Monthly SSO Report February 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	M002-0230	4313 South 89th Street	ditch	45	Roots, Grease	225	Manhole	02/02/2016	2/2/2016	2:25 PM	3:10 PM	Jet-Vac, Disinfected and deodorized
AR0021750	S002-0070	South 66th and Kinkead Avenue	Creek	1	unknown	1	Manhole	02/12/2016	2/12/2016	12:50 PM	12:51 PM	Disinfected and deodorized; Comments: Found evidence of overflow a about a manhole lid being off. Cause and amount of overflow is unknown.
AR0021750	5007-0590	1931 Churchhill Road	ditch	62	Roots, Grease	620	Manhole	02/15/2016	2/15/2016	11:30 AM	12:32 PM	Machine Rodded, Disinfected and deodorized
AR0021750	M001-1390 to 1380	3205 South 93rd Circle	yard	70	roots	350	Service	02/15/2016	2/15/2016	4:30 PM	5:40 PM	Jet-Vac, Disinfected and deodorized
AR0021750	M004-1035	3108 South 80th Street	ditch	50	Grease	50	Manhole	02/16/2016	2/16/2016	11:20am	12:10 PM	Machine Rodded, Disinfected and deodorized
AR0021750	S007-1640 to 1650	1305 North 47th Street	Yard	65	Roots	65	Service:	02/24/2016	2/24/2016	5:25 PM	6:60 pm	Machine Rodded, Disinfected and deodorized
AR0021750	Near S007-2995 to 2993	1820 North 50th Street	ditch	200	Service tied to abandoned line	200	Service	02/26/2016	2/26/2016	9:50 AM	3:30 PM	Comments: Set up by-pass pumping until source of sewer can be dete Tied service to new sewer.
TOTAL					7	1511						
		,							1			
AR0033278	MC06-1630 to 1620	1314 Highway 71 South	Storm drain	75	Grease	150	Service	02/01/2016	2/1/2016	8:55 AM	10:10 AM	Jet-Vac, Disinfected and Deodorized
AR0033278	Z003-1400 to 1390	2825 Kendall Avenue	building	90	Roots, Grease	270	Service	02/02/2016	2/2/2016	9:14 AM	10:44 AM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	Z005-0210 to 0200	8925 South 30th Street	yard	240	Roots	240	Service	02/02/2016	2/2/2016	12:15 PM	4:15 PM	Repair, Disinfected and Deodorized
AR0033278	MC07-1060 to 1050	4422 South 29th Street	ditch	8	Line failure/Break	24	Service	02/03/2016	2/3/2016	9:00 AM	9:08 AM	Repair, Disinfected and Deodorized
AR0033278	P008-1760	445 North 36th Street	yard	43	Roots	43	Manhole	02/04/2016	2/4/2016	2:42 PM	3:25 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	P006-2544 to 2540	.2400 South S Street	yard	180	Line failure/Break	80	Service	02/04/2016	2/4/2016	10:20am	1:15 PM	Jet-Vac, Repair, Disinfected and Deodorized
AR0033278	MC04-0290 to 0280	4800 Towson Avenue	storm drain	106	Grease, Debris	212	Service	02/05/2016	2/5/2016	9:24 AM	10:30 AM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	Z001-3150 to 3140	4803 South 32 Street	yard	1420	Roots	1420	Service	02/08/2016	2/9/2016	3:20 PM	3:00 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	W001-1110 to 1100	3015 Russell Street	yard	110	Grease	550	Service	02/10/2016	2/10/2016	5:25 PM	7:15 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	P001-0510 to 0500	3204 North 27th Street	Ditch	70	Roots	700	Not apparent	02/15/2016	2/15/2016	7:10 PM	8:20 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	P001-0510 to 0500	3122 North 27th Street	yard	1	Roots	5	Service	02/15/2016	2/15/2016	9:20 PM	9:20 PM	Jet-Vac, Disinfected and Deodorized, Comments: This overflow was re responding to an overflow at 3204 South 27th Street.
AR0033278	P007-0780 to 0770	311 North 41st Street	yard	45	Debris	225	Service	02/16/2016	2/16/2016	12:45 PM	9:20 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	MC05-3340	2600 Dallas Círcle	ditch	14	Grease	28	Manhole	02/18/2016	2/18/2016	9:36 AM	9:50 AM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	P009-2290	3409 Houston Street	yard	45	Grease	225	Manhole	02/19/2016	2/19/2016	8:00 AM	8:45 AM	Jet-Vac, Disinfected and Deodorized
AR0033278	2007-0110	8801 Jennylind Road	Ditch	75	Grease	150.	Manhole	02/22/2016	2/22/2016	10:55 AM	12:10 PM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	P008-0290 to 0280	820 North 35th Street	yard	20	Roots, Grease	40	Service	02/22/2016	2/22/2016	9:30 AM	9:50 AM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	Z007-1790 to 1780	8312 Meadow Drive	yard	35	Roots	35	Service	02/23/2016	2/23/2016	2:220pm	2:57 PM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	FL02-1380 to 1370	4504 North Street	ditch	27	Roots	27	Service	02/25/2016	2/25/2016	4:25 PM	5:02 PM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	MC02-0760	1601 South V Street	storm drain	246	Roots	2460	Manhole	02/27/2016	2/27/2016	12:54 PM	5:00 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	MC02-0695	2121 Towson Avenue	storm drain	75	Roots	375	Manhole	02/28/2016	2/28/2016	5:15 AM	6:34 AM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	P008-2310	927 Adelaide Avenue	building	125	Roots	125	Manhole	02/28/2016	2/28/2016	9:46 AM	11:50 AM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	MC080710 to 0590	4217 South 22nd Street	storm drain	70	Roots, Debris	70	Service	02/28/2016	2/28/2016	2:00 PM	3:10 PM	Machine Rodded, Jet-Vac, Disinfected and deodorized
TOTAL					22	7454						
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me / Divisions / Water / Enforcement /	SSO Confirmation			•		
Water Division	CONFIRMATI	ON NUI	MBER			
nforcement	1331f7c3-02be-4922-	8e70-0ddal	1491e499			
forcement Analysts	(NOTE: You will need this num	ber should you e	ever need to contact ADEQ	concerning this report) The following information	has been sent.
O Online Reporting Form	-Date/Time Overflow	Range				7
O Data Search	*Date Overflow Began:			2/2/2016		į
	*Time:			2:25 pm		į
ompliance Activities	Date Overflow Ended:	,		2/2/2016		11444
ielf-Monitoring Requirements)	Time:	A		3:10 pm		J
oncompliance Reporting	Facility/Permit Inform	nation				7
24-Hour Notice Required)	*Facility Name: M	assard				a and a second
	*Permit Number: Al	R0021750				
Vastewater Operator Licensing	Location Information					
rogram	Provide address and manh	ole number if nu	mbered. Include where the o	verflow went into a yar	d, ditch, stream, storm sewe	r, building, or
•	other. Be specific as possib 4313 South 89th Street, f		_			-
	4313 South 69th Street, 1	WOUZ-0230, GITCI	1			
	-Description of Proble	n (check all ite	ems that apply)			-1
	Type of Overflow		Cause of Overflow			
	Manhole Overflow		□ I & I - Rainfall		Construction	
	Lift Station Overflow	′	☑ Roots		Vandalism	į
	☐ Main Line Overflow		☑ Grease		Power Failure	
	Service Line Overflor	N	Debris		Line Failure/Break	
	Other:		Equipment Failure	•	Other:	
	Volume of Overflow:			impact of SSO Over	flow Incident	
	225			SSO Reached Recei	ving Water (river,stream)	
•	Environmental Damag	e (check all it	ems that apply)			
	□ OEHC - Observed or	•		☐ EFK - Evidence of	Fish Kill Manhole	
	OEEI - Observed or E			_	nce of Adverse Health/Envir	onmental
				Impact		
	-Action Taken (check a	Il items that a	pply)			}
	Short term and long-term	ection, including o	iean-up and any plans to ren	nediate I & I.		-
	☐ Machine Rodded			☑ Disinfected and D	Deodorized	
	☑ Jet-Vac			☐ Hydro Cleaned		-
	Hand Rodded	en mer nin wale	oralizate modernica	Spread Lime on A	Affected Area	
	Used Generator to P	ower Pumps/Equ	ipment	☐ Public Notificatio	on	ļ
				Other:		
	;			v entrant for a source of the same of the		±1 - 1-15
	Reported By					٦
			his document and all attem designed to assure t			
	the information submi	tted. Based on	my inquiry of the perso	n or persons who n	nanage the system, or th	nose persons
			information, the inform I am aware that there a			
			nprisonment for knowin			,
	Name: Jin	nmie B. Johnson				
	Title: De	puty Director of	Systems			
	•	9 784-2231 to				
		hnson@fsark.co	m			
	This Report to the Email Address:					
•	<u> </u>		The proposed of the particular transfer of the same			
	Additional Comments	:				1
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Personnel Charts
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Home / Divisions / Water / Enforcement /	SSO Confirmation			
Water Division	CONFIRMATION	NUMBER		
Water Resource Library	419a36c9-2600-41ea-8c36-	1a356a326e37		
Enforcement	(NOTE: You will need this number shou		concerning this report\ The following i	nformation has been sen
Enforcement Forms and Instructions	- Date/Time Overflow Range		and the second s	mornadon nay been sen
Enforcement Analysts	*Date Overflow Began:		2/12/2016	
·	*Time:		12:50 pm	
Compliance Reporting (Self-Monitoring Requirements)	Date Overflow Ended:	•	2/12/2016	
NetDMR	Time.		12:51 pm	
NetDMR Training Schedule	Facility/Permit Information			
-	• Facility Name: Massard			
Noncompliance Reporting (24-Hour Notice Required)	Permit Number: AR0021750	·	·	
SSO Online Reporting Form	-Location Information			
SSO Reported Incident Data Search	Provide address and manhole numb other. Be specific as possible.	er if numbered. Include where the o	verflow went into a yard, ditch, stream,	storm sewer, building, or
Not	South 66th and Kindead Avenue, S	002-0070, Creek		
Wastewater Operator Licensing Program	Description of Problem (check	all items that apply)		
Wastewater Operator Training and	Type of Overflow	Cause of Overflow		
Certification Exam Schedule	Manhole Overflow	□l & t - Rainfall	☐ Constructi	on
Licensed Wastewater Operators	☐ Lift Station Overflow ☐ Main Line Overflow	Roots	□Vandalism	
Arkansas Wastewater Licensing Committee	Service Line Overflow	□Grease □Debris	☐ Power Fail	
	Other	□Equipment Failun	∐Line Failur ☑Other: unl	-
		—— 1 —1		
	Volume of Overflow:		Impact of SSO Overflow Incident SSO Reached Receiving Water (river	etronel.
	·			,stream;
	Environmental Damage (check			
	☐ OEHC - Observed or Evidence o		☐ EFK - Evidence of Fish Kill Manhole	
	OEEI - Observed or Evidence of	Environmental Impact	☑ NEAH - No Evidence of Adverse He Impact	alth/Environmental
	- Action Taken (check all items t	hat annivi		
	Short term and long-term action, incl		nediate I & I.	
	☐ Machine Rodded		Disinfected and Deodorized	
	☐ Jet-Vac		Hydro Cleaned	
· · · · · · · · · · · · · · · · · · ·	Hand Rodded		Spread Lime on Affected Area	
	Used Generator to Power Pum	ps/Equipment	☐ Public Notification ☐ Others	
	•		Contest	
	Reported By			
	"I certify" under penalty of law	that this document and all att	achments were prepared under m	v direction or
	the information submitted. Bas directly responsible for gatherin	a system designed to assure t ed on my inquiry of the perso ig the information, the inform plete. I am aware that there ar	hat qualified personnel properly g n or persons who manage the syst lation submitted is, to the best of a le significant penalties for submitt	ather and evaluate em, or those persons
	Name: Jimmie B. Joh			
		tor of Systems		
·	Phone: 479 784-223: Email a Copy of jjohnson@fsa	•		
	This Report to the	a A.Com		
	Email Address:			
	-Additional Comments:			
	Found evidence of overflow after cu	stomer called in about a manhole	lid being off. Cause and amount of over	flow is unknown.
Home	Staff D	Directory	٨٢	EO
About This Site	ADEQ	Organization &	AL	
About ADEQ		nnel Charts	ARKA Department of Envi	N S A S ronmental Quality
ADEQ WEBSITE USER		sas.gov íal Transparency	5301 Northshore	
EXPERIENCE SURVEY Did you find what you needed?	Get Co	nnected:	North Little Roci	k, AR 72118-5317
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ome / Divisions / Water / Enforcement /	SSO Confirmation					
Water Division	CONFIRMA	TION NU	JMBER			
Water Resource Library	142969b8-5180-4	1870.a470.fa0	1212250571			
Enforcement				concerning this rego	rt) The following information I	hae haan sant
inforcement Forms and Instructions	- Date/Time Over			· · · · · · · · · · · · · · · · · · ·	, is is in a second	nos accir serre
nforcement Analysts	*Date Overflow Be	_		2/15/20	016	
·	*Time:			11:30 ar		i
ompliance Reporting Self-Monitoring Requirements)	Date Overflow Ende	:d:	•	2/15/20		ĺ
etDMR	Time:		and providing the second of th	12:32 pr	m 	
etDMR Training Schedule	Facility/Permit I	nformation				-1
storm raming sentage	*Facility Name:	Massard				
loncompliance Reporting	*Permit Number:	AR0021750				<u>.</u>]
24-Hour Notice Required)	- Location Informa	ıtion				
60 Online Reporting Form	Provide address and other. Be specific as	manhole number if	numbered. Include where the	overflow went into a y	ard, ditch, stream, storm sewer,	building, or
O Reported Incident Data Search	1931 Churchhill Roa		1			
Vastewater Operator Licensing					M. C. College - Construction of the Spirite - Management	
rogram	Type of Overflow	obiem (check all	items that apply) Cause of Overflow			7
astewater Operator Training and rtification Exam Schedule	Manhole Over	flow	1 & 1 - Rainfall		☐ Construction	j
ensed Wastewater Operators	Lift Station Ov	erflow	Roots		☐Vandalism	
ansas Wastewater Licensing Committee	☐ Main Line Ove		☑Grease		Power Failure	į
•	Service Line O	erflow	Debris		Line Failure/Break	
	☐ Other:		□Equipment Failu	re	Other:	-
	Volume of Overflo	w:		Impact of SSO Ove	erflow Incident	1
•	620			SSO Reached Rece	eiving Water (river,stream)	
	- Environmental D	amage (check all	items that apply)			- 7
	☐ OEHC - Observe	ed or Evidence of Hu	man Contact	☐ EFK - Evidence	of Fish Kill Manhole	
	OEEI - Observe	d or Evidence of Env	ironmental Impact	☑ NEAH - No Evid Impact	ence of Adverse Health/Environ	mental
	Action Taken (che	ck all items that	apply)	-		
	1		g clean-up and any plans to re	mediate I & I.		
•	☑ Machine Rodde	:d		Disinfected and	Deodorized	1
The second secon	☐ Jet-Vac ☐ Hand Rodded	···· · · ··· · · · · · · · · · · · · ·	Light market flat some	☐ Hydro Cleaned ☐ Spread Lime on	erm it has about a	. = 25,
	i	r to Power Pumps/E	auinment	☐ Public Notificati		
		to i otter i ampoj z	qu.pmcnc	☐Other:		
	·					
	Reported By					-7
	"I certify" under p	enalty of law that	t this document and all at	tachments were pr	repared under my direction	or
	the information st	ıbmitted. Based o	on my inquiry of the perso	on or persons who	onnel properly gather and a manage the system, or tho	se persons
	belief, true, accura	ate, and complete	ne information, the information, the information, the information in the information in the information, the information information, the information, the information information information information, the information informa	re significant pena	s, to the best of my knowler Ities for submitting false in	dge and formation,
	Name:	Jimmie B. Johnso	on			
	Title:	Deputy Director	of Systems			
	Phone: Email a Copy of	479 784-2231 to				
	This Report to the Email Address:	jjohnson@fsark.c	com			and the second second
	-Additional Comm	ents:				
	,					



