

Monthly SSO Report APRIL 2016

Permit Number	Manhole Number	Location	Receiving Water	Duration Min.	Cause	Volume (Gallons)	Component	Date Overflow Started	Date Overflow Stopped	Started	Stopped	Steps Taken
AR0021750	Z008-4650 to 4640	10600 Castleton	Building & yard	98	Roots	98	service	04/07/2016	4/7/2016	4:39 PM	6:17 PM	Machine Rodded, Disinfected and deodorized
AR0021750	RL01-1700 to 1670	1409 Downing Street	Yard	420	Roots	2100	service	04/08/2016	4/8/2016	4:50 PM	11:50 PM	Machine Rodded, Disinfected and deodorized
AR0021750	RL01 1660 to 1650	7410 Westminster Place	building	1	Roots	1	Building	04/10/2016	4/10/2016	8:03 PM	9:26 PM	Machine Rodded, Disinfected and deodorized
AR0021750	S006-0220	1415 North Waldron Road	yard	150	Roots	510	Manhole	04/16/2016	4/16/2016	4:30 PM	6:15 PM	Machine Rodded, Disinfected and deodorized
AR0021750	S002-0860	6003 Chippewa Terrace	Ditch	46	Roots	184	Manhole	04/18/2016	4/18/2016	1:28 PM	1:50 PM	Machine Rodded, Disinfected and deodorized
AR0021750	RL01-0670	1601 South 74th	Storm Drain	10	Equip Failure	10	Manhole	04/21/2016	4/21/2016	2:00 PM	2:10 PM	Disinfected and deodorized
AR0021750	HP01-0050 to 0020	10800 Hunters Point	Ditch	169	Roots	1690	service	04/28/2016	4/28/2016	6:15 PM	8:20 PM	Machine Rodded, Disinfected and deodorized
AR0021750	S004-1140	South 56th & Rogers Avenue	Storm Drain	407	1 & 1 Rainfall	40700	Manhole	04/30/2016	4/30/2016	12:59 AM	6:46 AM	Disinfected and Deodorized
TOTAL				8		45293						
AR0033278	Z004-1140	3117 Royal Scotts Way	yard	240	Roots & Grease	1200	Manhole	04/01/2016	4/1/2016	6:00 PM	10:00 PM	Machine Rodded, Disinfected and deodorized
AR0033278	P004-0420 to 0410	2015 Short 15th Street	yard	345	Line Failure	345	service	04/01/2016	4/1/2016	9:00 AM	2:45 PM	Repair, Disinfected and Deodorized
AR0033278	Z001-3140	4808 South 32nd Street	yard	70	Grease	350	Manhole	04/03/2016	4/3/2016	4:05pm	5:15 PM	Machine Rodded, Disinfected and deodorized
AR0033278	MC06-3180 to 3160	3132 Ionia Street	yard	30	Roots	300	service	04/03/2016	4/3/2016	6:45 PM	7:45 PM	Machine Rodded, Disinfected and deodorized
AR0033278	Z005-0560 to 0550	Jenny Lind & Glen Flora Way	storm drain	124	Roots	248	Main Line	04/09/2016	4/9/2016	8:41 AM	10:45 AM	Machine Rodded, Disinfected and deodorized
AR0033278	Z003-1400 to 1390	2825 Kendall Avenue	Building	20	Roots	40	Building	04/14/2016	4/14/2016	12:30 PM	12:50 PM	Machine Rodded, Disinfected and deodorized
AR0033278	MC04-0380	5316 South 10th Street	Ditch	15	Roots	75	Manhole	04/15/2016	4/15/2016	8:30am	8:45 AM	Machine Rodded, Disinfected and deodorized
AR0033278	P011-2570 to 2560	1020 South 18th Street	building	40	Grease	200	Building	04/18/2016	4/18/2016	10:30 AM	11:10 AM	Jet Vac, Disinfected and deodorized
AR0033278	P005-3030	3200 North M Street	Strom Drain	391	1 & 1 Rainfall	1955	Manhole	04/18/2016	4/18/2016	10:00am	3:30 PM	Disinfected and Deodorized
AR0033278	P009-2901 to 2900	1718 S. 29th Street	Yard	1300	Line Failure	6500	Main Line	04/25/2016	4/26/2016	1:30 PM	11:00 AM	Machine Rodded, Repair, Disinfected and deodorized
AR0033278	P007-1740 to 1730	614 North 41st Street	Yard	5	Roots	100	service	04/28/2016	4/28/2016	12:30 PM	12:55 PM	Machine Rodded, Disinfected and deodorized
AR0033278	P007-1740 to 1730	4131 KenKade	Building	1	Line Failure	1	Building	04/29/2016	4/29/2016	3:39pm	3:50 PM	Disinfected and Deodorized
AR0033278	M005-1220 to 1210	1619 Boston	Ditch	1395	Line Failure	1	service	04/26/2016	4/27/2016	1:15pm	2:00 PM	Disinfected and Deodorized, repair
TOTAL				13		11315						

