

24-Hour Sanitary Sewer Overflow Report

SSO ID#: E139C1EA-FC99-436C-A5F4-D3D0D85076A4

Date Sent: 1/2/2016

SSO  Bypass  Upset  Unpermitted Discharge

2 JB)

Facility Permit Number:

AR0021750

Facility name:

Massard

Date Overflow Began:

1/2/2016

Time:

1:10 pm

Date Overflow Ended:

1/2/2016

Time:

1:10 pm

Location:

8900 Meandering Way, M002-0230, river

(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, b

Type of Overflow

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

(Enter overflow type if not listed)

Volume:

1

(Give an estimate in gallons)

Impact of SSO Event:

SSO Reached Receiving Water (river,stream)

Cause of Overflow

- I & I - Rainfall
- Roots
- Grease
- Debris
- Equipment Failure
- Construction
- Vandalism
- Power Failure
- Line Failure/Break
- Other Cause:

Action Taken - Check all 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: Describe

Environmental Damage

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

Reported By Jimmie B. Johnson

Title Deputy Director of Systems

Telephone Number (479) 784-2231

Additional Comments if Needed:

The manhole

Email a Copy of This Report to the Email Address:

jjohnson@fsark.com

**CONFIRMATION NUMBER**

**E975DE49-713A-43CA-A4AC-F4DEE2261990**

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

**The following information has been sent.**

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**24-Hour Sanitary Sewer Overflow Report**

**SSO ID#:** E975DE49-713A-43CA-A4AC-F4DEE2261990  
**Date Sent:** 1/5/2016

SSO  Bypass  Upset  Unpermitted Discharge  
Facility Permit Number:  
Date Overflow Began:  
Date Overflow Ended:  
Location:

**AR0021750**  
**1/5/2016**  
**1/5/2016**

Facility name:  
Time:  
Time:

**Massard**  
**12:00 pm**  
**1:25 pm**

**9209 Bryn Mawr Circle, Z004-0340, Ditch**

*(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm.)*

**Type of Overflow**

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

*(Enter overflow type if not listed)*

**Volume: 425**

*(Give an estimate in gallons)*

**Impact of SSO Event: SSO Reached Receiving Water (river,stream)**

**Cause of Overflow**

- I & I - Rainfall
- Roots
- Grease
- Debris
- Equipment Failure
- Construction
- Vandalism
- Power Failure
- Line Failure/Break
- Other Cause:

**Action Taken - Check all 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: Describe

**Environmental Damage**

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

Reported By **Jimmie B. Johnson**

Title **Deputy Director of Systems**

Telephone Number **(479) 784-2231**

Additional Comments if Needed:

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

813C7E6E

Date/Time Overflow Range

\*Date Overflow Began:

1/9/2016

\*Time:

10:55 am

Date Overflow Ended:

1/9/2016

Time:

1:00 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.

9600 Apple Gate Drive, M001-0700, 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:

625

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.

Home / Divisions / Water / Enforcement / SSO Confirmation

**Water Division**

**Enforcement**

Enforcement Analysts

**SSO Online Reporting Form**

SSO Data Search

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**a226dd9c-d182-4726-9559-76f3fed73512**

(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: 1/11/2016  
 \*Time: 4:35 pm  
 Date Overflow Ended: 1/11/2016  
 Time: 5:55 pm

**Facility/Permit Information**

\*Facility Name: Massard WWTP  
 \*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.  
 8206 Colony Ln. Manhole: 1200 Basin: Z006

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

- |  |  |   |
|--|--|---|
| <b>Type of Overflow</b>                              | <b>Cause of Overflow</b>                   |   |
| <input checked="" type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall  | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow       | <input type="checkbox"/> Roots             | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow          | <input type="checkbox"/> Grease            | <input type="checkbox"/> Power Failure      |
| <input type="checkbox"/> Service Line Overflow       | <input 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:  
 160

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)**

Date/Time Overflow Range

\*Date Overflow Began:

1/13/2016

\*Time:

10:40 am

Date Overflow Ended:

1/13/2016

Time:

11:45 am

Facility/Permit Information

\*Facility Name:

Massard WWTP

\*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.

