO CONTINUE. I ALSO VERIFIED JURISDICTION WITH MARLA SMITH (ADEM) BY PHONE. MADE PHOTOS

31) AUGUST 1, 2017 - NO MORE INSPECTIONS WILL BE MADE ON A REGULAR BASIS. WILL BE MADE PERIODICALLY OR COMPLAINT DRIVEN.



VANN ST

FOREST DR

CITY LIMITS

CHOCOLOCCO
MOUNTAIN
CAMPGROUND
AND PARK

LOUISE DR

DAVIS ST

KELSEY CIR

BROWN DR

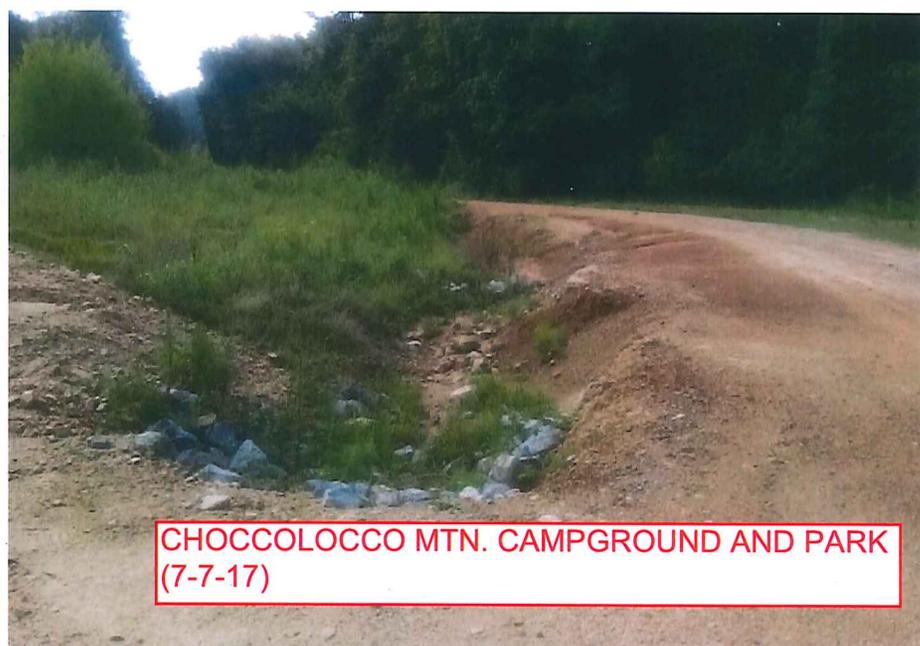
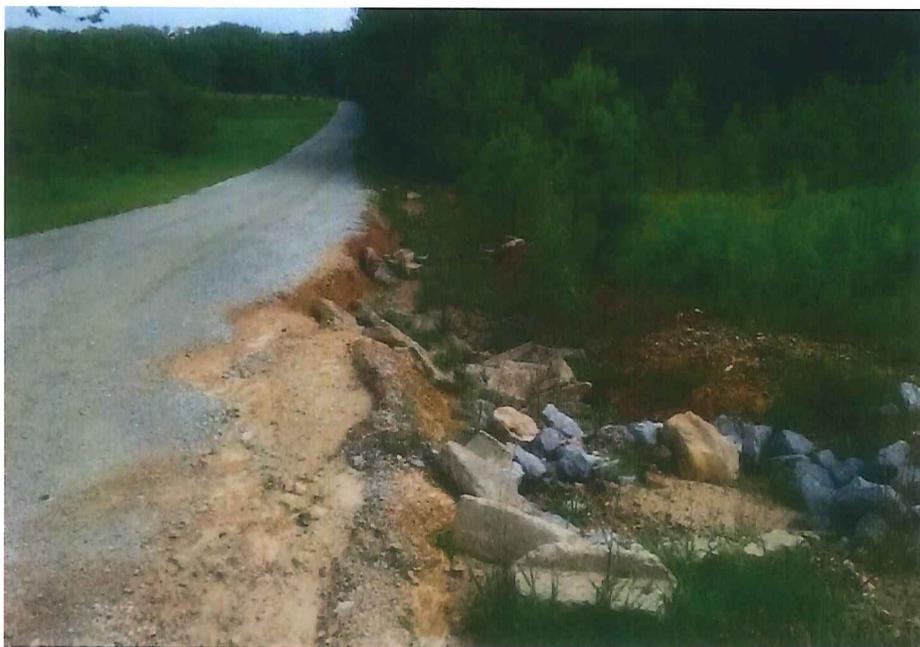
CREEK DR

FORNEY RD

GREENLEAF LODGE RD







CHOCOLOCCO MTN. CAMPGROUND AND PARK
(7-7-17)









