Facility Name: CITY OF DE Queen

Reporting Period: (Aug 2016)

Permit Number: AR0021733

| LOCATION | TYPE | Start Date & Time | End Date & Time | Est Vol in Gallons | CAUSE | Environmental Impact | ACTIONS TAKEN | Discharge Location |
|---|---|---|---|---|---|---|---|---|
| NO SSO'S | | | Sanitary Sewer Overflows This Monthly Report | | | | | |

**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) | **MH**- Manhole |
| **C-** Construction | **OEHC -** Observed or Evidence of Human Contact | **EC-** Enviromental Cleanup | **DI-Ditch** or Environmental Impact | 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 Environmental Impact | **HR-** Hand Rodded | **GR-** Ground Surface | **SL-** Service Line |
| **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 | | |

MICHAEL SIMS

DATE; 9/21/16