1608 Burnham Rd. Basin S004 USMH 0220 DSMH 0210

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:

30

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:

Home / Divisions / Water / Enforcement / SSO Confirmation

**Water Division**

**Enforcement**

Enforcement Analysts

**SSO Online Reporting Form**

[SSO Data Search](#)

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**593dd667-b39f-428e-a1e6-3d51529234b6**

(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: 1/29/2016  
 \*Time: 11:25 am  
 Date Overflow Ended: 1/29/2016  
 Time: 2:20 pm

**Facility/Permit Information**

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

**Location Information**

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

4313 South 89th Street, M002-0240, yard

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

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input 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: 975

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

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

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

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

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

<input 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:

Home / Divisions / Water / Enforcement / SSO Confirmation

**Water Division**

**Enforcement**

Enforcement Analysts

**SSO Online Reporting Form**

[SSO Data Search](#)

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**195e6d1d-fc95-4f31-b020-046d15c3cd09**

(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:	1/29/2016
*Time:	11:05 am
Date Overflow Ended:	1/29/2016
Time:	2:20 pm

**Facility/Permit Information**

*Facility Name:	Massard
*Permit Number:	AR0021750

**Location Information**

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

4301 South 89th Street, M002-0240 to 0230, building

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

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input 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:

<b>Volume of Overflow:</b>	<b>Impact of SSO Overflow Incident</b>
195	SSO Affected Private Property (ground)

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

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

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

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

<input 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:

## Date/Time Overflow Range

\*Date Overflow Began:

1/30/2016

\*Time:

1:00 pm

Date Overflow Ended:

1/30/2016

Time:

2:07 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.

Massard and Adam Drive, M004-1050, 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:

67

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.



## Date/Time Overflow Range

\*Date Overflow Began:

1/30/2016

\*Time:

8:30 am

Date Overflow Ended:

1/30/2016

Time:

10:21 am

## Facility/Permit Information

\*Facility Name:

Massard

\*Permit Number:

AR0021750

## Location Information

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

1931 Churchhill Road, S007-0590, 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:

555

## 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 &amp; I.

Water Division

Enforcement

Enforcement Analysts

SSO Online Reporting Form

SSO Data Search

Compliance Activities  
(Self-Monitoring  
Requirements)

Noncompliance Reporting  
(24-Hour Notice  
Required)

Wastewater Operator  
Licensing Program

## CONFIRMATION NUMBER

**57a6cade-eea3-4530-8ed9-155ab75c9884**

(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:	1/28/2016
*Time:	4:32 pm
Date Overflow Ended:	1/28/2016
Time:	5:25 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.

5913 Chippewa Terrace, S002-0880, yard

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

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

Volume of  
Overflow:  
265

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:

Home / Divisions / Water / Enforcement / SSO Confirmation

Water Division

Enforcement

Enforcement Analysts

SSO Online Reporting Form

SSO Data Search

Compliance Activities  
(Self-Monitoring  
Requirements)

Noncompliance Reporting  
(24-Hour Notice  
Required)

Wastewater Operator  
Licensing Program

CONFIRMATION NUMBER

73d2a392-d4e9-4ce6-9b24-fc9d3cfdd0e6

(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: 1/26/2016  
 \*Time: 11:00 am  
 Date Overflow Ended: 1/26/2016  
 Time: 11:40 am

Facility/Permit Information

\*Facility Name: Massard  
 \*Permit Number: AR0033278  
 AR0021750 JBJ

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.  
 2717 Waldron Road, S004-0520 to 0510, 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 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: 260  
 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: repair

**CONFIRMATION NUMBER**

**C538C51C-44FC-4A32-A4D7-480A02478BE5**

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

**The following information has been sent.**

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**24-Hour Sanitary Sewer Overflow Report**

**SSO ID#:** C538C51C-44FC-4A32-A4D7-480A02478BE5  
**Date Sent:** 1/5/2016

SSO  Bypass  Upset  Unpermitted Discharge  
Facility Permit Number:  
Date Overflow Began:  
Date Overflow Ended:  
Location:

**AR0033278**  
**1/4/2016**  
**1/4/2016**

Facility name:  
Time:  
Time:

**P Street**  
**2:30 pm**  
**4:30 pm**

*JBJ*  
*12:41 PM*

**8311 Hermitage Drive, Z006-1210 to 1200, Ditch**

*(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm .*

**Type of Overflow**

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

*(Enter overflow type if not listed)*

**Volume: 687**

*(Give an estimate in gallons)*

**Impact of SSO Event: SSO Reached Receiving Water (river,stream)**

**Cause of Overflow**

- I & I - Rainfall
- Roots
- Grease
- Debris
- Equipment Failure
- Construction
- Vandalism
- Power Failure
- Line Failure/Break
- Other Cause:

**Action Taken - Check all 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
- Other: Describe
- Disinfected and Deodorized
- Hydro Cleaned
- Spread Lime on Affected Area
- Public Notification

**Environmental Damage**

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

Reported By **Jimmie B. Johnson**

Title **Deputy Director of Systems**

Telephone Number **(479) 784-2231**

Additional Comments if Needed:

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

CONFIRMATION NUMBER

5DE380A1-D2F0-4583-A54E-BF03F9C10410

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

The following information has been sent.

