



Sanitary Sewer Overflow Annual Report Division of Surface Water

Date: 02/05/2025		
Facility Name: Twin City WWTP		
Ohio NPDES Permit Number: OPD00015*MD		
Period Covered by Report: 01/01/2024 - 12/31/2024		
Contact Person: Donnie Fawcett		Title: Superintendent
Mailing Address: 308 Grant Street		
City: Dennison	State: OH	Zip Code: 44621
Country: USA		
Sanitary Sewer Overflows Spreadsheet(attachment) : SSO Annual Report 2024.xlsm		
Water In Basement Occurrences Spreadsheet(attachment) : WIB Occurence 2024.xlsm		
Narrative analysis of WIB patterns by location, frequency and cause: No pattern determined		
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 for obtaining the information contained in the report, I believe that the information is true, accurate, and complete.		
Name: Donnie Fawcett		Title: Superintendent
Signature(Electronically submitted by): Donnie Fawcett (User ID: fawcettddonnie)		Submission Date: 02/05/2025