Sanitary Sewer Overflow Monthly Report

Facility Name: Clarksoille Light rwiten Permit Number: AROO 22/17 Reporting Period (Month/Year): 11/2014

No Sanitary Sewer Overflows This Monitoring Period

		Summary Report Code Description	ns		
Cause(s) of SSO		SSO Impact	Action(s) Taken	Ultimate Discharge Location	
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact	WO-Work Order	CR-Cteek/Stream/River (please specify)	
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch	
HC-Hydro Clean	LF-Line Failure/Break	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	
			PN-Public Notification	CB-Contained in Building	

Location	Manhole #	Start Date of	End Date of	Estimated	Cause of \$SO	Rayle	Action (c) Th	Illia de Diagle
Docation	Национ и	SSO	SSO	Volume (in gallons)	Cause of \$80	Environmental Impact	Action (s) Taken to Address SSO	Ultimate Discharge Location
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Seen	Rac	ing	
Signature of Co	gnizant c	r Kank	ing Official

12-03-2014

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."





CLARKSVILLE LIGHT & WATER CO.

400 WEST MAIN • P.O. BOX 1807 CLARKSVILLE, AR 72830 PHONE (479) 754-3148

ADEQ 5301 Northshore Drive North Little Rock, AR 72118