Staff Directory ADEQ Organization & Personnel Charts Arkansas.gov Financial Transparency Get Connected:



Date/Time Overflow Range	the state of the s
*Date Overflow Began:	
2/15/2016	
*Time:	
4:30 pm Date Overflow Ended:	
2/15/2016	•
Time:	
5:40 pm	
Facility/Permit Information	
*Facility Name:	
Massard	
*Permit Number: AR00 33278 2/750 JBJ	
Location Information	en de la companya de La companya de la co
Provide address and manhole number if numbered ditch, stream, storm sewer, building, or other. Be s	d. Include where the overflow went into a yard, specific as possible.
3205 South 93rd Circle, M001-1390 to 1380, yard	ď
Description of Problem (check all items that apply	
Type of Overflow	
☐ Manhole Overflow ☐ Lift Station Overflow ☐ Overflow ☐ Other:	☐ Main Line Overflow ☑ Service Line
Cause of Overflow	
☐ I & I - Rainfall ☑ Roots ☐ Grease ☐ Debri	is Equipment Failure
☐ Construction ☐ Vandalism ☐ Power Failure Volume of Overflow: 350	: □ Line Failure/Break □ Other:
Impact of SSO Overflow Incident SSO Affected Private Property (ground)	
Environmental Damage (check all items that apply	y)
☐ OEHC - Observed or Evidence of Human Cont Environmental Impact	
☐ EFK - Evidence of Fish Kill Manhole ☑ NEA Health/Environmental Impact	AH - No Evidence of Adverse
Action Taken (check all items that apply)	
Short term and long-term action, including clean-u	ap 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@fsark.com
Additional Comments:

Date/Time Overflow Range
*Date Overflow Began:
2/24/2016
*Time:
05:25 pm Date Overflow Ended:
2/24/2016
Time:
06:30 pm
Facility/Permit Information
*Facility Name:
Massard Wastewater Treatment
*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.
1305 North 47th Street, discharge from cleanout into yard connected to gravity sanitary sewer line between manhole numbers S007-1640 and S007-1650.
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: 65 gallons
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:

Steve Parke

Title:

Director of Utilities

Phone:

479-784-2231 (0)

Email a Copy of This Report to the Email Address:

jjohnson@fortsmithar.gov

Additional Comments:

Water Division	CONFIRMAT	ION NUM	IBER		
Resource Library	- b8126084-6da7-4e1	c-abad-782d4	62bbe72		
Enforcement				oncerning this report)	The following information has been s
orms and Instructions	Date/Time Overflow	/ Range			
inforcement Analysts	*Date Overflow Began:			2/26/2016	
·	*Time:			9:50 am	
Compliance Reporting (Self-Monitoring Requirements)	Date Overflow Ended:	,		2/26/2016	
letDMR	Time:			3:30 pm	
HetDMR Training Schedule	- Facility/Permit Infor	mation			
ECONIN Training Schedule	*Facility Name: 1	Massard			
Noncompliance Reporting 24-Hour Notice Required)	·	NR0021750			· · · · · · · · · · · · · · · · · · ·
SO Online Reporting Form	Location Information			_	
SO Reported Incident Data Search	other. Be specific as poss	ihole number if num ible.	bered. Include where the ov	erflow went into a yard	i, ditch, stream, storm sewer, building, o
	1820 North 50th Street,	Near S007-2995 to	2993, ditch		
Wastewater Operator Licensing Program	-Description of Proble	em (check all iter	ns that apply) .		
perator Training and Certification Exam	Type of Overflow		Cause of Overflow		
chedule	. Manhole Overflow		☐t & 1 - Rainfall		Construction
icensed Operators	- ☐ Lift Station Overflo		□Roots		Vandalism
censing Committee	Service Line Overflow		□Grease □Debris		☐ Power Failure
	: Other: May be from		= "		Line Failure/Break
	sewer line	rabandoned	Equipment Failure		☑ Other: abandoned sewer line
	Volume of Overflow:			Impact of SSO Overfl SSO Reached Receiv	ow Incident ing Water (river,stream)
	- Environmental Dama	ge (check all iter	ns that apply)		
	OEHC - Observed or			EFK - Evidence of	
	OEEI - Observed or	Evidence of Environ	mental Impact	☑ NEAH - No Eviden Impact	ce of Adverse Health/Environmental
	Anti-or Table 1 to 1 to 1				
	Action Taken (check a		ply) an-up and any plans to remi	ndista I 9. I	
	☐ Machine Rodded	oction, meading are	an op and any plans to term	Disinfected and D	and a street
	☐ Jet-Vac		·	Hydro Cleaned	eodorized
	Hand Rodded			Spread Lime on Af	Tected Area
	Used Generator to A	Power Pumps/Equip	ıment	Public Notification	
			and the same of th	Other: Set up by-p	
	Reported By				
	supervision in accords the information subm directly responsible fo belief, true, accurate,	ance with a syste litted. Based on r or gathering the il and complete. I	m designed to assure th my inquiry of the person nformation, the informa	nat qualified person or persons who ma ation submitted is, to a significant penalti	pared under my direction or nel properly gather and evaluate anage the system, or those perso to the best of my knowledge and es for submitting false informatic
	,	mmie B. Johnson			
	Title: De	eputy Director of Sy	ystems		
	Phone: 47	79 784-2231 (c)			
	Email a Copy of jjo This Report to the Email Address:	ohnson@fsark.com			
	Additional Comments				
	Additional Comments			orrected.	

