Sanitary Sewer Overflow Monthly Report

Facility Name:	Paragould Light, Water	er & Cable - WWTP		Permit Number: AR	.0033766		Reporting Period	(Month/Year):	September 2021
		X	No Sanitary S	Sewer Overflows This Mo	onitoring Period	l			
	_		Su	mmary Report Code Descrip	otions				
Cause(s) of S	SSO Impact				Action(s) Taken Ultimate Discharge Location				
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CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health of Environmental Impact				WO-Work Order		CR-Creek/Stream/River (please specify)	
E-Equipment Failure	G-Grease					EC-Environmental Cleanup		DI-Ditch	
HC-Hydro Clean	LF-Line Failure/Break	OEHC-Observed or Evidence of Human Contact				HC-Hydro Cleaned		DR-Drop Inlet	
R-Rainfall	RG-Roots & Grease					HR-Hand Rodded		GR-Ground Surface	
RO-Roots	V-Vandalism	EFK-Evidence of Fish Kill				EN-Referred to Engineering		PA-Paved Area	
						PN-Public Notification		CB-Contained in Building	
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		Start Date	End Date	Estimated Volume	Cause	of SSO	Environmental	Action(s) Taken	Ultimate Discharge
Location	Manhole #	of SSO	of SSO	(in Gallons)			Impact	to Address SSO	Location
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"I certify under penalty of law that this document and all attachements 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."