December 2017

**Sediment and Erosion Control
Case Log**

2

APRIL 27, 2015 - AUGUST 1, 2017

| General Information | |
|--|---|
| Responsible Party | JUSTIN AND SHANDRETA BUCHANAN |
| Date of Inspection | 2015-2017 |
| Location | 1397 GEORGE DOOTHIT DRIVE, SW |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | OFFICE (256) 782-3840 CELL (256) 613-6507 |
| Inspector's Qualifications | CPESC #5132 |
| Description of sediment and erosion problems | EROSION OCCURRING IN YARD NO BMPs IN-PLACE |
| Type of Investigation: <input type="checkbox"/> Follow-up to citizen complaint <input checked="" type="checkbox"/> City initiated <input type="checkbox"/> Other _____ | |
| Investigation Results | |
| SEVERE EROSION OCCURRING IN YARD RESPONSIBLE PARTY STATED THEY DID NOT HAVE THE MONEY OR MEANS TO ADEQUATELY CORRECT THE PROBLEMS. | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the SWMP Information: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the sediment and erosion problems must be corrected in a timely manner: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| | |
|---|-----------------|
| Suggestions made by inspector on how to remedy the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain: TOLD THEM TO AT MINIMUM INSTALL SILT FENCING DOWNSTREAM. TOLD THEM TO FILL IN RUTS, SEED AND MULCH. | |
| Follow-up inspection was performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No AS THEY CAN AFFORD TO. | |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Warning Notice issued for violations of the Storm Water Management Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: |
| Notice of Violation issued for violations to the Storm Water Management Program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: |
| Responsible party failed to make corrective actions and the City performed corrective actions: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | |
| Responsible party was assessed costs for corrective actions performed by the City: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: Amount: |

CERTIFICATION STATEMENT

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Print name and title: MARK W. STEPHENS - PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 8-1-11



City of Jacksonville

Inspection Log

- (256) 473-8276
 JUSTIN & SHUNDRETA BUCHANAN - 1397 GEORGE DOUTHIT DRIVE SW
- 1) INSPECTION PERFORMED 4-27-15
 - 2) LETTER MAILED ~~4-27-15~~ 4-28-15
 - 3) SHUNDRETA CALLED 4-30-15 TO DISCUSS & SCHEDULE MEETING. SAID SHE WOULD CALL TO
 - 4) LETTER MAILED 6-2-15 (2ND NOTICE)
 - ~~5) FOLLOW UP INSPECTION~~
 - 5) MET LATER IN JUNE WITH OWNERS TO DISCUSS ISSUES AND IMPROVEMENTS. THEY SAID THEY WOULD "GET IT DONE".
 - 6) FOLLOW-UP INSPECTION 7-9-15, NO PROGRESS.
 - 7) OCTOBER 16, 15- PERFORMED INSPECTION, NO PROGRESS
 - 8) OCTOBER 22, 15- MAILED LETTER
 - 9) OCTOBER 27, 15- MS. BUCHANAN CALLED, SAID HER HUSBAND WAS OUT OF WORK, BUT SAID SHE UNDERSTOOD THE IMPORTANCE OF PROBLEMS AND WOULD HANDLE IT AS SOON AS IT WAS FINANCIALLY POSSIBLE.
 - 10) JANUARY 14, 2016 - PERFORMED INSPECTION, NO LETTER STILL GIVING OWNER OPPORTUNITY DUE TO FINANCIAL SITUATION.
 - 11) MAY 6, 2016 - PERFORMED INSPECTION, MADE PHOTOS
 - 12) MAY 12, 2016 - MAILED LETTER (CERTIFIED)
 - 13) MAY ?, 2016 - SHUNDRETA CALLED AND WE DISCUSSED ISSUES AND SHE SAID ~~WE~~ THEY WOULD TRY TO GET ISSUES ADDRESSED AS SOON AS POSSIBLE.
 - 14) JUNE 27, 2016 PERFORMED INSPECTION & MADE PHOTOS NO APPARENT PROGRESS
 - 15) JULY 26, 2016 SHUNDRETA CALLED, SAID SHE IS NOT HAVING SUCCESS WITH ESTABLISHING GRASS. SHE WILL TRY ANOTHER METHOD.



