

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:	12/01/2013	Date SSO Ended: 12/02/2013
Address of SSO:	village green lift station	
Name of Person Reporting Overflow:	terry sanders	Phone No.:870-425-6510
Description of SSO:	<input type="checkbox"/> Manhole Overflow Manhole # _____ <input checked="" type="checkbox"/> Lift Station Overflow <input type="checkbox"/> Main Line Overflow <input type="checkbox"/> Service Line overflow <input type="checkbox"/> Other: Describe _____	
Estimated Volume:	100	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	<input type="checkbox"/> I and I - Rainfall <input type="checkbox"/> Roots <input type="checkbox"/> Grease <input type="checkbox"/> Debris <input checked="" type="checkbox"/> Equipment Failure <input type="checkbox"/> Construction <input type="checkbox"/> Vandalism <input type="checkbox"/> Power Failure <input type="checkbox"/> Other – Describe _____	
Action Taken – Check all that apply	<input type="checkbox"/> Machine rodded <input type="checkbox"/> Jet-Vac <input type="checkbox"/> Hydro Cleaned <input type="checkbox"/> Hand rodded <input type="checkbox"/> Disinfected and Deodorized <input type="checkbox"/> Spread Lime on Affected Area <input type="checkbox"/> Used Generator Too Power Pumps/Equipment <input checked="" type="checkbox"/> Other – Describe <u>changed float</u>	
Environmental Impact	<input checked="" type="checkbox"/> NEAH – No Evidence of Adverse Health/Environmental Impact <input type="checkbox"/> OEHC – Observed or Evidence of Human Contact <input type="checkbox"/> OEEI – Observed or Evidence of Environmental Impact <input type="checkbox"/> EFK – Evidence of Fish Kill	