

Sanitary Sewer Overflow Monthly Report

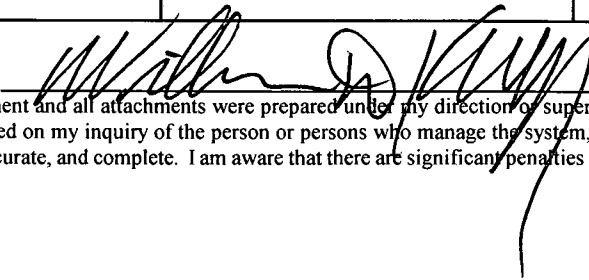
Facility Name: City of Texarkana - North WWTP Permit Number: AR0048691 Reporting Period (Month/Year): September 2014

No Sanitary Sewer Overflows This Monitoring Period

Date	Starting Time	Ending Time	Location	Estimated Volume (Gals)	Cause of Overflow	Environmental Impact	Action Taken	Ultimate Discharge Location

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 specify)
E - Equipment Failure	G - Grease	OEHC - Observed or Evidence of Human Contact	EC - Environmental Cleanup DI - Ditch
RO - Roots	V - Vandalism	EFK - Evidence of Fish Kill	HC - Hydro Cleaned DR - Drop Inlet
LB - Line Break	U - Unknown		TR - Treated with Enzymes GR - Ground Surface
			EN - Referred to Engineering PA - Paved Area
			PN - Public Notification CB - Contained in Building

Signature of Cognizant or Ranking Official _____

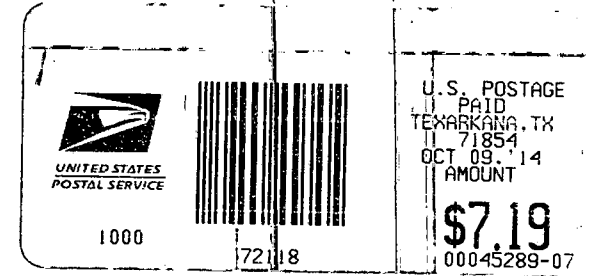


Date October 9, 2014

"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 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".

CERTIFIED MAIL™

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