## Sanitary Sewer Overflow Monthly Report

Facility Name: Malvern Water Works Permit Number: AR0034126 Reporting Period (Month/Year): March 2014

		☐ No Sanitary Sewer Overflows This M	onitoring 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 Impact	WO-Work Order	CR-Creek/Stream/River (Please Specify)					
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch DI-Ditch					
HC-Hydro Clean	LF-Line Fallure Break	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Brop Inlet					
R-Rainfall	RG-Roots & Grease		HR-Hand Rodded	GR-Ground Surface					
RO-Roots	V-Vandalism	1	EN-Referred to Engineering	PA-Paved Area					
	<u> </u>		PN-Public Notification	CB-Contained in Building					

Description

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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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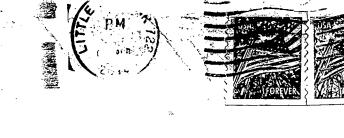
Signature of Cognizant or Ranking Official

<sup>&</sup>quot;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 violation."

## MAINERN WATER WORKS

for You.

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