

Sanitary Sewer Overflow Monthly Report

Facility Name: DECATUR, City of

Permit Number: 22292

Reporting Period (Month/Year): July 2013

No Sanitary Sewer Overflows This Monitoring Period

| Cause(s) of SSO | | Summary Report Code Descriptions | | |
|---------------------|-----------------------|--|----------------------------|--|
| | | SSO Impact | Action(s) Taken | Ultimate Discharge Location |
| CO-Construction | D-Debris | NEAH-No Evidence of Adverse Health or Environmental Impact | WO-Work Order | CR-Creek/Stream/River (please specify) |
| E-Equipment Failure | G-Grease | | | |
| HC-Hydro Clean | LF-Line Failure/Break | OEHC-Observed or Evidence of Human Contact | EC-Environmental Cleanup | DI-Ditch |
| R-Rainfall | RG-Roots & Grease | EFK-Evidence of Fish Kill | HC-Hydro Cleaned | DR-Drop Inlet |
| RO-Roots | V-Vandalism | | HR-Hand Rodded | GR-Ground Surface |
| | | | 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 | Ultimate Discharge Location |
|----------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|-----------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Jan A. Bost Public Works Manager
Signature of Cognizant or Ranking Official

8/8/2013
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."

Decatur Water & Waste Water

P.O. Box 247 • 310 Maple Ave.

Decatur, Arkansas 72722



02 1P

\$ 000.46⁰

0001682146 AUG 08 2013

MAILED FROM ZIP CODE 72722

Arkansas Department of Environmental Quality
Water Division-Enforcement Branch
5301 Northshore Drive
North Little Rock, AR 72118-5317

7211835317

