Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: ___

NPDES Permit No.: _____ Monitoring Period (Month/Year): ____/___

☐ No Sanitary Sewer Overflows This Monitoring Period									
REPORT CODE DESCRIPTIONS									
Cause(s) of SSO			nvironmental	Impact	Action(s) Taken			Ultimate Discharge Location	
C - Construction	D - Debris	EFK - Evidence of Fish Kill OEHC - Evidence of Human Contact			EC - Environmental Cleanup HC - Hydro Cleaned		JV - Jet Vac	GR - Ground CR - Creek / Stream / River (specify)	
EF - Equipment Failure LF - Line Failure	G - Grease R - Rainfall (I&I)	OEEI - Evidence of Environmental Impact			HR - Hand Rodded	*		DI - Ditch	
PF - Power Failure	RO - Roots	NEAH - No Evidence of Adverse Health or Environmental Impact			MR - Machine Rodded PN - Public Notification		Deodorized GP - Used Generator to	DR - Drop Inlet PA - Paved Area	
V - Vandalism									
					EN - Referred to Engineering		Power Equipment	CB - Contained in Building	
			•		T				
Starting Location (Address, Intersection, or Manhole #)			Start Date of SSO	End Date of SSO	Estim. Volume (in gallons)	Cause(s) of SSO	Environmental Impact	Action(s) Taken	Discharge Location
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Signature of Cognizant or Ranking Official							Date		

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."