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A-Z Topic Index

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A-Z Topic Inde	X
 5	3

Water Division	CONFIRMATION NUMBER					
Enforcement	31257325-9d5d-48be-b3e0	-e58b1381e5f4				
Enforcement Analysts	(NOTE: You will need this number shou	uld you ever need to con	tact ADEQ concerning this report) The fo	llowing		
SSO Online Reporting Form	_					
SSO Data Search	Date/Time Overflow Range					
	*Date Overflow Began:		2/1/2016			
Compliance Activities	*Time:		8:55 am			
Self-Monitoring Requirements)	Date Overflow Ended: Time:		2/1/2016 10:10 am			
	Facility/Permit Information					
Noncompliance Reporting [24-Hour Notice	*Facility P Street					
Required)	Name:					
	*Permit AR0033278					
Wastewater Operator Licensing Program	Number:					
icensing rrogram	,Location Information					
	Provide address and manhole num	ber if numbered. Include	where the overflow went into a yard, ditch	, strean		
	storm sewer, building, or other. Be					
	1314 Highway 71 South, MC06-1	630 to 1620, Storm drain				
	Description of Problem (che	ck all items that appl	γ)			
	Type of Overflow	Cause of Overflow	_			
	☐ Manhole Overflow ☐ 1 & I - Rainf		☐ Construction			
	Lift Station Overflow	Roots	☐ Vandalism			
	☐ Main Line Overflow	✓ Grease	Power Failure			
	Service Line Overflow	Debris	☐ Line Failure/Break	٤., .		
	Other:	☐ Equipment Fai	ure			
	Volume of		Impact of SSO Overflow Incident			
	Overflow:		SSO Reached Receiving Water (river,str	eam)		
	150					
	Environmental Damage (che	ck all items that app	y)			
	☐ OEHC - Observed or Evidence Contact	e of Human	☐ EFK - Evidence of Fish Kill Manhole			
	OEEI - Observed or Evidence	-£	☑ NEAH - No Evidence of Adverse Health/Environmental Impact			
	Environmental Impact	:01				
	- Action Taken (check all item	s that apply)				
	Short term and long-term action, i	• • • •	plans to remediate I & I.			
	☐ Machine Rodded		☑ Disinfected and Deodorized			
	☑ Jet-Vac		☐ Hydro Cleaned			
	☐ Hand Rodded		☐ Spread Lime on Affected Area			
	Used Generator to Power		☐ Public Notification			
	Pumps/Equipment		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 (3

Email a Copy

jjohnson@fsark.com

of This Report to the Email

Address:

-Additional Comments:

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Submit Sanitary Sewer Overflow (SSO) Online Report Confirmation | Enforcement | Wat... Page 1 of 2

16-0047

A-Z Topic Index

			,			
ome / Divisions / Water / Enforcement	SSO Confirmation CONFIRMATION	N NUMBER				
Enforcement	20c798ae-d501-479a-90d	:9-47c5ce18bcee				
Enforcement Analysts	(NOTE: You will need this number s	hould you ever need to contact ADE	Q concerning this report) The following information has been sent.			
SSO Online Reporting Form	-Date/Time Overflow Rang	ge .				
SSO Data Search	*Date Overflow Began:		2/2/2016			
	*Time:		12:15 pm			
Compliance Activities	Date Overflow Ended:	1	2/2/2016			
(Self-Monitoring Requirements)	Time:		4:15 pm			
Noncompliance Reporting (24-Hour Notice Required)	Facility/Permit Informatio	t				
Masternatos Occuptos Liennias	*Permit Number: AR003	3278				
Wastewater Operator Licensing Program	Location Information Provide address and manhole nother. Be specific as possible.	umber if numbered. Include where the	overflow went into a yard, ditch, stream, storm sewer, building, or			
	8925 South 30th Street, 2005-	0210 to 0200, yard				
	Baradalla ad Garlela ad I					
	Description of Problem (c	neck all items that apply) Cause of Overflow				
	Manhole Overflow	□ I & I - Rainfall	☐ Construction			
	Lift Station Overflow	Roots	□Vandalism			
	☐ Main Line Overflow	☐Grease	☐ Power Failure			
	Service Line Overflow	☐ Debris	Line Failure/Break			
	Other:	☐ Equipment Faile	are Other:			
	: Volume of Overflow:		Impact of SSO Overflow Incident			
	240		SSO Affected Private Property (ground)			
	; - Environmental Damage (check all items that apply)					
	1					
	OEHC - Observed or Evide		☐ EFK - Evidence of Fish Kill Manhole ☑ NEAH - No Evidence of Adverse Health/Environmental Impact			
	OEEI - Observed or Evider	ice of 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.					
	_	i, moudang clean-up and any plans to r				
	☐ Machine Rodded ☐ Jet-Vac		☑ Disinfected and Deodorized ☐ Hydro Cleaned			
er e e e	☐ Hand Rodded		☐ Hydro Cleaned			
	Used Generator to Power	Pumps/Equipment	Dublic Notification			
	1	. amps, Ederkinsiis	☑ Other: repair			
	İ					
	Reported By					
	"I certify" under penalty of supervision in accordance the information submitted directly responsible for gat belief, true, accurate, and	with a system designed to assum . Based on my inquiry of the per thering the information, the info	attachments were prepared under my direction or e that qualified personnel properly gather and evaluate son or persons who manage the system, or those persons rmation submitted is, to the best of my knowledge and are significant penalties for submitting false information, ring violations.			
	Name: Jimmie	B. Johnson				
		Director of Systems				
		1-2231 (c)				
	Email a Copy of jjohnso This Report to the Email Address:	n@fsark.com				
	Additional Comment					
	Additional Comments:					

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16-0046

A-Z Topic Index

				•			
· / Divisions / Water / Enforcement /	SSO Confirmation						
ater Division	CONFIRMATION 1	NUMBER					
forcement	067f184d-dbe2-4031-b33c-f	149e648f6ae					
orcement Analysts	(NOTE: You will need this number shou	ld you ever need to contact ADEQ c	oncerning this report) The f	ollowing information has been sent			
	,Date/Time Overflow Range						
Online Reporting Form	*Date Overflow Began:		2/2/2016				
Data Search	*Time:		9:14 am				
amlianaa Aatiultiaa	Date Overflow Ended:	1	2/2/2016				
ppliance Activities f-Monitoring Requirements)	Time:		10:44 am				
ncompliance Reporting	-Facility/Permit Information						
-Hour Notice Required)	*Facility Name: P Street						
	*Permit Number: AR0033278	3					
stewater Operator Licensing gram	- Location Information						
G	Provide address and manhole numb other. Be specific as possible.	er if numbered. Include where the o	verflow went into a yard, dito	h, stream, storm sewer, building, or			
	2825 Kendall Avenue, Z003-1400	to 1390, building		·			
	Description of Problem (chec	k all items that apply)					
	Type of Overflow	Cause of Overflow		_			
	, Manhole Overflow	🗆 ! & I - Rainfall		Construction			
	Lift Station Overflow	Roots		Vandalism			
	☐ Main Line Overflow	☑Grease		Power Failure			
	Service Line Overflow	☐ Debris		Une Failure/Break			
	Other:	☐Equipment Failure		Other:			
	· Volume of Overflow:		Impact of SSO Overflow	ncident			
	270	, <u></u>	SSO Affected Private Pro	perty (ground)			
	- Environmental Damage (chec	k all items that apply)					
	OEHC - Observed or Evidence	of Human Contact	☐ EFK - Evidence of Fish Kill Manhole				
	OEEI - Observed or Evidence	of Environmental Impact	☑ NEAH - No Evidence of Impact	Adverse Health/Environmental			
	Action Taken (check all items that apply)						
	✓ Machine Rodded		Disinfected and Deodo	rized			
	☑ Iviachine Rodden		Hvdro Cleaned				
÷,	☐ Hand Rodded	· · · · · · · · · · · · · · · · · · ·	Spread Lime on Affect	ed Area			
		/Fi	☐ Public Notification	-			
	Used Generator to Power Pu	mps/Equipment	Other:				
	Reported By			-4dr			
	supervision in accordance with the information submitted. Be directly responsible for gather belief, true, accurate, and cor	ring the information, the information of the inform	that qualified personnel on or persons who mana mation submitted is, to t are significant penalties f	properly gather and evaluate ge the system, or those person			
	Name: Jimmie B.						
	Title: Deputy Di	rector of Systems					
	Phone: (479) 784-	2231 t o					
	Email a Copy ofjjohnson@	Ofsark.com					
	This Report to the Email Address:						
	Additional Comments:			,			

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Date/Time Overflow Range
*Date Overflow Began:
2/2/2016
*Time:
12:15 pm Date Overflow Ended:
2/2/2016
Time:
4:15 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.
8925 South 30th Street, Z005-0210 to 0200, yard
Description of Problem (check all items that apply)
besorption of Freedom (eneck an homs 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: 240
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: 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 (c)

Email a Copy of This Report to the Email Address:

jjohnson@fsark.com

Additional Comments:

16-00-49

A-Z Topic Index

Water Division	CONFIRMATIO	ON NUMBER				
Inforcement	a6251df0-9d19-478f-b					
			DFO concerning this reno	ort) The following information has been se		
nforcement Analysts			occionerang and repe	nty the following information has been se		
SO Online Reporting Form	Date/Time Overflow R	ange				
SO Data Search	*Date Overflow Began: *Time:		2/3/20:			
Compliance Assistates	Date Overflow Ended:		9:00 an 2/3/20:			
Compliance Activities Self-Monitoring Requirements)	Time:	•	2/3/20. 9:08 an			
Noncompliance Reporting	Facility/Permit Informa	ation				
(24-Hour Notice Required)	*Facility Name: P St	reet				
	*Permit Number: ARC	0033278				
Nastewater Operator Licensing Program	Location Information		The state of the s	**************************************		
-i Ogi aiti	ł ·	le number if numbered, include where	the overflow went into a v	ard, ditch, stream, storm sewer, building, or		
	other. Be specific as possible	2.	are overnow went into a	ard, unch, stream, storm sewer, ballang, br		
	4422 South 29th Street, M	C07-1060 to 1050, ditch				
	Description of Problem	(check all items that apply)				
	Type of Overflow	Cause of Overflow	,			
	☐ Manhole Overflow	🗆 t & t - Rainfa	II	Construction		
	Lift Station Overflow	Roots		□Vandalism		
	☐ Main Line Overflow	□Grease		☐ Power Failure		
	Service Line Overflow	Debris		Line Failure/Break		
	Other:	☐Equipment F	ailure	Other:		
	Volume of Overflow:		Impact of SSO Ov			
eric	24		SSO Reached Rec	eiving Water (river, stream)		
	-Environmental Damage (check all items that apply)					
•	•	/idence of Human Contact	OFFY Fuldamen	of Fish Kill Manhole		
		idence of Environmental Impact	_	dence of Adverse Health/Environmental		
	. Occi - Observed or Evi	dence of Environmental Impact	Impact	tence of Adverse Health/Environmental		
	Astina Takaa (abaal: -II					
	Action Taken (check all	tion, including clean-up and any plans I	to remediate I & 1			
	☐ Machine Rodded	many modeling occur up and any pions i	☑ Disinfected an	I Brown de la constantina de		
	Jet-Vac		Hydro Cleaned			
	☐ Hand Rodded	ng mananan ang kalam	☐ Hydro Cleaned			
			_ ·			
	Used Generator to Pou	wer Pumps/Equipment	_	☐ Public Notification ☑ Other: Repair scheduled		
	:		_ outer nepair			
	And the second contraction of the Committee of the	. The control of the				
	:Reported By					
		y of law that this document and a		prepared under my direction or sonnel properly gather and evaluate		
	the information submits	ted. Based on my inquiry of the p	erson or persons who	manage the system, or those persor		
	belief, true, accurate, ar	nd complete. I am aware that the	ere are significant pen	is, to the best of my knowledge and alties for submitting false information		
	including the possibility	of fine and imprisonment for kn	owing violations.	-		
		nie B. Johnson				
	1	uty Director of Systems				
	1	784-2231 (©				
	Email a Copy of jjohr This Report to the	nson@fsark.com				
	Email Address:					

