

### Sanitary Sewer Overflow Monthly Report

Facility Name: Pocahontas Water & Sewer Systems Permit Number: AR0034835 Reporting Period (Month/Year): DECEMBER 2012.

**No Sanitary Sewer Overflow 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 Impact	WO-Work Order	CR-Creek/Stream/River (Please Specific)
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	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
R-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	Environment Impact	Action(s) Taken To Address SSO	Ultimate Discharge Location
2509 APACHE		12/17/12	12/17/12	100	RG	NEAH	HC	BLACK RIVER
2005 BRIARWOOD		12/17/12	12/17/12	200	RG	NEAH	HC	BLACK RIVER
1309 N. PRATT		12/18/12	12/18/12	100	RG	NEAR	HC	BLACK RIVER
2602 DREW		12/21/12	12/21/12	200	RG	NEAR	HC	BLACK RIVER
2905 MEADOW CIRCLE		12/26/12	12/26/12	100	RG	NEAR	HC	BLACK RIVER

Signature of Cognizant or Ranking Official

*William R. Daniel*

JANUARY 23, 2012

I certify under penalty of law that the document and all attachment were prepared under my direction or supervision in accordance with a system designed to assure that qualified personal 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.



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