Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: Waskinger Facility NPDES Permit No.: ARODGA004 Monitoring Period (Month/Year): 03 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 .						
HC-Hydro Clean	The state of the s		HC-Hydro Cleaned	DR-Drop Inlet						
R-Rainfall	RG-Roots / Grease		HR-Hand Rodded	GR-Ground Surface						
RO-Roots	V-Vandalism		EN-Referred to Engineering	. PA-Paved Area						
" MO-MOIS.	V = V (MCGAINDAIL		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
	:				·	•		
•		•		• ••		:		
	·							
		•				(
	•					;		
· 1 · · ·						•		•
<u> </u>						1 .		
	·							
· :- · · · · · · · · · · · · · · · · · ·							•	

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."