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24-Hour Sanitary Sewer Overflow Report

SSO ID#: 5DE380A1-D2F0-4583-A54E-BF03F9C10410
Date Sent: 1/5/2016

SSO Bypass Upset Unpermitted Discharge
Facility Permit Number:
Date Overflow Began:
Date Overflow Ended:
Location:

AR0033278
1/4/2016
1/4/2016

Facility name:
Time:
Time:

P Street
1:20 pm
4:30 pm

8305 Hermitage Drive, Z006-1210 to 1200, Ditch

(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm.

Type of Overflow

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

(Enter overflow type if not listed)

Volume: 570

(Give an estimate in gallons)

Impact of SSO Event: SSO Reached Receiving Water (river,stream)

Cause of Overflow

- I & I - Rainfall
Roots
Grease
Debris
Equipment Failure
Construction
Vandalism
Power Failure
Line Failure/Break
Other Cause:

Action Taken - Check all 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
Other: Describe
Disinfected and Deodorized
Hydro Cleaned
Spread Lime on Affected Area
Public Notification

Environmental Damage

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

Reported By Jimmie B. Johnson

Title Deputy Director of Systems

Telephone Number (479) 784-2231

Additional Comments if Needed:

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

**CONFIRMATION NUMBER**

**80C24958-FBEE-4EEE-97B3-48E51DD0F066**

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

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**24-Hour Sanitary Sewer Overflow Report**

**SSO ID#:** 80C24958-FBEE-4EEE-97B3-48E51DD0F066

**Date Sent:** 1/5/2016

SSO  Bypass  Upset  Unpermitted Discharge

Facility Permit Number:

**AR0033278**

Facility name:

**P Street**

Date Overflow Began:

**1/4/2016**

Time:

**9:45 am**

Date Overflow Ended:

**1/4/2016**

Time:

**11:50 am**

Location:

**2122 Carthage Street, MC05-1820, Ditch**

*(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm.)*

**Type of Overflow**

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

*(Enter overflow type if not listed)*

**Volume:**

**375**

*(Give an estimate in gallons)*

**Impact of SSO Event:**

**SSO Reached Receiving Water (river,stream)**

**Cause of Overflow**

- I & I - Rainfall
- Roots
- Grease
- Debris
- Equipment Failure
- Construction
- Vandalism
- Power Failure
- Line Failure/Break
- Other Cause:

**Action Taken - Check all 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: Describe

**Environmental Damage**

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

Reported By **Jimmie B. Johnson**

Title **Deputy Director of Systems**

Telephone Number **(479) 784-2231**

Additional Comments If Needed:

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

Home / Divisions / Water / Enforcement / SSO Confirmation

**Water Division**

**Enforcement**

Enforcement Analysts

[SSO Online Reporting Form](#)

[SSO Data Search](#)

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**a9bfbe41-059c-4688-b023-246b6c22b7af**

(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:	1/11/2016
*Time:	7:30 pm
Date Overflow Ended:	1/11/2016
Time:	8:45 pm

**Facility/Permit Information**

*Facility Name:	P Street WWTP
*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.

9430 Jenny Lind Rd Manhole: 0580

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

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

<b>Volume of Overflow:</b>	<b>Impact of SSO Overflow Incident</b>
375	SSO Reached Public Land Only (ground)

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

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

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

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**Water Division**

**Enforcement**

Enforcement Analysts

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**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**c4a66309-705b-419f-b173-711b062e42c9**

(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: 1/12/2016  
 \*Time: 5:00 pm  
 Date Overflow Ended: 1/13/2016  
 Time: 10:47 am

**Facility/Permit Information**

\*Facility Name: P Street WWTP  
 \*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.

