

Sanitary Sewer Overflow Annual Report

Division of Surface Water

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3/8/23

Facility name:

Lesourdsville Water Reclamation Facility

Ohio NPDES permit no.:

1PK00011*OD

Period covered by report:

2022

Contact person

Name:

Jeff Gast

Title:

Wastewater Collections Manager

Mailing address:

130 High St Hamilton OH 45011

Telephone:

(513)887 - 5571

Email:

Jeff.Gast@bcohio.us

Certification:

I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately for obtaining the information contained in the report, I believe that the information is true, accurate, and complete.

Name

Jeff Gast

Aff Sast

Title:

Wastewater Collections Manager

(typed):

Signature:

Date:

7-8-23

SSO Annual Repo	SO Annual Report Table 1: SSO Identification Ohio NPDES Permit No.: 1PK00011*OD			
Identification No. ^A	Location Description	Receiving Water ^B Eliminated		
301	MH 11494 8399 Bethany RD	Detention pond for apartment complex		
302	MH 04122 7569 Bethany RD	Unnnamed tributary of Gregory Creek		
	,	ommunica and acting of chegory check		

A. Assign each SSO location a unique identification by numbering them consecutively, beginning with 301.

B. Enter name of receiving water. If an SSO enters a storm sewer, enter "SS to (name of receiving water)." If an SSO does not reach a receiving water, enter (None".

C. If an SSO has been eliminated, enter the date of elimination (MM/DD/YY).

SSO Annual Report Table 2: SSO Event Information		Ohio NPDES Permit No.: 1PK00011*OD		
Date ^A	Identification No. ^B	Receiving Water ^C		Volume
06/14/22	301	Detention pond for	or apartment complex	.000942
11/14/22	302	Unnamed tributa	ry of Gregory Creek	.001584
2.0				
		19.44.1.29.11-39		

- A. Enter date as "MM/DD/YY". Enter "Various" to summarize overflows of less than 1000 gallons from an SSO location
- B. Enter the unique identification assigned in Table 1.
- C. Enter name of receiving water. If an SSO enters a storm sewer, enter "SS to (name of receiving water)." If an SSO does not reach a receiving water, enter "None".
- D. Enter estimate of volume in MG (million gallons). Enter estimate of total volume if summarizing data.

SSO Annual Report Table 3: Water in Basement Occurrences		Ohio NPDE	Ohio NPDES Permit No.: 1PK00011*OD	
Sewershed ^A	WIB Occurrence	SB	Causes ^C	
Kingsgate	14		D,G	
otal Occurrences	14			

A. A sewershed is a specific geographic area, such as a city block or a subdivision, that drains to a common outlet.

B. Enter the total number of water in basement occurrences report for the sewershed.

C. Enter all causes that apply: W = extreme weather; E = equipment failure; P = power failure; D = debris in line; R = roots; G = grease; B = other blockages; L = Line deterioration; V = vandalism; O = other, prove details.

SSO Annual Report: Water in Basement Narratives	Ohio NPDES Permit No.: 1PK00011*OD	
Enter narrative analysis of WIB patterns by location, frequency and cause. Kingsgate was a one time incident involving 14 condo units all on a dead end line. Crews found floor drain covers missing in multiple units allowing large household debris to enter sewer line. The line was cleaned to remove blockage and residents were advised to replace drain covers and not pour grease down the drain.		



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 03/09/2023		
Facility Name: Lesourdsville Water Reclamation Facility		
Ohio NPDES Permit Number: 1PK00011*OD		
Period Covered by Report: 01/01/2022 - 12/31/2022		
Contact Person: Jeff Gast	Title: Wastewater	Collections Manager
Mailing Address: 130 High St		
City: Hamilton	State: OH	Zip Code : 45011
Country: USA		
Sanitary Sewer Overflows Spreadsheet(attachment) : fa24	72f5-4854-40fa-b337-966028686f8a.x	lsm
Water In Basement Occurrences Spreadsheet(attachment): 232ea701-a40b-4523-9124-fd491d	d25632.xlsm
all on a dead end line. Crews found floor drain covers missing line was cleaned to remove blockage and residents were advisor. ADDITIONAL INFORMATION Please add any additional comments or attachments below.	in multiple units allowing large househ	nold debris to enter sewer line. The ur grease down the drain.
Certification		
I certify under penalty of law that I have personally examined a Based on my inquiry of those persons immediately responsible information is true, accurate, and complete.	and am familiar with the information in a for obtaining the information containe	this report and all attachments. d in the report, I believe that the
Name: Jeff Gast	Title: Wastewater Collect	ctions Manager
Signature(Electronically submitted by): Jeff Gast (User ID: GastJD)	Submission Date: 03/09/2023	



