Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: _____ Monitoring Period (Month/Year): ____/___

☐ No Sanitary Sewer Overflows This Monitoring Period									
REPORT CODE DESCRIPTIONS									
Cause(s)	Environmental Impact			Action(s) Taken			Ultimate Discharge Location		
	EDIZ E	F.: J		EC. F. (10) W. Y. V.		CD. Count			
C - Construction	D - Debris	EFK - Evidence of Fish Kill OEHC - Evidence of Human Contact			EC - Environmental Cleanup HC - Hydro Cleaned		JV - Jet Vac SL - Spread Lime	GR - Ground CR - Creek / Stream / River (specify)	
EF - Equipment Failure	G - Grease	OEEI - Evidence of Environmental Impact NEAH - No Evidence of Adverse Health or Environmental Impact			HR - Hand Rodded MR - Machine Rodded PN - Public Notification		DD - Disinfected and Deodorized	DI - Ditch DR - Drop Inlet	
LF - Line Failure PF - Power Failure	R - Rainfall (I&I)								
V - Vandalism	RO - Roots						GP - Used Generator to Power Equipment	PA - Paved Area	
V - Vandansin					EN - Referred to Engineering			CB - Contained in Building	
					EIV - Referred to Eng	meering		CB - Contained	i iii Bullullig
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
	Signature of Co	ognizant	Tory Brown	cial		-	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."