STORMWATER
MANAGEMENT

City of Jacksonville

Inspection and Correspondence Log

- 16) AUGUST 23, 2016 - PERFORMED INSPECTION & MADE PHOTOS
NO PROGRESS APPEARS TO HAVE BEEN MADE.
WAITING ON THE OWNER, SHE STATED THEY
WERE HAVING FINANCIAL PROBLEMS.
- 17) NO SEPTEMBER INSPECTION - WEATHER DRY
- 18) OCTOBER 26, 2016 - PERFORMED INSPECTION & MADE PHOTOS
APPEARS TO BE ATTEMPT TO ESTABLISH
VEGETATION. DROUGHT CONDITIONS
- 19) NOVEMBER - DROUGHT CONTINUES
- 20) DECEMBER 28, 2016 PERFORMED INSPECTION & MADE PHOTOS
SOME VEGETATION IS BROWNING, ISSUES REMAIN
CALLED OWNER, LEFT MESSAGE TO HAVE A MEETING
- 21) FEBRUARY 1, 2017 - PERFORMED INSPECTION & MADE PHOTOS
PROBLEMS REMAIN, SOME AREAS HAVE BEEN GRASSED
CALLED AND LEFT VOICE MAIL.
- 22) MARCH 10, 2017 - PERFORMED INSPECTION & MADE PHOTOS
ISSUES REMAIN, HAVE BEEN UNABLE TO
CONTACT OWNER BY PHONE
- 23) APRIL 24, 2018 SHUNDRETA CALLED TO DISCUSS SITUATION,
SHE SAID THEY WOULD CONTINUE TO WORK ON ISSUES.
- 24) APRIL - NO INSPECTION PERFORMED
- 25) MAY 26, 2017 - PERFORMED INSPECTION & MADE PHOTOS
PROBLEMS ARE STILL THERE
- 26) JUNE 29, 2017 - PERFORMED INSPECTION & MADE PHOTOS
PROBLEMS EXISTS, LEFT VOICE-MAIL,
- 27) AUGUST 1, 2017 - IT IS DETERMINED THAT NO WORK
IS OCCURRING DUE TO FINANCIAL REASONS,
NO MORE INSPECTIONS WILL BE PERFORMED.





BUCHANAN PROPERTY
1397 GEORGE DOUTHIT DRIVE SW
(8-1-17)



STORMWATER
MANAGEMENT

December 2017

**Sediment and Erosion Control
Case Log**

3

JULY 24, 2015 - FEBRUARY 16, 2018

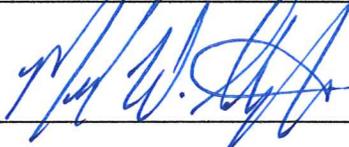
| General Information | |
|--|--|
| Responsible Party | PRAKASH AND BHARAT DARTI |
| Date of Inspection | <input checked="" type="checkbox"/> Start/End Time |
| Location | GEORGE DOUTHIT DRIVE, SW (ACROSS FROM WALMART) |
| Latitude | Longitude |
| Inspector's Name(s) | MARK W. STEPHENS |
| Inspector's Title(s) | PLANNING, DEVELOPMENT & STORMWATER DIRECTOR |
| Inspector's Contact Information | OFFICE (256) 782-3840 CELL (256) 613-6507 |
| Inspector's Qualifications | CPESC #5132 |
| Description of sediment and erosion problems | EROSION OCCURRING ALONG SLOPE IN FRONT OF PROPERTY |
| Type of Investigation: | |
| <input type="checkbox"/> Follow-up to citizen complaint <input checked="" type="checkbox"/> City initiated <input type="checkbox"/> Other _____ | |
| Investigation Results | |
| SLOPE IN FRONT OF PROPERTY IS ERODING NO BMPS IN-PLACE. | |
| Responsible party contacted <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Email LETTERS WERE NEVER APPARENTLY RECEIVED | |
| Responsible party was provided a copy of the SWMP Information: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the sediment and erosion problems must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| | |
|--|-----------------------|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Explain: NEVER WAS ABLE TO CONTACT THE RESPONSIBLE PARTY TO DISCUSS. | |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Warning Notice issued for violations of the Storm Water Management Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: |
| Notice of Violation issued for violations to the Storm Water Management Program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: LETTER |
| Responsible party failed to make corrective actions and the City performed corrective actions: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | |
| Responsible party was assessed costs for corrective actions performed by the City: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: | Method: |
| Amount: | |

CERTIFICATION STATEMENT

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Print name and title: MARK W. STEPHENS – PLANNING, DEVELOPMENT & STORMWATER DIRECTOR

Signature:  **Date:** 2-16-18



Inspection and Correspondence Log

PRARASH & BHARAT DARJI

GEORGE DOUTHIT DRIVE, SW (ACROSS FROM WALMART)

- 1) ~~SEPT 24, 2015~~ JULY 24, 2015 SENT LETTER (NO RESPONSE)
- 2) OCTOBER 23, 2015 SENT ~~LETTER~~ LETTER (NO RESPONSE)
- 3) JANUARY 19, 2016 SENT LETTER (NO RESPONSE)
- 4) JANUARY 2018 RECEIVED PHOTOS FROM GLADYS DENIZARD AT 1308 QUAIL RUN DRIVE, SW LABELED STORMWATER ISSUE. ALSO HAVE HAD OTHER COMPLAINTS OVER A PERIOD OF TIME.
- 5) JANUARY 10, 2018 - MADE INSPECTION WITH PHOTOS TO VERIFY ISSUES. SAME PROBLEMS EXIST.
- 6) JANUARY 10, 2018 MAIL CERTIFIED LETTER.
- 7) FEBRUARY 16, 2018 CERTIFIED LETTER WAS RETURNED AND LABELED "UNCLAIMED-UNABLE TO FORWARD".



