

Sanitary Sewer Overflow (SSO) Monthly Report with DMR

Mail to: ADEQ, Water Division 1503 Northshore Drive North Little Rock, AR 72118 Mail NO later than the 25th of the month following the monitoring period. You should send in the same envelope with the monthly DMR.

Facility Name: Stuttgart Municipal WWTP

NPDES Permit No. AR 0034380

Monitoring Period(Month/Year): 8 / 20 12

No Sanitary Sewer Overflows This Monitoring Period

| Summary Report Code Descriptions | | | | |
|----------------------------------|-------------------|---|--------------------------|---------------------------------|
| Cause(s) of SSO | | SSO Impact | Action(s) Taken | 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 | | PN-Public Notification | PA-Paved Area |
| | | | | 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 |
|----------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

"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."

Tommy Lawson

MANAGER

9/25/12

Signature of Cognizant or Ranking Official

TITLE

Date

STUTT GART MUNICIPAL WATER WORKS
P.O. BOX 130
STUTT GART, AR 72160
PHONE: 870-673-3246

Hasler

FIRST-CLASS MAIL

10/01/2012

US POSTAGE

\$00.65⁰



ZIP 72160
011D10608725

ENFORCEMENT SECTION
AR DEPARTMENT OF ENVIRONMENTAL QUAL
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317

