Sanitary Sewer Overflow Monthly Report

Facility Name: Marion, City of Permit Number: AR0021971 Reporting Period (Month/Year): APRIC 206

Cause(s) of SSO		Summary Report Code Descriptions SSO Impact Action(a) Televis						
00.0		550 Impact	Action(s) Taken	Ultimate Discharge Location				
CO-Construction	D-Debris · .	NEAH-No Evidence of Adverse Health or Environmental						
E-Equipment Failure	G-Grease	Impact		CR-Creek/Stream/River (please special				
HC-Hydro Clean	LF-Line	OEHC-Observed or Evidence of Human Contact EFK-Evidence of Fish Kill	EC-Environmental Cleanup	DI-Ditch				
D D : 011	Failure/Break	El K-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet				
R-Rainfall	RG-Roots & Grease	<u> </u>						
RO-Roots	V-Vandalism		HR-Hand Rodded	GR-Ground Surface				
		· · · · · · · · · · · · · · · · · · ·	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	Action (s) Taken	ntained in Building Ultimate Discharg Location
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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 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 TN 360 17 MAY '16 FM 1 L



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