Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: Benton Utilities Wastewater Treatment Plant **NPDES Permit No.:** AR0036498 **Monitoring Period (Month/Year):** 03 / 23

☐ **No Sanitary Sewer Overflows This Monitoring Period**

REPORT CODE DESCRIPTIONS

Cause(s) of SSO		Environmental Impact	Action(s) Taken		Ultimate Discharge Location
C - Construction	**D** - Debris	**EFK** - Evidence of Fish Kill	**EC** - Environmental Cleanup	**JV** - Jet Vac	**GR** - Ground
EF - Equipment Failure	**G** - Grease	**OEHC** - Evidence of Human Contact	**HC** - Hydro Cleaned	**SL** - Spread Lime	**CR** - Creek / Stream / River (specify)
LF - Line Failure	**R** - Rainfall (I&I)	**OEEI** - Evidence of Environmental Impact	**HR** - Hand Rodded	**DD** - Disinfected and Deodorized	**DI** - Ditch
PF - Power Failure	**RO** - Roots	**NEAH** - No Evidence of Adverse Health or Environmental Impact	**MR** - Machine Rodded		**DR** - Drop Inlet
V - Vandalism			**PN** - Public Notification	**GP** - Used Generator to Power Equipment	**PA** - Paved Area
			EN - Referred to Engineering		**CB** - Contained in Building

Starting Location (Address, Intersection, or Manhole #)	Start Date of SSO	End Date of SSO	Estim. Volume (in gallons)	Cause(s) of SSO	Environmental Impact	Action(s) Taken	Discharge Location
616 W Hazel, Treatment Plan: MH# Q11-15	3/01/2023	3/02/2023	500	R	NEAH	HC, DD	GR to Plant Outfall 001
616 W Hazel, Treatment Plan: MH# Q11-15	3/16/2022	3/17/2022	375	R	NEAH	HC, DD	GR to Plant Outfall 001
616 W Hazel, Treatment Plan: MH# Q11-14	3/16/2022	3/17/2022	250	R	NEAH	HC, DD	GR to Plant Outfall 001

Signature of Cognizant or Ranking Official **Date** 04/04/2023

"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."

Mail together with DMR submission **NO LATER THAN THE 25th OF THE MONTH FOLLOWING THE MONITORING PERIOD** to:
ADEQ Office of Water Quality ❖ 5301 Northshore Drive ❖ North Little Rock, AR 72118