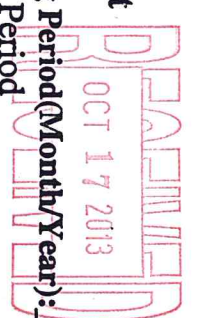


Sanitary Sewer Overflow Monthly Report

Facility Name: Lyssie Water

Permit Number: ARR021903 Reporting Period (Month/Year): 9/13

No Sanitary Sewer Overflows This Monitoring Period



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)	
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact		EC-Environmental Cleanup	DI-Ditch	
HC-Hydro Clean	LF-Line Failure/Break	EHK-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 #	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
519 N. Wilson	N/A	9-13-13	9-13-13	50	G	NEAR	Job Vac Special Liner	DI

Signature of Cognizant or Ranking Official

Date
10/11/13

"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."