



eBusiness Center

Sanitary Sewer Overflow Annual Report

[Form Instructions \(\)](#)

General Information

Report Date

Facility Name

Covington WWTP

Ohio NPDES Permit Number

1PB00013*HD

Period Covered By Report

From

To

Contact Person

First Name

MIKE

Last Name

BUSSE

Title

VILLAGE ADMINISTRATOR

Email

administrator@covington-oh.gov

Phone

(937) 473-3420

Address

1 S. HIGH ST.

City

COVINGTON

State

OH

Zip Code

45318

Country

USA

Sanitary Sewer Overflows

Have any Sanitary Sewer Overflows occurred during the reporting period?

Yes No

Water In Basement Occurrences

Were there any Water In Basement Occurrences during the reporting period?

Yes No

Additional Information

Additional Attachments

You may add another attachment