



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 01/14/2020

Facility Name: Pataskala WWTP

Ohio NPDES Permit Number: 4PB00009*KD

Period Covered by Report: 01/01/2019 - 12/31/2019

Contact Person

Name: Chris Sharrock

Title: Utility Director

Mailing Address: 430 South Main Street

City: Pataskala

State: OH

Zip Code: 43062

Country: USA

Sanitary Sewer Overflows Spreadsheet(attachment) :

Water In Basement Occurrences Spreadsheet(attachment) :

Narrative analysis of WIB patterns by location, frequency and cause:

Additional Attachments :

Certification	
<i>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.</i>	
Name: Chris D Sharrock	Title: Utility Director
Signature(Electronically submitted by): Chris D Sharrock (User ID: 1135468)	Submission Date: 01/14/2020