Sanitary Sewer Overflow Monthly Report

Facility Name:	Paragould Light, Water	er & Cable - WWTP	•	Permit Number: AR	0033766	Reporting Period (Month/Year): August 2017			
		X	No Sanitary	Sewer Overflows This M	onitoring Period	d	-		
Summary Report Code Descriptions Cause(s) of SSO SSO Impact Action(s) Taken Ultimate Discharge Location									
CEUSE(S) OF SSO		SSO Impact			ACBON(S) Taken		Unimate Discourge Location		
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health of Environmental Impact				WO-Work Order		CR-Creek/Stream/River (please specify)	
E-Equipment Failure	G-Grease	1 100 dr. 140 Syldenson or 1 services 1 seems of constitutions implement				EC-Environmental Cleanup		DI-Ditch	
HC-Hydro Clean	LF-Line Failure/Break	OEHC-Observed or Evidence of Human Contact				HC-Hydro Cleaned		DR-Drop Inlet	
R-Rainfall	RG-Roots & Grease					HR-Hand Rodded		GR-Ground Surface	
RO-Roots	V-Vandalism	EFK-Evidence of Fish Kill				EN-Referred to Engineering		PA-Paved Area	
						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	Ultimate Discharge Location
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Dorull Chillyi					9-11-2017				
Signature of Cognizant or Ranking		Date							

[&]quot;I certify under penalty of law that this document and all attachements 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."