

## Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 03/26/2025	x .	E LORDY E	34"	
Facility Name: Port Clinton WWTP	*			
Ohio NPDES Permit Number: 2PD00014*ND	. 36	NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Period Covered by Report: 01/01/2024 - 12/31/2024				
Contact Person: David Bacak II	Т	Title: Superintedent		
Mailing Address: 100 N. Jackson St.			•	
City: Port Clinton	s	state: OH	<b>Zip Code:</b> 43452	
Country: USA				
Sanitary Sewer Overflows Spreadsheet(attachment) :		5		
Water In Basement Occurrences Spreadsheet(attachment) :	in a second		4	
Narrative analysis of WIB patterns by location, frequency at	nd cause:	*		
			8	
ADDITIONAL INFORMATION				
Please add any additional comments or attachments below.				
No CCO/o an MUR/o managed of an abid an ariad			No.	
No SSO's or WIB's reported for this period.				
Certification				
I certify under penalty of law that I have personally examined an	d am familiar with t	the information in	this report and all attachments.	
Based on my inquiry of those persons immediately responsible	for obtaining the inf	ormation containe	ed in the report, I believe that the	
information is true, accurate, and complete.				
Name:	1	Title:		
David Bacak		Operating Engine		
Signature(Electronically submitted by):	S	Submission Date	:	

03/26/2025

David Bacak (User ID: DavidBacakII)