



# Sanitary Sewer Overflow Annual Report Division of Surface Water

<b>Date:</b> 01/21/2026		
<b>Facility Name:</b> Monroeville WWTP		
<b>Ohio NPDES Permit Number:</b> 2PB00004*ND		
<b>Period Covered by Report:</b> 01/01/2025 - 12/31/2025		
<b>Contact Person:</b> Don Clark	<b>Title:</b> Water & Wastewater Supt.	
<b>Mailing Address:</b> 34 Hamilton St		
<b>City:</b> Monroeville	<b>State:</b> OH	<b>Zip Code:</b> 44847
<b>Country:</b> USA		
<b>Sanitary Sewer Overflows Spreadsheet(attachment) :</b>		
<b>Water In Basement Occurrences Spreadsheet(attachment) :</b>		
<b>Narrative analysis of WIB patterns by location, frequency and cause:</b>		
<b>ADDITIONAL INFORMATION</b>		
<i>Please add any additional comments or attachments below.</i>		
<b>Certification</b>		
<i>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.</i>		
<b>Name:</b> Don Clark	<b>Title:</b> Superintendent	
	<b>Submission Date:</b> 01/21/2026	