**CONFIRMATION NUMBER****79451ee8-ad25-4011-b0fa-95e5d3d96309**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/16/2016

\*Time:

4:30 pm

Date Overflow Ended:

4/16/2016

Time:

6:15 pm

Facility/Permit Information

\*Facility Name:

Massard

\*Permit Number:

AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1415 North Waldron Road, S006-0220, yard

Description of Problem (check all items that apply)

Type of Overflow

 Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

 I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

 Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

510

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

 OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

 EFK - Evidence of Fish Kill Manhole  NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I &amp; I.

 Machine Rodded  Jet-Vac  Hand Rodded  Used Generator to Power Pumps/Equipment

 Disinfected and Deodorized  Hydro Cleaned  Spread Lime on Affected Area  Public Notification  Other:

Reported By

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(479) 784-2231

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The following information has been sent.  
**CONFIRMATION NUMBER**

**9ce1d8c8-ec92-42bd-af9b-32513ec97709**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/18/2016  
 \*Time: 1:14 pm  
 Date Overflow Ended: 4/18/2016  
 Time: 1:50 pm

**Facility/Permit Information**

\*Facility Name: Massard  
 \*Permit Number: AR0021750

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

6003 Chippewa Terrace, S002-0860, Ditch

**Description of Problem (check all items that apply)**

- |  |  |   |
|--|--|---|
| <b>Type of Overflow</b>                              | <b>Cause of Overflow</b>                   |   |
| <input checked="" type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall  | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow       | <input checked="" type="checkbox"/> Roots  | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow          | <input type="checkbox"/> Grease            | <input type="checkbox"/> Power Failure      |
| <input type="checkbox"/> Service Line Overflow       | <input type="checkbox"/> Debris            | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other:                      | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other:             |

Volume of Overflow:  
184

Impact of SSO Overflow Incident  
SSO Reached Receiving Water (river, stream)

**Environmental Damage (check all items that apply)**

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

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

- Machine Rodded  
 Jet-Vac  
 Hand Rodded  
 Used Generator to Power Pumps/Equipment  
 Disinfected and Deodorized  
 Hydro Cleaned  
 Spread Lime on Affected Area  
 Public Notification  
 Other:

**Reported By**

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson  
 Title: Deputy Director of Systems  
 Phone: 479 784-2231  
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

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5301 Northshore Drive  
 North Little Rock, AR 72118-5317

# CONFIRMATION NUMBER

Dup...

**7568515b-51b5-4220-9c40-b0d489160399**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/30/2016

\*Time:

12:46 am

Date Overflow Ended:

4/30/2016

Time:

6:46 am

Facility/Permit Information

\*Facility Name:

Massard

\*Permit Number:

AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

56th street & Rogers avenue, S004, manhole

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

40700

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

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The following information has been sent.