Provided by the Calhoun County
Revenue Commissioner
Mrs. Karen Roper

Maps to be used for tax purposes only -
Not to be used for conveyance
Map Data is in NAD 1983 State Plane
Alabama East Feet.



JACKSONVILLE, ALABAMA





STORMWATER
MANAGEMENT

**City of Jacksonville
Illicit Discharge Detection and Elimination Program
Case Log**

| General Information | |
|---|----------------|
| Responsible Party | |
| Date of Inspection | Start/End Time |
| Location | |
| Latitude | Longitude |
| Inspector's Name(s) | |
| Inspector's Title(s) | |
| Inspector's Contact Information | |
| Inspector's Qualifications | |
| Type of suspected illicit discharge or connection | |
| Type of Investigation: <input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input type="checkbox"/> On-site <input type="checkbox"/> Septic System | |
| Investigation Results | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the illicit discharge or connection must be corrected in a timely manner: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| |
|---|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: |
| |
| |
| |
| |
| |
| |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Warning Notice issued as per Section 14.2 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |
| Criminal prosecution as per Section 14.6 of the IDDE Ordinance: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date: |

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Print name and title: _____

Signature: _____ **Date:** _____



STORMWATER
MANAGEMENT

City of Jacksonville Sediment and Erosion Case Log

| General Information | |
|--|-----------------------|
| Responsible Party | |
| Date of Inspection | Start/End Time |
| Location | |
| Latitude | Longitude |
| Inspector's Name(s) | |
| Inspector's Title(s) | |
| Inspector's Contact Information | |
| Inspector's Qualifications | |
| Description of sediment and erosion problems | |
| Type of Investigation: | |
| <input type="checkbox"/> Follow-up to citizen complaint <input type="checkbox"/> City initiated <input type="checkbox"/> Other _____ | |
| Investigation Results | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Responsible party contacted <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email | |
| Responsible party was provided a copy of the SWMP Information: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Responsible party was notified that the sediment and erosion problems must be corrected in a timely manner: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Specify time frame: | |

| | | |
|--|----------------|----------------|
| Suggestions made by inspector on how to remedy the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Explain: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Follow-up inspection was performed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date: | | |
| Responsible party agreed to voluntarily correct the problem: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Voluntary actions did not produce adequate results, therefore enforcement actions required: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Warning Notice issued for violations of the Storm Water Management Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date: | Method: | |
| Notice of Violation issued for violations to the Storm Water Management Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date: | Method: | |
| Responsible party failed to make corrective actions and the City performed corrective actions: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date: | | |
| Responsible party was assessed costs for corrective actions performed by the City: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date: | Method: | Amount: |

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Print name and title: _____

Signature: _____ **Date:** _____



COMPLAINT FORM

IN ORDER TO REPORT A NONCOMPLIANT CONSTRUCTION SITE, ILLICIT DISCHARGE, IMPAIRED WATERWAYS, AND VIOLATIONS OF SEDIMENT AND EROSION CONTROL ORDINANCES RELATING TO STORMWATER POLLUTION. PLEASE PROVIDE THE INFORMATION REQUESTED BELOW SO THAT THE COMPLAINT MAY BE PROCESSED. MAILING AND PROPERTY ADDRESSES ARE VERY IMPORTANT FOR THE PROCESSING OF YOUR COMPLAINT.

ALL COMPLAINT FORMS SUBMITTED ARE PUBLIC INFORMATION. YOUR CONTACT INFORMATION MAY BE SHARED WITH THE PUBLIC INCLUDING THE OWNERS / RESIDENTS AGAINST WHICH A COMPLAINT IS FILED, IF SUCH A REQUEST FOR INFORMATION IS MADE TO THE CITY

NAME OF PERSON RESPONSIBLE

(OWNER, OCCUPANT): _____

MAILING ADDRESS: _____

TELEPHONE: _____

PROPERTY ADDRESS: _____

EXPLAIN THE PROBLEM: _____

DIRECTIONS TO THE PROBLEM: _____

YOUR NAME: _____

ADDRESS: _____

TELEPHONE: _____

THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: _____ DATE: _____