



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

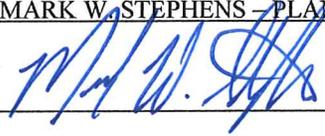
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	4-23-18	Start/End Time	10:45 AM - 11:00 AM
Location	1010 9 th AVENUE, NE		
Latitude	33.830250	Longitude	-85.749791
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR		
Inspector's Contact Information	(256) 782-3840		
Inspector's Qualifications	CPESC #5132		
Type of suspected illicit discharge or connection	SANITARY SEWER OVERFLOW 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:

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:** 4-23-18

**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: 4/23/2018 10:45:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 4/23/2018 11:00:00 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:

- | | | |
|---|---|---|
| <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: 4/23/2018 2:20:00 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: 33.830250 Longitude: -85.749791

Street address or narrative description of location:

1010 9th ave

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:

Sewer crew came and jetted the line.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 04/23/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 04/23/2018
 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.	Signature	Date/Time Submitted
Chris Patterson	I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	4/23/2018 2:19:27 PM



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

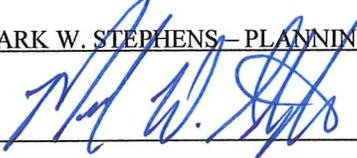
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	4-23-18	Start/End Time	1:00 PM - 7:00 PM
Location	701 9 th AVENUE, NE		
Latitude	33.824755	Longitude	-85.749255
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR		
Inspector's Contact Information	(256) 782-3840		
Inspector's Qualifications	CPESC #5132		
Type of suspected illicit discharge or connection	SANITARY SEWER OVERFLOW DUE TO TREE BEING BLOWN OVER DURING 3-19-18 TORNADO AND ROOT BALL DAMAGED THE MAIN		
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. A10022586 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;">THE MAIN BREAK WAS HIDDEN UNTIL IT BECAME VISIBLE ON 4-23-18. 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: 4-23-18

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: 4/23/2018 1:00:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 4/23/2018 7:00:00 PM

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

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

Tornado on March 19, 2018

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: 4/24/2018 11:45:00 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:

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

Location of Discharge:

Latitude: 33.824755 Longitude: -85.749255

Street address or narrative description of location:

701 9th Ave

Known or suspected cause of the discharge:

The leaking section of main was destroyed by a tree that was blown over during the tornado on March 19th. As the tree fell the root ball grabbed the main, causing it to collapse and be ripped apart. The location of main break was hidden, and it became visible to us on 4-23-18.

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 replaced the broken 20 foot section with new pipe, which stopped the leak. Crews will be back in the area to survey the other sewer mains looking for other possible problems that the tornado may have caused.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 04/23/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: _____
 State Health Department Date: 04/24/2018
 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	4/24/2018 11:46:27 AM



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	5-4-18	Start/End Time	10:00 AM - 10:40 AM
Location	903 12 th AVENUE, NE IN THE ALLEY		
Latitude	33.827992	Longitude	-85.745536
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 OVERFLOW FROM 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 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: Yes No

Explain:

SSO WAS CORRECTED

Follow-up inspection was performed: Yes No

Date:

Responsible party agreed to voluntarily correct the problem: Yes No

Voluntary actions did not produce adequate results, therefore enforcement actions required: Yes No

Warning Notice issued as per Section 14.2 of the IDDE Ordinance: Yes No

Date:

Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: Yes No

Date:

Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: Yes No

Date:

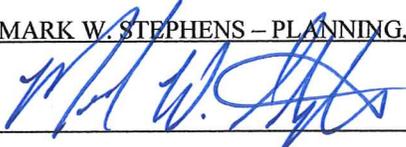
Criminal prosecution as per Section 14.6 of the IDDE Ordinance: Yes No

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: 5-4-18

**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: 5/4/2018 10:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 5/4/2018 10:40:00 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: 5/4/2018 12:42:00 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: 33.827992 Longitude: -85.745536

Street address or narrative description of location:

903 12th ave. in the alley

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:

The line was jetted and roots were removed.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 05/04/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 05/04/2018
 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.	Signature	Date/Time Submitted
Chris Patterson	I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	5/4/2018 2:43:51 PM



December 2017

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STORMWATER MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

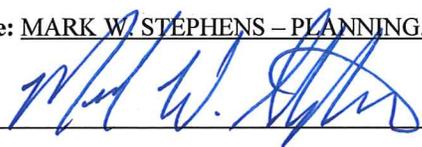
General Information	
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD
Date of Inspection	6-1-18 Start/End Time 3:15 PM - 4:50 PM
Location	109 8th AVE, NE
Latitude	33.814066 Longitude -85.751107
Inspector's Name(s)	MARK W. STEPHENS
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR
Inspector's Contact Information	(256) 782-3840
Inspector's Qualifications	CPESC #5132
Type of suspected illicit discharge or connection	SANITARY SEWER OVER-FLOW CLOGGED MAIN
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:** 6-1-18

**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: 6/1/2018 3:15:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 6/1/2018 4:50:00 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: 6/2/2018 9:20:00 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 (X) Other:

house

Location of Discharge:

Latitude: 33.814066 Longitude: -85.751107

Street address or narrative description of location:

When the line was unstopped the hydraulics of the sewer pushed some of the sewer into 109 8th Ave. house.

Known or suspected cause of the discharge:

Roots and other sewer debri.

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:

The owner of the house where part of the sewer went into when the stoppage was cleared by our crew would not let the utility department send a cleaning company to clean his house.

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 is going to video and determine if any further action is required on this line ASAP.

Indicate efforts to notify public:

- Press Release Date: _____
- Placement of Signs Date: 06/01/2018
- Other _____ Date: _____
- Notice not required, because: _____

Indicate other officials notified:

- County Health Department Date: 06/01/2018
- 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		Signature	Date/Time Submitted
Chris Patterson	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	6/2/2018 9:21:00 AM



December 2017

 #5

Illicit Discharge Detection and Elimination Program Case Log

General Information	
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD
Date of Inspection	8-2-18
Start/End Time	10:00 AM - 3:00 PM
Location	AL. HWY 21 (PENTAM ROAD SOUTH) AND GREENLEAF STREET, SW
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	SANITARY SEWER OVERFLOW FROM MANHOLE DUE TO HEAVY RAIN AND "OLD" CLAY PIPE W/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: Yes No

Explain:
 SSO WAS CORRECTED

Follow-up inspection was performed: Yes No

Date:

Responsible party agreed to voluntarily correct the problem: Yes No

Voluntary actions did not produce adequate results, therefore enforcement actions required: Yes No

Warning Notice issued as per Section 14.2 of the IDDE Ordinance: Yes No

Date:

Notice of Violation issued as per Section 14.3 of the IDDE Ordinance: Yes No

Date:

Assessment of civil penalties as per Section 14.6 of the IDDE Ordinance: Yes No

Date:

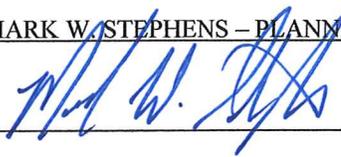
Criminal prosecution as per Section 14.6 of the IDDE Ordinance: Yes No

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: 8-2-18

**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: 8/2/2018 10:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 8/2/2018 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> <1,000 gallons | <input checked="" 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: 8/3/2018 7:05:00 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 & Greenleaf

Known or suspected cause of the discharge:

Heavy rain and old clay pipe that has heavy 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 area has been inspected and has been determined by our department to replace 2000ft of sewer main in this area. We have bid and awarded the contract to Rev Construction. The Notice to proceed was July 2, 2018. They have 90 days to complete the project.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 08/02/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 08/03/2018
 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	8/3/2018 7:04:07 AM