**CONFIRMATION NUMBER**

**db8a1fad-90e6-49bc-bd78-4ec49bb0a1e9**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/21/2016  
 \*Time: 2:00 pm  
 Date Overflow Ended: 4/21/2016  
 Time: 2:10 pm

**Facility/Permit Information**

\*Facility Name: Massard  
 \*Permit Number: AR0021750

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1601 South 74th, RL01-0670, Storm Drain

**Description of Problem (check all items that apply)**

- |  |   |   |
|--|---|---|
| <b>Type of Overflow</b>                              | <b>Cause of Overflow</b>                              |   |
| <input checked="" type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall             | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow       | <input type="checkbox"/> Roots                        | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow          | <input type="checkbox"/> Grease                       | <input type="checkbox"/> Power Failure      |
| <input type="checkbox"/> Service Line Overflow       | <input type="checkbox"/> Debris                       | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other:                      | <input checked="" type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other:             |

Volume of  
Overflow:  
10

Impact of SSO Overflow Incident  
SSO Reached Receiving Water (river,stream)

**Environmental Damage (check all items that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact        | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole                                  |
| <input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

- |  |  |
|--|--|
| <input type="checkbox"/> Machine Rodded                          | <input checked="" type="checkbox"/> Disinfected and Deodorized             |
| <input type="checkbox"/> Jet-Vac                                 | <input type="checkbox"/> Hydro Cleaned                                     |
| <input type="checkbox"/> Hand Rodded                             | <input type="checkbox"/> Spread Lime on Affected Area                      |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification                               |
|  | <input checked="" type="checkbox"/> Other: Contractor repaired bypass pump |

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The following information has been sent.

**CONFIRMATION NUMBER**

**b226f854-1d9b-428a-a1f1-ae66bb8d2621**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/28/2016  
 \*Time: 5:15 pm  
 Date Overflow Ended: 4/28/2016  
 Time: 8:20 pm

**Facility/Permit Information**

\*Facility Name: Massard  
 \*Permit Number: AR0021750

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

10800 Hunters Point, HP01, USMH 0050, DSMH 0020, Manhole

**Description of Problem (check all items that apply)**

- |  |  |   |
|--|--|---|
| <b>Type of Overflow</b>                              | <b>Cause of Overflow</b>                   |   |
| <input checked="" type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall  | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow       | <input checked="" type="checkbox"/> Roots  | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow          | <input type="checkbox"/> Grease            | <input type="checkbox"/> Power Failure      |
| <input type="checkbox"/> Service Line Overflow       | <input type="checkbox"/> Debris            | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other:                      | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other:             |

Volume of  
Overflow:  
1690

Impact of SSO Overflow Incident  
SSO Affected Private Property (ground)

**Environmental Damage (check all items that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact        | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole                                  |
| <input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Machine Rodded               | <input checked="" type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac                                 | <input type="checkbox"/> Hydro Cleaned                         |
| <input type="checkbox"/> Hand Rodded                             | <input type="checkbox"/> Spread Lime on Affected Area          |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification                   |
|  | <input type="checkbox"/> Other:                                |

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The following information has been sent.

**CONFIRMATION NUMBER**

**e1944385-b8b9-4bd5-bc91-a316de6137fa**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/7/2016  
 \*Time: 5:33 pm  
 Date Overflow Ended: 4/7/2016  
 Time: 6:17 pm

**Facility/Permit Information**

\*Facility Name: Massard  
 \*Permit Number: AR0021750

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

10600 Castleton, 2008-4640 to 4690, Building & yard

**Description of Problem (check all items that apply)**

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 98  
 Impact of SSO Overflow Incident: SSO Affected Private Property (ground)

**Environmental Damage (check all items that apply)**

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

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded  
 Jet-Vac  
 Hand Rodded  
 Used Generator to Power Pumps/Equipment  
 Disinfected and Deodorized  
 Hydro Cleaned  
 Spread Lime on Affected Area  
 Public Notification  
 Other:

**Reported By**

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson  
 Title: Deputy Director of Systems  
 Phone: 479 784-2231 ☎  
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

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The following information has been sent.

