

Sanitary Sewer Overflow Monthly Report

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

No Sanitary Sewer Overflows This Monitoring Period

| Category of SSO | SSO Impaired | Sanitary Sewer Grade Description | Assigned Action | Within 60 Days of Occurrence |
|----------------------|-------------------|--|-------------------------|--|
| CO-Contributions | D-Defects | NEAR NO Evidence of Adverse Health or Environmental Impact | WQ-Work Order | CR-Creek/Stream/River (name of specific) |
| IS-Equipment Failure | Q-Closure | OTHER-Other and/or Evidence of Human Contact | IS-Structural Cleanup | DR-Drop Inlet |
| MC-Hydro Catch | LE-Lake | ERT-Evidence of Fish Kill | MC-Hydro Cleaned | DR-Drop Inlet |
| R-Rainfall | MC-Roofs & Gutter | | MR-Road Rotted | CR-Creek/Stream/River (name of specific) |
| FO-Roofs | V-Ventilation | | EW-Repaired or Replaced | RA-Road Area |
| | | | PN-Public Notification | CR-Catchment in Building |

| Location | Manhole # | Event Date of SSO | Event Date of SSO | Estimated Volume (in gallons) | Cause of SSO | Sanitary Sewer Impaired | Actions (1) Taken or Actions SSO | Ultimate Discharge Location |
|---|-----------|-------------------|-------------------|-------------------------------|--------------|-------------------------|----------------------------------|-----------------------------|
| 883 Montclair | 012-39 | 08/06/2016 | 08/06/2016 | 50 | RG, D | NEAH | Machine Roll/HC | |
| 2404 Denise | J14-35 | 08/14/2016 | 08/16/2016 | 50 | R, RG | NEAH | Telco disinfected | GR |
| 2436 Hwy 35 South | S14-15 | 08/22/2016 | 08/22/2016 | 100 | RG | NEAH | MR, HC Telco Disinf./Dood. | GR |
| Hurricane Creek East #3 Lift Station North Ave. | N/A | 08/31/2016 | 08/31/2016 | 100 | G, D | NEAH | Telco HC Disinf./Dood. | DI |

Sanatara Burt
 Signature of Operator or Ranking Official

08/16/2016
 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 for knowing violations.