Sanitary Sewer Overflow (SSO) Monthly Tabular Report

Facility Name: Magnolia, City of Big Creek WWTP NPDES Permit No.: AR0043613

Monitoring Period (Month/Year):__05__/_2023____

AFIN: 14-00059

Month Year

X 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	NEAH-No Evid. of Adverse Health/Environmental Impact	WO-Work Order	CR-Creek/Stream/River (specify)						
E-Equipment Failure	G-Grease	OEEI-Observed or Evidence of Environmental Impact	EC-Environmental Cleanup	DI -Ditch						
LF-Line Failure	R-Rainfall	OEHC-Observed or Evidence of Human Contact	HC -Hydro Cleaned	DR -Drop Inlet						
RG-Roots / Grease	RO-Roots	EFK-Evidence of Fish Kill	HR-Hand Rodded	GR-Ground Surface						
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	Environmental Impact	Action (s) Taken to Address SSO	Ultimate Discharge Location

Signature ► Russell W. Thomas

Date > 06/12/2023

Signature of Cognizant Official (sign above)------Date above (Month/ Day/ Year)-----For ADEQ 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: **ADEQ Water Division P.O. Box 8913 Little Rock, AR 72219-8913** Mail NO later than the 25th. of the month following the monitoring period. You should send in the same envelope with the DMR.