### CONFIRMATION NUMBER

62710559-fd9a-4d96-8c8c-fcbeba89ca6

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**  
 \*Date Overflow Began: 4/10/2016  
 \*Time: 8:03 pm  
 Date Overflow Ended: 4/10/2016  
 Time: 9:26 pm

**Facility/Permit Information**  
 \*Facility Name: Massard  
 \*Permit Number: AR0021750

**Location Information**  
 Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

7410 Westminster Place, RL01 1660 to 1650, building

**Description of Problem (check all items that apply)**

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 1  
 Impact of SSO Overflow Incident: SSO Affected Private Property (ground)

**Environmental Damage (check all items that apply)**

<input type="checkbox"/> OEH - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

**Action Taken (check all items that apply)**  
 Short term and long-term action, including clean-up and any plans to remediate I & I.

<input checked="" type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

**Reported By**  
 "I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson  
 Title: Deputy Director of Systems  
 Phone: 479 784-2231  
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

Additional Comments:





# CONFIRMATION NUMBER

ed6e774f-7307-4037-a0c9-982cbbf59a54

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/8/2016

\*Time:

4:50 pm

Date Overflow Ended:

4/8/2016

Time:

11:50 pm

Facility/Permit Information

\*Facility Name:

Massard

\*Permit Number:

AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1409 Downing StreetR:01-1700 to 1670, yard

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

2100

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

EFK - Evidence of Fish Kill Manhole  NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded  Jet-Vac  Hand Rodded  Used Generator to Power Pumps/Equipment  
 Disinfected and Deodorized  Hydro Cleaned  Spread Lime on Affected Area  Public Notification  Other:

Reported By

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(479) 784-2231

Email a Copy of This Report to the Email Address:

jjohnson@fortsmithar.gov

Additional Comments:

**CONFIRMATION NUMBER****79451ee8-ad25-4011-b0fa-95e5d3d96309**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/16/2016

\*Time:

4:30 pm

Date Overflow Ended:

4/16/2016

Time:

6:15 pm

Facility/Permit Information

\*Facility Name:

Massard

\*Permit Number:

AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1415 North Waldron Road, S006-0220, yard

Description of Problem (check all items that apply)

Type of Overflow

 Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

 I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

 Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

510

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

 OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

 EFK - Evidence of Fish Kill Manhole  NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I &amp; I.

 Machine Rodded  Jet-Vac  Hand Rodded  Used Generator to Power Pumps/Equipment

 Disinfected and Deodorized  Hydro Cleaned  Spread Lime on Affected Area  Public Notification  Other:

Reported By

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Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(479) 784-2231

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The following information has been sent.

**CONFIRMATION NUMBER**

**365939c5-dac0-4492-97c0-19ddcbdf1f92**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/29/2016  
 \*Time: 3:25 pm  
 Date Overflow Ended: 4/29/2016  
 Time: 3:50 pm

**Facility/Permit Information**

\*Facility Name: P Street  
 \*Permit Number: AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

4131 KenKade, P007, Building

**Description of Problem (check all items that apply)**

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

**Volume of**

Overflow:

1

**Impact of SSO Overflow Incident**

Basement Backup

**Environmental Damage (check all items that apply)**

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input checked="" type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input checked="" type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

# CONFIRMATION NUMBER

**51486c9f-a6f3-4779-8c4e-1bb67dc7a20e**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/26/2016

\*Time:

12:57 pm

Date Overflow Ended:

Time: 5/4/16: 230P.

Facility/Permit Information

\*Facility Name:

P street

\*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1619 Boston, M005, Cleanout

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

1

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

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Licensing Committee

The following information has been sent.

**CONFIRMATION NUMBER****093c903b-2f54-4b9e-92a3-93f7d7be0181**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

*Date Overflow Began:	4/3/2016
*Time:	4:05 pm
Date Overflow Ended:	4/3/2016
Time:	5:15 pm

**Facility/Permit Information**

*Facility Name:	P Street
*Permit Number:	AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

4808 South 32nd Street, Z001-3140, yard

**Description of Problem (check all items that apply)**

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:  
350Impact of SSO Overflow Incident  
SSO Affected Private Property (ground)**Environmental Damage (check all items that apply)**

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I &amp; I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:




**Reported By**

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Name:	Jimmie B. Johnson
Title:	Deputy Director of Systems
Phone:	479 784-2231
Email a Copy of This Report to the Email Address:	jjohnson@fortsmithar.gov

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5301 Northshore Drive  
North Little Rock, AR 72118-5317