Sanitary Sewer Overflow Annual Report

Division of Surface Water

Date:

3/8/23

Facility name:

Upper Mill Creek Water Reclamation Facility

Ohio NPDES permit no.:

1PK00016*OD

Period covered by report:

2022

Contact person

Name:

Jeff Gast

Title:

Wastewater Collections Manager

Mailing address:

130 High ST Hamilton OH 45011

Telephone:

(513)887 - 5571

Email:

Jeff.Gast@bcohio.us

Certification:

I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments. Based on my inquiry of those persons immediately for obtaining the information contained in the report, I believe that the information is true, accurate, and complete.

Name

Jeff Gast

Title:

Wastewater Collections Manage

(typed):

Signature:

Date:

3-8.23

SSO Annual Report Table 1: SSO Identification		Ohio NPDES Permit No.: 1PK00016*OD		
Identification No. ^A	Location Description	Receiving Water ^B Eliminated ^C		
301	MH 01072 7883 Winterberry	None	Lillinged	
302	MH 00155 5384 Blossom	None		
303	ARV 10195 Bennington	None		
	, and To Too Bernington	None		
2	- 6			
y 71 - 44				
L [1]				

A. Assign each SSO location a unique identification by numbering them consecutively, beginning with 301.

B. Enter name of receiving water. If an SSO enters a storm sewer, enter "SS to (name of receiving water)." If an SSO does not reach a receiving water, enter (None".

C. If an SSO has been eliminated, enter the date of elimination (MM/DD/YY).

SSO Annual Report Table 2: SSO Event Information Ohio NPDES Permit No.: 1PK00016*OD			
Date ^A	Identification No. B	Receiving Water ^C	Volume
04/13/22	301	None	.003
08/21/22	302	None	.0022
10/23/22	303	None	.002244
		2	
1-1-1-11			

- A. Enter date as "MM/DD/YY". Enter "Various" to summarize overflows of less than 1000 gallons from an SSO location
- B. Enter the unique identification assigned in Table 1.
- C. Enter name of receiving water. If an SSO enters a storm sewer, enter "SS to (name of receiving water)." If an SSO does not reach a receiving water, enter "None".
- D. Enter estimate of volume in MG (million gallons). Enter estimate of total volume if summarizing data.

SSO Annual Report Table 3: Water in Basement Occurrences		Ohio NPDES Permit No.: 1PK00016*OD	
Sewershed ^A	WIB Occurrences	cs ^B Causes ^C	
James Blake's	1	G	
Crestfield	2	G,B	
		3,5	
Total Occurrences	2		
Total Occurrences	3		

A. A sewershed is a specific geographic area, such as a city block or a subdivision, that drains to a common outlet.

B. Enter the total number of water in basement occurrences report for the sewershed.

C. Enter all causes that apply: W = extreme weather; E = equipment failure; P = power failure; D = debris in line; R = roots; G = grease; B = other blockages; L = Line deterioration; V = vandalism; O = other, prove details.

SSO Annual Report: Water in Basement Narratives	Ohio NPDES Permit No.: 1PK00016*OD		
Enter narrative analysis of WIB patterns by location, frequency and cause.			
James Blake's was a one time incident caused by grease Blockage, Line was cleaned. Crestfield consisted of two homes. This incident was caused by grease and heavy amounts of flushable wipes, the line was cleaned to remove blockage. This area has been added to our quarterly maintenance areas.			



