Sanitary Sewer Overflow Monthly Report

Facility Name: Marion, City of Permit Number: AR0021971 Reporting Period (Month/Year): APRIC 2013

Description No Sanitary Sewer Overflows This Monitoring Period

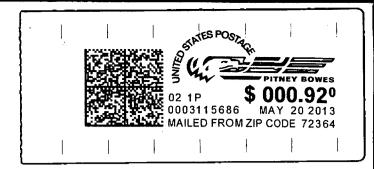
| Cause(s) of SSO | | Summary Report Code Descriptions SSO Impact Action(s) Taken | | | | | | |
|---------------------------------------|--------------------------------------|--|--|---------------------------------------|--|--|--|--|
| | | 550 mipact | Action(s) Taken | Ultimate Discharge Location | | | | |
| 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 | GR-Ground Surface PA-Paved Area | | | | |

| Location | Manhole # | Start Date of SSO | End Date of | Estimated Volume | Cause of SSO | Environmental | Action (s) Taken | Illfimate Dischara |
|----------|-----------|-------------------|-------------|------------------|--------------|---------------|------------------------------------|-------------------------------|
| | | 330 | SSO | (in gallons) | | Impact | Action (s) Taken to Address SSO | Ultimate Discharg Location |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | · | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | · |
| | | - | | | | | | |
| | | | | | | | | |
| | | | | | | | · | |
| | | | | | | | | |
| | | | | | | | | |

Signature of Cognizant or Ranking Official

"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."

31 MILITARYRD. MARION, AR. 72364



ADEQ NPDES ENFORCEMENT SECTION 5301 NORTH SHORE DRIVE LITTLE ROCK, ARRANSAS 72118-5317