Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: ______ Monitoring Period (Month/Year): ____ /____

☐ No Sanitary Sewer Overflows This Monitoring Period													
REPORT CODE DESCRIPTIONS													
Cause(s) of SSO		Environmental Impact			Action(s) Taken			Ultimate Discharge Location					
C - Construction	D - Debris	EFK - Evidence of Fish Kill			EC - Environmental	Cleanup	leanup 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	DI - Ditch					
PF - Power Failure	RO - Roots	NEAH - No Evidence of Adverse Health or			MR - Machine Rodded		Deodorized	DR - Drop Inlet					
V - Vandalism			Environmental Impact		PN - Public Notification		GP - Used Generator to PA - Paved Area		ea				
					EN - Referred to Engineering		Power Equipment	CB - Contained in Building					
		•											
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				
		_	_	_					_				

Toni	Brown			
		•		
Signature of Cognizant o	r 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."