Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: Waskinger Facility NPDES Permit No.: Alogazor 4 Monitoring Period (Month/Year): 12019

No Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions											
Cause(s) of SSO		SSO Impact	Action(s) Taken	Ultimate Discharge Location							
CO-Construction	D-Debris	NEAH-No Evidence Adverse Health/ Environmental. Impact		CR-Creek/Stream/River (specify)							
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch .							
the same of the sa	LF-Line Failure	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet							
HC-Hydro Clean			HR-Hand Rodded	GR-Ground Surface							
R-Rainfall .	RG-Roots / Grease		EN-Referred to Engineering	. PA-Paved Area							
RO-Roots	V-Vandalism		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	Discharge Location
372 Hall LANE	. 246	2/6/19	2/6/19	/ <u>00</u> 0	Roots	NEAH	HC	GR.
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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."