# CONFIRMATION NUMBER

**8227f88e-0347-468c-8864-e775ac9370b3**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/9/2016

\*Time:

8:41 am

Date Overflow Ended:

4/9/2016

Time:

10:45 am

Facility/Permit Information

\*Facility Name:

P Street

\*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

Jenny Lind & Glen Flora Way, Z005-0560 to 0550, storm drain

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

248

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact  OEEL - Observed or Evidence of Environmental Impact

EFK - Evidence of Fish Kill Manhole  NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded  Jet-Vac  Hand Rodded  Used Generator to Power Pumps/Equipment

Disinfected and Deodorized  Hydro Cleaned  Spread Lime on Affected Area  Public Notification  Other:

Reported By

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Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(479) 784-2231

Email a Copy of This Report to the Email Address:

**CONFIRMATION NUMBER****338ff0bb-ef03-4622-85aa-ed1e7eb9aa01**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/14/2016

\*Time:

12:30 pm

Date Overflow Ended:

4/14/2016

Time:

1:30 pm

Facility/Permit Information

\*Facility Name:

P Street

\*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

2825 Kendall Avenue, Z003-1400 to 1390, Building

Description of Problem (check all items that apply)

Type of Overflow

 Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

 I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

 Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

40

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

 OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

 EFK - Evidence of Fish Kill Manhole  NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I &amp; I.

 Machine Rodded  Jet-Vac  Hand Rodded  Used Generator to Power Pumps/Equipment

 Disinfected and Deodorized  Hydro Cleaned  Spread Lime on Affected Area  Public Notification  Other:

Reported By

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Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(476) 784-2231

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The following information has been sent.

**CONFIRMATION NUMBER**

**349be884-fd6c-46f4-a40c-a7d30059ee8a**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/15/2016  
 \*Time: 8:30 am  
 Date Overflow Ended: 4/15/2016  
 Time: 8:45 am

**Facility/Permit Information**

\*Facility Name: P Street  
 \*Permit Number: AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

5316 South 10th Street, MC04-0380, Ditch

**Description of Problem (check all items that apply)**

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:  
75

Impact of SSO Overflow Incident  
SSO Affected Private Property (ground)

**Environmental Damage (check all items that apply)**

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

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & L.

Machine Rodded  
 Jet-Vac  
 Hand Rodded  
 Used Generator to Power Pumps/Equipment  
 Disinfected and Deodorized  
 Hydro Cleaned  
 Spread Lime on Affected Area  
 Public Notification  
 Other:

**Reported By**

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Name: Jimmie B. Johnson  
 Title: Deputy Director of Systems  
 Phone: 479 784-2231  
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

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The following information has been sent.

**CONFIRMATION NUMBER**

**b4b6368d-c271-4be4-9cfb-5b212c5716f9**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/18/2016  
 \*Time: 9:59 am  
 Date Overflow Ended: 4/18/2016  
 Time: 3:30 pm

**Facility/Permit Information**

\*Facility Name: P Street  
 \*Permit Number: AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3200 North M Street, P005-3030, Storm Drain

**Description of Problem (check all items that apply)**

- |  |  |   |
|--|--|---|
| <b>Type of Overflow</b>                              | <b>Cause of Overflow</b>                             |   |
| <input checked="" type="checkbox"/> Manhole Overflow | <input checked="" type="checkbox"/> I & I - Rainfall | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow       | <input type="checkbox"/> Roots                       | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow          | <input type="checkbox"/> Grease                      | <input type="checkbox"/> Power Failure      |
| <input type="checkbox"/> Service Line Overflow       | <input type="checkbox"/> Debris                      | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other:                      | <input type="checkbox"/> Equipment Failure           | <input type="checkbox"/> Other:             |

Volume of Overflow:  
1955

Impact of SSO Overflow Incident  
SSO Reached Receiving Water (river, stream)

**Environmental Damage (check all items that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact        | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole                                  |
| <input type="checkbox"/> OEEL - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

- |  |  |
|--|--|
| <input type="checkbox"/> Machine Rodded                          | <input checked="" type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac                                 | <input type="checkbox"/> Hydro Cleaned                         |
| <input type="checkbox"/> Hand Rodded                             | <input type="checkbox"/> Spread Lime on Affected Area          |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification                   |
|  | <input type="checkbox"/> Other:                                |

**Reported By**




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 Title: Deputy Director of Systems  
 Phone: 479 784-2231  
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The following information has been sent.

