## Sanitary Sewer Overflow Monthly Report

Facility Name: Marion, City of Permit Number: AR0021971 Reporting Period (Month/Year): JANUARY 2013 No Sanitary Sewer Overflows This Monitoring Period

Cause(s)	of SSO	Summary Report Code Description	18		
- Cause(3) 01 550		SSO Impact	Action(s) Taken	Ultimate Discharge Location	
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental		CR-Creek/Stream/River (please specify	
E-Equipment Failure HC-Hydro Clean	G-Grease LF-Line Failure/Break	OEHC-Observed or Evidence of Human Contact EFK-Evidence of Fish Kill	EC-Environmental Cleanup HC-Hydro Cleaned	DI-Ditch DR-Drop Inlet	
R-Rainfall RO-Roots	RG-Roots & Grease V-Vandalism		HR-Hand Rodded EN-Referred to Engineering PN-Public Notification	GR-Ground Surface PA-Paved Area 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 Discharg Location
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Signature of Cogr		cial				1	2/28/13	

Signature of Cognizant or Ranking Official

Date

"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."

## Marion Water Dept.

P.O. Box 814 Marion, Arkansas 72364



ENFORGEMENT BRANCH
WATER DIVISION
ADE Q
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR
72118-5317

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