

Monthly SSO Report May 2016

Permit Number	Manhole Number	Location	Receiving Water	Duration Min	Cause	(Gallons)	Component	Started	Stopped	Started	Stopped	Steps Taken
AR0033278	Z005- 0760	9300 Jenny Lind RD	Ditch	160	Debris	16000	SSO Reached	05/02/2016	05/02/16	3:00 PM	6:00 PM	Machine Rodded, Disinfected and deodorized
AR0033278	Z005 -0560 to 0550	2500 Glen Flora Way	Storm Drain	360	Line Failure	5000	SSO Reached	05/02/2016	05/02/16	8:40 AM	2:40 PM	Machine Rodded, Disinfected and deodorized
AR0033278	P009-2901 to 2900	1718 S. 29th Street	Yard	240	Roots	1535	SSO Reached	05/06/2016	05/06/2016	2:21 PM	6:21 PM	Machine Rodded, Disinfected and deodorized
AR0033278	S005 - 1520 to 1510	5424 Speaker Street	Yard	50	Roots	250	SSO Reached	05/13/2016	05/13/2016	8:40 PM	9:40 PM	Machine Rodded, Disinfected and deodorized
AR0033278	P006 - 1315 to 1310	2520 South 22 Street	Yard	105	Grease	575	SSO Reached	05/15/2016	05/15/2016	6:45 PM	8:45 PM	Machine Rodded, Disinfected and deodorized
AR0033278	S009 - 1340 to 1330	2513 North 41st	Yard	510	Roots	50	SSO Reached	05/18/2016	05/18/2016	8:15 AM	4:00 PM	Machine Rodded, Disinfected and deodorized
Total						23410						

AR0021750	EQ Basin	5601 Jenny Lind Road	Yard	2	Other	1000	SSO Reached	05/04/2016	05/04/2016	11:30 AM	11:32 AM	Machine Rodded, Disinfected and deodorized
AR0021750	EQ Basin	5601 Jenny Lind Rd	Yard	2	Other	1000	SSO Reached	05/04/2016	05/04/2016	9:00 AM	9:20 AM	Machine Rodded, Disinfected and deodorized
AR0021750	FC02 - 0720 to 0710	12001 Ward	Ditch	163	Roots	1630	SSO Reached	05/13/2016	05/13/2016	11:30 AM	2:30 PM	Machine Rodded, Disinfected and deodorized
AR0021750	Z001 - 1090 to 1040	5917 South 26 Circle	Stream	312	Line Failure	1560	SSO Reached	05/13/2016	05/13/2016	9:43 AM	2:55 PM	Machine Rodded, Disinfected and deodorized
AR0021750	HP01 - 0500 to 0490	3220 Village Road	Building	105	Grease	525	Basement Back	5/26/2016	05/26/16	8:40 PM	10:25 PM	Machine Rodded, Disinfected and deodorized
AR0021750	Z001 - 1030 to 1040	5917 South 26 Circle	Stream	30	Line Failure	1500	SSO Reached	5/27/2016	05/27/16	1:15 PM	1:45 PM	Machine Rodded, Disinfected and deodorized
AR0021750	S002 - 1480 to 1490	1325 North Terrace	Storm Drain	5	Roots	5	SSO Reached	5/31/2016	05/31/16	10:50 AM	11:36 AM	Machine Rodded, Disinfected and deodorized
Total						7220						

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The following information has been sent.

CONFIRMATION NUMBER

~~d1130643-5e9b-4977-9b60-e4ae5d3998f~~

31b 315d2-5dec -

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

4F75-9A56

Date/Time Overflow Range

*Date Overflow Began: 5/27/2016
 *Time: 1:15 pm
 Date Overflow Ended: 5/27/2016
 Time: 1:45 pm

*- 3121bd 601
541*

Facility/Permit Information

*Facility Name: ~~Street~~ *MASSARD*
 *Permit Number: ~~AR0033278~~ *AR 0021750*

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.

5917 South 26th Circle, Z001- 1030 to 10401, Creek

Description of Problem (check all items that apply)

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

Volume of Overflow:
1500

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

Environmental Damage (check all items that apply)

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

Action Taken (check all items that apply)

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

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

Reported By

"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: Michael Wegrzyn
Title: Sewer Systems Manager
Phone: 479-494-3929
Email a Copy mwegrzyn@fortsmithar.gov
of This
Report to the
Email
Address:

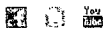
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5301 Northshore Drive
North Little Rock, AR 72118-5317
Phone: 501-682-0744
Helpline: 501-682-0923
Toll-Free: 888-233-0326

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CONFIRMATION NUMBER

31b315d2-5dee-4f75-9a56-3121bd601541

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

Date/Time Overflow Range

*Date Overflow Began:

5/13/2016

*Time:

9:43 am

Date Overflow Ended:

5/13/2016

Time:

2:55 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.

5917 South 26 Circle, Z001-1090 to 1040, Stream

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:

1560

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

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

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The following information has been sent.

