

Facility Name	LOCATION	TYPE	Start Date & Time	Sanitary Sewer Overflow Permit Number: AR0021733	End Date & Time	Monthly Reported Volume (gallons)	CAUSE	Environmental Impact	ACTIONS TAKEN	Reporting Period (Date)	Discharge Location	
<b>NO SSO THIS MONTH FEB. 2017</b>				Sanitary Sewer Overflows This Monitoring Period								

**SUMMARY REPORT CODE DESCRIPTIONS**

CAUSE(S) of Overflow	Overflow IMPACT	Action(s) Taken	Ultimate Discharge Location	Type of Overflow
E- Equipment Failure	NEAH- No Evidence of Adverse Health	WO- Work Order	CR- Creek/Stream/River (specify) or Environmental Impact	MH- Manhole
C- Construction	OEHC - Observed or Evidence of	EC- Enviromental Cleanup	DI-Ditch Human Contact	LS- Lift Station
HC- Hydro cleaning	EFK- Evidence of Fish Kill	HC- Hydro Cleaned	DR- Drop Inlet	ML- Main line
P- Power Failure	OEEI - Observed or Evidence of	HR- Hand Rodded	GR- Ground Surface	SL- Servic
R- Rainfall		REN- Referred to Engineering	PA-Paved Area	SSO- Sanitary Sewer Overflow
RO- Roots		PN- Public Notification	CB- Cotained in Building	BP- Bypass
D- Debris		LR- Line Repair		U- Upset
	G- Grease		MR- Manhole Repair	
		LF- Line Failure / Break		
		RG- Roots & Grease		