

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: 11-3-14 Date SSO Ended: 11-3-14

Address of SSO: 3416 ROBERTSON DR MOUNTAIN HOME AR

Name of Person Reporting Overflow: JOHN BEEBE Phone No.: 656 2258

Description of SSO: Manhole Overflow Manhole # 188-065
 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 RAGS

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