

Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 01/23/2025			
Facility Name: Newark WWTP			
Ohio NPDES Permit Number: 4PE00001*ND			
Period Covered by Report: 01/01/2024 - 12/31/2024			
Contact Person: Kenrick Knighton	Title: Facilities Ma	Title: Facilities Manager	
Mailing Address: 1003 East Main Street			
City: Newark	State: OH	Zip Code: 43055	
Country: USA			
Sanitary Sewer Overflows Spreadsheet(attachment) :			
Water In Basement Occurrences Spreadsheet(attachment):	VIB 2024.xlsm		
Narrative analysis of WIB patterns by location, frequency and usually caused by blockages from debris in the line.	l cause: WIB issues appear rando	mly throughout the city and is	
ADDITIONAL INFORMATION			
Please add any additional comments or attachments below.			
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 responsible fo		•	
information is true, accurate, and complete.	-		
Name:	Title:		
Kenrick Knighton	Facilities Manager	Facilities Manager	
Signature(Electronically submitted by):		Submission Date:	
Kenrick Knighton (User ID: kenrickk)	01/23/2025	01/23/2025	