



Sanitary Sewer Overflow Annual Report

Division of Surface Water

Date: 03-13-15
Facility name: VILLAGE OF COVINGTON WWTP
Ohio NPDES permit no.: 1PB00013*HD
Period covered by report: 01-1-14 THROUGH 12-31-14

Contact person

Name: MIKE BUSSE
Title: VILLAGE ADMINISTRATOR
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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 MIKE BUSSE Title: VILLAGE ADMINISTRATOR
(typed):

Signature:  Date: 3-12-15

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