

## 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: 7 20 14 (1300) Date SSO Ended: 7-20-14 (1430)

Address of SSO: 728 E 62 MOUNTAIN HOME AR 72653

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

Description of SSO:  Manhole Overflow Manhole # 122-270  
 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 RACS

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 \_\_\_\_\_

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