## Sanitary Sewer Overflow Monthly Report

## <u>Clinton - East</u> Permit Number: <u>AR∞48836</u> Reporting Period(Month/Year): <u>OC</u> □ No Sanitary Sewer Overflows This Monitoring Period **Facility Name:**

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	EDI-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	
			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
2526 Hury 65 S	A-3	10/15/2015	10/15/2015	1000	Debris-Melina	I NERH	MAChine.	Ditch
. /	VBC Hospital			•	Waste			2 milos from
				·			Lime on AFEA	2 miles from NOCREST STRA
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3-2015 Date

Signature of Cognizant or Ranking Official

"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.

		24-HOUL Dame	ary Sewer Over	now Report			- A	
SSO ID#: 167CD32A-B5 Date Sent: 10/16/2015	C9-4AE4-8522-50F30FF24528							
			·			· .		
SSO 🖾 Bypass 🖾 U	pset 🗍 Unpermitted Discharge							
Facility Permit Number:	AR0048			Facility nam	e:			linton
Date Overflow Began: Date Overflow Ended:	10/15/20 10/15/20		·· · · ·	Time: Time:				00 pm
ocation:		y 65 South overfi	low in yard and			·····		:00 pm
			,		· · · · ·	r		
· .			·		· · · · ·			
Type of Overflow	(Give ad	dress, manhole num		. Include wher <b>Overflow</b>	e the overflow	went-yard, dite	ch, stream,	storm sewe
☑ ) Manhole Overflow			(□) I & I - Ra				e ng	
<ul> <li>Lift Station Overflow</li> </ul>			$(\Box)$ Roots	uman	•.		<u>е</u> .	
() Main Line Overflow		· ·	• •	• •			•	
	•		(□) Grease		· · ·		· · · ·	
() Service Line Overflow			( ) Debris		·	· · ·		
Other Overflow Typ			( 🗆 ) Equipme		i .			
• •	(Enter overflow type if not listed)		( ) Construc				- <u>†</u> .	
olume:	1000 gallons		( 🖸 ) Vandalis		· · · ·			
	(Give an estimate in gallons)	·	(□) Power Fa					
mpact of SSO Event:	SSO Affected Private Property (grou	und)	(□) Line Fail					· · ·
		· · ·	( 🗆 ) Other Ca	use:	i ta	· · · ·		
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	that apply		· · · · ·					
ction Taken - Check all Short term and long-term	that apply action including clean-up and any plans	to remediate I & D						• • •
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Sec. Ash

Enforcement Section/Water Division 5301 Northshore Dr. North Little Rock, AR 72118

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