## Sanitary Sewer Overflow Monthly Report

Facility Name: <u>Hazen www Trackmant</u> Permit Number: <u>Along 224//</u> Reporting Period (Month/Year): 3/13

|                                       |                     | Summary Report Code Description   | 18                         |                                     |  |
|---------------------------------------|---------------------|---|----------------------------|-------------------------------------|--|
| Cause(s) of SSO                       |                     | 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 speci |  |
| E-Equipment Failure<br>HC-Hydro Clean | G-Grease<br>LF-Line | OEHC-Observed or Evidence of Human Contact<br>EFK-Evidence of Fish Kill | EC-Environmental Cleanup   | DI-Ditch                            |  |
|                                       | Failure/Break       | Directifulnes of Fight 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                       |  |
|                                       | <u> </u>            | a   | PN-Public Notification     | CB-Contained in Building            |  |

| Location                               | Manhole #                             | Start Date of<br>SSO | End Date of<br>SSO | Estimated<br>Volume (in<br>gallons) | Cause of SSO | Environmental<br>Impact | Action (s) Taken<br>to Address SSO    | Ultimate Discharge<br>Location        |
|--|---------------------------------------|----------------------|--------------------|-------------------------------------|--------------|-------------------------|---------------------------------------|---------------------------------------|
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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."

CITY OF HAZEN **BOX 564** HAZEN, ARKANSAS 72064

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