

BYPASS/OVERFLOW REPORT

Send Overflow Report to: **Greg Hurley – ADEQ Enforcement Section**
 Phone: 501-682-0638
 FAX: 501-682-0880

Name of Facility: MOUNTAIN HOME WWTP Permit No: AR0021211

Date SSO Began: 9-25-13 Date SSO Ended: 9-25-13

Address of SSO: 1210 HEATHER DOWN TR MOUNTAIN HOME AR 72653

Name of Person Reporting Overflow: JOHN BEEBE Phone No.: 870-656-2238

Description of SSO: Manhole Overflow Manhole # 155-330
 Lift Station Overflow
 Main Line Overflow
 Service Line overflow
 Other: Describe _____

Estimated Volume: 50 Gal

Ultimate Discharge Location: GROUND
(Name or location of receiving stream/creek if applicable, ditch, pavement, ground, storm drain)

Cause of SSO – Check all that apply

- I and I - Rainfall
- Roots
- Grease
- Debris
- Equipment Failure
- Construction
- Vandalism
- Power Failure
- Other – Describe _____

Action Taken – Check all that apply

- Machine rodded
- Jet-Vac
- Hydro Cleaned
- Hand rodded
- Disinfected and Deodorized
- Spread Lime on Affected Area
- Used Generator Too Power Pumps/Equipment
- Other – Describe ROOT CUT

Environmental Impact

- NEAH – No Evidence of Adverse Health/Environmental Impact
- OEHC – Observed or Evidence of Human Contact
- OEEI – Observed or Evidence of Environmental Impact
- EFK – Evidence of Fish Kill