## **Sanitary Sewer Overflow (SSO) Monthly Report**

Facility Name: Siloam Springs	NPDES Permit No.: AR0020273 Monitoring Period (Month/Year): 09 / 2015	/_2015	
□ No S	Sanitary Sewer Overflows This Monitoring Period		

Summary Report Code Descriptions									
Cause(s) of SSO		SSO Impact	Action(s) Taken	Ultimate Discharge Location					
CO-Construction	<b>D</b> -Debris	<b>NEAH</b> -No Evidence Adverse Health/ Environmental.  Impact		CR-Creek/Stream/River (specify)					
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	<b>DI</b> -Ditch					
HC-Hydro Clean	<b>LF</b> -Line Failure	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	<b>DR</b> -Drop Inlet					
<b>R</b> -Rainfall	RG-Roots / Grease		HR-Hand Rodded	GR-Ground Surface					
RO-Roots	V-Vandalism		EN-Referred to Engineering	PA-Paved Area					
			PN-Public Notification	<b>CB</b> -Contained in Building					

Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action (s) Taken to Address SSO	Discharge Location
2000 Western Hill St Lift S	tation	09/14/2015	09/14/2015	30	E	NEAH	EC	GR
Villa View St. Lift Station		09/18/2015	09/18/2015	50	E	NEAH	EC	GR

## **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."

Mail to: **ADEQ Water Division**, **5301 Northshore Drive**, **North Little Rock**, **AR 72118** Mail NO later than the 25<sup>th</sup> of the month following the monitoring period. You should send in the same envelope with the DMR.