December 2017

[Handwritten scribble]
#6

Illicit Discharge Detection and Elimination Program Case Log

General Information	
Responsible Party	JACKSONVILLE DISCOUNT CARPET & FLOORING
Date of Inspection	10-22-18 Start/End Time 3:30 PM
Location	1110 PELHAM ROAD SOUTH
Latitude	33° 48' 6.97" N Longitude 85° 45' 36.35" W
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	ADJACENT CREEK IS DISCOLORED
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	
10-22-18 (MORNING) STEVE SMITH CONTACTED P&B DEPT. TO REPORT A POSSIBLE CREEK CONTAMINATION. AT 2:30 PM ON 10-22-18 I RECEIVED AN EMAIL FROM ADEM (BRAD STEARNS) STATING THAT STEVE SMITH HAD EXPRESSED CONCERNS ABOUT DISCOLORATION OF THE CREEK. VISITED SITE AT 3:30 PM ON 10-22-18 NO EVIDENCE OF DISCOLORATION. POTENTIAL PROBLEM COULD BE CONSTRUCTION DEBRIS/WASTE IN DUMPSTER OR INTERIOR MOP SINK USED FOR WASHING PAINT BRUSHES. DUMPSTER BOTTOM IS RUSTED OUT. MOP SINK WAS TESTED WITH DYE AND NO APPARENT PROBLEMS	
Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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:	

Suggestions made by inspector on how to remedy the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Explain: THEY WERE TOLD TO INSPECT DUMPSTER FOR HOLES AND REPAIR THEM OR GET A DIFFERENT DUMPSTER, THEY THEY STATED THIS WOULD HAPPEN VERY SOON.
Follow-up inspection was performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date: 11-21-18 NEW DUMPSTER INSTALLED
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 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: _____

11-21-18

Mark Stephens

From: Stearns, Brad <BLS@adem.alabama.gov>
Sent: Monday, October 22, 2018 2:30 PM
To: mstephens@jacksonville-al.org
Subject: Possible Discoloration of a Creek on Church Street

Good afternoon Mark:

Mrs. Steve Smith (256) 453-8510 contacted the Department to express concerns about the discoloration of a creek on Church Street at approximately 12:00 PM today . Specifically, the discoloration may be coming from a dumpster at the rear and on the property of a carpet cleaning company. Pictures provided by Ms. Smith are attached at the bottom of this e-mail. Are you aware of the complaint? As always, should you have any questions concerning this or any other matter or if I can help, please let me know. Thanks Again For Your Assistance

Brad Stearns, Senior Environmental Scientist
Industrial General Permit Section
Industrial/Municipal Branch/Water Division
Alabama Department of Environmental Management (ADEM)
Mailing Address: P.O. Box 301463
Montgomery, AL 36130-1463
Physical Address: 1400 Coliseum Boulevard
Montgomery, Alabama 36110
Phone: (334) 271-7945
E-mail Address: bls@adem.alabama.gov









JACKSONVILLE DISCOUNT CARPET AND FLOORING
(11-21-18)



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

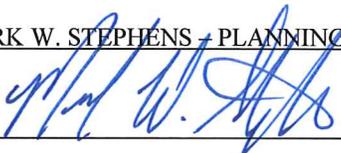
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	11-5-18	Start/End Time	2:30 PM - 2:45 PM
Location	500 MOUNTAIN STREET, NW		
Latitude	33.817745	Longitude	-85.770524
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & 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 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 SWS 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:** 11-5-18

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: 11/5/2018 2:30:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 11/5/2018 2:45:00 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: 5.00 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: 11/6/2018 2:15:00 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: 33.817745 Longitude: -85.770524

Street address or narrative description of location:

500 Mountain 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: Little Tallaseehatchee Creek
 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 jetted the main and did an assessment with our SLRAT and it is good for now.

Indicate efforts to notify public:

- Press Release Date: _____
 Placement of Signs Date: 11/05/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

- County Health Department Date: 11/05/2018
 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	11/6/2018 2:23:25 PM



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

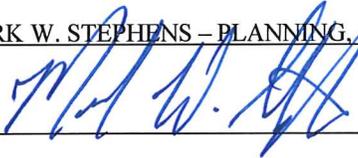
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	11-12-18	Start/End Time	4:00 PM - 6:00 AM (11-13-18)
Location	HWY 21 AND GREEN GREENLEAF STREET, SW		
Latitude	33.804041	Longitude	-85.761145
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's 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	SANITARY SEWER OVER-FLOW DUE TO HEAVY RAIN AND GREASE 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 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:** 11-13-18

**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: 11/12/2018 4:00:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 11/13/2018 6:00:00 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: 11/13/2018 12:40:00 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:

- (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

Known or suspected cause of the discharge:

Heavy rain and a grease blockage.

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 are assessing the area with our SLRAT for any other potential issues and jetting the lines.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 11/12/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 11/13/2018
 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	11/13/2018 2:39:55 PM



December 2017

#9

STORMWATER
MANAGEMENT

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

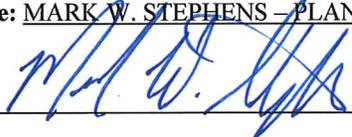
General Information	
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD
Date of Inspection	12-13-18
Start/End Time	9:00 AM - 11:30 AM
Location	526 OLD GADSDEN ROAD
Latitude	33.820157
Longitude	-85.776881
Inspector's Name(s)	MARK W. STEPHENS
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER 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 COLLAPSED CLAY PIPE
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: 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:** 12-13-18

**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: 12/13/2018 9:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/13/2018 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: 12/14/2018 7:50:00 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 (X) Broken Line
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.820157 Longitude: -85.776881

Street address or narrative description of location:

526 Old Gadsden Rd

Known or suspected cause of the discharge:

Collapsed Clay pipe

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:

Our crew completed a point repair on the pipe.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 12/13/2018
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 12/13/2018
 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		Signature	Date/Time Submitted
Chris Patterson	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	12/14/2018 7:48:35 AM



December 2017

~~#10~~ #10

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

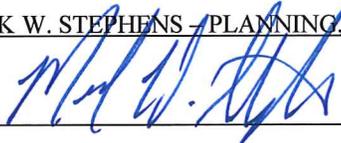
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	12-14-18	Start/End Time	7:15 AM - 7:45 AM
Location	UNIVERSITY TRAILER PARK (LOT #41)		
Latitude	33.800260	Longitude	-85.774237
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, 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 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: 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:** 12-14-18

**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: 12/14/2018 7:15:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 12/14/2018 7:45:00 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: 12/14/2018 10:30:00 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:

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

Location of Discharge:

Latitude: 33.800260 Longitude: -85.774237

Street address or narrative description of location:

University Trailer Park lot #41

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:

We have jetted and cleared the blockage. We are going to further access the main with our SL-RAT and get a score and video and clean it further if necessary,

Indicate efforts to notify public:

- Press Release Date: _____
- Placement of Signs Date: 12/14/2018
- Other _____ Date: _____
- Notice not required, because: _____

Indicate other officials notified:

- County Health Department Date: 12/14/2018
- 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		Signature	Date/Time Submitted
Chris Patterson	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	12/14/2018 10:12:16 AM



December 2017

#11

STORMWATER
MANAGEMENT

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

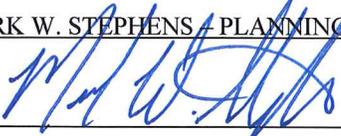
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	1-3-19	Start/End Time	11:00 AM - 3:00 PM (1-5-19)
Location	HWY 21 AND GREENLEAF STREET, SW		
Latitude	33.804028	Longitude	-85.761128
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	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 OVERFLOW DUE TO HEAVY RAIN AND POSSIBLE OBSTRUCTION		
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. 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: <div style="text-align: center; font-size: 1.2em; color: blue;">REPLY SSO WAS CORRECTED</div>
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: 1-5-19

**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: 1/3/2019 11:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/5/2019 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 | () 10,000 ≥ gallons <25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | () 75,000 ≥ gallons <100,000 |
| (X) 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: 1/4/2019 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: 33.804028 Longitude: -85.761128

Street address or narrative description of location:

Highway 21 & Greenleaf

Known or suspected cause of the discharge:

Heavy rain and possible obstruction.

