Sanitary Sewer Overflow (SSO) Monthly Report

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|-----------------------------------|----------------------------|-----------------------------|--------------------|
| Facility Name: City of Corning | Permit Number: AR0033979 | Monitoring Period (Mo/Year | WIA (1201) |
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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 of Adverse Health or Environmental | WO-Work Order | CR-Creek/Stream River (please | | | |
| E-Equipment Failure | Ģ≟Grease | OEHC-Observed or Evidence of Human Contact | EC-Environmental Cleanup | specify) 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 | ł . | 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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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."

Mail to: ADEQ Water Division P.O. Box 8913 Little Rock, Arkansas 72219 Mail NO later than the 25th of the month following the monitoring period.

City of Corning P.O. Box 538 Corning, Ar 72422

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ADEQ NPDES Enforcement 5301 Northshore Drive North Little Rock, AR 72118