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)	Environmental Impact			Action(s) Taken			Ultimate Discharge Location		
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C - Construction	D - Debris	EFK - Evidence of Fish Kill			EC - Environmental Cleanup		JV - Jet Vac	GR - Ground	
EF - Equipment Failure	G - Grease	OEHC - Evidence of Human Contact			HC - Hydro Cleaned		SL - Spread Lime	CR - Creek / Stream / River (specify)	
LF - Line Failure	R - Rainfall (I&I)	OEEI - Evidence of Environmental Impact			HR - Hand Rodded		DD - Disinfected and Deodorized	DI - Ditch	
PF - Power Failure	PF - Power Failure RO - Roots NEAH			- No Evidence of Adverse Health or		MR - Machine Rodded		DR - Drop Inlet	
V - Vandalism		Environmental Impact			PN - Public Notification EN - Referred to Engineering		GP - Used Generator to Power Equipment	PA - Paved Area	
								CB - Contained in Building	
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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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"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."

Date

Signature of Cogmzant or Ranking Official