Sanitary Sewer Overflow Monthly Report

This WAS Signed Facility Name: <u>Clinton</u> Permit Number: <u>AR6048831</u> Reporting Period(Month/Year): <u>C</u> IN ON FINE IN Sanitary Sewer Overflows This Monitoring Period Confirm # 15868464- 1995- 4893-85E5-88108ABD 7472 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 WO-Work Order CR-Creek/Stream/River (please specify) Impact E-Equipment Failure G-Grease OEHC-Observed or Evidence of Human Contact EC-Environmental Cleanup DI-Ditch HC-Hydro Clean LF-Line EFK-Evidence of Fish Kill HC-Hydro Cleaned **DR-Drop Inlet** Failure/Break **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
302 CONNERST Clinton AR	23	Sopt 6 2014	Sept 6 2014	300	Co	NEAH	EC	GRIDE
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9-25-2014

Signature of Cognizant or Panking 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.

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