



Sanitary Sewer Overflow Annual Report

Division of Surface Water

Date: 1/15/16
Facility name: Garrettsville WWTP
Ohio NPDES permit no.: 3PB00016*KD
Period covered by report: January 1 - Decemebr 31, 2015

Contact person

Name: Jeffrey Sheehan
Title: Utility Superintendent
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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 Jeffrey Sheehan **Title:** Utility Superintendent
(typed): _____

Signature: _____ **Date:** _____

Enter narrative analysis of WIB patterns by location, frequency and cause.

There were no WIB's during 2015.