

# Sanitary Sewer Overflow (SSO) Monthly Report

ility Name: Hot Springs Wastewater NPDES Permit No.: AR0033880 Monitoring Period (Month/Year) May / 2013

**No Sanitary Sewer Overflows This Monitoring Period**

Summary Report Code Descriptions				
Cause(s) of SSO	SSO Impact	Action(s) Taken	Ultimate Discharge Location	
CO-Construction	D-Debris	NEAH-No Evidence Adverse Health/Environmental Impact		CR-Creek/Stream/River (specify)
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch
HC-Hydro Clean	LF-Line Failure	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	Discharge Location
MCLEOD STREET	MH# 998	5/31/2013			I & I	NEAH		STOKES CREEK
MCLEOD STREET	MH # 993	5/31/2013			I & I	NEAH		STOKES CREEK
FONTANA STREET	MH # 1865	5/31/2013	5/31/2013	15000	I & I	NEAH	HC & EC	HOT SPRINGS CREEK
CATHERINE HEIGHTS	MH #1750	5/31/2013			I & I	NEAH		GULPHA CREEK
MCLEOD STREET	MH # 993	5/31/2013	5/31/2013	7500	I & I	NEAH	HC & EC	STOKES CREEK
MCLEOD STREET	MH #998	5/31/2013	5/31/2013	18000	I & I	NEAH	HC & EC	STOKES CREEK
CATHERINE HEIGHTS	MH # 1750	5/31/2013	5/31/2013	12000	I & I	NEAH	HC & EC	GULPHA CREEK

Signature of Cognizant or Ranking Official

6-17-13  
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 of knowing violations.

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7011 2970 0004 3943 4819

**City of Hot Springs**  
**Municipal Utilities**  
*Waste Water Treatment Plant*

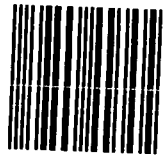
320 Davidson Drive  
Hot Springs, Arkansas 71901

**RETURN RECEIPT  
REQUESTED**

ADEQ  
NPDES Enforcement Section  
Attn: Mo Shafii  
5301 Northshore Dr.  
North Little Rock, AR 72118-5317



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U.S. POSTAGE  
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HOT SPRINGS, AR  
71913  
JUN 18, 13  
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**\$6.31**

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