



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: City of Salem								
Contact Name: Nitin Josh	ni							
Phone:		Emai	1:		County:			
503-588-6647	njoshi@cityofsalem	net			Marion			
DEQ Permit # (see permi	t face page): 101145		DEQ File #: 78140					
OERS Incident #:2025-7	1968		Date Reported to	o OERS	: 08/04/2025			
Date Reported To DEQ:	08/04/2025	=	Today's Date: 08/05/2025					
Date SSO Started (if know	wn): 08/04/2025	=	Time Started (if known): 9:43 am					
Date SSO Stopped (if kno	own): 08/04/2025		Time Stopped (if	Time Stopped (if known): 10:00 am				
SSO Location: Other (ex	plain):	/lanh	ole and Private	Clean	out			
SSO Nearest Address: 16	55 College Dr NW							
City:Salem			Zip Code:97304					
SSO Latitude (if known):			Longitude (if kno	own):				
Estimate of Quantity Overflowed:170				(Gallons	s) Link to estimation method			
Did the SSO discharge to	surface water? No							
Name of waterbody: N/A								
	PUBL	LIC N	OTIFICATION					
Notified downstream drin	king water sources (L	ist Be	elow)? N/A					
Name of drinking water fa	acility:							
Signs Posted? N/A								
Media contacted? N/A								
Who?								
List any other steps taker	n to notify the public o	or state	e/federal agencies	s:				
Notified OERS.								
				VS18-00	576 MINES (1924 1956)			
			USES					
Cause or suspected caus If needed, attach additional	ge - Other		$\frac{1}{2} \left\ \frac{d}{dt} \right\ _{\mathcal{V}}$					
Rainfall in the 24 hours prior to SSO (for storm-related overflows):				(inches)				
Source of rainfall data: If needed, attach additional	sheets							

RECEIVED

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? N/A Cleaned up affected area? Yes For SSO to surface water: Bacteria samples taken to confirm impact? N/A Follow up bacteria samples taken to confirm end of impact? N/A Describe monitoring and results: For SSOs that impact buildings: Pumped out flooded buildings? N/A Disinfected? N/A Other measures taken (describe): The overflow impacted the driveway at 165 College Dr NW and the side yard at 155 College Dr NW. City Sewer crew vacuumed impacted areas, rinsed, and vacuumed rinse water. Lime was deployed over impacted areas. Soil was also added to the driveway at 165 College at the owner's request. Steps taken or planned to reduce, eliminate, and prevent the reoccurrence of the overflow and schedule for those steps: City crew cleared the blockage in the line.

COMMENTS

City of Salem Environmental Services and Sewer crews responded to a SSO at 165 College Dr NW. MH 11905 was overflowing in a briar thicket at the edge of the urban growth boundary. The cleanout at 165 College had overflowed when Roto Rooter attempted to address the resulting backup at this residence. The overflow impacted the driveway and yard at this address and crossed the fence into the yard at 155 College Dr NW. City Sewer crew cleared the line of a root blockage between MHs 11905 and 11906.

City Sewer crew rinsed and vacuumed impacted areas of the properties at 155 and 165 College Dr NW. Then lime was applied to the impacted areas. Top soil was also used to remediate lost soil and gravel at 165 College Dr NW at the homeowner's request. The overflow from MH 11905 did not exit the thicket and no waterway was impacted.

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.

vel 2	08/05/2025	[
Authorized Signature	Date	
Nitin Joshi	503-588-6647	
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 700 SE Emigrant, #330 Pendleton, OR 97801

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