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 are in the process of cleaning the line and tracking down the infiltration with flow monitoring equipment.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 01/03/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 01/03/2019
 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	<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	1/5/2019 5:27:13 PM



December 2017

#12

STORMWATER
MANAGEMENT

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

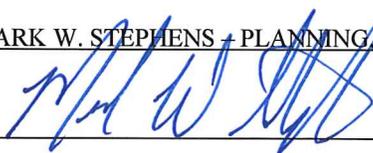
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	1-3-19	Start/End Time	11:30 AM - 5:00 AM (1-7-19)
Location	615 PELHAM ROAD NORTH		
Latitude	33.822389	Longitude	-85.761840
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, 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 HEAVY RAIN AND POSSIBLE OBSTRUCTION		
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 THE 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: 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:** 1-7-19

**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: 1/3/2019 11:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/7/2019 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 | () 1,000 ≥ gallons <10,000 | () 10,000 ≥ gallons < 25,000 |
| () 25,000 ≥ gallons <50,000 | (X) 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: 1/4/2019 9:00:00 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: 33.822389 Longitude: -85.761840

Street address or narrative description of location:

615 Pelham Rd.

Known or suspected cause of the discharge:

Heavy Rain and possible obstruction

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 are in the process of cleaning the line and working on a flow study to track infiltration.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 01/03/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 01/04/2019
 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	1/7/2019 9:37:31 AM



December 2017

~~#~~ #13

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

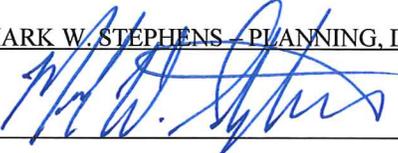
General Information	
Responsible Party	CALDERYS USA, INC.
Date of Inspection	1-4-19
Location	421 ALEXANDRIA ROAD, SW
Latitude	33.813338
Longitude	-85.774702
Inspector's Name(s)	MARK W. STEPHENS
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR
Inspector's Contact Information	(256) 782-3840
Inspector's Qualifications	CPESC #5132
Type of suspected illicit discharge or connection	WHITE SUBSTANCE BEING DISCHARGED FROM CONTAINMENT PIT ONTO ADJACENT PROPERTY
Type of Investigation:	
<input type="checkbox"/> Storm drain network <input type="checkbox"/> Drainage Area <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Septic System	
Investigation Results	
<p>THE MATERIAL IS SPARCAST LC32FF THAT WAS MISTAKINGLY ALLOWED TO BE DISCHARGED. THE COMPANY (LAURIE MELSON) WAS NOTIFIED IMMEDIATELY. SHE SAID THE ISSUE WAS RESOLVED AND THE SITE WILL BE CLEANED UP.</p>	
Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Email	
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 checked="" type="checkbox"/> No
Explain:
Follow-up inspection was performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date: 1-11-19
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 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:** 1-11-19



CALDERYS USA, INC.
421 ALEXANDRIA ROAD, SW
FOLLOW-UP INSPECTION AFTER THE
AREA WAS CLEANED-UP (1-11-19)





CALDERYS USA, INC.
421 ALEXANDRIA ROAD, SW
(1-4-19)



Mark Stephens

From: Mark Stephens <mstephens@jacksonville-al.org>
Sent: Monday, January 7, 2019 12:57 PM
To: 'Laurie Melson'
Subject: RE: POTENTIAL ILLICIT DISCHARGE

Laurie:

Please let me know when the area is cleaned-up so I can make a follow-up inspection. Thanks for your immediate attention to this matter.



Mark W. Stephens, BSCE, CPESC
Planning, Development & Stormwater Director
City of Jacksonville
320 Church Avenue, SE
Jacksonville, Alabama 36265-2651
Office (256) 782-3840
Fax (256) 435-4103
mstephens@jacksonville-al.org

CONFIDENTIALITY NOTICE: This communication is intended for the sole use of the individual or entity addressed above, and may contain information that is privileged and confidential under State of Alabama or Federal laws. If the reader of this communication is not the intended recipient, the reader is hereby notified that any disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy all versions (electronic, paper, or otherwise) of this communication.

From: Laurie Melson [mailto:laurie.melson@calderys.com]
Sent: Friday, January 4, 2019 2:50 PM
To: Mark Stephens
Subject: Re: POTENTIAL ILLICIT DISCHARGE

Hi Mark -

The precasting site has a pit that is used to wash out mix hoppers and is located outside of the process area, open to environment. Due to high production volumes and the exorbitant amount of rain we have found the management of this system difficult. There is a retention system that allows a slow separation to occur and the water leaches through while holding the material back. An employee, not understanding the consequences, removed the drain plug from the pit and allowed approximately a 50 gallon mix of water and refractory material to exit the pit onto the adjacent property. When you notified me, the plug was immediately put back into place and a cleanup of the grounds where the material drained is underway.

The material is a mixture of water and Sparcast LC32FF (Safety Data Sheet is attached). Notification of this discharge has been made to the Alabama Department of Environmental Management in accordance with our site Stormwater Permit.

I appreciate you very much bringing this to my immediate attention!

Laurie A. Melson, MPH, CIH, CSP

Health, Safety, Environmental and Security Manager

Mobile: [256.399.8065](tel:256.399.8065)

E-mail : laurie.melson@calderys.com

Calderys USA Inc. - [917 Francis Street W - Jacksonville, AL 36265](#)

www.calderys.com



On Fri, Jan 4, 2019 at 11:35 AM Mark Stephens <mstephens@jacksonville-al.org> wrote:

Laurie:

It appears that a pit located at the Calderys facility at the mill is being pumped out onto the ground outside of the fence. I do not know the nature of the substance being pumped out. At this point I must consider it a potential illicit discharge according to our Stormwater Management Plan. Please follow-up on this and let me know what the substance is and what your plan of action will be.



Mark W. Stephens, BSCE, CPESC

Planning, Development & Stormwater Director

City of Jacksonville

320 Church Avenue, SE

Jacksonville, Alabama 36265-2651

Office (256) 782-3840

Fax (256) 435-4103

CONFIDENTIALITY NOTICE: This communication is intended for the sole use of the individual or entity addressed above, and may contain information that is privileged and confidential under State of Alabama or Federal laws. If the reader of this communication is not the intended recipient, the reader is hereby notified that any disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy all versions (electronic, paper, or otherwise) of this communication.

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GHS Compliant Safety Data Sheet

1. IDENTIFICATION

1.1 Product Identifiers

Sparcast LC 32FF

1.2 Synonyms: Refractory castable

1.3 Identified Uses: Ceramic furnace lining

1.4 Supplier

- Company Name: Calderys USA
- Address: P.O. Box 909
921 Francis Street West
Jacksonville, Alabama 36265
- Telephone: (256) 435-9342
- Fax: (256) 435-9373

1.5 Emergency Telephone Number

Emergency telephone number: (800) 424-9300 or
+ 1-703-741-5970

Available outside office hours? Yes

Distributor Contact Information

2. HAZARD(S) IDENTIFICATION

2.1 GHS Classification:

Physical and Chemical Hazards: No classification
 Human Health: Carcinogenicity – Category 1A – H350
 Environment: No classification

2.2 Label Elements

- Pictogram



- Signal Word: Danger
- Hazard Statement: H350 May cause cancer through inhalation
- Precautionary statements: P260 Do not breath dust
P285 In case of inadequate ventilation wear respiratory protection
P501 Dispose of contents / containers in accordance with local regulations

Long term exposure to crystalline silica can cause lung injury (silicosis). IARC and NTP have determined that crystalline silica inhaled from occupational exposure sources can cause cancer in humans. Risk of injury is dependent on the duration and level of exposure.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Hazardous Ingredients	CAS No.	%	ACGIH TLV	OSHA PEL	LD ₅₀	LC ₅₀
Crystalline Silica (Total)	N/A	0 - 2	N/A	N/A	N/A	N/A
Above includes: Quartz	14808-60-7		0.025 mg/m ³	See formula below	N/A	N/A
Cristobalite	14464-46-1		0.025 mg/m ³	See formula below	N/A	N/A
Aluminum Oxide	1344-28-1	1 - 20	10 mg/m ³	15 mg/m ³ (total dust) 5 mg/m ³ (resp. dust)	N/A	N/A
Calcium Aluminate Cement	65997-16-2	1 - 10	10 mg/m ³ (inhalable dust) 3 mg/m ³ (resp. dust)	15 mg/m ³ (total dust) 5 mg/m ³ (resp. dust)	N/A	N/A

Threshold Limit Value for respirable dust containing crystalline silica:

OSHA PEL (respirable) for Quartz : 5 mg/m³ divided by (% Quartz + 2)

OSHA PEL (respirable) for Cristobalite : 5 mg/m³ divided by (% Cristobalite + 2)

4. FIRST-AID MEASURES

Description of First Aid Measures

Inhalation: Remove to fresh air.

