

Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: City of Harrison **NPPDES Permit No.:** AR0034321 **Monitoring Period (Month/Year):** 10 / 2020

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 Adverse Health/ Environmental. Impact	CR-Creek/Stream/River (specify)					
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	DI-Ditch					
HC-Hydro Clean	LF-Line Failure	EFK-Evidence of Fish Kill	DR-Drop Inlet					
R-Rainfall	RG-Roots / Grease	EC-Environmental Cleanup	GR-Ground Surface					
RO-Roots	V-Vandalism	HC-Hydro Cleaned	PA-Paved Area					
		HR-Hand Rodded	CB-Contained in Building					
		EN-Referred to Engineering						
		PN-Public Notification						
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	Discharge Location

November 16, 2020


 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, including the possibility of fine and imprisonment for knowing violations."