

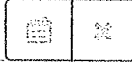
# Sanitary Sewer Overflow Annual Report

[Form Instructions](#)

## General Information

Reporting Date

01/16/2024



Facility Name

Versailles WWTP

Ohio NPDES Permit Number

1PB00033\*LD

Period Covered By Report

From

01/01/2023



To

12/31/2023



Contact Person

First Name

Doug

Last Name

Jackson

Title

Plant Manager

E-mail Address

dougjackson@versaillesoh.com

Phone

(937) 467-8611

Address

177 n. Center St. PO Box 288

City

Versailles

State

OH

Zip Code

45380

Sanitary Sewer Overflows

Address

177 n. Center St. PO Box 288

City

Versailles

State

OH

Zip Code

45380

### 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

### Supplemental Information (optional)

Please upload your file(s) using the Browse button below.

Additional Attachments

No files uploaded

Additional Comments