

Sanitary Sewer Overflow Monthly Report

Facility Name: City of Benton Permit Number: AR0036498 Reporting Period (Month/Year): Nov 2016

No Sanitary Sewer Overflows This Monitoring Period

Category of SSO	SSO Impact	Estimated Average Daily Residuals	Actual T-SS	Minimum Discharge Concentration
CO-Construction	D-Direct	NEAR: No Evidence of Adverse Health or Environmental Impact	WO-Work Order	CR-Credit/Debit (plus a safety)
E-Residential	E-Creep E-Flow	ORIG: Observed or Evidence of Human Contact E-RT: Evidence of High TSS	EC-Environmental Cleanup HC-Hydro Cleanup	EP-EPA DR-Drop Inlet
R-Residential	R-Flow & Cleanse V-Ventilation		MR-Hand Washed RN-Restored to Existing PW-Public Notification	GR-Ground Surface RA-Road Area CB-Cancelled in Building

Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in Gallons)	Class of SSO	Sanitary Sewer Impact	Action to be Taken by SSO	Estimated Discharge Concentration
44 Whispering Pines	P10-42	11/28/2016	11/28/2016	50	R, G, D	NEAH	Set Vac	GR
624 Dyer Circle	M1-25	11/28/2016	11/28/2016	100	R, RG	NEAH	Set Vac HC	GR

Jonathan Bull
 Signature of Cognizant or Ranking Official

12/19/2016
 Date

I hereby 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."