



Sewer System Overflow or Pump Station Failure Report Form

Please submit this form to the SCDHEC Bureau of Water, Compliance Assurance Division 2600 Bull St. Columbia, SC 29201
Form must be MAILED and/or FAXED to 803.898.4215
A copy of the form should be sent to the local EQC District Office

Permittee: _____ Permit No.: _____ County: _____
(If yours is a Collection System not owned or operated by a POTW, please include the name of the receiving POTW)

Date SSO/Failure: _____ Time: _____ (Military Format)

Date DHEC notified: _____ Time: _____

Name of person contacted at DHEC: _____

Description of Source (manhole, pump station, etc.): _____ Pump Station No.: _____
(Include any code or number used to identify pump stations)

Location of SSO/Failure: _____
(Street address or other appropriate description; include map if available)

Cause of SSO/Failure: _____
(Include any related weather information)

Control action taken: _____

Describe corrective action taken: _____

Estimated volume of wastewater released: _____

Did wastewater enter a stream or body of water? Yes No (Circle One)
(If discharge reaches any water already present in a conveyance, ditch, etc. it is considered to have reached waters of the State)

If Yes, Where? _____
(Show location on USGS map or copy thereof, include name of water body)

Were down stream water in-takes notified? Yes No N/A (Circle one) If Yes, Who? _____

Date corrective action completed: _____ Time: _____ (Military Format)

Date clean up action taken: _____ Time: _____

Describe what was actually done in the clean up process? _____

_____ Phone #: _____
Name/Signature of Person Initiating Action

Date: _____

_____ Signature/Sewer System Owner or other Responsible Individual

Date: _____