

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: 2 9 16 Date SSO Ended: _____

Address of SSO: 1024 S CollageST MOUNTAIN HOME AR 72653

Name of Person Reporting Overflow: John Barber Phone No.: 870-656-2238

Description of SSO: () Manhole Overflow Manhole # _____
 () Lift Station Overflow
 () Main Line Overflow
 Service Line overflow
 () Other: Describe _____

Estimated Volume: 5 Gal

Ultimate Discharge Location: Ground in Customer's Back yard
 (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 TOLD CUSTOMER TO GET A PLUMBER

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