

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 about a manhole lid being off. Cause and amount of overflow is unknown
AR0021750	S007-0590	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 determined. Tied service to new sewer.
TOTAL					7	1511						
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 5 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 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 Circle	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	Z007-0110	8801 Jennyland 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	MC08-0710 to 0690	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						

16-0048

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Program](#)**CONFIRMATION NUMBER****1331f7c3-02be-4922-8e70-0ddab491e499**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/2/2016
 *Time: 2:25 pm
 Date Overflow Ended: 2/2/2016
 Time: 3:10 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.

4313 South 89th Street, M002-0230, ditch

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 checked="" 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:

225

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
☐ 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 & 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@fsark.com

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Arkansas Wastewater Licensing Committee

CONFIRMATION NUMBER

419a36c9-2600-41ea-8c36-0a356a326e37

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/12/2016
 *Time: 12:50 pm
 Date Overflow Ended: 2/12/2016
 Time: 12:51 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.

South 65th and Kindead Avenue, S002-0070, Creek

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: unknown

Volume of Overflow:
 1

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
☐ 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@fsark.com

Additional Comments:

Found evidence of overflow after customer called in about a manhole lid being off. Cause and amount of overflow is unknown.

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Program**[Wastewater Operator Training and
Certification Exam Schedule](#)[Licensed Wastewater Operators](#)[Arkansas Wastewater Licensing Committee](#)**CONFIRMATION NUMBER****142969b8-5180-4870-a470-fa021225e571**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/15/2016
 *Time: 11:30 am
 Date Overflow Ended: 2/15/2016
 Time: 12:32 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.

1931 Churchill Road, S007-0590, ditch

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 checked="" 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:
620

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 tp
 Email a Copy of This Report to the Email Address: jjohnson@fsark.com

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Date/Time Overflow Range

*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:

AR0033278- 21750 JBT

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.

3205 South 93rd Circle, M001-1390 to 1380, 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:

350

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

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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@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

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Name:

Steve Parke

Title:

Director of Utilities

Phone:

479-784-2231

Email a Copy of This Report to the Email Address:

jjohnson@fortsmithar.gov

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Program**[Operator Training and Certification Exam
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(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/26/2016
 *Time: 9:50 am
 Date Overflow Ended: 2/26/2016
 Time: 3:30 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.

1820 North 50th Street, Near S007-2995 to 2993, ditch

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 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 checked="" type="checkbox"/> Other: May be from abandoned sewer line	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other: abandoned sewer line

Volume of Overflow:

200

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
☐ 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: Set up by-pass pumping

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@fsark.com

Additional Comments:

Set up by-pass pumping until source of sewer can be determined and corrected.

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Compliance Activities
(Self-Monitoring
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(24-Hour Notice
Required)Wastewater Operator
Licensing Program

CONFIRMATION NUMBER

31257325-9d5d-48be-b3e0-e58b1381e5f4

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/1/2016
 *Time: 8:55 am
 Date Overflow Ended: 2/1/2016
 Time: 10:10 am

Facility/Permit Information

*Facility P Street
 Name:
 *Permit AR0033278
 Number:

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.

1314 Highway 71 South, MC06-1630 to 1620, Storm drain

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 type="checkbox"/> Main Line Overflow	<input checked="" 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: 150

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 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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Name: Jimmie B. Johnson
 Title: Deputy Director of Systems
 Phone: (479) 784-2231
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16-0047

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20c798ae-d501-479a-90c9-47c5ce18bcee

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

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, 2005-0210 to 0200, 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:
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
☐ EFK - Evidence of Fish Kill Manhole
☐ OEEL - 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 & 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: repair

Reported By




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16-0046

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Water Division

Enforcement

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CONFIRMATION NUMBER

067f184d-dbe2-4031-b33c-f149e648f6ae

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/2/2016
 *Time: 9:14 am
 Date Overflow Ended: 2/2/2016
 Time: 10:44 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.