Ingestion: Drink plenty of water. Never give liquid to an unconscious person.

Skin Contact: Wash skin thoroughly with soap and water.

Eye Contact: Immediately rinse with water for several minutes.

5. FIRE-FIGHTING MEASURES

5.1 Extinguishing Media: All extinguishing media can be used.

5.2 Special Hazards Arising From the Substance or Mixture: The product is not flammable, combustible or explosive. No hazardous thermal decomposition

5.3 Advice for Fire-fighters: No specific special firefighting protection is required.

6. ACCIDENTAL RELEASE MEASURES

6.1 Personal Precautions, Protective Equipment and Emergency Procedures: Use proper respiratory and personal protective equipment. MSHA/NIOSH or OSHA/NIOSH approved respirator recommended. Spilled materials may cause slippery conditions when wet. Care should be exercised when walking on spills on floor or concrete pads.

6.2 Methods and Material for Containment and Cleaning Up: Vacuum, pump or scoop spilled material into containers for reclaiming or disposal. Do not discharge into drains, watercourses or onto the ground.

7. HANDLING AND STORAGE

7.1 Precautions for Safe Handling: Minimize dust generation and accumulation. If excessive dust is generated, provide adequate ventilation and use proper respiratory and personal protective equipment.

7.2 Conditions for Safe Storage: Store in a cool and well-ventilated place.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

8.1 Control Parameters: Follow workplace regulatory exposure limits for all types of airborne dust (e.g., total dust, respirable dust and respirable crystalline silica dust). In the U.S., the ACGIH OEL (Occupational Exposure Limit) measured as an 8-hour TWA (Time Weighted Average) is 0.025 mg/m³ for crystalline silica. The OSHA PEL (Permissible Exposure Limit) for quartz and cristoballite is 0.05 mg/m³. For the equivalent limits in other countries, contact a competent occupational hygienist or the local regulatory authority.

8.2 Appropriate Engineering Controls: Use exhaust ventilation, if required, to maintain dust concentration below recommended exposure limits.

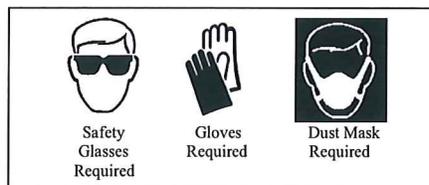
8.3 Personal Protection Measures:

(a) **Eye protection:** Wear side shield safety glasses.

(b) **Hand protection:** Gloves are required for prolonged exposure.

(c) **Respiratory protection:** Respirator / dust mask is required to protect against airborne dust.

Use of a MSHA/NIOSH or OSHA/NIOSH approved respirator / dust mask.



8.4 Environmental exposure controls: Avoid wind dispersal.

9. PHYSICAL AND CHEMICAL PROPERTIES

9.1 Appearance: Tan to gray granular mixture

9.2 Odor: Earthy odor

9.3 Odor Threshold: None known

9.4 pH: 6 – 10 (10% slurry in water)

9.5 Melting Point: 1750+ °C

9.6 Freezing Point (°C): N/A

9.7 Flammability: Not flammable

9.8 Upper/Lower Flammability or Explosive Limits: Not flammable or explosive. Limits do not apply.

9.9 Vapor Pressure: Not applicable

9.10 Vapor Density: Not applicable

9.11 Solubility: Not applicable

9.12 Relative Density: 1.3 – 2.8 g/cm³

9.13 Explosive Properties: Not explosive

9.14 Oxidizing Properties: Non-oxidizing

9.15 Flash Point: Not applicable

9.16 Evaporation Rate: Not applicable

9.17 Partition Coefficient: Not applicable

9.18 Auto-ignition temperature: Not applicable

9.19 Decomposition Temperature: Not applicable

9.20 Viscosity: Not Applicable

10. STABILITY and REACTIVITY

- 10.1 Reactivity:** Inert, not reactive
10.2 Chemical Stability: Chemically stable under normal conditions
10.3 Possibility of Hazardous Reactions: No hazardous reaction
10.4 Conditions to Avoid: None
10.5 Incompatible Materials: None known
10.6 Hazardous Decomposition Products: None

11. TOXICOLOGICAL INFORMATION

Likely routes of exposure

- | | |
|--------------|--|
| Inhalation | Potential chronic effects – can cause coughing and / or shortness of breath
Potential long term effects - can cause lung injury (silicosis) |
| Skin contact | Potential chronic effects – may cause dryness of skin
Potential long term effects - may cause dryness or irritataion of skin |
| Eye contact | Potential chronic effects – particles in the eyes can cause irritation.
Potential long term effects - particles in the eyes can cause irritation. |
| Ingestion | Potential chronic effects – no known hazard
Potential long term effects - no known hazard |

IARC and NTP have determined that crystalline silica inhaled from occupational exposure sources can cause cancer in humans. Risk of injury is dependent on the duration and level of exposure.

The mixture was not tested as a whole. No toxicological information is available on the product.

12. ECOLOGICAL INFORMATION

- 12.1 Ecotoxicity:** No specific adverse effects known
12.2 Persistence and Degradability: Not relevant
12.3 Bioaccumulative Potential: Not relevant
12.4 Mobility in Soil: Negligible
12.5 Other Adverse Effects: No specific adverse effects known

13. DISPOSAL CONSIDERATIONS

13.1 Waste Disposal Information: Where possible, recycling is preferable to disposal. Product should be disposed in compliance with local regulations.

13.2 Disposal of Packaging: Dust formation from residues in packaging should be avoided and suitable worker protection assured. Store used packaging in enclosed receptacles. The re-use of packaging is not recommended. Recycling and disposal of packaging should be carried out by an authorized waste management company. Recycling and disposal of packaging should be carried out in compliance with local regulations.

14. TRANSPORT INFORMATION

- 14.1 UN number:** Not regulated
14.2 Transport Hazard Class(es):
ADR: No classification assigned
IMDG: No classification assigned
ICAO/IATA: No classification assigned
RID: No classification assigned
DOT: No classification assigned
14.3 Transport in Bulk According to Annex II of MARPOL 73/78 and the IBC Code: Not regulated

15. REGULATORY INFORMATION

15.1 U.S. Regulations:

EPA-CERCLA Reportable Quantity: Not applicable.

EPA-SARA Title III: Substances in this product are not reportable under Section 313.

OSHA: Particulate is regulated as nuisance dust - Particulate Not Otherwise Regulated (PNOR).

ACGIH: Particulate is regulated as a nuisance dust - Particulate Not Otherwise Classified (PNOC).

WARNING: This product can expose you to chemicals including crystalline silica, which is known to the State of California to cause cancer and birth defects or other reproductive harm. For more information go to www.P65Warnings.ca.gov.

