

Sanitary Sewer Overflow Monthly Report

CITY OF MONTICELLO - EAST TREATMENT PLANT

Facility Name: EAST TREATMENT PLANT
Permit Number: AR0021831
Reporting Period (Month/Year): April 2012
AFIN: 22-00379
 No Sanitary Sewer Overflows This Monitoring Period

POST
 MAY 23 2012
 City of Monticello
 P.O. Box 505
 Monticello, AR 71657

Cause(s) of SSO		SSO Impact		Action(s) Taken		Ultimate Discharge Location	
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact		WO-Work Order		CR-Creek/Stream/River (please specify)	
B-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact		EC-Environmental Cleanup		DI-Ditch	
HC-Hydro Clean	LF-Line Failure/Break	ERK-Bvidence 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 #	Start 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

Allen Maxwell
 Signature of Cognizant or Ranking Official: **Allen Maxwell, Mayor**
 Date: **05-23-2012**

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."