## Sanitary Sewer Overflow Monthly Report

cility Name:	Batesville Water Utilities	No Sanita	anitary Sewer Over	No Sanitary Sewer Overflows This Monitoring Period	Nonitoring Peri	oring Period		
			Sumn	Summery Report Code Descriptions	escriptions			
Cause(s) of SSO	of SSO		SSO Impact			Action(s) Taken	Ultimate	Ultimate Discharge Location
CO-Construction	D-Debris	NEAH-No E	vidence of Adverse	NEAH-No Evidence of Adverse of Environmental		WO-Work Order	CR-Creek/Str	CR-Creek/Stream/River (please specify)
Equipment Failure	G-Grease	OEHC-Obse	erved or Evidence	OEHC-Observed or Evidence of Human Contact	EC-En	EC-Environmental Cleanup		DI-Ditch
HC-Hydro Clean	LF-Line		EFK-Evidence of Fish Kill	ish Kill	—— HO	HC-Hydro Cleaned		DR-Drop Inlet
B-Rainfall	RG-Roots & Grease				#	HR-Hand Rodded	GR	GR-Ground Surface
RO-Roots	V-Vandalism				EN-Re	EN-Referred to Engineering		PA-Paved Area
					PN-	PN-Public Notification	CB-C	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
uper 8 Motel N. St. Louis	ouis 3-48	10/16/2016	10/16/2016	Undetermined	G	NEAH	HC,EC	GR,UI
1615 N. Central	1-236A	10/27/2016	10/27/2016	200	RG	NEAH	HC,EC	GZ

Signature of Cognizant or Ranking Official

significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." 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 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 "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