15.2 International Regulations:

Industrial Safety and Health Law: This product does not contain harmful or controlled hazardous substances under ISHL. It contains crystalline silica requiring workplace environmental monitoring.

Toxic Chemical Control Act: This product does not contain chemical substances regulated as toxic, observational, restricted or banned under TCCA.

Dangerous Substance Management Law: This product does not contain chemical substances regulated under DSML.

Waste Management Law: Dispose of this product in accordance with the waste treatment standards prescribed in Waste Management Law.

15. REGULATORY INFORMATION (cont'd)

15.3 Chemical Safety Assessment: No Chemical Safety Assessment has been completed for this product

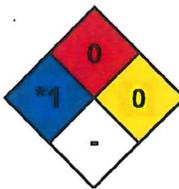
16. OTHER INFORMATION

Training: Workers must be informed of the presence of crystalline silica and trained in the proper use and handling of these products as required under applicable regulations.

HMIS and NFPA Ratings:

Health	1
Flammability	0
Physical Hazard	0
Personal Protection	B

HMIS Rating



NFPA Rating

Health = *1
Flammability = 0
Instability = 0
Special = none

Date of Current Version: December 2018

Date of Last Revision: July 2016

References and Sources:

IARC Monograph (1997). 68:283-305.

Notice to Reader

This safety data sheet complements the technical data sheets but does not replace them. The information it contains is based upon our present knowledge of the product on the date indicated. It is given in good faith. Users should be warned about the risks associated with using the product for a different purpose than that for which it was developed, and particularly for uses for which we are not qualified to give advice.

These regulatory prescriptions are provided with a view to helping users meet their obligations when using this product. This list is not considered exhaustive and does not exempt users from their obligations to comply with any further prescriptions other than those mentioned above, concerning product possession and handling for which they are solely responsible.

Only the English version is authoritative.



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

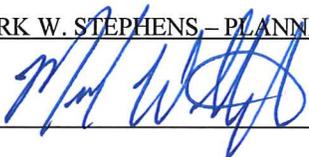
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	1-17-19	Start/End Time	10:10 AM - 11:00 AM
Location	810 3 RD AVENUE, NE		
Latitude	33.827562	Longitude	-85.757567
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & 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 BLOCKAGE AND POSSIBLE CRACKED PIPE		
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 THE 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: 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:** 1-17-19

**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: 1/17/2019 10:10:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/17/2019 11:00:00 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: 5.00 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: 1/18/2019 6:30:00 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:

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

Location of Discharge:

Latitude: 33.827562 Longitude: -85.757567

Street address or narrative description of location:

810 3rd Ave.

Known or suspected cause of the discharge:

Blockage and potentially a cracked pipe.

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 are assessing the line for any potential repairs that need to be made. We have this area on our maintenance list to keep jetted and free from obstructions until a final decision is made on any repairs.

Indicate efforts to notify public:

- Press Release Date: _____
 Placement of Signs Date: 01/17/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

- County Health Department Date: 01/18/2019
 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	1/18/2019 6:25:08 AM



December 2017

#15

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

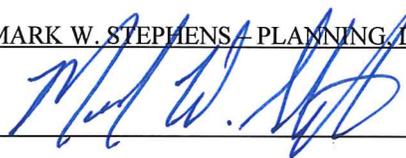
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	1-24-19	Start/End Time	6:00 AM — 4:30 PM (1-25-19)
Location	615 PELHAM ROAD NORTH		
Latitude	33.821938	Longitude	-85.762538
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, 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 RAIN SURCHARGE		
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 THE STORMWATER DIRECTOR BY THE WWG AND SB PERMIT No. ALO022566 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: 1-25-19

**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: 1/24/2019 6:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/25/2019 4:30:00 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 | (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: 1/24/2019 12:40:00 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:

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

Location of Discharge:

Latitude: 33.821938 Longitude: -85.762538

Street address or narrative description of location:

615 Pelham Rd

Known or suspected cause of the discharge:

Rain surcharge

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: LITTLE TALLASSEEHATCHEE CREEK 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 are accessing the area for infiltration and potential point repairs

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 01/24/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 01/24/2019
 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	1/25/2019 7:36:16 PM



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

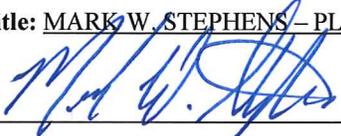
General Information	
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD
Date of Inspection	1-24-19
Start/End Time	6:10 AM - 1:00 PM
Location	HWY 21 AND GREENLEAF STREET, SW
Latitude	33.804027
Longitude	-85.761131
Inspector's Name(s)	MARK W. STEPHENS
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR
Inspector's Contact Information	(256) 782-3840
Inspector's Qualifications	CPESC #5132
Type of suspected illicit discharge or connection	SANITARY SEWER OVERFLOW DUE TO RAIN SURCHARGE
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. 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;">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:** 1-24-19

**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: 1/24/2019 6:10:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/24/2019 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: 1/24/2019 6:50:00 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
() Cleanout () Treatment Plant () Other:

Location of Discharge:

Latitude: 33.804027 Longitude: -85.761131

Street address or narrative description of location:

Highway 21 and Greenleaf

Known or suspected cause of the discharge:

Rain surcharge

Ultimate destination of discharge:

Ground Absorbed Storm Drain Drainage Ditch Backup into Building/Residence

Creek or River: LITTLE TALLASSEEHATCHEE CREEK 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:

pipe line is scheduled for located point repair.

Indicate efforts to notify public:

Press Release Date: _____

Placement of Signs Date: 01/24/2019

Other _____ Date: _____

Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 01/24/2019

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	1/24/2019 6:49:53 PM



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

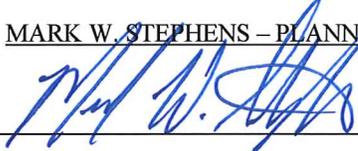
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	1-24-19	Start/End Time	6:30 AM - 7:55 AM
Location	304 OAK STREET, NW		
Latitude	33.821735	Longitude	-85.778749
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR		
Inspector's Contact Information	(256) 782-3840		
Inspector's Qualifications	CPESC #5132		
Type of suspected illicit discharge or connection	SANITARY SEWER OVERFLOW 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. AL0022566 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:** 1-24-19

**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: 1/24/2019 6:30:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 1/24/2019 7:55:00 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: 10.00 gallons

Estimated Volume Discharged Range:

- | | | |
|---|---|---|
| <input 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: 1/24/2019 7:05:00 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: 33.821735 Longitude: -85.778749

Street address or narrative description of location:

304 Oak 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:

Line was cleared of roots with a jetting machine

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 01/24/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 01/24/2019
 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		Signature	Date/Time Submitted
Chris Patterson	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	1/24/2019 7:04:48 PM



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STORMWATER MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

General Information	
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD
Date of Inspection	2-20-19
Start/End Time	2:20 PM - 2:25 PM
Location	103 ADELAIDE STREET, SW
Latitude	33.799784
Longitude	-85.761924
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 OVERFLOW DUE TO LINE WAS PLUGGED FOR CCTV.
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	
REPORTED TO STORMWATER DIRECTOR BY TIFE 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:** 2-20-19

**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: 2/20/2019 2:20:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/20/2019 2:25:00 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: 100.00 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: 2/21/2019 1:55:00 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: 33.799784 Longitude: -85.761924

Street address or narrative description of location:

103 Adelaide

Known or suspected cause of the discharge:

Line was plugged for CCTV. Plug was removed.

