Sanitary Sewer Overflow Monthly Report

Facility Name: L	fazon WW Treaton	Permit Number: <u>Ae 22411</u> De Sanitary Sewer Overflows This M	Reporting Period(Month.	(Year): 6/2014	
		☐ No Sanitary Sewer Overflows This M	Ionitoring Period	•	
		Summary Report Code Description		****	
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 specify	
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch	
HC-Hydro Clean	LF-Line Fáilure/Break	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	

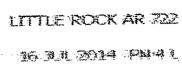
Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action (s) Taken to Address SSO	Ultimate Discharge Location
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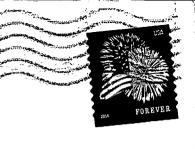
Signature of Cognizant or Ranking Official

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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