



## Oregon Department of Environmental Quality SSO Reporting Form



This information must be submitted within 5 days of becoming aware of the overflow.  
Please complete online and print for signature. Be sure to fill out all fields.

| FACILITY/CONTACT INFORMATION                                                            |                          |                                                     |
|-----------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| Name of Permittee:                                                                      |                          |                                                     |
| Contact Name:                                                                           |                          |                                                     |
| Phone:                                                                                  | Email:                   | County:                                             |
|                                                                                         |                          |                                                     |
| DEQ Permit # (see permit face page):                                                    |                          | DEQ File #:                                         |
| OERS Incident #:                                                                        | Date Reported to OERS:   |                                                     |
| Date Reported To DEQ:                                                                   | Today's Date:            |                                                     |
| Date SSO Started (if known):                                                            | Time Started (if known): |                                                     |
| Date SSO Stopped (if known):                                                            | Time Stopped (if known): |                                                     |
| SSO Location:                                                                           |                          |                                                     |
| SSO Nearest Address:                                                                    |                          |                                                     |
| City:                                                                                   | Zip Code:                |                                                     |
| SSO Latitude (if known):                                                                | Longitude (if known):    |                                                     |
| Estimate of Quantity Overflowed:                                                        |                          | (Gallons) <a href="#">Link to estimation method</a> |
| Did the SSO discharge to surface water?                                                 |                          |                                                     |
| Name of waterbody:                                                                      |                          |                                                     |
| PUBLIC NOTIFICATION                                                                     |                          |                                                     |
| Notified downstream drinking water sources (List Below)?                                |                          |                                                     |
| Name of drinking water facility:                                                        |                          |                                                     |
| Signs Posted?                                                                           |                          |                                                     |
| Media contacted?                                                                        |                          |                                                     |
| Who?                                                                                    |                          |                                                     |
| List any other steps taken to notify the public or state/federal agencies:              |                          |                                                     |
|                                                                                         |                          |                                                     |
| CAUSES                                                                                  |                          |                                                     |
| Cause or suspected cause of the overflow:<br><i>If needed, attach additional sheets</i> |                          |                                                     |
| Rainfall in the 24 hours prior to SSO (for storm-related overflows):                    |                          | (inches)                                            |
| Source of rainfall data:<br><i>If needed, attach additional sheets</i>                  |                          |                                                     |

|                                                                       |           |
|-----------------------------------------------------------------------|-----------|
| 1-in-5 year 24 hour rainfall for the sewerage system area (if known): | (in/24hr) |
|-----------------------------------------------------------------------|-----------|

**EMERGENCY RESPONSE AND MIGRATION**

**List actions taken to stop and mitigate the impact of the SSO.**

|                           |                                                            |
|---------------------------|------------------------------------------------------------|
| For overland flow:        | Taped off affected area?                                   |
|                           | Cleaned up affected area?                                  |
| For SSO to surface water: | Bacteria samples taken to confirm impact?                  |
|                           | Follow up bacteria samples taken to confirm end of impact? |

Describe monitoring and results:

|                                 |                               |
|---------------------------------|-------------------------------|
| For SSOs that impact buildings: | Pumped out flooded buildings? |
|                                 | Disinfected?                  |

Other measures taken (describe):

Steps taken or planned to reduce, eliminate, and prevent the reoccurrence of the overflow and schedule for those steps:

**COMMENTS**

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 GATHER AND EVALUATE 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.

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
Phone Number

\*You may attach additional information to this report before sending to DEQ as needed to explain the circumstances of the overflow. This information may include but is not limited to: maintenance records and bacteria monitoring results.

**Upon completion, print out this form and send to the appropriate DEQ Address:**

**Portland-Permit Coordinator**  
700 NE Multnomah St., Suite 600  
Portland, OR 97232

**Salem-Permit Coordinator**  
4026 Fairview Industrial Dr. SE  
Salem, OR 97302

**Pendleton-Permit Coordinator**  
800 SE Emigrant, #330 Pendleton,  
OR 97801

**FOR DEQ PERSONNEL ONLY**

- Pre-Enforcement Notice
- Warning Letter

**No enforcement action was warranted because:**

- The SSO was caused by unpreventable vandalism or similar force majeure; or
- The SSO is allowed as an exception to the permit as maintenance; or
- The cause of the current SSO was beyond reasonable control AND we do not expect the permittee to prevent similar SSOs in the future; or
- The SSO was 400 gallons or less, spilled to the ground and not reaching surface water; permittee properly reported, cleaned up, and took appropriate public notice measures; and the SSO was not part of a chronic problem.

**COMMENTS**