

**Sanitary Sewer Overflow (SSO) Monthly Tabular Report**

Facility Name: Helena, City of

Monitoring Period (Month/Year): 6/2012

Month Year

NPDES Permit No.: AR0043389  
 AFTN: 54-00083

POST  
 JUL 18 2012  
 MARKED

No Sanitary Sewer Overflows This Monitoring Period

**Summary Report Code Descriptions**

Cause(s) of SSO	Environmental Impact	Action(s) Taken	Ultimate Discharge Location
CO-Construction	D-Debris	WO-Work Order	CR-Creek/Stream/River (specify)
E-Equipment Failure	G-Grease	EC-Environmental Cleanup	DI-Ditch
LF-Line Failure	R-Rainfall	HC-Hydro Cleaned	DR-Drop Inlet
RG-Roofs / Grease	RO-Roofs	HR-Hand Rodded	GR-Ground Surface
V-Vandalism		EW-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

Signature [Signature] Date 7/18/2012

Signature of Cognizant Official (sign above) \_\_\_\_\_ Date above (Month/Day/Year) \_\_\_\_\_ For AIDEQ Staff Use (below)

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."

Mail to: AIDEQ Water Division P.O. Box 8913 Little Rock, AR 72219-8913 Mail NO later than the 25<sup>th</sup> of the month following the monitoring period. You should send in the same envelope with the DMR.