Sanitary Sewer Overflow Monthly Report

Facility Name: City of Newfort Permit Number: AR0045225 Reporting Period (Month/Year): Morch 2014
Aisport Industrial Park No Sanitary Sewer Overflows This Monitoring Period

		Sumi	mary Report Code Description	s		
Cause(s) of SSO		SSO Im	pact f	Action(s) Taken	Ultimate Discharge Location	
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CO-Construction D-Debris		NEAH-No Evidence of Advers Impac	at 1	WO-Work Order	CR-Creek/Stream/River (please specify)	
& E-Equipment Failure	G-Grease	OEHC-Observed or Evide	nce 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	
RO-Roots	V-Vandalism .			EN-Referred to Engineering	PA-Paved Area	
			1	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
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Signature of Cognizant or Ranking Official

Date

[&]quot;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."