**CONFIRMATION NUMBER**

**7b645451-efeb-4e0b-acf7-1b15f6db81b8**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/25/2016  
 \*Time: 1:20 pm  
 Date Overflow Ended: 4/26/2016  
 Time: 11:00 am

**Facility/Permit Information**

\*Facility Name: P Street  
 \*Permit Number: AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1718 S. 29th Street, P009, Yard

**Description of Problem (check all items that apply)**

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input checked="" type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of  
Overflow:

5

Impact of SSO Overflow Incident

SSO Reached Public Land Only (ground)

**Environmental Damage (check all items that apply)**

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

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- Licensed Operators

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- Licensing Committee

The following information has been sent.

## CONFIRMATION NUMBER

**d187f3c2-d226-4450-81ad-e42944f75feb**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

### Date/Time Overflow Range

\*Date Overflow Began: 4/28/2016  
 \*Time: 12:50 pm  
 Date Overflow Ended: 4/28/2016  
 Time: 12:55 pm

### Facility/Permit Information

\*Facility Name: P Street  
 \*Permit Number: AR0033278

### Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

614 North 41st Street,p007, Cleanout

### Description of Problem (check all items that apply)

- |   |  |   |
|---|--|---|
| <b>Type of Overflow</b>                                   | <b>Cause of Overflow</b>                   |   |
| <input type="checkbox"/> Manhole Overflow                 | <input type="checkbox"/> I & I - Rainfall  | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow            | <input checked="" type="checkbox"/> Roots  | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow               | <input type="checkbox"/> Grease            | <input type="checkbox"/> Power Failure      |
| <input checked="" type="checkbox"/> Service Line Overflow | <input type="checkbox"/> Debris            | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other:                           | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other:             |

Volume of Overflow:  
100

Impact of SSO Overflow Incident  
SSO Affected Private Property (ground)

### Environmental Damage (check all items that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact        | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole                                  |
| <input type="checkbox"/> OEEL - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

### Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Machine Rodded               | <input checked="" type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac                                 | <input type="checkbox"/> Hydro Cleaned                         |
| <input type="checkbox"/> Hand Rodded                             | <input type="checkbox"/> Spread Lime on Affected Area          |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification                   |
|  | <input type="checkbox"/> Other:                                |

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Licensing Committee

The following information has been sent.

**CONFIRMATION NUMBER**

**99b6a2a4-72a6-40f5-a4b2-3a6ff148c333**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/1/2016  
 \*Time: 9:00 am  
 Date Overflow Ended: 4/1/2016  
 Time: 2:45 pm

**Facility/Permit Information**

\*Facility Name: P Street  
 \*Permit Number: AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

2015 Short 15th Street, P004-0420 to 0410, yard

**Description of Problem (check all items that apply)**

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:  
345

Impact of SSO Overflow Incident  
SSO Affected Private Property (ground)

**Environmental Damage (check all items that apply)**

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

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded  
 Jet-Vac  
 Hand Rodded  
 Used Generator to Power Pumps/Equipment  
 Disinfected and Deodorized  
 Hydro Cleaned  
 Spread Lime on Affected Area  
 Public Notification  
 Other: repair

**Reported By**

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson  
 Title: Deputy Director of Systems  
 Phone: 479 784-2231  
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

**Additional Comments:**



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**Water Division**

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SSO Reported Incident Data Search

**Wastewater Operator Licensing  
Program**

Operator Training and Certification Exam  
Schedule

Licensed Operators

Licensing Committee

The following information has been sent.