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e / Divisions / Water / Enforcement ,	/ SSO Confirmation			
ater Division	CONFIRMATION N	UMBER		
forcement	bee54bab-7019-4d3a-81c7-c4	01eed320db		
orcement Analysts	(NOTE: You will need this number should	ou ever need to contact ADEQ	concerning this report) The following information has bee	en sent.
Online Reporting Form	Date/Time Overflow Range			
Data Search	*Date Overflow Began:		2/4/2016	
a x 1 1 W 11	*Time:		2:42 pm	
mpliance Activities	Date Overflow Ended:	•	2/4/2016	
If-Monitoring Requirements)	Time;		3:25 pm	
ncompliance Reporting	Facility/Permit Information			
Hour Notice Required)	*Facility Name: P Street			
	*Permit Number: AR0033278			
stewater Operator Licensing				
gram	Location Information			
	 Provide address and manhole number other. Be specific as possible. 	f numbered. Include where the o	verflow went into a yard, ditch, stream, storm sewer, building	g, or
	445 North 36th Street, P008-1760, ya	rd		
	- Description of People - Ish at	11.75		
	Description of Problem (check a Type of Overflow	Cause of Overflow		
	Manhole Overflow	☐ l & l - Rainfall	☐ Construction	
	☐ Lift Station Overflow	Roots	□Vandalism	
	Main Line Overflow	□Grease	☐ Power Failure	
	Service Line Overflow	Debris	· Line Failure/Break	
	☐ Other:	□Equipment Failure	· ·	
	Volume of Overflow:		Impact of SSO Overflow Incident	
	43		SSO Affected Private Property (ground)	
	Environmental Damage (check a	ll items that apply)		
	\Box OEHC - Observed or Evidence of $oldsymbol{t}$	luman Contact	☐ EFK - Evidence of Fish Kill Manhole	
	OEEI - Observed or Evidence of Er	ovironmental Impact	☑ NEAH - No Evidence of Adverse Health/Environmental	ı
			шраст	~
	Action Taken (check all items the Short term and long-term action, include		adiata (D.)	
	Machine Rodded	ing clean-up and any plans to rem		
	☐ Macnine Rooded		☑ Disinfected and Deodorized	
	Hand Rodded		Hydro Cleaned	
	Used Generator to Power Pumps	IF:	Spread Lime on Affected Area Public Notification	
	i Used deliarator to rower rumps	Equipment	Other:	
	i L			
	<u> </u>			
	Reported By			
	the information submitted. Based directly responsible for gathering	system designed to assure to on my inquiry of the person the information, the inform te. I am aware that there ar	achments were prepared under my direction or hat qualified personnel properly gather and evalua n or persons who manage the system, or those per ation submitted is, to the best of my knowledge ar e significant penalties for submitting false informal y violations.	sons
	Name: Jimmie B. John:			
	Title: Deputy Directo			
	Phone: 479 784-2231 (9		
	Email a Copy of jjohnson@fsark This Report to the Email Address:	com		
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				-	
Water Division	CONFIRMATION NUM	IBER			
Enforcement	2d912d47-537d-4b3f-a16b-90281	45d552d			
	(NOTE: You will need this number should you e		· · · · · · · · · · · · · · · · · · ·	tan tagana ayan karak	_
Enforcement Analysts		ver need to contact ADE	concerning this report) The follow	ing information has been s	ent.
SSO Online Reporting Form	Date/Time Overflow Range				7
SSO Data Search	*Date Overflow Began: *Time:		2/4/2016		
Compliance Activities	Date Overflow Ended:		10:20 am 2/4/2016		
(Self-Monitoring Requirements)	Time:		2/4/2016 1:15 am		
			ALL WITH		
Noncompliance Reporting	-Facility/Permit Information				1
(24-Hour Notice Required)	* Facility Name: P Street				!
	*Permit Number: AR0033278				
Wastewater Operator Licensing Program	Location Information				
110613111	Provide address and manhole number if num	bered, include where th	e overflow went into a yard ditch stre	am storm sewer huilding o	
	other, be specific as possible.		o volume o yara, alcon, sac	an, storm serrer, bunding, a	•
	2400 South S Street, P006-2544 to 2540, ya	ard			
	Description of Problem (check all iter	ns that apply)			
	Type of Overflow	Cause of Overflow			
	☐ Manhole Overflow	🗆 I & I - Rainfall	Const	truction	
	Lift Station Overflow	Roots	☐ Vand	alism	i i
	☐ Main Line Overflow	Grease	Powe	r Failure	,
	Service Line Overflow	Debris	☑ Line F	ailure/Break	Ī
	☐ Other:	☐Equipment Fail	ure Other	7	
	Volume of Overflow:		Impact of \$50 Overflow Incident		1 1 -
	, volume of Gyernow:		SSO Occurred at Treatment Plan	550 F	1950 tod Privite
	+				Assected Privite Property
	Environmental Damage (check all iter				Property
	OEHC - Observed or Evidence of Human		EFK - Evidence of Fish Kill Mar	nhole	,
	☐ OEEI - Observed or Evidence of Environ	mental Impact	NEAH - No Evidence of Adversimpact	se Health/Environmental	;
	·				
	- Action Taken (check all items that ap	• • • • • • • • • • • • • • • • • • • •			***
	. Short term and long-term action, including cle	ean-up and any plans to a	remediate I & I.		
	Machine Rodded		☑ Disinfected and Deodorized		:
	. 🗹 Jet-Vac		Hydro Cleaned		
	☐ Hand Rodded	- "	Spread Lime on Affected Area		
	Used Generator to Power Pumps/Equip	ment	☐ Public Notification		
			🗹 Other: repair		1 2
					_!
	Reported By				7
	"I certify" under penalty of law that th	is document and all a	attachments were prepared und	er my direction or	
	supervision in accordance with a syste the information submitted. Based on r	ny inquiry of the ner	son or persons who manage the	system or those person	nc :
	directly responsible for gathering the i belief, true, accurate, and complete. I	nformation, the info	rmation submitted is, to the bes	t of my knowledge and	
	including the possibility of fine and im	prisonment for know	ring violations.	THE PARTY OF THE P	"
	Name: Jimmie B. Johnson				į
	Title: Deputy Director of St	/stems			
	Phone: 479 784-2231 (c)				i i
	Email a Copy of jjohnson@fsark.com This Report to the				***
	Email Address:				-
			***	-	i
	Additional Comments:				.1
					. -
			genga. Van		
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Vater Division	CONFIRMA	TION NUN	ABER			
Inforcement	a0c5789c-c9f2-44	ff-9c36-ebfaf1e	e6348			
nforcement Analysts	(NOTE: You will need this	number should you e	ver need to contact ADEQ co	ncerning this report	t) The following information has been se	
SO Online Reporting Form	Date/Time Overf	low Range				
iO Data Search	*Date Overflow Beg	an:		2/5/2016	;	
	*Time:			9:24 pm		
ompliance Activities	Date Overflow Ende	d: '		2/5/2016	i	
elf-Monitoring Requirements)	Time:	·		10:30 pm	1	
oncompliance Reporting	, -Facility/Permit In	formation				
4-Hour Notice Required)	*Facility Name:	P Street				
	*Permit Number:	AR0033278				
/astewater Operator Licensing	L					
rogram	- Location Informa					
	Provide address and other. Be specific as	manhole number if nun possible.	nbered. Include where the ov	erflow went into a ya	rd, ditch, stream, storm sewer, building, or	
	4800 Towson Avenu	ie, MC04-0290 to 0280), storm drain			
	Danadada of Da				The transfer of the transfer of the same o	
	Type of Overflow	oblem (check all ite	cause of Overflow			
	☐ Manhole Over	flow	1 & I - Rainfall		☐ Construction	
	Lift Station Ove	erflow	Roots		☐ Vandalism	
	☐ Main Line Over	rflow	☑ Grease		☐ Power Failure	
	Service Line Ov	erflow	☑ Debris		Line Failure/Break	
	☐ Other:		☐ Equipment Failure		Other:	
	Volume of Overfic	ow;		Impact of SSO Over		
	212			SSO Reached Rece	iving Water (river,stream)	
	, Environmental D	amage (check all ite	ems that apply)			
	□ OEHC - Observe	ed or Evidence of Huma	in Contact	☐ EFK - Evidence o	f Fish Xill Manhole	
	; _	OEEI - Observed or Evidence of Environmental Impact		☑ NEAH - No Evide	ence of Adverse Health/Environmental	
				Impact		
	-Action Taken (che	eck all items that ap	ply)			
	Short term and long-	term action, including o	lean-up and any plans to rem	ediate I & I.		
	Machine Rodde	ed		Disinfected and	Deodorized	
entil til er i til entre med til er er i til til en er	☐ Jet-Vac		امی میرم امراک	Hydro Cleaned		
•	☐ Hand Rodded			Spread Lime on a		
	☐ Used Generato	r to Power Pumps/Equi	ipment	☐ Public Notification		
				Other:		
	· · · · · · · · · · · · · · · · · · ·					
	F Reported By					
	supervision in acc the information si directly responsib belief, true, accur	ordance with a syst ubmitted. Based on le for gathering the ate, and complete.	em designed to assure th my inquiry of the person information, the informa	at qualified person or persons who i ation submitted is a significant penal	epared under my direction or onnel properly gather and evaluate manage the system, or those persor s, to the best of my knowledge and lties for submitting false information	
	Name:	Jimmie B. Johnson				
	Title:	Deputy Director of S	Systems			
	Phone:	479 784-2231 to	_			
	Email a Copy of This Report to the	jjohnson@fsark.com	n			
	Email Address:					
	ALEX MAN AND THE REST		magnification from the state of		. W. At At	
	, -Additional Comm	ents:				