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:

Plug was removed stopping the overflow event.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/20/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 02/20/2019
 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		Signature	Date/Time Submitted
Chris Patterson	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	2/21/2019 1:52:12 PM



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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

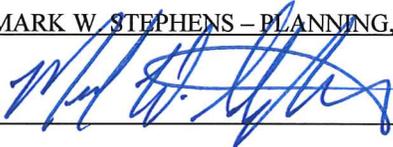
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	2-19-19	Start/End Time	3:45 PM - 4:15 PM (2-26-19)
Location	615 PELHAM ROAD NORTH		
Latitude	33.801937	Longitude	-85.762547
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR		
Inspector's Contact Information	(256) 782-3840		
Inspector's Qualifications	CPESC #5132		
Type of suspected illicit discharge or connection	SANITARY SEWER OVERFLOW DUE TO INFILTRATION AND "BOTTLENECK" IN PIPE		
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 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:** 2-26-19

**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: 2/19/2019 3:45:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/26/2019 4:15:00 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 | () 10,000 ≥ gallons <25,000 |
| () 25,000 ≥ gallons <50,000 | () 50,000 ≥ gallons <75,000 | (X) 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: 2/20/2019 12:15:00 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: 33.821937 Longitude: -85.762547

Street address or narrative description of location:

615 Pelham Rd

Known or suspected cause of the discharge:

Infiltration and a bottle neck in the pipe line. A 12in and a 8 in pipe is feeding into a 10in pipe and then dumps into a 15in. The bottle neck is at the 10in pipe.

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:

1700 ft of 12in clay pipe was slip lined with 10in HDPE in 1989. This has caused this line to bottle neck with a 12in and a 8in pipe feeding into it. We are looking into replacing the 10 in HDPE with a 15in pvc.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/19/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 02/19/2019
 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	2/26/2019 8:12:53 PM



December 2017

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STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

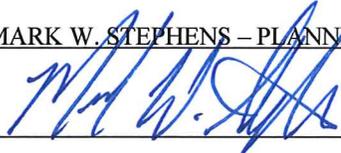
General Information			
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD		
Date of Inspection	2-21-19	Start/End Time	12:00 PM - 5:30 AM (2-26-19)
Location	HIGHWAY 21 AND GREENLEAF STREET, SW		
Latitude	33.804041	Longitude	-85.761145
Inspector's Name(s)	MARK W. STEPHENS		
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR		
Inspector's Contact Information	(256) 782-3840		
Inspector's Qualifications	CPESC #5132		
Type of suspected illicit discharge or connection	SANITARY SEWER OVER-FLOW DUE TO HEAVY 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 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:** 2-26-19

**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: 2/21/2019 12:00:00 PM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/26/2019 5:30:00 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:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| () <1,000 gallons | () 1,000 ≥ gallons <10,000 | () 10,000 ≥ gallons <25,000 |
| () 25,000 ≥ gallons <50,000 | (X) 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: 2/22/2019 9:55:00 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 intersection

Known or suspected cause of the discharge:

heavy 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:

We are in the process of tracking down the I&I issues.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/21/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 02/21/2019
 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		Signature	Date/Time Submitted
Chris Patterson	I certify that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment.	Signed by E2	2/26/2019 7:14:49 AM



December 2017

21

STORMWATER
MANAGEMENT

Illicit Discharge Detection and Elimination Program Case Log

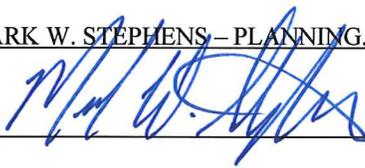
General Information	
Responsible Party	JACKSONVILLE WATER WORKS, GAS AND SEWER BOARD
Date of Inspection	2-22-19
Start/End Time	10:00 AM - 2:00 PM (2-23-19)
Location	6 th STREET, NE AND 6 th AVENUE, NE
Latitude	33.823049
Longitude	-85.753585
Inspector's Name(s)	MARK W. STEPHENS
Inspector's Title(s)	PLANNING, 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 HEAVY INFILTRATION AND BROKEN PIPE
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	
<p>REPORTED TO STORMWATER DIRECTOR BY THE WWG AND SB PERMIT NO. AL0022586 ADEM WAS NOTIFIED (SEE REPORTING FORM)</p>	
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 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:** 2-23-19

**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: 2/22/2019 10:00:00 AM Is the SSO on-going? () Yes (X) No
Date/Time SSO Stopped: 2/23/2019 2:00:00 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: 2/22/2019 11:20:00 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:

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

Location of Discharge:

Latitude: 33.823049 Longitude: -85.753585

Street address or narrative description of location:

6th st. and 6th ave.

Known or suspected cause of the discharge:

Heavy infiltration. Broken pipe.

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:

Broken pipe was removed/repaired.

Indicate efforts to notify public:

Press Release Date: _____
 Placement of Signs Date: 02/22/2019
 Other _____ Date: _____
 Notice not required, because: _____

Indicate other officials notified:

County Health Department Date: 02/22/2019
 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	2/23/2019 9:05:50 PM



December 2017

1

Sediment and Erosion Control Case Log

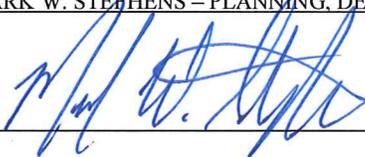
General Information	
Responsible Party	DANNY & PHYLLIS PRESSLEY
Date of Inspection	10-12-18 Start/End Time 1:50 PM
Location	911 5th AVENUE, NE
Latitude	33.828752 Longitude -85.754442
Inspector's Name(s)	MARK W. STEPHENS
Inspector's Title(s)	PLANNING, DEVELOPMENT & STORMWATER DIRECTOR
Inspector's Contact Information	OFFICE (256) 782-3840 CELL (256) 613-6507
Inspector's Qualifications	CPESC #5132
Description of sediment and erosion problems	YARD IS ERODING DUE TO TREE REMOVAL FROM TORNADO DAMAGE ON MARCH 19, 2018
Type of Investigation: <input type="checkbox"/> Follow-up to citizen complaint <input checked="" type="checkbox"/> City initiated <input type="checkbox"/> Other _____	
Investigation Results	
YARD HAS A LOT OF DISTURBED SOIL FROM TREE REMOVAL. SEDIMENT HAS WASHED INTO THE STREET AND INTO A STORM INLET.	
Responsible party contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email DANNY PRESSLEY	
Responsible party was provided a copy of the SWMP Information: <input type="checkbox"/> Yes <input checked="" 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 HIM TO INSTALL SILT FENCE DOWN STREAM OF ANY DISTURBED GROUND. TOLD HIM TO CLEANUP STREET AND INLET. ALSO, SPOKE WITH STREET DEPT. IN REGARD TO CLEANING UP STREET AND INLET		
Follow-up inspection was performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date: 3-26-19		
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 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:

