Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: City Corporation **NPDES Permit No.:** AR0021768 **Monitoring Period (Month/Year):** October 2015

D No Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions				
Cause(s) of SSO		**SSO Impact**	**Action(s) Taken**	**Ultimate Discharge Location**
CO-Construction	**D**-Debris	**NEAH**-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	**DI**-Ditch
HC-Hydro Clean	**LF**-Line Failure	**EFK**-Evidence of Fish Kill	**HC**-Hydro Cleaned	**DR**-Drop Inlet
R-Rainfall	**RG**-Roots / Grease		**HR**-Hand Rodded	**GR**-Ground Surface
RO-Roots	**V**-Vandalism		**EN**-Referred to Engineering	**PA**-Paved Area
			PN-Public Notification	**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	Discharge Location
210 HWY 324	4117	10/3/15	10/3/15	9,500	G, D	NEAH	HC	GR, DI
1604 Coliseum Dr	9051	10/7/15	10/7/15	90	G	NEAH	HC	GR
201 N Phoenix Ave	1062	10/26/15	10/26/15	1,500	G, D	NEAH	HC, EC	DI, PA
201 N Phoenix Ave	1062	10/27/15	10/27/15	200	G	NEAH	HC	PA

Signature of Cognizant or Ranking Official 11-5-15 **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."