CONFIRMATION NUMBER

437492c8-a34f-45dc-9a56-40df310e220b

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

Date/Time Overflow Range

*Date Overflow Began: 5/26/2016
 *Time: 8:40 pm
 Date Overflow Ended: 5/26/2016
 Time: 10:25 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.

3220 Village Road, HP01-0500 to 0490, 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 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 checked="" type="checkbox"/> Other: Basement Backup	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of
Overflow:
525

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"/> OEEL - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

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

<input checked="" type="checkbox"/> Machine Rodded	<input 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: No clean up required

Enter Type if not Listed

Volume of Overflow:
1000

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

Construction
 Vandalism
 Power Failure
 Line Failure/Break
 Other:
 Enter Cause if not Listed

- 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 cleanup 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:
 Manual drain valve when opened caused ov

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 gathered and evaluated 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: Michael Wegrzyn
 Title: Sewer Systems Manager
 Phone: 479-494-3929

Email a Copy of this Report to the Following Email Address:
 mwegrzyn@fortsmithar.gov

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 A R K A N S A S
 Department of Environmental Quality
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The following information has been sent.

CONFIRMATION NUMBER

89eaa7ca-6334-414f-8f99-1f7629e6429b

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

Date/Time Overflow Range

*Date Overflow Began: 5/4/2016
 *Time: 9:00 am
 Date Overflow Ended: 5/4/2016
 Time: 9:02 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.

5601 Jenny Lind Road, Zero Street EQ basin, yard

Description of Problem (check all items that apply)

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

Volume of Overflow: 1000

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

Environmental Damage (check all items that apply)

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

Action Taken (check all items that apply)

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

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

Enter Type if not Listed

- Construction
- Vandalism
- Power Failure
- Line Failure/Break
- Other:

Volume of Overflow:

1000

Enter Cause if not Listed

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river,stre)

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 cleanup 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:
Manual drain valve when opened caused ov

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 gathered and evaluated 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: Michael Wegrzyn
 Title: Sewer Systems Manager
 Phone: 479-494-3929

Email a Copy of this Report to the Following Email Address:

mwegrzyn@fortsmithar.gov

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The following information has been sent.

CONFIRMATION NUMBER

00bdabd4-2bf7-4747-bc84-e2f502ba4276

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

Date/Time Overflow Range

*Date Overflow Began: 5/31/2016
*Time: 10:50 am
Date Overflow Ended: 5/31/2016
Time: 11:36 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.

1325 North 57 Terrace, s002 - 1480 to 1470, Storm Drain

Description of Problem (check all items that apply)

- Type of Overflow: [x] Manhole Overflow, [] Lift Station Overflow, [] Main Line Overflow, [] Service Line Overflow, [] Other:
Cause of Overflow: [] I & I - Rainfall, [x] Roots, [] Grease, [] Debris, [] Equipment Failure
[] Construction, [] Vandalism, [] Power Failure, [] Line Failure/Break, [] Other:

Volume of Overflow: 5

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
[x] 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.

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

CONFIRMATION NUMBER - MANUAL
 9EB73814 - CALL IN - MTL

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Sanitary Sewer Overflow (SSO) Reporting Form

When an SSO is detected – no matter how small – it must be reported **within 24 hours** of its discovery to ADEQ's Water Quality Enforcement by using the online form below (the preferred method), by phone at (501) 682-0638, or by email at ssoadeq@adeq.state.ar.us. This initial 24-hour report should include the following information:

- Permit Number
- Location of overflow (manhole number or street address)
- The receiving water (if applicable)
- Cause of overflow (if known)
- Estimated volume of overflow so far
- Total duration of the overflow

If the "total duration of the overflow" is not known when the 24-hour SSO online report is submitted, then a follow-up report (5-day report) giving a detailed account of the overflow and the steps taken to resolve it must be submitted **within 5 days** of the overflow's discovery. This report can be submitted by email at ssoadeq@adeq.state.ar.us or by **mail** (include Attn: Water Quality Enforcement).

Online Sanitary Sewer Overflow Reporting Form

*Asterisk indicates item is mandatory; all others are optional.

Facility/Permit Information

*Facility Name: Massard
 *Permit Number: AR0021750

Date/Time Overflow Range

*Date Overflow Began: 5/4/2016
 *Time: 11:30 am
 Date Overflow Ended: 5/4/2016
 Time: 11:32 am

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 as specific as possible.

5601 Jenny Lind Road, Zero street EQ basin, 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"/> Lift Station Overflow | <input type="checkbox"/> Roots |
| <input type="checkbox"/> Main Line Overflow | <input type="checkbox"/> Grease |
| <input type="checkbox"/> Service Line Overflow | <input type="checkbox"/> Debris |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Equipment Failure |

CONFIRMATION NUMBER

0ee383d8-21fe-45fc-ab01-7c1d68d067da

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

Date/Time Overflow Range

*Date Overflow Began:

5/13/2016

*Time:

11:32 am

Date Overflow Ended:

5/13/2016

Time:

2:30 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.

12001 Ward, FC02-0720 to 0710, 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:

1630

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

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

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The following information has been sent.

