


Sanitary Sewer Overflow Monthly Report

Facility Name: City of West Memphis Permit Number: AR0022039 Reporting Period (Month/Year): 07/18
 No Sanitary Sewer Overflows This Monitoring Period

Cause(s) of SSO		SSO Impact	Summary Report Code	Action(s) Taken	Ultimate Discharge Location
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact		WO-Work Order	CR-Creek/Stream/River (please specify)
E-Equipment Failure HC-Hydro Clean	G-Grease LF-Line Failure/Break	OEHK-Observed or Evidence of Human Contact EFK-Evidence of Fish Kill		EC-Environmental Cleanup HC-Hydro Cleaned	DI-Ditch DR-Drop Inlet
R-Rainfall RO-Roots	RG-Roots & Grease V-Vandalism			HR-Hand Rodded EN-Referred to Engineering PN-Public Notification	GR-Ground Surface PA-Paved Area 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	Ultimate Discharge Location

 
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."