Sanitary Sewer Overflow (SSO) Monthly Report NPDES Permit No.: <u>AR0022004</u> Monitoring Period (Month/Year): <u>// 1 20.</u> **Facility Name:**

No Sanitary Sewer Overflows This Monitoring Period

•		° -	Summary	Report Code D	escrip	tions				· .
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 LF-Line Failure		EFK-Evidence of Fish Kill				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	
· 7		• •		· ·		PN-	Public Notification		CB-Con	tained in Building
Location	Manhole #	Start Date of					Action (s) Taken Discharge Location			
•		SSO	SSO	Volume (in gallons)			Impact	to 4	Address SSO	
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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."



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