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ater Division	CONFIRMATION NU	J MBER				
forcement	aa4fe8a6-43e2-4793-ab7b-eac	cc8d2b22f4				
orcement Analysts	(NOTE: You will need this number should yo	ou ever need to contact ADEQ o	oncerning this report) The following information has been s		
Online Reporting Form	Date/Time Overflow Range					
Reported Incident Data Search	Date Overflow Began:		2/8/2016	•		
reported medelit bata search	*Time:		3:20 pm			
mpliance Activities	Date Overflow Ended:	1	2/9/2016			
elf-Monitoring Requirements)	Time:		3:00 pm			
ncompliance Reporting	Facility/Permit Information					
l-Hour Notice Required)	*Facility Name: P Street					
	*Permit Number: AR0033278					
stewater Operator Licensing	Location Information					
		numbered, include where the ov	erflow went into a var	d ditch stream stormenuse building a		
	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.					
	4803 South 32 Street, Z001-3150 to 31	40, yard				
	—Description of Problem (check all	items that apply)				
	Type of Overflow	Cause of Overflow				
	☐ Manhole Overflow	🗀 I & I - Rainfail		Construction		
	Lift Station Overflow	Roots		□Vandalism		
	☐ Main Line Overflow	Grease		Power Failure		
	Service Line Overflow	Debris		Line Failure/Break		
	☐ Other:	☐Equipment Failure		Other:		
	Volume of Overflow:		Impact of SSO Overl			
•	1420		SSO Affected Privat	e Property (ground)		
	Environmental Damage (check all items that apply)					
	☐ OEHC - Observed or Evidence of Hu	ıman Çontact	☐ EFK - Evidence of Fish Kill Manhole			
	☐ OEEI - Observed or Evidence of Environmental Impact		☑ 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	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	and private		
	☑ Jet-Vac		☑ Disinfected and Deodorized ☐ Hydro Cleaned			
	☐ Hand Rodded		Spread Lime on A			
	: _	atriam out	☐ Public Notification			
	Used Generator to Power Pumps/Equipment		Other:			
			_ Julie.			
	The state of the s					
	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 of	on my inquiry of the person	or persons who m	anage the custom as these names		
	directly responsible for gathering the belief, true, accurate, and complete	e. I am aware that there are	significant penalti	to the best of my knowledge and es for submitting false information		
	including the possibility of fine and	imprisonment for knowing	violations.			
	Name: Jimmie B. Johnso					
	Title: Deputy Director of					
	Phone: 479 784-2231 to					
	Email a Copy of jjohnson@fsark.c This Report to the	:om				
	Email Address:					



Staff Directory
ADEQ Organization &
Personnel Charts
Arkansas.gov
Financial Transparency
Get Connected:



A-Z Topic Index

A-Z Topic Index

e / Divisions / Water / Enforcement / Vater Division	SSO Confirmation CONFIRMATION NU	IMBER	
ater Resource Library			
·	b580dc7b-726d-495c-8aed-54l		
nforcement	(NOTE: You will need this number should yo	ou ever need to contact ADEQ	concerning this report) The following information has been ser
forcement Forms and Instructions	Date/Time Overflow Range		
forcement Analysts	*Date Overflow Began: *Time:		2/10/2016
ompliance Reporting	Date Overflow Ended:	•	5:25 pm 2/10/2016
elf-Monitoring Requirements)	Time:		7:15 pm
tDMR	E. W. D. D. E. C.		
tDMR Training Schedule	Facility/Permit Information *Facility Name: P Street		
oncompliance Departing	*Permit Number: AR0033278		
oncompliance Reporting 4-Hour Notice Required)	And the second s		The second secon
O Online Reporting Form	Location Information		
O Reported Incident Data Search	other. Be specific as possible.	numbered. Include where the o	verflow went into a yard, ditch, stream, storm sewer, building, or
	3015 Russell Street, W001-1110 to 110	00, yard	
/astewater Operator Licensing rogram	Description of Problem (check all	items that apply)	
astewater Operator Training and	Type of Overflow	Cause of Overflow	•
rtification Exam Schedule	☐ Manhole Overflow	🗀 I & I - Rainfall	Construction
ensed Wastewater Operators	Lift Station Overflow	Roots	☐ Vandalism
kansas Wastewater Licensing Committee	☐ Main Line Overflow	☑Grease	□ Power Failure
	Service Line Overflow ☐ Other:	☐Debris,	☐Line Failure/Break
•	□ Other:	□Equipment Failun	e □Other:
	Volume of Overflow:		Impact of SSO Overflow Incident
	550		SSO Affected Private Property (ground)
	: Environmental Damage (check al	l items that apply)	
	: DEHC - Observed or Evidence of H	• • • •	☐ EFK - Evidence of Fish Kill Manhole
	OEEI - Observed or Evidence of En		NEAH - No Evidence of Adverse Health/Environmental
	f		Impact
	Action Taken (check all items that Short term and long-term action, including		modiate I & I
	Machine Rodded	ing dean-up and any plans to rec	☑ Disinfected and Deodorized
	☑ Jet-Vac		Hydro Cleaned
	☐ Hand Rodded		Spread Lime on Affected Area
	Used Generator to Power Pumps/	Equipment	☐ Public Notification
			Other:
	:		
	Reported By		
	supervision in accordance with a s the information submitted. Based directly responsible for gathering	system designed to assure to on my inquiry of the perso the information, the inform te. I am aware that there a	tachments were prepared under my direction or that qualified personnel properly gather and evaluate on or persons who manage the system, or those person nation submitted is, to the best of my knowledge and re significant penalties for submitting false information g violations.
	Name: Jimmie B. Johns Title: Deputy Director		
	Title: Deputy Director Phone: 479 784-2231 (
	Email a Copy of jjohnson@fsark		
	This Report to the Email Address:		
	Equilibrium Coo.		
	Additional Comments:		
	The second of th		
ome	Staff Dir	ectory	ADEO
bout This Site		rganization &	ARKANSAS
bout ADEQ		el Charts	Department of Environmental Quality
ADEQ WEBSITE USER	Arkansa: Financia	s.gov I Transparency	5301 Northshore Drive
EXPERIENCE SURVEY	Got Con		North Little Rock, AR 72118-5317

A-Z Topic Index

ome / Divisions / Water / Enforcement /	SSO Confirmation			
Water Division	CONFIRMATION	NUMBER		
Resource Library	49373502-b3aa-40e1-b5c	7-ab485659630e		
Enforcement	(NOTE: You will need this number sh	ould you ever need to contact AD	EQ concerning this report) The following	information has been sent.
Forms and Instructions	Date/Time Overflow Range	a		-
Enforcement Analysts	*Date Overflow Began:	•	2/15/2016	
enforcement Analysis	*Time:		7:10 pm	
Compliance Reporting (Self-Monitoring Requirements)	Date Overflow Ended: Time:	•	2/15/2016 8:20 pm	
NetDMR	Encility/Downit Information			
NetDMR Training Schedule	• Facility/Permit Information • Facility Name: P Street			
Noncompliance Reporting (24-Hour Notice Required)	*Permit Number: AR0033	278		
SSO Online Reporting Form	Location Information Provide address and manhole nu	mber if numbered. Include where t	he overflow went into a yard, ditch, stream	, storm sewer, building, or
SSO Reported Incident Data Search	other. Be specific as possible. 3204 North 27th Street, P001-0		, , ,	
Wastewater Operator Licensing				
Program	Description of Problem (ch	eck all items that apply) Cause of Overflow		_
Operator Training and Certification Exam	Type of Overflow Manhole Overflow	□ & I - Rainfall	□ Constru	ction
Schedule	Lift Station Overflow	Roots	□Vandalis	im
Licensed Operators	☐ Main Line Overflow	□Grease	☐ Power F	ailure
Licensing Committee	Service Line Overflow	☐ Debris	Line Fail	ure/Break
	☑ Other: Not apparent	☐Equipment Fa	illure Other:	
			ItCCO OIttttttt	
	Volume of Overflow:		Impact of SSO Overflow Incident SSO Reached Receiving Water (riv	rer.stream)
	700			
	Environmental Damage (ch	neck all items that apply)		
	OEHC - Observed or Evider	nce of Human Contact	☐ EFK - Evidence of Fish Kill Manh	ole
	OEEI - Observed or Eviden		☑ NEAH - No Evidence of Adverse Impact	Health/Environmental
	Action Taken (check all ite	me that apply)		_
	·	, including clean-up and any plans t	o remediate I & I.	
	Machine Rodded		☑ Disinfected and Deodorized	
	☑ Jet-Vac		Hydro Cleaned	
	☐ Hand Rodded		Spread Lime on Affected Area	
	Used Generator to Power	Pumps/Equipment	☐ Public Notification	
	,		Other:	
	Reported By			
	"I certify" under penalty of supervision in accordance v the information submitted directly responsible for gat belief, true, accurate, and	with a system designed to ass . Based on my inquiry of the p hering the information, the in	Il attachments were prepared unde ure that qualified personnel properl erson or persons who manage the s formation submitted is, to the best tre are significant penalties for subm owing violations.	y gather and evaluate system, or those persons of my knowledge and
	Name: Jimmie	8. Johnson		
		Director of Systems		•
	ŧ.	-2231 (0		
	Email a Copy of jjohnson This Report to the Email Address:	n@fsark.com		
	—Additional Comments:	- 10 10 10 10 10 10 10 10 10 10 10 10 10		g
	Last States of the same of the same of the same of		The state of the s	
Hama	•	taff Directory	Λ)FO
Home About This Site		DEQ Organization &		<u> </u>
About ADEQ		ersonnel Charts	A R K Department of	A N S A S Environmental Quality
	A	irkansas.gov	5301 North	share Drive
ADEQ WEBSITE USER EXPERIENCE SURVEY	F	inancial Transparency		Rock, AR 72118-5317