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

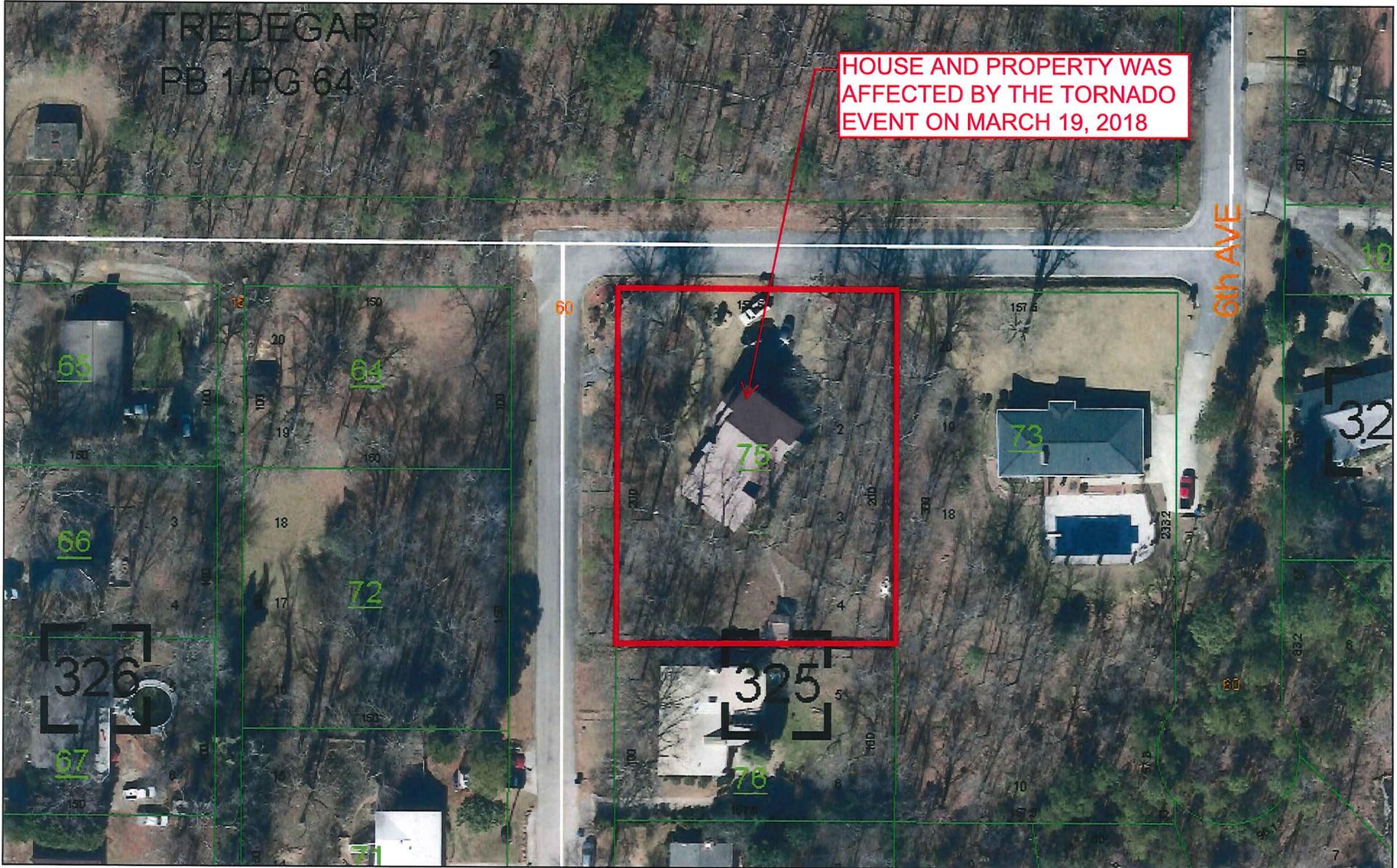
Signature:  Date: 3-26-19



HOUSE AND PROPERTY WAS AFFECTED
BY THE TORNADO EVENT ON MARCH 19, 2018

SEDIMENT AND EROSION CONTROL ISSUE
911 5th AVENUE, NE
(10-12-18)





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.



SEDIMENT AND EROSION CONTROL ISSUE
911 5th AVENUE, NE
(10-12-18)



December 2017

~~1~~ #2

Sediment and Erosion Control Case Log

General Information	
Responsible Party	JASON WILLIAM JOINER
Date of Inspection	2-20-19
Start/End Time	3:45 PM
Location	1508 LOUISE DRIVE, SE
Latitude	33.808245
Longitude	-85.743505
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 FROM YARD IS ALLOWING SEDIMENT TO FLOW INTO THE CITY STREET
Type of Investigation: <input type="checkbox"/> Follow-up to citizen complaint <input checked="" type="checkbox"/> City initiated <input type="checkbox"/> Other _____	
Investigation Results	
PERFORMED INSPECTION ON 2-20-19, THERE IS EXCESSIVE DRIVING IN PARTS OF THE YARD NOT DESIGNED/CONSTRUCTED AS A DRIVEWAY. THE GRASS IS GONE, ALLOWING FOR EROSION. PHOTOS WERE MADE.	
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 2-20-19	
NO RESPONSE FROM THIS LETTER	
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: NOT SPECIFIED	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date: 5-2-19 CERTIFIED LETTER MAILED ON 5-3-19		
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:

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: _____

MAYOR
Johnny L. Smith
CITY CLERK
Antonia Rispoli Fanning
CITY ATTORNEY
Richard Rhea

CITY

Jason William Joiner
1508 Louise Drive, SE
Jacksonville, Alabama 36265

Re: City of Jacksonville Stormwater Management Program
Phase II Small MS4 - NPDES General Permit ALR040051
Stormwater Pollution – **NOTICE OF VIOLATION (2ND NOTICE)**

Dear Mr. Joiner:

In order for the City of Jacksonville to comply with the Alabama Department of Environmental Management (ADEM) National Pollutant Discharge Elimination System (NPDES) General 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 this program is "Public Education and Public Involvement on Stormwater Impacts". The objectives of this component is to generate awareness of stormwater pollution prevention, to provide education and encouragement of active involvement in stormwater pollution prevention, and to inform the public of steps they can take to reduce pollutants in stormwater run-off to the maximum extent practicable (MEP).

This letter shall serve as a **NOTICE OF VIOLATION (2ND NOTICE)** in regard to your property located at 1508 Louise Drive, SE in Jacksonville, Alabama contributing to stormwater pollution due to soil erosion and sedimentation issues. The soil erosion appears to be caused from the excessive driving across parts of your yard that are not designed/constructed to be used as a driveway. The City previously mailed you a Notice of Violation (enclosed) on February 20, 2019 and it appears that you have not performed any improvements to eliminate the erosion and sedimentation issues. The City hereby requests again that you make any and all necessary improvements to correct the stormwater pollution issues in a timely manner.

Upon receipt of this letter, please contact the City's Planning and Building Department at (256)782-3842 to schedule a meeting at your property to discuss your plan of action and schedule.

Sincerely,



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

Enclosures: NOV letter dated 2-20-19, photos (5-2-19)

U.S. Postal Service[™]
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com[®].

OFFICIAL USE

7017 1070 0000 2439 9529

Certified Mail Fee	\$	3.50
Extra Services & Fees (check box, add fees as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	2.80
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.50
Total Postage and Fees	\$	6.80

Postmark Here
MAY 03 2019

JACKSONVILLE, AL 36265

USPS

Send To
Jason William Joiner
1508 Louise Drive, SE
Jacksonville, Alabama 36265

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

CITY COUNCIL
Clayton L. Harrell, Jr. - President
Tony Taylor
Coty Galloway



1508 LOUISE DRIVE, SE
(5-2-19)

MAYOR

Johnny L. Smith

CITY CLERK

Antonia Rispoli Fanning

CITY ATTORNEY

Richard Rhea



CITY COUNCIL

Sandra Fox Sudduth - **President**

Jerry Parris - **President Pro-Tempore**

Jimmy L. Harrell, Jr.

Tony Taylor

Coty Galloway

CITY OF JACKSONVILLE

February 20, 2019

Jason William Joiner
1508 Louise Drive, SE
Jacksonville, Alabama 36265

Re: City of Jacksonville Stormwater Management Program
Phase II Small MS4 - NPDES General Permit ALR040051
Stormwater Pollution - **NOTICE OF VIOLATION**

Dear Mr. Joiner:

In order for the City of Jacksonville to comply with the Alabama Department of Environmental Management (ADEM) National Pollutant Discharge Elimination System (NPDES) General 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 this program is "Public Education and Public Involvement on Stormwater Impacts". The objectives of this component is to generate awareness of stormwater pollution prevention, to provide education and encouragement of active involvement in stormwater pollution prevention, and to inform the public of steps they can take to reduce pollutants in stormwater run-off to the maximum extent practicable (MEP).

This letter shall serve as a NOTICE OF VIOLATION in regard to your property located at 1508 Louise Drive, SE in Jacksonville, Alabama contributing to stormwater pollution due to soil erosion and sedimentation issues. The soil erosion appears to be caused from the excessive driving across parts of your yard that are not designed/constructed to be used as a driveway (see attached photos). The City hereby requests that you make any and all necessary improvements to correct the stormwater pollution issues in a timely manner.

