Sanitary Sewer Overflow Monthly Report

Facility Name: Batesville Water Utilities **Permit Number:** AR0020702 **Reporting Period(Month/Year):** March 2017

☐ No Sanitary Sewer Overflows This Monitoring Period

Summery Report Code Descriptions				
Cause(s) of SSO		**SSO Impact**	**Action(s) Taken**	**Ultimate Discharge Location**
CO-Construction	D-Debris	NEAH-No Evidence of Adverse of Environmental Impact	WO-Work Order	CR-Creek/Stream/River (please specify)
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch
HC-Hydro Clean	LF-Line Failure/Break	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet
R-Rainfall	RG-Roots & Grease		HR-Hand Rodded	GR-Ground Surface
RO-Roots	V-Vandalism		EN-Referred to Engineering	PA-Paved Area
			PN-Public Notification	CB-Contained in Building

Location	Manhole #	State Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action(s) Taken to Address SSO	Ultimate Discharge Location
660 River st	2-42	03/07/2017	03/07/2017	100	I&I	NEAH	HC,EC	DI
1790 Myers Ave.	4-1F	03/17/2017	03/17/2017	8000	E- Plug Failure	NEAH	EC	GR
411 S. Central	2-399	03/27/2017	03/27/2017	100	R	NEAH	EC	DI

Signature of Cognizant or Ranking Official

4-5-17
Date

"I certify under penalty of law that this document and all attachments were prepared under my direction of 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."