

Sanitary Sewer Overflow Monthly Report

Facility Name: Mena Water Utilities Permit Number: AR0036692 Reporting Period (Month/Year): August 2023
 No Sanitary Sewer Overflows This Monitoring Period

Cause(s) of SSO		Summary Report Code Descriptions	
		SSO Impact	Action(s) Taken
CO-Construction	D-Debris	NRAH-No Evidence of Adverse Health or Environmental Impact	WO-Work Order
E-Equipment Failure	G-Grease	OHHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup
HC-Hydro Clean	LF-Line Failure/Break	BFK-Bvidence of Fish Kill	HC-Hydro Cleaned
R-Rainfall	RG-Roots & Grease		HR-Hand Rodded
RO-Roots-	V-Vandalism		EN-Referred to Engineering
			PN-Public Notification
			Ultimate Discharge Location
			CR-Creek/Stream/River (please specify)
			DI-Ditch
			DR-Drop Inlet
			GR-Ground Surface
			PA-Paved Area
			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
<u>Polk 54</u>	<u>117</u>	<u>8-8-23</u>	<u>8-9-23</u>	<u>1500</u>	<u>R</u>	<u>NEAH</u>	<u>WO + HC</u>	<u>GR</u>
<u>Averitt & Weiss</u>	<u>924</u>	<u>8-8-23</u>	<u>8-9-23</u>	<u>500</u>	<u>R</u>	<u>NEAH</u>	<u>WO + HC</u>	<u>DI</u>

[Handwritten Signature]
 Signature of Cognizant or Ranking Official

9-1-23
 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."