ns / Water / Enforcement /			
rision	CONFIRMATION N	UMBER	
prary	564dd8c1-b6a0-4ed8-bb90-c6	b2932ecc98	
nent	(NOTE: You will need this number should yo	ou ever need to contact ADEQ concern	ning this report) The following information has been
Instructions	-Date/Time Overflow Range		
nent Analysts	*Date Overflow Began:		2/15/2016
	*Time:		9:20 pm
pliance Reporting Monitoring Requirements)	Date Overflow Ended:	1	2/15/2016
	Time:		
	Facility/Permit Information		
Training Schedule	*Facility Name: P Street		
empliance Reporting our Notice Required)	Permit Number: AR0033278		
e Reporting Form	Location Information		
orted Incident Data Search	Provide address and manhole number if other. Be specific as possible.	numbered. Include where the overflow	went into a yard, ditch, stream, storm sewer, building, o
orted incident Data Search	3122 North 27th Street, P001-0510 to	0500 ward	
vater Operator Licensing n	-Description of Problem (check all		The second secon
r Training and Certification Exam	Type of Overflow	Cause of Overflow	
2	☐ Manhole Overflow	□1 & I - Rainfall	☐ Construction
perators	Lift Station Overflow	Roots	□Vandalism
Committee	☐ Main Line Overflow	Grease	Power Failure
	Service Line Overflow	☐ Debris	Line Failure/Break
			Other:
	☐ Other:	□Equipment Failure	□Other:
	Volume of Overflow:	1 ———	ndere e. e
		1 ———	ndere e. e
	Volume of Overflow:	1 ———	ndere e. e
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	Volume of Overflow: 5 Environmental Damage (check all	Impac 450-0 items that apply) man Contact □ EFF	ct of SSO Overflow Incident Accorded act Treatment Plant \$50 #\$
	Volume of Overflow: 5	Impac 450-0 items that apply) man Contact □ EFF	et of SSO Overflow Incident Octorred at Freatment Plant C-Evidence of Fish Kill Manhole AH - No Evidence of Adverse Health/Environmental
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(A-Z Topic
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Vater Division	CONFIRMATIO	N NUMBER		
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mforeson t	ca0e1530-5dbc-47f4-88			
nforcement		should you ever need to contact ADEQ	concerning this report) The followi	ng information has been sent.
ms and Instructions	Date/Time Overflow Ran *Date Overflow Began:	nge ·		
orcement Analysts	*Time:		2/16/2016 12:45 pm	
mpliance Reporting	Date Overflow Ended:		2/16/2016	
elf-Monitoring Requirements)	Time:		1:30 pm	
DMR	- Facility/Permit Informati	on.		
DMR Training Schedule	*Facility Name: P Stre			
ncompliance Reporting		33278		
-Hour Notice Required)				
Online Reporting Form	Location Information			-
Reported Incident Data Search	other. Be specific as possible.	number if numbered. Include where the or	verflow went into a yard, ditch, strea	m, storm sewer, building, or
stowates Occuptor IV 1	311 North 41st Street, P007-	0780 to 0770, yard		
stewater Operator Licensing gram	Description of Problem (c	heck all items that apply)		
ator Training and Certification Exam	Type of Overflow	Cause of Overflow		
lule	Manhole Overflow	□ I & I - Rainfall	□Constr	
sed Operators	☐ Lift Station Overflow ☐ Main Line Overflow	Roots	□Vanda	
sing Committee	Service Line Overflow	□Grease ☑Debris	□Power	
	Other:	☐ Equipment Failure		ailure/Break
		— Equipment range	□Other:	
	Volume of Overflow:		Impact of SSO Overflow Incident	
	225		SSO Affected Private Property (g	round)
	r-Environmental Damage (с	heck all items that apply)		
	OEHC - Observed or Evide	ence of Human Contact	☐ EFK - Evidence of Fish Kill Man	hole
	OEEI - Observed or Evider	nce of Environmental Impact	☑ NEAH - No Evidence of Adverse Impact	: Health/Environmental
	Action Taken (check all ite	ms that apply)		
	Short term and long-term action	n, including clean-up and any plans to remo	ediate I & I.	
	☐ Machine Rodded		☑ Disinfected and Deodorized	
	Jet-Vac		Hydro Cleaned	
,	☐ Hand Rodded ☐ Used Generator to Power	Down of Carrie and	Spread Lime on Affected Area Public Notification	
	Sed Generator to Power	Pumps/Equipment	Other:	
	1			
	Reported By		The second of the second	
	"I certify" under penalty of	law that this document and all atta	ichments were prepared unde	r my direction or
	the information submitted directly responsible for gat belief, true, accurate, and o	with a system designed to assure the Based on my inquiry of the person hering the information, the informa complete. I am aware that there are fine and imprisonment for knowing	at qualified personnel properl or persons who manage the s ation submitted is, to the best e significant penalties for subm	y gather and evaluate system, or those persons
		B. Johnson		
	1	Director of Systems		
		-2231 ੴ n@fsark.com		
	This Report to the Email Address:	1913-0 K.COM		
	Additional Comments:	and desires and a second action of the second and the second actions and the second actions are second as the second action as the second action as the second action action as the second action acti		and the state of t
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				A-Z Topic I
me / Divisions / Water / Enforcement /	SSO Confirmation			
Water Division	CONFIRMATI	ON NUMBER		
esource Library	712f9774-d4ed-4263	-9f53-c6c87f61b141		
inforcement		nber should you ever need to contact ADE	Q concerning this report) The fo	ollowing information has been sent.
orms and Instructions	Date/Time Overflow			
forcement Analysts	*Date Overflow Began:	•	2/18/2016	
	•Time:		9:36 am	
ompliance Reporting Self-Monitoring Requirements)	Date Overflow Ended:	•	2/18/2016	:
etDMR	ume:		9:50 am	
ntDMR Training Schedule	-Facility/Permit Inform	mation		
STATE THE SELECTION	i	Street		
oncompliance Reporting 24-Hour Notice Required)	*Permit Number: A	R0033278		
	Location Information			
O Online Reporting Form	Provide address and mani other. Be specific as possi	nole number if numbered. Include where the	e overflow went into a yard, ditch	, stream, storm sewer, building, or
O Reported Incident Data Search	2600 Dallas Circle, MC05			
astewater Operator Licensing	B		The second of th	
rogram	Type of Overflow	m (check all items that apply) Cause of Overflow		
erator Training and Certification Exam redule	☑ Manhole Overflow	☐1 & I - Rainfall		Construction
ensed Operators	Lift Station Overflow	Roots		Vandalism
nsing Committee	Main Line Overflow	☑Grease		Power Failure
	Service Line Overflo	-		Line Failure/Break
	¹ □ Other:	□Equipment Failu	ure 🔲	Other:
	Volume of Overflow:		Impact of SSO Overflow Inc	ident
	28		SSO Reached Receiving Wa	ater (river,stream)
	Environmental Dama	ge (check all items that apply)		
		Evidence of Human Contact	☐ EFK - Evidence of Fish Ki	l Manhole
		vidence of Environmental Impact	☑ NEAH - No Evidence of A	dverse Health/Environmental
			Impact	
	;Action Taken (check a			7
	·	action, including clean-up and any plans to n	_	
	☑ Machine Rodded ☐ Jet-Vac		☑ Disinfected and Deodori	ted
چور يني ره مومان مد	☐ Hand Rodded	grande grande e e	☐ Hydro Cleaned ☐ Spread Lime on Affected	en a en
	_	ower Pumps/Equipment	☐ Public Notification	Alea
			Other:	
		the later day come at a second section to a second section and the second section sect		
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	"I certify" under penal	ty of law that this document and all a	attachments were prepared	under my direction or
	the information submi	nce with a system designed to assure tted. Based on my inquiry of the pers	son of nersons who manage	the system or those persons
	. directly responsible to	r gathering the information, the infor and complete. I am aware that there	rmation submitted is to the	hart of my knowledge and
	including the possibilit	y of fine and imprisonment for know	ing violations.	sustaining rease transferred,
		nmie B. Johnson	•	
	•	puty Director of Systems 9 784-2231 रू		!
		9 784-2231 (G hnson@fsark.com		
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	Email Address:			
	Additional Comments:			

