

eBusiness Center

Sanitary Sewer Overflow Annual Report

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eneral Information	s 1	j s	ta, i				
Report Date							
January 13, 2022							
Facility Name	* # *				1		
Coldwater WWTP							
Ohio NPDES Permit Number						ő.	
2PB00013*JD	-	1					
Period Covered By Report							
From						-	
j January 01, 2021							
То							
December 31, 2021							
Contact Person							
First Name							
Donald					~~~~	***************************************	
Last Name							
Bruns						***************************************	
Title							
Wastewater Superintendent					******************	***************************************	
Email							
cwwp@villageofcoldwater.com			nna magana mana mana mana mana mana mana				
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Phone				The formation and the second section of the	CAN NAMED AND ADDRESS OF THE OWNER.
(419) 678-4	881				
Address					
610 W. Syc	amore St.	THE ALLEGATION AND AND AND AND AND AND AND AND AND AN	:	~	
City		•	11		
Coldwater		***************************************	************	*************************	
State					
ОН					×
Zip Code					
45828					
Country					
USA	**************************************	***************************************	************************	~~~	
anitary Sewer	Overflows				
Have any Sal	Overflows nitary Sewer Overflows occ	urred during the repo	orting period?		
Have any Sar Yes No		urred during the repo	orting period?		
Yes No	nitary Sewer Overflows occ				
Yes No	ent Occurrences ny Water In Basement Occu				
Yes No Yes No Were there a Yes No	ent Occurrences ny Water In Basement Occur				

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