## Sanitary Sewer Overflow Monthly Report

Facility Name: Marion, City of Permit Number: AR0021971 Reporting Period(Month/Year): MAY 2015 No Sanitary Sewer Overflows This Monitoring Period

Cause(s) of SSO		Summary Report Code Descriptions SSO Impact					
COC			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 spec			
HC-Hydro Clean	LF-Line	OEHC-Observed or Evidence of Human Contact EFK-Evidence of Fish Kill	EC-Environmental Cleanup	DI-Ditch			
D D : 611	Failure/Break	El K-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet			
R-Rainfall	RG-Roots & Grease						
RO-Roots	V-Vandalism		HR-Hand Rodded	GR-Ground Surface			
			EN-Referred to Engineering	PA-Paved Area			
Location	-		PN-Public Notification	CB-Contained in Building			

Location	Manhole#	Start Date of SSO	End Date of SSO	Estimated Volume	Cause of SSO	Environmental	Action (s) Taken	ntained in Building
		230	330	(in gallons)		Impact	to Address SSO	Ultimate Discharg Location
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Signature of Comin	ant or Ranking Officia						6/9/15	à.

Signature of Cognizant or Ranking Official

1 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."

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