



# Springdale Water Utilities

526 Oak Avenue P.O. Box 769 Springdale, Arkansas 72765-0769 (479) 751-5751

## FAX TRANSMITTAL COVER SHEET

FAX NUMBER: 479-750-4039

DATE: 10-12-12

TO: WATER Enforcement

COMPANY: ADEQ

FAX NUMBER: 501 682 0910

FROM: Shawn Dorman

1 PAGE(S) TO FOLLOW (Not Including Cover Sheet)

           URGENT

           INFORMATION ONLY - NO REPLY NECESSARY

### MESSAGE:

Sanitary Sewer Overflow Report

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### 24-HOUR SANITARY SEWER OVERFLOW REPORT

After the overflow is detected, this completed form must be faxed or e-mailed to the address below within 24 hours.  
**Send Overflow Report to:** Water Enforcement by: Phone: 501-682-0639; Fax: 501-682-0910 or E-Mail: [WaterEnfSSO@adeq.state.ar.us](mailto:WaterEnfSSO@adeq.state.ar.us)

**Facility Permit Number:** AR0022063      **Facility Name:** SPRINGDALE WATER UTILITIES  
**Date Overflow Began:** 10-12-12 **Time:** 2:30 P.M.      **Date Overflow Ended:** 10-12-12      **Time:** 2:45 P.M.

**Description:**      **Comments**      **Cause of SSO**      **Additional Comments**  
(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, building, other).

- |  |       |   |                     |
|--|-------|---|---------------------|
| <input checked="" type="checkbox"/> Manhole Overflow                 | _____ | <input type="checkbox"/> I & I - Rainfall   | _____               |
| <input type="checkbox"/> Lift Station Overflow                       | _____ | <input checked="" type="checkbox"/> Roots   | _____               |
| <input type="checkbox"/> Main Line Overflow                          | _____ | <input type="checkbox"/> Grease             | _____               |
| <input type="checkbox"/> Service Line Overflow                       | _____ | <input checked="" type="checkbox"/> Debris  | <u>Paper Towels</u> |
| <input checked="" type="checkbox"/> Other: Describe <u>clean out</u> |       | <input type="checkbox"/> Equipment Failure  | _____               |
|  |       | <input type="checkbox"/> Construction       | _____               |
|  |       | <input type="checkbox"/> Vandalism          | _____               |
|  |       | <input type="checkbox"/> Power Failure      | _____               |
|  |       | <input type="checkbox"/> Line Failure/Break | _____               |
|  |       | <input type="checkbox"/> Other - Describe   | _____               |

**Volume:** 250 (Give an estimate in gallons)

**Action Taken - Check all 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 | <ul style="list-style-type: none"> <li>• Address: 171 Old Wire Rd. Springdale AR</li> <li>• overflow from manhole went into grass ditch</li> <li>• overflow from cleanout went into garage of 171 old wire Rd.</li> <li>• Note: customer's clean out is in garage and cap was not installed on clean out.</li> </ul> |
| <input checked="" type="checkbox"/> Jet-Vac                      | <input checked="" 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 - Describe: _____                 |  |  |

**Environmental Damage:**

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

Shawn Doorman      Distribution Director      (479) 927-4174

**Reported By**      **Title**      **Telephone Number**

ADEQ FAX: (501) 682-0910  
ADH FAX: (501) 661-2032