## Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: \_\_\_

Facility Name:		NPDES Peri	mit No.:	Monitoring Period (Month/Year):/								
☐ No Sanitary Sewer Overflows This Monitoring Period												
REPORT CODE DESCRIPTIONS												
Cause(s) of SSO		Environmental Impact	Action(s) Taken		Ultimate Discharge Location							
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C - Construction	<b>D</b> - 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)							
<b>LF</b> - Line Failure	R - Rainfall (I&I)	OEEI - Evidence of Environmental Impact	HR - Hand Rodded	<b>DD</b> - Disinfected and	DI - Ditch							
<b>PF</b> - Power Failure	RO - Roots	<b>NEAH</b> - No Evidence of Adverse Health or	MR - Machine Rodded	Deodorized	DR - Drop Inlet							
V - Vandalism		Environmental Impact	PN - Public Notification	GP - Used Generator to	PA - Paved Area							
			EN - Referred to Engineering	Power Equipment	CB - Contained in Building							
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Start Date of SSO	End Date of SSO	Estim. Volume (in gallons)	Cause(s) of SSO	Environmental Impact	Action(s) Taken	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."

**Date** 

**Signature of Cognizant or Ranking Official**