CONFIRMATION NUMBER

7027a55f-0bb6-4370-8a8e-2e6d55396637

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

Date/Time Overflow Range

*Date Overflow Began: 5/18/2016
 *Time: 8:15 am
 Date Overflow Ended: 5/18/2016
 Time: 4:40 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.

2513 North 41st, S009-1340 to 1330, 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:
50

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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The following information has been sent.

CONFIRMATION NUMBER

343d1a1b-3866-4b01-9a95-d95ed3d28ba6

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

Date/Time Overflow Range

*Date Overflow Began: 5/2/2016
 *Time: 3:00 pm
 Date Overflow Ended: 5/3/2016
 Time: 5:40 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.

9300 Jenny Lind RD., 2005, Manhole 0760 flowed into drainage 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 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:
16000

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

"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: Michael Wegrzyn
Title: Sewer Systems Manager
Phone: 479-494-3929
Email a Copy of This Report to the Email Address: mwegrzyn@fortsmithar.gov

Additional Comments:

None

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The following information has been sent.

CONFIRMATION NUMBER

343d1a1b-3866-4b01-9a95-d95ed3d28ba6

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

Date/Time Overflow Range

*Date Overflow Began: 5/2/2016
 *Time: 3:00 pm
 Date Overflow Ended: 5/3/2016
 Time: 5:40 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.

9300 Jenny Lind RD., 2005, Manhole 0760 flowed into drainage 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 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:
16000

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 & L.

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

Reported By

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

Name: Michael Wegrzyn
Title: Sewer Systems Manager
Phone: 479-494-3929
Email a Copy of This Report to the Email Address: mwegrzyn@fortsmithar.gov

Additional Comments:

None

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The following information has been sent.

CONFIRMATION NUMBER

59197119-f0ac-4ad3-92f5-f136861c3bcf

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

Date/Time Overflow Range

*Date Overflow Began: 5/2/2016
 *Time: 8:40 am
 Date Overflow Ended: 5/3/16
 Time: 11AM

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.

2500 Glen Flora Way, Z005, Gravity line into 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 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:

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

Reported By

"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: Michael Wegrzyn
Title: Sewer Systems Manager
Phone: 479-494-3929
Email a Copy of This Report to the Email Address: mwegrzyn@fortsmithar.gov

Additional Comments:

Channeled any overflow into the sewer line. Topography prevents quick repair of the line. Goal to be completed within a few days.

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CONFIRMATION NUMBER

falaa04e-af4d-41e2-811e-256c554aebcd

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

Date/Time Overflow Range

*Date Overflow Began:

5/13/2016

*Time:

9:10 pm

Date Overflow Ended:

5/13/2016

Time:

9:40 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.

5424 Speaker Street, S005-1520 to 1510, 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:

250

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:

Michael Wegrzyn

Title:

Sewer Systems Manager

Phone:

479-494-3929

Email a Copy of This Report to the Email Address:

mwegrzyn@fortsmithar.gov

Additional Comments:

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Licensing Committee

The following information has been sent.

CONFIRMATION NUMBER

1bbfb294-86c4-416c-a37a-7fb5dabce2bc

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

Date/Time Overflow Range

*Date Overflow Began: 5/6/2016
 *Time: 2:21 pm
 Date Overflow Ended: 5/6/2016
 Time: 7:14 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.

1718 S. 29th Street, Yard, P009-2901 to 2900

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 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:

1535

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

"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: Michael Wegrzyn
Title: Sewer systems manager
Phone:
Email a Copy of This Report to the Email Address: mwegrzyn@fortsmithar.com

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The following information has been sent.

CONFIRMATION NUMBER

56d90789-522c-49fd-bdb3-9f915cbb8319

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

Date/Time Overflow Range

*Date Overflow Began: 5/15/2016
 *Time: 6:45 pm
 Date Overflow Ended: 5/15/2016
 Time: 8:45 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.

2520 South 22 Street, P006-1315 to 1310, Yard

Description of Problem (check all items that apply)

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

Volume of
Overflow:
575

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

Environmental Damage (check all items that apply)

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

Action Taken (check all items that apply)

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

<input 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:

ORIGIN ID:FSMA (479) 494-3903
LANCER MCAVOY
3900 KELLEY HIGHWAY
FORT SMITH AR 72904
UNITED STATES US

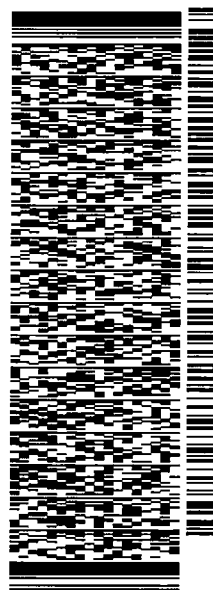
SHIP DATE: 21 JUN 16
ACT WT: 0.50 LB
CAD: 109098163/NET3730

BILL SENDER

TO NPDES ENFORCEMENT SECTION WATER
ADEQ
5301 NORTHSORE DRIVE

NORTH LITTLE ROCK AR 72118
(501) 682-0639 REF: ADEQ DMR/MAY/2016
NV. DEPT:

540.02308D/727F



J15116928501ur

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