1023 North 13th St. Basin: P005 USMH: 1310 DSMH: 1290 Line Failure

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

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

Volume of  
Overflow:  
1080

Impact of SSO Overflow Incident  
Basement Backup

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

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



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**Water Division**

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SSO Data Search

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

## CONFIRMATION NUMBER

**93af16f9-0c90-4cd1-9b34-70eefa08bd78**

(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:	1/12/2016
*Time:	12:00 pm
Date Overflow Ended:	1/12/2016
Time:	8:00 pm

**Facility/Permit Information**

*Facility Name:	P Street WWTP
*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.

2316 North 28th Basin: P004 USMH: 0330 DSMH: 0320

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

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

Volume of  
Overflow:  
480

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

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

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

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

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**Water Division**

**Enforcement**

Enforcement Analysts

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[SSO Data Search](#)

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

## CONFIRMATION NUMBER

**a99fa7fb-a27a-4294-b5b1-b5771b2ce8da**

(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:	1/13/2016
*Time:	5:00 pm
Date Overflow Ended:	1/13/2016
Time:	6:00 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.

North 2nd Street and North B Street, P002-0500 to 0490, paved area

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

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input 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:  
60

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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**Water Division**

**Enforcement**

Enforcement Analysts

**SSO Online Reporting Form**

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**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**ed7799db-4d63-4b01-b668-8da28c60539b**

(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: 1/13/2016  
 \*Time: 12:01 pm  
 Date Overflow Ended: 1/13/2016  
 Time: 1:45 pm

**Facility/Permit Information**

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

**Location Information**

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.  
 432 North 35th Street, P006-1470, 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 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: 520  
 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:

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**Water Division**

**Enforcement**

Enforcement Analysts

**SSO Online Reporting Form**

SSO Data Search

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**77aa872b-e343-4343-826b-f7b91ed75323**

(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:	1/18/2016
*Time:	9:00 am
Date Overflow Ended:	1/18/2016
Time:	11:00 am

**Facility/Permit Information**

*Facility Name:	P Street
*Permit Number:	AR0033278

**Location Information**

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

432 North 35th Street, P008-1470, paved area

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

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input 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:  
600

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 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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**Water Division**

**CONFIRMATION NUMBER**

**Enforcement**

**c385288f-48a0-4491-adc3-bbd8c67404e7**

Enforcement Analysts

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

[SSO Online Reporting Form](#)

[SSO Data Search](#)

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**Date/Time Overflow Range**

*Date Overflow Began:	1/19/2016
*Time:	9:17 am
Date Overflow Ended:	1/19/2016
Time:	9:17 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.

4607 Irene, FL01-0820 to 0800, yard

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

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

Volume of Overflow:	Impact of SSO Overflow Incident
1	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 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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Water Division

## CONFIRMATION NUMBER

Enforcement

5137b0f1-c522-4521-970b-8aca4c0cde6b

Enforcement Analysts

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

SSO Online Reporting Form

SSO Data Search

Compliance Activities  
(Self-Monitoring  
Requirements)

Noncompliance Reporting  
(24-Hour Notice  
Required)

Wastewater Operator  
Licensing Program

### Date/Time Overflow Range

*Date Overflow Began:	1/20/2016
*Time:	1:50 pm
Date Overflow Ended:	1/20/2016
Time:	1:55 pm

### Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

### Location Information

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

6015 Boys Club Lane, Z002-0850, yard

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

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

Volume of  
Overflow:

1

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

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

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

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

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

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

ADEQ offices are closed today, Jan. 22, 2016, due to inclement weather. All on-site meetings have been canceled.

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Home / Divisions / Water / Enforcement / SSO Confirmation

Water Division

## CONFIRMATION NUMBER

Enforcement

**830131b0-370d-458b-b308-3cb7778eabf4**

Enforcement Analysts

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

[SSO Online Reporting Form](#)

[SSO Data Search](#)

Compliance Activities  
(Self-Monitoring Requirements)

**Date/Time Overflow Range**

*Date Overflow Began:	1/21/2016
*Time:	1:40 pm
Date Overflow Ended:	1/21/2016
Time:	6:30 pm

Noncompliance Reporting  
(24-Hour Notice Required)

**Facility/Permit Information**

*Facility Name:	P Street
*Permit Number:	AR0033278

Wastewater Operator  
Licensing Program

**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.

3219 North J Street, P009-0090 to 0070, building

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

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input 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:	Impact of SSO Overflow Incident
100	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 type="checkbox"/> Machine Rodded	<input type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input checked="" type="checkbox"/> Other: repair

ADEQ offices are closed today, Jan. 22, 2016, due to inclement weather. All on-site meetings have been canceled.

