

Facility Name: Van Buren/ South Point Sanitary Sewer Overflow Monthly Report
 Permit Number: AR0021482 Reporting Period(Month/Year): June

No Sanitary Sewer Overflows This Monitoring Period

Cause(s) of SSO		Summary Report Code Descriptions						
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact	SSO Impact	Action(s) Taken	Ultimate Discharge Location			
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact		WO-Work Order	CR-Creek/Stream/River (please specify)			
HC-Hydro Clean	LF-Line Failure/Break	EFK-Evidence of Fish Kill		EC-Environmental Cleanup				
R-Rainfall	RG-Roots & Grease			HC-Hydro Cleaned	DI-Ditch			
RO-Roots	V-Vandalism			HR-Hand Rodded	DR-Drop Inlet			
				EN-Referred to Engineering	GR-Ground Surface			
				PN-Public Notification	PA-Paved Area			
					CB-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	Ultimate Discharge Location
317 542nd	50X1665	6-4	6-4	10	D	Neah	HC	PA
51512 Chestnut	5AX4300	6-8	6-8	50	G	Neah	HC	D
4206 Fourth	5AX1675	6-11	6-11	30	S/R	Neah	HC	D/PA
105 542nd	5BX1525	6-19	6-19	50	D	Neah	HC	PA
1105 N 25th	5AX0525	6-21	6-21	75	G	Neah	HC	PA
2520 ALMA Blvd	5ax2236	6-22	6-22	30	G	Neah	HC	PA

[Signature]
 Signature of Cognizant or Ranking Official
 Date: 6-22-18

I certify under penalty of law that this document and all attachments were prepared by me or under my direct 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 gathering the information, including the possibility of fine and imprisonment for knowing violations."