

# Sanitary Sewer Overflow Monthly Report

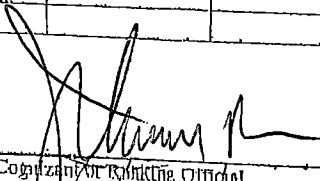
Facility Name: City of Dumas

Permit Number: AR 0533987 Reporting Period (Month/Year): 8/2016

No Sanitary Sewer Overflows This Monitoring Period.

| Cause(s) of SSO     |                       | Summary Report Code Descriptions                           |                            |  |
|---------------------|-----------------------|--|----------------------------|--|
|                     |                       | 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-Creek/Stream/River (please specify) |
| R-Equipment Failure | G-Grease              |  | EC-Environmental Cleanup   | DI-Ditch                               |
| HC-Hydro Clean      | LP-Line Failure/Break | OHHC-Observed or Evidences of Human Contact                | HC-Hydro Cleaned           | DR-Drop Inlet                          |
| R-Rainfall          | RG-Roots & Grease     | EPK-Evidence of Fish Kill                                  | IR-Hand Ridded             | 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 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 Organization/Responsible Official: 

Date: 9-26-16

"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."

02/23/2005 05:16 501-662-0510 ARK LITTLE ROCK

AFTER FIVE DAYS RETURN TO  
**CITY OF DUMAS**  
Dumas, Arkansas 71639



ADEQ  
NPDES ENFORCEMENT BRANCH  
5301 NORTSHORE DR  
NORTH LITTLE ROCK, AR. 72118-5317

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