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**Water Division**

**Enforcement**

Enforcement Analysts

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**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**9d1fde46-f1b0-485f-b10e-2aaccd886ea7**

(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:	1/21/2016
*Time:	7:41 pm
Date Overflow Ended:	1/21/2016
Time:	8:41 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.

4112 South 16th Street, MC06-2100, paved area

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

<b>Type of Overflow</b>	<b>Cause of Overflow</b>	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input 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:

300

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 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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**Water Division**

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**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**3e1c3368-6bda-440c-8f41-8ed99c58cf74**

(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:	1/21/2016
*Time:	10:05 am
Date Overflow Ended:	1/21/2016
Time:	10:05 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.  
5800 Boys Club Lane, Z001-0770, creek

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

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

Volume of Overflow:	Impact of SSO Overflow Incident
1	

**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 type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

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

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

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

Home / Divisions / Water / Enforcement / SSO Confirmation

**Water Division**

**Enforcement**

Enforcement Analysts

**SSO Online Reporting Form**

SSO Data Search

**Compliance Activities  
(Self-Monitoring  
Requirements)**

**Noncompliance Reporting  
(24-Hour Notice  
Required)**

**Wastewater Operator  
Licensing Program**

**CONFIRMATION NUMBER**

**575572e2-61fd-4100-8459-805b3f27021c**

(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: 1/23/2016  
 \*Time: 2:30 pm  
 Date Overflow Ended: 1/23/2016  
 Time: 3:45 pm

**Facility/Permit Information**

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

**Location Information**

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

5812 Jenny Lind Road, Z001-0685, paved area *0690 JB*

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

- |  |  |   |
|--|--|---|
| <b>Type of Overflow</b>                              | <b>Cause of Overflow</b>                   |   |
| <input checked="" type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall  | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Lift Station Overflow       | <input type="checkbox"/> Roots             | <input type="checkbox"/> Vandalism          |
| <input type="checkbox"/> Main Line Overflow          | <input 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: 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 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:                                |