2825 Kendall Avenue, Z003-1400 to 1390, building

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 checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" 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:

270

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 & 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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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)

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

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Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

479 784-2231

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jjohnson@fsark.com

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16-0049

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Water Division

Enforcement

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CONFIRMATION NUMBER

a6251df0-9d19-478f-bf35-883ce903749f

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/3/2016
 *Time: 9:00 am
 Date Overflow Ended: 2/3/2016
 Time: 9:08 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0093278

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.

4422 South 29th Street, MC07-1060 to 1050, ditch

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 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:
24

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
☐ 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 & 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: Repair scheduled

Reported By




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Program](#)**CONFIRMATION NUMBER**

bee54bab-7019-4d3a-81c7-c401eed320db

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/4/2016
 *Time: 2:42 pm
 Date Overflow Ended: 2/4/2016
 Time: 3:25 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.

445 North 36th Street, P008-1760, 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:
43

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
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(Self-Monitoring Requirements)**Noncompliance Reporting**
(24-Hour Notice Required)**Wastewater Operator Licensing**
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(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/4/2016
 *Time: 10:20 am
 Date Overflow Ended: 2/4/2016
 Time: 1:15 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.

2400 South S Street, P006-2544 to 2540, 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:
 80

Impact of SSO Overflow Incident
 SSO Occurred at Treatment Plant

*SSO Affected Private Property***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: repair**Reported By**




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Enforcement

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(24-Hour Notice Required)Wastewater Operator Licensing
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a0c5789c-c9f2-44ff-9c36-ebfaf1ee6348

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/5/2016
 *Time: 9:24 pm
 Date Overflow Ended: 2/5/2016
 Time: 10:30 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.

4800 Towson Avenue, MC04-0290 to 0280, storm drain

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 type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input checked="" 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:

212

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

☐ DEHC - Observed or Evidence of Human Contact
☐ DEEL - 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




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Name: Jimmie B. Johnson
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aa4fe8a6-43e2-4793-ab7b-eacc8d2b22f4

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Date/Time Overflow Range

*Date Overflow Began: 2/8/2016
 *Time: 3:20 pm
 Date Overflow Ended: 2/9/2016
 Time: 3:00 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.

4803 South 32 Street, 2001-3150 to 3140, 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 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:
1420

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 & 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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Program**[Wastewater Operator Training and
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Date/Time Overflow Range

*Date Overflow Began: 2/10/2016
 *Time: 5:25 pm
 Date Overflow Ended: 2/10/2016
 Time: 7:15 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.

3015 Russell Street, W001-1110 to 1100, 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 type="checkbox"/> Main Line Overflow	<input checked="" 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:

SSO

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 & 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
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Date/Time Overflow Range

*Date Overflow Began: 2/15/2016
 *Time: 7:10 pm
 Date Overflow Ended: 2/15/2016
 Time: 8:20 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.

3204 North 27th Street, P001-0510 to 0500, Ditch

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 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 checked="" type="checkbox"/> Other: Not apparent	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:

700

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
☐ 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



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Name: Jimmie B. Johnson
 Title: Deputy Director of Systems
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564dd8c1-b6a0-4ed8-bb90-c6b2932ecc98

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Date/Time Overflow Range

*Date Overflow Began: 2/15/2016
*Time: 9:20 pm
Date Overflow Ended: 2/15/2016
Time:

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.

3122 North 27th Street, P001-0510 to 0500, 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 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:
5

Impact of SSO Overflow Incident
SSO Occurred at Treatment Plant

SSO Affected Private Property

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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

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This overflow was resolved when responding to an overflow at 3204 South 27th Street.

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ca0e1530-5dbc-47f4-8800-3cd465df9a23

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report.) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/16/2016
 *Time: 12:45 pm
 Date Overflow Ended: 2/16/2016
 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.

311 North 41st Street, P007-0780 to 0770, 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:
 225

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 & 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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(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/18/2016
 *Time: 9:36 am
 Date Overflow Ended: 2/18/2016
 Time: 9:50 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.

2600 Dallas Circle, MCC05-3340, ditch

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:

28

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
☐ 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




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6f24faca-ca63-4115-af81-e9470b38ae21

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Date/Time Overflow Range

*Date Overflow Began: 2/19/2016
 *Time: 8:00 am
 Date Overflow Ended: 2/19/2016
 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.