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 03/09/2023		
Facility Name: Upper Mill Creek Water Reclamation Facility *		
Ohio NPDES Permit Number: 1PK00016*OD	er 1895, sette given i ver er værer, som er er værer forsket en er er værer en er er værer.	n karin karin Karana Karana karin Karana Karana karan ka
Period Covered by Report: 01/01/2022 - 12/31/2022		
Contact Person: Jeff Gast	Title: Wastewater	Collections Manager
Mailing Address: 130 High St		
City: Hamilton	State: OH	Zip Code: 45011
Country: USA		
Sanitary Sewer Overflows Spreadsheet(attachment): c625b	691-f793-4a6d-ad0b-2cdd8cf7976f.x	dsm
Water In Basement Occurrences Spreadsheet(attachment) :	: 4074f33e-5e43-47eb-9ed9-96a0a5-	4a2393.xlsm
Blockage, Line was cleaned. Crestfield consisted of two homes. This incident was caused by remove blockage. This area has been added to our quarterly management of the control of the con		ble wipes, the line was cleaned to
Please add any additional comments or attachments below.		
Certification		
I certify under penalty of law that I have personally examined and Based on my inquiry of those persons immediately responsible f information is true, accurate, and complete.		
Name: Jeff Gast	Title: Wastewater Collect	ctions Manager
Signature(Electronically submitted by): Jeff Gast (User ID: GastJD)	Submission Date: 03/09/2023	



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 03/08/2023				
Facility Name: New Miami WWTP				
Ohio NPDES Permit Number: 1PB00023*JD				
Period Covered by Report: 01/01/2022 - 12/31/2022				
Contact Person: Gregory Hassler	Title: Chief Operator			
Mailing Address: 130 High St				
City: Hamilton	State: OH	Zip Code: 45013		
Country: USA				
Sanitary Sewer Overflows Spreadsheet(attachment) :				
Water In Basement Occurrences Spreadsheet(attachment) :				
Narrative analysis of WIB patterns by location, frequency and cause:				
ADDITIONAL INFORMATION				
Please add any additional comments or attachments below.				
Certification				
I certify under penalty of law that I have personally examined and am familiar with	th the information in this rep	ort and all attachments.		
Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the				
information is true, accurate, and complete.				
Name:	Title:			
Gregory Hassler	Chief Operator			
Signature(Electronically submitted by): Submission Date:				
Gregory Hassler (User ID: Hasslerge)	03/08/2023			



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 03/08/2023				
Facility Name: Queen Acres Water Reclamation Facility				
Ohio NPDES Permit Number: 1PG00043*JD				
Period Covered by Report: 01/01/2022 - 12/31/2022				
Contact Person: Gregory Hassler	Title: Chief Operator			
Mailing Address: 130 High St				
City: Hamilton	State: OH	Zip Code: 45013		
Country: USA				
Sanitary Sewer Overflows Spreadsheet(attachment): SSO report QA 2022.xlsm				
Water In Basement Occurrences Spreadsheet(attachment) :				
Narrative analysis of WIB patterns by location, frequency and cause:				
ADDITIONAL INFORMATION				
Please add any additional comments or attachments below.				
Certification				
I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments.				
Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the				
information is true, accurate, and complete.				
Name:	Title:			
Gregory Hassler	Chief Operator			
Signature(Electronically submitted by):	Submission Date:			
Gregory Hassler (User ID: Hasslerge)	03/08/2023			



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 03/08/2023				
Facility Name: Wade Mill Water Reclamation Facility				
Ohio NPDES Permit Number: 1PJ00010*FD				
Period Covered by Report: 01/01/2022 - 12/31/2022				
Contact Person: Gregory Hassler	Title: Chief Operator			
Mailing Address: 130 High St				
City: Hamilton	State: OH	Zip Code: 45013		
Country: USA				
Sanitary Sewer Overflows Spreadsheet(attachment) :				
Water In Basement Occurrences Spreadsheet(attachment) :				
Narrative analysis of WIB patterns by location, frequency and cause:				
ADDITIONAL INFORMATION				
Please add any additional comments or attachments below.				
Certification				
I certify under penalty of law that I have personally examined and am familiar with the information in this report and all attachments.				
Based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the				
information is true, accurate, and complete.				
Name:	Title:			
Gregory Hassler	Chief Operator			
Signature(Electronically submitted by):	Submission Date:			
Gregory Hassler (Liser ID: Hasslerge)	03/08/2023			