## **Sanitary Sewer Overflow Monthly Report**

Facility Name: <u>City of Texarkana - North WWTP</u> Permit Number: <u>AR0048691</u> Reporting Period (Month/Year): <u>September 2015</u>

Monitoring Period

Date	Starting Time	Ending Time	Location	Estimated Volume (Gals)	Cause of Overflow	Environmental Impact	Action Taken	Ultimate Discharge Location
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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 <u>October 12, 2015</u>

"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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## Texarkana Water Utilities

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