3409 Houston Street, P009-2290, 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:

225

Impact of SSO Overflow Incident

~~SSO Occurred at Treatment Plant~~*SSO Affected Private property JBT***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**

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Name: Jimmie B. Johnson

Title: Deputy Director of Systems

Phone: 479 784-2231 tp

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Date/Time Overflow Range

*Date Overflow Began: 2/22/2016
 *Time: 10:55 am
 Date Overflow Ended: 2/22/2016
 Time: 12:10 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.

8801 Jenny Lind Road, 2007-0110, Ditch

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:
 150

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
☐ 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:

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ccc61a2d-75dc-45f7-96fa-4c8f6de15cd6

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Date/Time Overflow Range

*Date Overflow Began: 2/22/2016
 *Time: 9:30 am
 Date Overflow Ended: 2/22/2016
 Time: 9:50 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.

820 North 35th Street, P008-0290 to 0280, 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:
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
☐ 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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 Title: Deputy Director of Systems
 Phone: 479 784-2231
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(24-Hour Notice Required)**[SSO Online Reporting Form](#)[SSO Reported Incident Data Search](#)**Wastewater Operator Licensing
Program**[Operator Training and Certification Exam
Schedule](#)[Licensed Operators](#)[Licensing Committee](#)**CONFIRMATION NUMBER****0c6f679e-736d-486d-b045-551b1b24aab3**

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Date/Time Overflow Range

*Date Overflow Began: 2/23/2016
 *Time: 2:22 pm
 Date Overflow Ended: 2/23/2016
 Time: 2:57 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.

8312 Meadow Drive, 2007-1790 to 1780, 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:

35

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 & 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:

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Program**[Operator Training and Certification Exam
Schedule](#)[Licensed Operators](#)[Licensing Committee](#)**CONFIRMATION NUMBER****111c1e51-82ad-44f4-a750-4c0acafa5333**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/25/2016
 *Time: 4:25 pm
 Date Overflow Ended: 2/25/2016
 Time: 5:02 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.

4504 North Street, FL02-1380 to 1370, ditch

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 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:

27

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
☐ 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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CONFIRMATION NUMBER**dca925f3-f21d-4bb5-9790-54d5c12351b7**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range***Date Overflow Began:*****Time:****Date Overflow Ended:****Time:**

2/17/2016

12:54 pm

2/27/2016

5:00 pm

2/27/16

JB5

Facility/Permit Information***Facility**

P Street

Name:***Permit**

AR0033278

Number:**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 V Street, MC02-0760, 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:**

2460

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☐ 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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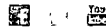
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CONFIRMATION NUMBER**434c95f9-2854-496b-b720-b26f9190cb14**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/28/2016
 *Time: 5:15 am
 Date Overflow Ended: 2/28/2016
 Time: 6:34 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.

2121 Towson Avenue, MC02-0695, storm drain

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 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 checked="" 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:

375

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 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

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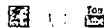
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43e00198-9c10-48cc-9a1e-4dc1c5327f37

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Date/Time Overflow Range

*Date Overflow Began: 2/28/2016
*Time: 9:46 am
Date Overflow Ended: 2/28/2016
Time: 11:50 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.

927 Adelaide Avenue, P008-2310, building

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 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:

125

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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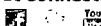
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CONFIRMATION NUMBER

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(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 2/28/2016
 *Time: 2:00 pm
 Date Overflow Ended: 2/28/2016
 Time: 3:10 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.

4217 South 22nd Street, MC08-0710 to 0690, storm drain

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 checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input checked="" type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input checked="" 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:

70

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 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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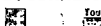
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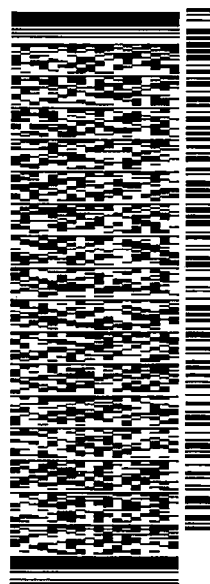
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2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.