**CONFIRMATION NUMBER**

**be862816-7ad9-4087-add2-390705083c04**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

**Date/Time Overflow Range**

\*Date Overflow Began: 4/3/2016  
 \*Time: 6:45 pm  
 Date Overflow Ended: 4/3/2016  
 Time: 7:45 pm

**Facility/Permit Information**

\*Facility Name: P Street  
 \*Permit Number: AR0033278

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3132 Ionia Street, MC06-3180 to 3160, yard

**Description of Problem (check all items that apply)**

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:  
300

Impact of SSO Overflow Incident  
SSO Affected Private Property (ground)

**Environmental Damage (check all items that apply)**

OEH - Observed or Evidence of Human Contact  
 OEH - Observed or Evidence of Environmental Impact  
 EFH - Evidence of Fish Kill Manhole  
 NEAH - No Evidence of Adverse Health/Environmental Impact

**Action Taken (check all items that apply)**

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded  
 Jet-Vac  
 Hand Rodded  
 Used Generator to Power Pumps/Equipment  
 Disinfected and Deodorized  
 Hydro Cleaned  
 Spread Lime on Affected Area  
 Public Notification  
 Other:

**Reported By**

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson  
 Title: Deputy Director of Systems  
 Phone: 479 784-2231  
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

**Additional Comments:**

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**ADEQ**  
 ARKANSAS  
 Department of Environmental Quality  
 5301 Northshore Drive  
 North Little Rock, AR 72118-5317

# CONFIRMATION NUMBER

**916d9263-78e1-4429-adac-7129223615b2**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/1/2016

\*Time:

6:00 pm

Date Overflow Ended:

4/1/2016

Time:

10:00 pm

Facility/Permit Information

\*Facility Name:

P Street

\*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3117 Royal Scotts Way, Z004-1140, yard

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line Overflow  Other:

Cause of Overflow

I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

1200

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of Environmental Impact

EFK - Evidence of Fish Kill Manhole  NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded  Jet-Vac  Hand Rodded  Used Generator to Power Pumps/Equipment

Disinfected and Deodorized  Hydro Cleaned  Spread Lime on Affected Area  Public Notification  Other:

Reported By

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(479) 784-2231

Email a Copy of This Report to the Email Address:

# CONFIRMATION NUMBER

SSO16-0174

**50266a73-aa22-4d36-9144-3219072b5efe**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

\*Date Overflow Began:

4/18/2016

\*Time:

10:30 am

Date Overflow Ended:

4/18/2016

Time:

11:10 am

Facility/Permit Information

\*Facility Name:

P Street

\*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1020 South 18th Street, P011-2570 to 2560, building

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow  Lift Station Overflow  Main Line Overflow  Service Line  
Overflow  Other:

Cause of Overflow

I & I - Rainfall  Roots  Grease  Debris  Equipment Failure

Construction  Vandalism  Power Failure  Line Failure/Break  Other:

Volume of Overflow:

200

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact  OEEI - Observed or Evidence of  
Environmental Impact

ORIGIN ID:FSMA (479) 494-3903  
SARAH BYERS

3900 KELLEY HIGHWAY

FORT SMITH, AR 72904  
UNITED STATES US

SHIP DATE: 18MAY16  
ACTWGT: 0.50 LB  
CAD: 109098163/NET3730

BILL SENDER

TO NPDES ENFORCEMENT SECTION WATER  
ADEQ  
5301 NORTSHORE DRIVE

NORTH LITTLE ROCK AR 72118

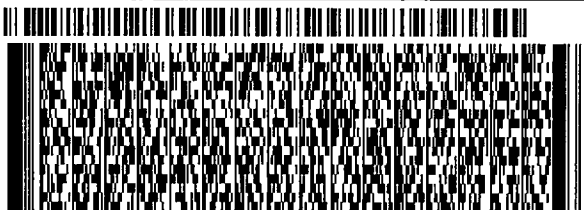
(501) 682-0638

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540.1163231/27F



JIS 1016203501ur

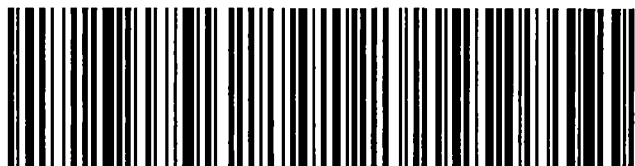
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7831 1647 2534

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