DR-Drop Inlet

GR-Ground Surface

PA-Paved Area

## Sanitary Sewer Overflow Monthly Report

Facility Name: Hazen Ww Toutest Plant Permit Number: ARODAY Reporting Period (Month/Year): Sanitary Sewer Overflows This Monitoring Period Summary Report Code Descriptions Ultimate Discharge Location Action(s) Taken Cause(s) of SSO SSO Impact CR-Creek/Stream/River (please specify) WO-Work Order CO-Construction NEAH-No Evidence of Adverse Health or Environmental D-Debris Impact DI-Ditch E-Equipment Failure G-Grease OEHC-Observed or Evidence of Human Contact EC-Environmental Cleanup

EFK-Evidence of Fish Kill

					Pr	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	
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Signature of Cognizant or Ranking Official

HC-Hydro Clean

R-Rainfall

**RO-Roots** 

LF-Line

Failure/Break

RG-Roots & Grease

V-Vandalism

HC-Hydro Cleaned

HR-Hand Rodded

EN-Referred to Engineering DM Dublic Motification

"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

12 MAR 2013 PM 3 L



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