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Construction	•
Vandalism	1
□ Power Failure □ Line Failure/Break	
」Line rallure/Break □ Other:	i F
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Kill Manhole	,
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i	lome / Divisions / Water / Enforcement / S	SO Confirmation					
	Water Division	CONFIRMAT	TION NUMB	ER			
•	Resource Library	6f24faca-ca63-411	5-af81-e9470b38a	e21			
	Enforcement	(NOTE: You will need this r	number should you ever no	eed to contact ADEQ co	oncerning this report) Th	e following info	ormation has been sent.
-	Forms and Instructions	Date/Time Overflo	ow Range				
-	Enforcement Analysts	*Date Overflow Began	n:		2/19/2016		
	Consultance Bounding	*Time:	_		8:00 am		
	Compliance Reporting (Self-Monitoring Requirements)	Date Overflow Ended: Time:	,		2/19/2016 8:45 am		
-	NetDMR						
-	NetDMR Training Schedule	Facility/Permit Inf					
		*Facility Name:	P Street				
	Noncompliance Reporting (24-Hour Notice Required)	*Permit Number:	AR0033278				
	SSO Online Reporting Form	Location Informati	ion ranhole number if numbere	d Include where the ow	h brev e otni tnow wolfre	litch stream str	orm sawar huilding or
L	SSO Reported Incident Data Search	other. Be specific as po	ossible.	a. merade where the ove	ernow went into a yara, o	itai, saeam, sta	onn sewer, banding, or
	Markovskar On arctar Linearing	: 3409 Houston Street,	. P009-2290, yard		\$100 1 0 M 100 100 100 100		
	Wastewater Operator Licensing Program	Description of Pro	blem (check all items t	hat apply)			
-	Operator Training and Certification Exam	Type of Overflow Manhole Overflo	_	ause of Overflow		☐ Construction	_
_	Schedule	Lift Station Over		Roots		Vandalism	n
_	Licensed Operators	☐ Main Line Overfi		☑Grease		Power Failur	re
	Licensing Committee	Service Line Ove		Debris		Line Failure/	
		Other:		☐Equipment Failure		Other:	
					100000		
		Volume of Overflov 225	v:		impact of SSO Overflov SSO Occurred at Treat	incident ment Plant	SCO 455
		225			-		SSO ASS
		Environmental Dar	mage (check all items t	hat apply)			11.000
		OEHC - Observed	d or Evidence of Human Cor	ntact	☐ EFK - Evidence of Fis	h Kill Manhole	
		OEEI - Observed	or Evidence of Environmen	tal Impact	☑ NEAH - No Evidence Impact	of Adverse Heal	lth/Environmental
		Action Taken (chec	ck all items that apply)				
		Short term and long-te	erm action, including clean-u	ip and any plans to reme	ediate I & I.		
		☐ Machine Rodded	1		☑ Disinfected and Deo	dorized	
		☑ Jet-Vac			☐ Hydro Cleaned		
· full war in the last		☐ Hand Rodded	The act of the sec		Spread Lime on Affe	cted Area	- 92 - 92 2
		Used Generator	to Power Pumps/Equipmer	nt	Dublic Notification Other:		
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		supervision in acco the information sul directly responsible belief, true, accura	enalty of law that this do rdance with a system do bmitted. Based on my if e for gathering the infor- te, and complete. I am bility of fine and imprise	lesigned to assure the nquiry of the person rmation, the informa aware that there are	nat qualified personner or persons who mare ation submitted is, to e significant penalties	el properly ga nage the syste the best of m	ther and evaluate em, or those persons ny knowledge and
		Name:	Jimmie B. Johnson	SSITE IOI KIIOWIIIE	, tiolations.		
		Title:	Deputy Director of System	ms			
		Phone:	479 784-2231 to				
		Email a Copy of This Report to the Email Address:	jjohnson@fsark.com				
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Resource Library	-		
En Consequent	94022e92-5747-40da-883d-26		
Enforcement	_	you ever need to contact ADEC	concerning this report) The following information has been ser
Forms and Instructions	Date/Time Overflow Range		
Enforcement Analysts	*Time:		2/22/2016 10:55 am
Compliance Reporting (Self-Monitoring Requirements)	Date Overflow Ended: Time:	1	2/22/2016 12:10 pm
NetDMR	Forth 18		and the state of t
NetDMR Training Schedule	Facility/Permit Information		
Noncompliance Reporting (24-Hour Notice Required)	•Facility Name: P Street •Permit Number: AR0033278	district and the same of the s	
SSO Online Reporting Form	Location Information		
SSO Reported Incident Data Search	Provide address and manhole number in other. Be specific as possible.	if numbered. Include where the	overflow went into a yard, ditch, stream, storm sewer, building, or
	8801 Jennylind Road, Z007-0110, Dito	:h	
Wastewater Operator Licensing Program	Description of Problem (check a	Il items that apply)	
Operator Training and Certification Exam	Type of Overflow	Cause of Overflow	
Schedule	Manhole Overflow	□ I & I - Rainfall	Construction
Licensed Operators	Lift Station Overflow Main Line Overflow	□Roots ☑ Grease	□Vandalism
Licensing Committee	Service Line Overflow	© Grease ☐ Debris	□ Power Failure □ Line Failure/Break
	Other:	☐ Equipment Failur	
	Volume of Overflow:		Impact of SSO Overflow Incident SSO Reached Receiving Water (river, stream)
	□ OEHC - Observed or Evidence of E	Ruman Contact	☐ EFK - Evidence of Fish Kill Manhole ☑ NEAH - No Evidence of Adverse Health/Environmental
	Action Taken (check all items tha	et apply)	Impact
	Short term and long-term action, includi	ing clean-up and any plans to rer	mediate I & I.
	☑ Machine Rodded		☑ Disinfected and Deodorized
nga na sanga na na	☐ Jet-Vac ☐ Hand Rodded	-, -,	Hydro Cleaned
	Used Generator to Power Pumps/	'Equipment	Spread Lime on Affected Area □ Public Notification □ Other:
	· Reported By		* ***
	the information submitted. Based directly responsible for gathering	system designed to assure to on my inquiry of the perso the information, the inforn te. I am aware that there a	tachments were prepared under my direction or that qualified personnel properly gather and evaluate on or persons who manage the system, or those persons nation submitted is, to the best of my knowledge and re significant penalties for submitting false information, ig violations.
	Name: Jimmie B. Johns		
	Title: Deputy Director		
	Phone: 479 784-2231 to Email a Copy of jjohnson@fsark		
	. This Report to the Email Address:		
	The same of the state of the st		
	Additional Comments:		
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ne / Divisions / Water / Enforcement /						
Vater Division	CONFIRMA	TION NU	MBER			
source Library	ccc61a2d-75dc-45	if7-96fa-4c8f6r	de15cd6			
nforcement	(NOTE: You will need this	number should you	ever need to contact ADEQ c	oncerning this report) Th	he following information has b	een sent.
rms and Instructions	Date/Time Overf	low Range				
forcement Analysts	*Date Overflow Beg	an:		2/22/2016		
	*Time:			9:30 am		
ompliance Reporting elf-Monitoring Requirements)	Date Overflow Ender	1:	•	2/22/2016 9:50 am		
DMR	<u>L</u>		- Programme and the state of th	3.30 dill		
DMR Training Schedule	Facility/Permit In					-
	*Facility Name: *Permit Number:	P Street AR0033278				
oncompliance Reporting 4-Hour Notice Required)		AN0033276		·		
O Online Reporting Form	Location Informa					
O Reported Incident Data Search	Provide address and i other. Be specific as p	manhole number if nu rossible.	imbered. Include where the ov	erflow went into a yard, o	ditch, stream, storm sewer, build	ling, or
	820 North 35th Stree	et, P008-0290 to 028	80, yard			
/astewater Operator Licensing rogram	-Description of Pro	oblem (check all it	ems that apply)			
perator Training and Certification Exam	Type of Overflow Manhole Overf	1	Cause of Overflow		n .	
nedule	Lift Station Ove		□ I & I - Rainfall ☑ Roots		☐ Construction ☐ Vandalism	
ensed Operators	Main Line Over		☑ Grease		Power Failure	
ensing Committee	Service Line Ov	erflow	Debris		Line Failure/Break	
	☐ Other:		☐ Equipment Failure		Other:	
	Volume of Overflo	w:		Impact of SSO Overflow	w Incident	
	40			SSO Affected Private P		
	Environmental Da					
		ed or Evidence of Hum		☐ EFK - Evidence of Fis	6 1711 aa- t-1-	
		or Evidence of Envir		_	of Adverse Health/Environmen	ital
				Impact		
	Action Taken (che	ck all items that a	ipply)			
	· _		clean-up and any plans to rem	ediate I & I.		
	✓ Machine Rodde	đ		☑ Disinfected and Deo	dorized	
. The second sec	Hand Rodded			☐ Hydro Cleaned ☐ Spread Lime on Affe	cted Area	$s = s_0$
		to Power Pumps/Eq	uloment	☐ Public Notification	cied Alea	
				Other:		
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	"I certify" under po	enalty of law that	this document and all atta	chments were prepa	red under my direction or el properly gather and evalu	
	the information su	ıbmitted. Based or	n my inquiry of the persor	or persons who man	nage the system, or those p	ersons
	belief, true, accura	ite, and complete.	I am aware that there are	significant penalties	the best of my knowledge for submitting false inform	and nation,
	Name:	limmie B. Johnson	mprisonment for knowing	violations.		
	Title:	Deputy Director of				
	Phone:	479 784-2231 to				
	Email a Copy of This Report to the	jjohnson@fsark.co	rm			
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					** ** ** ** * * * * * * *	
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Water Division	CONFIRMAT	ION NUMBER	
Resource Library	- 0c6f679e-736d-486d	I-b045-551b1b24aab3	
Enforcement	(NOTE: You will need this nu	mber should you ever need to contact ADE	Q concerning this report) The following information has been sent.
Forms and Instructions	Date/Time Overflov	Range	
Enforcement Analysts	*Date Overflow Began:		2/23/2016
Chron cernetic Analysis	*Time:		2:22 pm
Compliance Reporting (Self-Monitoring Requirements)	Date Overflow Ended: Time:	•	2/23/2016 2:57 pm
NetDMR			
NetDMR Training Schedule	• Facility/Permit Infor	mation Street	7
		AR0033278	
Noncompliance Reporting (24-Hour Notice Required)	1	a and the second of controls	
SSO Online Reporting Form	Location Information		
SSO Reported Incident Data Search	Provide address and mar other. Be specific as poss	hole number if numbered. Include where th ible.	e overflow went into a yard, ditch, stream, storm sewer, building, or
330 Hebotted Middelte Bata Scalett	8312 Meadow Drive, ZO	07-1790 to 1780, yard	
Wastewater Operator Licensing	Description of Probl	em (check all items that apply)	79
Program	Type of Overtiow	Cause of Overflow	
Operator Training and Certification Exam Schedule	Manhole Overflow		☐ Construction
Licensed Operators	Lift Station Overflo		☐ Vandalism
Licensing Committee	. ☐ Main Line Overflow ☑ Service Line Overfl		☐ Power Failure
•	Other:	ow ∟Debris □Equipment Fail	☐ Line Failure/Break
	i oule.	шедиринени ган	are Lone.
	Volume of Overflow:		Impact of SSO Overflow incident
	35	to see the contract of the con	SSO Affected Private Property (ground)
	. Environmental Dam	age (check all items that apply)	
		r Evidence of Human Contact	EFK - Evidence of Fish Kill Manhole
	_	Evidence of Environmental Impact	☑ NEAH - No Evidence of Adverse Health/Environmental
	1		Impact
	Action Taken (check	all items that apply)	7
	_	action, including clean-up and any plans to	;
	☑ Machine Rodded		☑ Disinfected and Deodorized
man ya digeneral sa	Jet-Vac		☐ Hydro Cleaned ☐ Spread Lime on Affected Area
	, Hand Rodded	Power Pumps/Equipment	☐ Public Notification
	□ Osed Generator to	rower rumps/equipment	☐ Other:
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		alty of law that this document and all	attachments were prepared under my direction or
	 supervision in accord 	ance with a system designed to assur	re that qualified personnel properly gather and evaluate rson or persons who manage the system, or those persons
	directly responsible f	or gathering the information, the info	ormation submitted is, to the best of my knowledge and a are significant penalties for submitting false information,
		ity of fine and imprisonment for know	
	Name: J	immie B. Johnson	
	i	Deputy Director of Systems	
		79 784-2231 📢 ohnson@fsark.com	9
	This Report to the	annong isa k.com	į
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	Additional Comment	s:	-1
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/ater Division	CONFIRMATION N	IUMBER		
source Library	111c1e51-82ad-44f4-a750-4	:Oacafa5333		
nforcement	(NOTE: You will need this number should	you ever need to contact ADEQ co	ncerning this report)	The following information has been se
rms and Instructions	- Date/Time Overflow Range			
orcement Analysts	*Date Overflow Began:		2/25/2016	
or continue value y sea	*Time:		4:25 pm	
mpliance Reporting	Date Overflow Ended:	•	2/25/2016	
elf-Monitoring Requirements)	Time:		5:02 pm	
DMR	Sample (1977) 1. Francis and the state of the sample of th			to me and the management of the spin amount has a man
DMR Training Schedule	Facility/Permit Information			
NWK Hammig Schedule	*Facility Name: P Street			
ncompliance Reporting	*Permit Number: AR0033278			
-Hour Notice Required)		the sale of the sale of the sale of the		11 15 15 15 15 15 15 15 15 15 15 15 15 1
Online Reporting Form	-Location Information			
	Provide address and manhole numbe other. Be specific as possible.	r if numbered. Include where the ove	rflow went into a yard,	ditch, stream, storm sewer, building, or
Reported Incident Data Search	4504 North Street, FL02-1380 to 13	70 ditch		
astewater Operator Licensing	, 1301 HOLLI SHEEL, FLUX-1360 IO 13	· · · · · · · · · · · · · · · · · · ·		
ogram	Description of Problem (check	all items that apply)		
erator Training and Certification Exam	Type of Overflow	Cause of Overflow		
edule	☐ Manhole Overflow	🗆 I & I - Rainfall		☐ Construction
nsed Operators	Lift Station Overflow	✓ Roots		□Vandalism
	☐ Main Line Overflow	Grease		☐ Power Failure
ensing Committee	Service Line Overflow	Debris		Line Failure/Break
	☐ Other:	Equipment Failure		☐ Other:
	Volume of Overflow:		Impact of SSO Overflo	w Incident ng Water (river,stream)
	21			
	Environmental Damage (check	all items that apply)		
	OEHC - Observed or Evidence of	Human Contact	☐ EFK - Evidence of F	ish Kill Manhole
	OEEI - Observed or Evidence of			e of Adverse Health/Environmental
	G OLLI - OBSETTER OF EVIDENCE OF		Impact	e of Adverse Health/Environmental
	Action Taken (check all items t	nat apply)		
	Short term and long-term action, inclu	ding clean-up and any plans to remed	diate I & I.	
	✓ Machine Rodded		Disinfected and De	odorized
	☑ Machine Rodded		☑ Disinfected and De	odorized
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Martina Color Color	☐ Jet-Vac ☐ Hand Rodded	- san on a single singl	Hydro Cleaned	
en euro e u u u u en en en en	☐ Jet-Vac	s/Equipment	☐ Hydro Cleaned ☐ Spread Lime on Aff	
	☐ Jet-Vac ☐ Hand Rodded	s/Equipment	Hydro Cleaned Spread Lime on Aff	
	☐ Jet-Vac ☐ Hand Rodded	s/Equipment	Hydro Cleaned Spread Lime on Aff	
	☐ Jet-Vac ☐ Hand Rodded ☐ Used Generator to Power Pump	s/Equipment	Hydro Cleaned Spread Lime on Aff Public Notification	ected Area
	☐ Jet-Vac ☐ Hand Rodded ☐ Used Generator to Power Pump Reported By "I certify" under penalty of law: supervision in accordance with the information submitted. Bas directly responsible for gatherin	s/Equipment that this document and all attat a system designed to assure the don my inquiry of the person g the information, the information lete. I am aware that there are	Hydro Cleaned Spread Lime on Aff Public Notification Other: chments were prepat qualified persons or persons who mation submitted is, t	ected Area
	□ Jet-Vac □ Hand Rodded □ Used Generator to Power Pump Reported By "I certify" under penalty of law is supervision in accordance with the information submitted. Base directly responsible for gatherin belief, true, accurate, and compincluding the possibility of fine a	s/Equipment hat this document and all attat a system designed to assure the don my inquiry of the person g the information, the information lete. I am aware that there are nd imprisonment for knowing	Hydro Cleaned Spread Lime on Aff Public Notification Other: chments were prepat qualified persons or persons who mation submitted is, t	ared under my direction or lel properly gather and evaluate nage the system, or those person the best of my knowledge and
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	□ Jet-Vac □ Hand Rodded □ Used Generator to Power Pump "I certify" under penalty of law 's upervision in accordance with the information submitted. Base directly responsible for gatherin belief, true, accurate, and compincluding the possibility of fine Shame: Name: Jimmie B. Joh Title: Deputy Direct Phone: 479 784-2231	s/Equipment that this document and all attace a system designed to assure the don my inquiry of the person- g the information, the informat lete. I am aware that there are nd imprisonment for knowing and or of Systems to	Hydro Cleaned Spread Lime on Aff Public Notification Other: chments were prepat qualified persons or persons who mation submitted is, t	ared under my direction or lel properly gather and evaluate nage the system, or those person the best of my knowledge and
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	□ Jet-Vac □ Hand Rodded □ Used Generator to Power Pump Reported By "I certify" under penalty of law! supervision in accordance with the information submitted. Base directly responsible for gatherin belief, true, accurate, and compincluding the possibility of fine a Name: Name: Jimmile B. John Titte: Deputy Direct 479 784-2231 Email a Copy of jjohnson@fsa	s/Equipment that this document and all attace a system designed to assure the don my inquiry of the person- g the information, the informat lete. I am aware that there are nd imprisonment for knowing and or of Systems to	Hydro Cleaned Spread Lime on Aff Public Notification Other: chments were prepat qualified persons or persons who mation submitted is, t	ared under my direction or lel properly gather and evaluate nage the system, or those person the best of my knowledge and