Upon receipt of this letter, please contact the City's Planning and Building Department at (256)782-3842 to schedule a meeting at your property to discuss your plan of action and schedule.

Sincerely,

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

Enclosures: photos and brochures



1508 LOUISE DRIVE, SE
(2-20-19)



December 2017

~~1020~~ # 3

STORMWATER
MANAGEMENT

Sediment and Erosion Control Case Log

General Information	
Responsible Party	GARY AND SUIKO ROPER
Date of Inspection	3-18-19
Start/End Time	4:15 PM
Location	904 5 TH AVENUE, NE
Latitude	33.82812
Longitude	-85.755119
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	SOIL IS ERODING WHERE HOUSE WAS DEMOLISHED AND TREES REMOVED
Type of Investigation:	
<input checked="" type="checkbox"/> Follow-up to citizen complaint <input type="checkbox"/> City initiated <input type="checkbox"/> Other _____	
Investigation Results	
SITE VISIT DETERMINED THAT CITIZEN COMPLAINT WAS ACCURATE FOR STORMWATER POLLUTION AND DEBRIS DEBRIS	
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 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: STATED IN LETTER TO CONTACT FOR SCHEDULE	

Suggestions made by inspector on how to remedy the problem: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Explain: MET WITH GARY ROPER ON 4-12-19, INFORMED HIM THAT ALL DISTURBED AREAS REQUIRED STABILIZATION. ALSO, BMPs ARE REQUIRED TO BE INSTALLED NOW UNTIL SITE IS STABILIZED.		
Follow-up inspection was performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Date: 4-27-19		
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 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:

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: 4-27-19

MAYOR

Johnny L. Smith

CITY CLERK

Antonia Rispoli Fanning

CITY ATTORNEY

Richard Rhea



CITY COUNCIL

Sandra Fox Sudduth - **President**

Jerry Parris - **President Pro-Tempore**

Jimmy L. Harrell, Jr.

Tony Taylor

Coty Galloway

CITY OF JACKSONVILLE

April 4, 2019

Gary and Sulko Roper
1612 Summit Drive
Gadsden, Alabama 35901

Re: City of Jacksonville Stormwater Management Program
Phase II Small MS4 - NPDES General Permit ALR040051
Stormwater Pollution – **NOTICE OF VIOLATION**

Dear Mr. and Mrs. Roper:

In order for the City of Jacksonville to comply with the Alabama Department of Environmental Management (ADEM) National Pollutant Discharge Elimination System (NPDES) General 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 this program is "Public Education and Public Involvement on Stormwater Impacts". The objectives of this component is to generate awareness of stormwater pollution prevention, to provide education and encouragement of active involvement in stormwater pollution prevention, and to inform the public of steps they can take to reduce pollutants in stormwater run-off to the maximum extent practicable (MEP).

This letter shall serve as a NOTICE OF VIOLATION in regard to your property located at 904 5th Avenue, NE in Jacksonville, Alabama contributing to stormwater pollution due to soil erosion and sedimentation issues. The City received a complaint in regard to the stormwater pollution and the debris that remains on the property. The City made a site inspection on March 18, 2019 to verify the complaint issues. The City hereby requests that you make any and all necessary improvements to correct the stormwater pollution and cleanup the debris in a timely manner.

Upon receipt of this letter, please contact the City's Planning and Building Department at (256)782-3842 to schedule a meeting at your property to discuss your plan of action and schedule.

Sincerely,

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

Enclosures: aerial map, photos and brochures



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.



VICINITY MAP

3-18-19 - The City received a complaint of
 stormwater pollution and debris located at
 904 5th Avenue, NE.



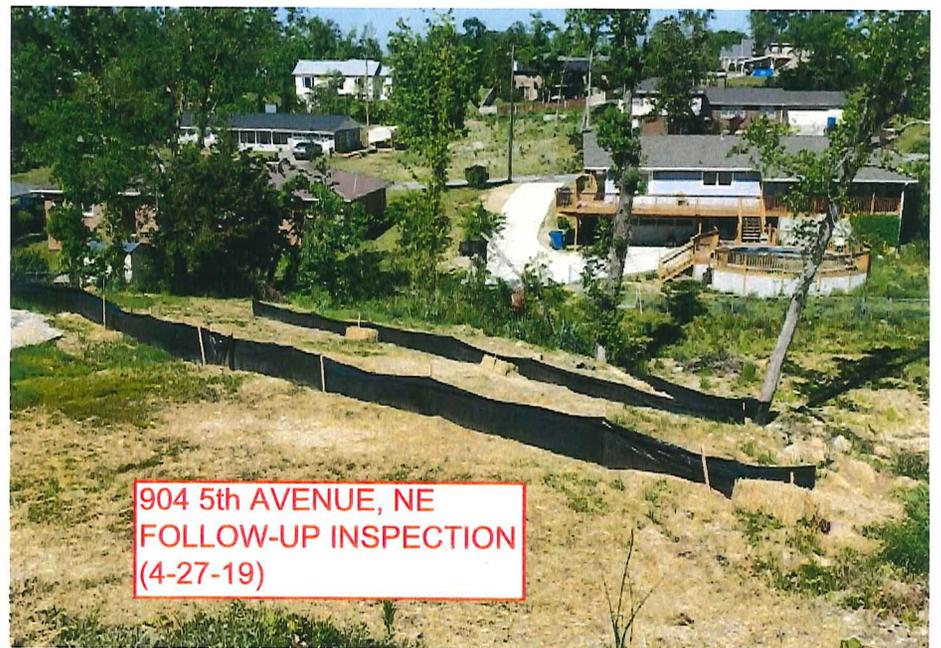
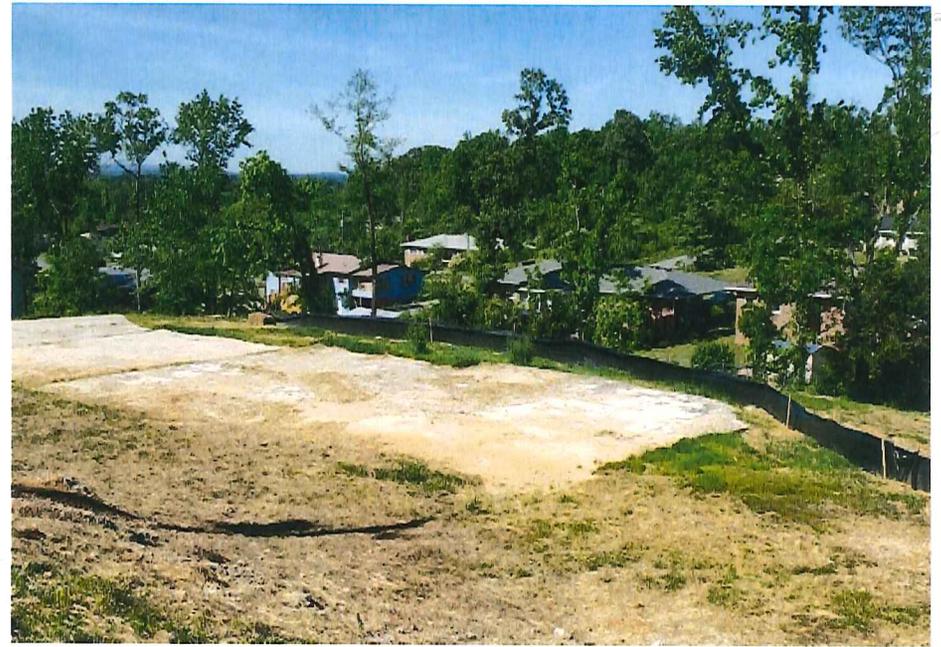
904 5th AVENUE, NE







STABILIZE
DISTURBED
GROUND







December 2017

STORMWATER
MANAGEMENT

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)	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			
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:

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:** _____

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:

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:** _____



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: _____