AFIN# 23-01095

CIT	Y OF CONV	JAY SANITA	RY SEWIED	OVEDEL ON	/ 1401 (501)	//	22 010	212	
NPDES PERMIT NUMBER: ALOOSISSI REPORTING PERIOD (MONTHLY REPORT									
No Sanitary Sewer Overflows This Monitoring Period  No Sanitary Sewer Overflows This Monitoring Period									
Cause(s) of SSO SSO Impact Action(s) Taken Ultimate Discharge 1									
CO Construction; D Debris	NEAM No Evidence of Adverse Health			Action(s) Taken  Ultimate Discharge Location  WO Work Order  CRCreek/Stream/River (please specify)					
E Equipment Failure; G Grease				(picase specify)					
Ranfall, DC P Line Failure	OEHC Observed or Evidence of Human			HC Hydro Cleaned DR Drop Inlet					
R Rainfall; RG Roots & Grease RO Roots; V Vandalism	Contact				HR Hand Rodded		GR Ground Surface		
rcoots, v vandalism	EFK Evidence of Fish Kill			EN-Referred to Engineering		PA Paved Area			
			PN Public Notification		CB Contained in Building				
Location	Mannole #	Start Date of SSO	End Date of SSO	Estimated Volume (Gal)	Cause of SSO	Environmental Impact	A ation (a)	Ultimate Discharge Location	
		Y							
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a	-								
Signature of Cognizant or Ranking Official		R	DA.			1/2/	3		
"I certify under penalty of law that this document an	of all attachments	vere prepared under	thy direction or or	IDENTISION IS SOCOSTO		ate 1/6//	/		
submitted is, to the best of my knowledge and belie	aca on my madily c	I THE DELEGIE OF THE S	ons who manada i	no everam or thace	DOFFORD directly	rannentile for the			
nprisonment for knowing violations."									