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Enforcement	(NOTE: You will need this number should information has been sent.	d you ever need to contac	: ADEQ concerning this report) The fo	llowing		
Forms and Instructions						
Enforcement Analysts	Date/Time Overflow Range *Date Overflow Began:		2/17/2016) 2/27//	16 5		
Compliance Reporting (Self-Monitoring Requirements)	*Time: Date Overflow Ended: Time:		12:54 pm 2/27/2016 5:00 pm			
NetDMR			the statement of the st			
NetDMR Training Schedule	Facility/Permit Information			-		
Noncompliance Reporting (24-Hour Notice Required)	Name: *Permit AR0033278 Number:					
SSO Online Reporting Form	Location Information					
SSO Reported Incident Data Search	•	er if numbered. Include whe pecific as possible.	re the overflow went into a yard, ditch	, stream,		
Wastewater Operator Licensing Program	, 1601 South V Street, MC02-0760, st	torm drain				
	Description of Problem (check	all items that apply)				
Operator Training and Certification Exam Schedule	Type of Overflow	Cause of Overflow	п .			
Licensed Operators	✓ Manhole Overflow ☐ Lift Station Overflow	∐ I & I - Rainfall ☑ Roots	☐ Construction ☐ Vandalism			
Licensing Committee	☐ Main Line Overflow	Grease	Power Failure			
	Service Line Overflow	☐ Debris	Line Failure/Break			
	Other:	Equipment Failure	Other:	to the section of the section		
	Volume of	lm	pact of SSO Overflow Incident			
	Overflow:	ss	O Reached Receiving Water (river,stre	eam)		
	. 2460					
	- Environmental Damage (check	all items that apply)		**		
	OEHC - Observed or Evidence of		EFK - Evidence of Fish Kill Manhole			
	. OEEI - Observed or Evidence of Environmental Impact		☑ NEAH - No Evidence of Adverse Health/Environmental Impact			
	- Action Taken (check all items that apply)					
	Short term and long-term action, incl	uding clean-up and any pla	ns to remediate I & I.			
	☐ Machine Rodded		Disinfected and Deodorized	•		
	√ Jet-Vac		Hydro Cleaned			
	Hand Rodded		Spread Lime on Affected Area			
	Used Generator to Power Pumps/Equipment		☐ Public Notification			
	:		Other:			

Reported By

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Water Division	CONFIRMATION 1	NUMBER					
Resource Library	434c95f9-2854-496b-b720-l	526f9190cb14					
Enforcement	(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.						
Forms and Instructions							
Enforcement Analysts	Date/Time Overflow Range *Date Overflow Began:		2/28/2016				
Compliance Reporting	*Time:		5:15 am				
(Self-Monitoring Requirements)	Date Overflow Ended:		2/28/2016 6:34 am				
	Tîme:						
NetDMR							
NetDMR Training Schedule	Facility/Permit Information						
. 3	*Facility P Street						
Noncompliance Reporting	Name:						
(24-Hour Notice	*Permit AR0033278 Number:						
Required)							
SSO Online Reporting.Form	Location Information		~				
SSO Reported Incident Data Search	Provide address and manhole numb storm sewer, building, or other. Be s	er if numbered. Include who specific as possible.	ere the overflow went into a yard, ditch, stream,				
Wastewater Operator Licensing Program	2121 Towson Avenue, MC02-0695	, storm drain					
	Description of Problem (checl	k all items that apply)					
Operator Training and Certification Exam Schedule	Type of Overflow	Cause of Overflow					
Lineared Operators	☑ Manhole Overflow	🗌 I & I - Rainfall	☐ Construction				
Licensed Operators	Lift Station Overflow	☑ Roots	☐ Vandalism				
Licensing Committee	Main Line Overflow	☐ Grease	Power Failure				
	Service Line Overflow	☑ Debris	Line Failure/Break				
	Other:	☐ Equipment Failure	Other:				
	Volume of		Impact of SSO Overflow Incident				
	Overflow:		SSO Reached Receiving Water (river, stream)				
	, 375	- //					
•	Environmental Damage (check all items that apply)						
	OEHC - Observed or Evidence of Human		EFK - Evidence of Fish Kill Manhole				
	Contact		☑ NEAH - No Evidence of Adverse				
	OEEI - Observed or Evidence of Environmental Impact		Health/Environmental Impact				
	Action Taken (check all items	that apply)					
	Short term and long-term action, inc	cluding clean-up and any pla	ns to remediate I & I.				
	☑ Machine Rodded		☑ Disinfected and Deodorized				
	☐ Jet-Vac		☐ Hydro Cleaned				
	☐ Hand Rodded		Spread Lime on Affected Area				
	Used Generator to Power		Public Notification				
	Pumps/Equipment		Other				

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Water Division	CONFIRMATION	NUMBER								
Resource Library	43e00198-9c10-48cc-9a1e-	4dc1c5327f37								
Enforcement	(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.									
Forms and Instructions	Data Maria Carlo									
Enforcement Analysts	- Date/Time Overflow Range		- 1 1							
	*Date Overflow Began: *Time:		2/28/20	16						
Compliance Reporting (Self-Monitoring	Date Overflow Ended:		9:46 am 2/28/2016							
Requirements)	Time:		11:50 am							
NetDMR	The state of the s									
NetDMR Training Schedule	Facility/Permit Information			-						
recount righting seriedale	*Facility P Street									
Noncompliance Reporting	Name:									
(24-Hour Notice Required)	' *Permit AR0033278 Number:									
SSO Online Reporting Form	Location Information	**************************************		and the second s						
SSO Reported Incident Data Search	Provide address and manhole numl	per if numbered. Include v	where the overflo	ow went into a yard, ditch, stream,						
	storm sewer, building, or other. Be specific as possible.									
Wastewater Operator Licensing Program	927 Adelaide Avenue, P008-2310	, building								
Operator Training and Certification	- Description of Problem (chec	k all items that apply	·)							
Exam Schedule	Type of Overflow Manhole Overflow	Cause of Overflow		Па:						
Licensed Operators	: Lift Station Overflow	☐ Roots		Construction						
Licensing Committee	Main Line Overflow	Grease		☐ Vandalism						
Edonaling committee	Service Line Overflow	☐ Grease		☐ Power Failure						
	Other:	☐ Equipment Fails	 ire	Line Failure/Break						
	Volume of Overflow: : 125		Impact of SSO Overflow Incident							
			SSO Affected Private Property (ground)							
	123									
	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 & 1.				
☑ Machine Rodded ☐ Jet-Vac ☐ Hand Rodded		☐ Disinfected and Deodorized ☐ Hydro Cleaned ☐ Spread Lime on Affected Area								
				☐ Used Generator to Power Pumps/Equipment		Public Notification				
						☐ Other:				

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Water Division	CONFIRMATION N	IUMBER				
Resource Library	ea944d7a-d231-4c57-b317-f	fc33dbcd8d8				
Enforcement	(NOTE: You will need this number should information has been sent.	d you ever need to contac	t ADEQ concerning this report) The following			
Forms and Instructions	D. 1. 17 0 0 0 0					
Enforcement Analysts	- Date/Time Overflow Range *Date Overflow Began:		2/28/2016			
Compliance Reporting (Self-Monitoring Requirements)	*Time:		2:00 pm			
	Date Overflow Ended:		2/28/2016			
	Time:	3:10 pm				
NetDMR	- April - Apri		THE STATE OF THE S			
NetDMR Training Schedule	Facility/Permit Information *Facility P Street					
Noncompliance Reporting (24-Hour Notice Required)	Name:					
	*Permit AR0033278					
	Number:					
SSO Online Reporting Form	Location Information					
SSO Reported Incident Data Search	Provide address and manhole number storm sewer, building, or other. Be s	er if numbered. Include who pecific as possible.	ere the overflow went into a yard, ditch, stream,			
Wastewater Operator Licensing Program	4217 South 22nd Street,MC08-071	0 to 0690, storm drain				
Operator Training and Certification	Description of Problem (check	all items that apply)		4.4		
Exam Schedule	Type of Overflow	Cause of Overflow				
Licensed Operators	☐ Manhole Overflow	1&1-Rainfall	☐ Construction			
	Lift Station Overflow	☑ Roots	☐ Vandalism			
Licensing Committee	☑ Main Line Overflow	Grease	Power Failure			
	Service Line Overflow	☑ Debris	Line Failure/Break			
* .	Other:	Equipment Failure	Other:			
	Volume of	In	Impact of SSO Overflow Incident			
	Overflow:	SS	SSO Reached Receiving Water (river, stream)			
	. 70					
	· 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 t	that apply)				
	: Short term and long-term action, incl	uding clean-up and any pla	ns to remediate (&).			
	☑ Machine Rodded		$oxedsymbol{oxtime}$ Disinfected and Deodorized			
	☐ Jet-Vac		Hydro Cleaned			
	☐ Hand Rodded		☐ Spread Lime on Affected Area			
	Used Generator to Power Pumps/Equipment		☐ Public Notification ☐ Other:			

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