Monthly SSO Report January 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	8900 Meandering Way	Massard Creek	1	I & I - Rainfall	1	Manhole	01/01/2016	1/1/2016	1:10 PM	1:10 PM	Comments: The manhole was under flood water, could not observe what happened. When the water receded, it was obvious that some sewer had released, but there was no way to determine how much.
AR0021750	Z004-0340	9209 Bryn Mawr Circle	Ditch	85	Grease	425	Manhole	01/05/2016	1/5/2016	12:00 PM	1:25pm	Machine Rodded, Disinfected and Deodorized
AR0021750	M001-0700	9600 Apple Gate Drive	yard	125	Grease	625	Manhole	01/09/2016	1/9/2016	10:55 AM	1:00 pm	Jet-Vac, Disinfected and Deodorized
AR0021750	Z006-1200	8206 Colony Ln.	yard	80	Debris	160	Manhole	01/11/2016	1/11/2016	4:35 PM	5:55 PM	Machine Rodded, Disinfected and Deodorized
AR0021750	S004-0220 to 0210	1608 Burnham Rd.	yard	30	Roots, Debris	30	Service line	01/13/2016	1/13/2016	10:40 AM	11:10 AM	Jet-Vac, Disinfected and Deodorized
AR0021750	M002-0240	4313 South 89th Street	yard	195	Roots, Grease	975	Manhole	01/29/16	1/29/2016	11:05 AM	2:20 PM	Jet-Vac, Disinfected and Deodorized
AR0021750	M002-0240 to 0230	4301 South 89th Street	building	195	Roots, Grease	195	Service line	01/29/16	1/29/2016	11:05 AM	2:20 PM	Jet-Vac, Disinfected and Deodorized
AR0021750	M004-1050	Massard and Adam Drive	storm drain	67	Grease	67	Manhole	01/30/2016	1/30/2016	1:00pm	2:07 PM	Jet-Vac, Disinfected and Deodorized
AR0021750	S007-0590	1931 Churchhill Road	ditch	111	Roots, Grease	555	Manhole	01/30/2016	1/30/2016	8:30 AM	10:21 AM	Machine Rodded, Disinfected and Deodorized
AR0021750	S002-0880	5913 Chippewa Terrace	yard	53	Roots	265	Manhole	01/28/16	1/28/2016	4:32 PM	5:25 PM	Machine Rodded, Disinfected and Deodorized
AR0021750	S004-0520 to 0510	2717 Waldron Road	yard	260	Line Failure	260	Service line	01/26/16	1/26/2016	11:00 AM	11:40 AM	Jet-Vac, Disinfected and Deodorized, repair
TOTAL					11	3558						
AR0033278	Z006-1210 to 1200	8311 Hermitage Drive	Ditch	229	Roots, Grease	687	Service Line	01/04/2016	1/4/2016	12:41 PM	4:30 PM	Machine Rodded, Vet-Vac, Disinfected and Deodorized
AR0033278	Z006-1210 to 1200	8305 Hermitage Drive	Ditch	190	Roots, Grease	570	Service Line	01/04/2016	1/4/2016	1:20 PM	4:30 PM	Machine Rodded, Vet-Vac, Disinfected and Deodorized
AR0033278	MC05-1820	2122 Carthage Street	Ditch	123	Roots, Grease	375	Manhole	01/04/2016	1/4/2016	9:45 AM	11:50 AM	Machine Rodded
AR0033278	Z005-0580	9430 Jenny Lind Rd Manhole	Paved Area	75	Roots, Grease	375	Manhole	01/11/2016	1/11/2016	7:30 PM	8:45 PM	Machine Rodded, Disinfected and Deodorized
AR0033278	P005-1310 to 1290	1023 North 13th Street	building	1080	Line Failure	1080	Service Line	01/12/2016	1/13/2016	5:00 PM	10:47 AM	repaired, Disinfected and Deodorized
AR0033278	P004-0330 to 0320	2316 North 28th Basin	yard	480	Line Failure	480	Mainline	01/12/2016	1/12/2016	12:00 PM	8:00 PM	repaired, Disinfected and Deodorized
AR0033278	P002-0500 to 0490	North 2nd Street and North B Street	paved area	60	Roots, Grease	60	Service Line	01/13/2016	1/13/2016	5:00 PM	6:00 PM	Machine Rodded, Disinfected and Deodorized
AR0033278	P006-1470	432 North 35th St.	storm drain	104	Roots	520	Manhole	01/13/2016	1/13/2016	12:01 PM	1:45 PM	Machine Rodded, Disinfected and Deodorized
AR0033278	P008-1470	432 North 35th Street	paved area	120	Grease	600	Manhole	01/18/2016	1/18/2016	9:00 AM	11:00 AM	Jet-Vac, Disinfected and Deodorized
AR0033278	FL01-0820 to 0800	4607 Irene	yard	1	I & I Rainfall	1	Service Line	01/19/2016	1/19/2016	9:17 AM	9:17 AM	Disinfected and Deodorized
AR0033278	Z002-0850	6015 Boys Club Lane	yard	1	I & I Rainfall	1	Manhole	01/20/2016	1/20/2016	1:50 AM	1:55 AM	Disinfected and Deodorized
AR0033278	P009-0090 to 0070	3219 North J Street	building	290	Line Failure	100	Service Line	01/21/2016	1/21/2016	1:40 PM	6:30 PM	Repaired, Disinfected and Deodorized
AR0033278	MC06-2100	4112 South 16th Street	paved area	60	Grease	300	Manhole	01/21/2016	1/21/2016	7:41 PM	8:41 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	Z001-0770	5800 Boys Club Lane	creek	1	I & I Rainfall	1	Manhole	01/21/2016	1/21/2016	10:05 AM	10:05 AM	Disinfected and Deodorized
AR0033278	Z001-0690	5812 Jenny Lind Road	paved area	75	Grease	375	Manhole	01/23/2016	1/23/2016	2:30 PM	3:45 PM	Jet-Vac, Disinfected and Deodorized
TOTAL					15	5525						

ORIGIN ID:FSMA (479) 784-2330  
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CITY OF FORT SMITH  
3800 KELLEY HIGHWAY

FORT SMITH, AR 72904  
UNITED STATES US

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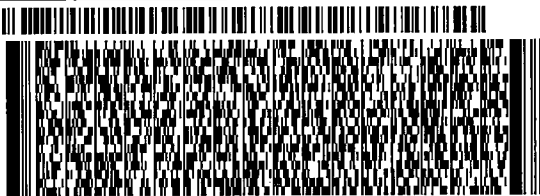
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