## Sanitary Sewer Overflow Monthly Report

Facility Name: <u>City of Bentonville</u>

Permit # AR0022403 Reporting period April 1-30

## **Summary Report Code Descriptions**

Cause(s	s) of SSO	SSO Impact	Action(s) Taken	Ultimate Discharge Location	
C0-Construction	D-Debris	NEAH-No Evidence of Adverse Health	WO-Work Order		
		or Environmental Impact			
Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human	EC-Environmental	DI-Ditch	
		Contact	Cleanup		
HC-Hydro Clean	LF-Line	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet	
	Failure/Break				
Rainfall	RG-Roots & Grease		HR-Hand Rodded	GR-Ground Surface	
RO-Roots	Vandalism		EN-Referenced to Engineer	PA-Paved Area	
			PN-Public Notification	CB-Contained in Building	

Location	Manhole Number	Start Date of SSO	End Date of SSO	Estimated Volume in Gallons	Cause of SSO	Environmental Impact	Action(s) Taken to Address SSO	Ultimate Discharge Location
4601 SW Golden Eagle Ave	482-5849	4/17/2023	4/18/2023	350,000	EF	NEAH	EC,	CR
				·······				
			. <u> </u>					

Signature of Cognizant or Ranking Official

Date

"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."

The following information has been sent.

## **CONFIRMATION NUMBER**

## 51ce3ce6-4872-482a-92a7-cc08ca1a7674

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) Date/Time Overflow Range

\*Date Overflow Began: 4/17/2023 \*Time: 9:00 pm Date Overflow Ended: 4/18/2023 Time: 6:00 am

-Facility/Permit Information

\*Facility Name: City of Bentonville \*Permit Number: AR0022403

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.

The overflow location was on City of Bentonville property just east of 4601 SW Golden Eagle Ave. The overflow came out of manhole# 482-5849 and 482-1125. Overflow was due to a failure in a bypass pump set up by a contractor to replace a 30" sewer main. I spoke with the contractor Dave Porter with Belt Construction and Rick Tiner with McClelland Consulting and estimated that their pumps shut down around 9pm and were started back up around 6am upon arriving at the site location. The site is in the process of cleanup. Solids will be hauled off to a proper location and lime will be spread on affected areas. It is estimated that 350,000 gallons overflowed out of the two manholes and flowed into Little Osage Creek Tributary 2.

Description of Problem (check all items that apply)-

Type of Overflow

 $\blacksquare$  Manhole Overflow  $\Box$  Lift Station Overflow  $\Box$  Main Line Overflow  $\Box$  Service Line Overflow  $\Box$  Other:

Cause of Overflow

□ I & I - Rainfall □ Roots □ Grease □ Debris □ Equipment Failure

 $\Box$  Construction  $\Box$  Vandalism  $\square$  Power Failure  $\Box$  Line Failure/Break  $\Box$  Other: Volume of Overflow:

4/18/23, 11:10 AM	about:blank
350000 Impact of SSO Overflow Incide SSO Reached Receiving Water	
Environmental Damage (check	all items that apply)
Impact	ence of Human Contact 🗆 OEEI - Observed or Evidence of Environmental
Impact	
Action Taken (check all items	that apply)
Short term and long-term action	n, including clean-up and any plans to remediate I & I.
	ac 🗆 Hand Rodded 🗅 Used Generator to Power Pumps/Equipment d 🖾 Hydro Cleaned 🖾 Spread Lime on Affected Area 🗆 Public
Reported By	
or supervision in accordance w evaluate the information submi system, or those persons directl to the best of my knowledge an	that this document and all attachments were prepared under my direction ith a system designed to assure that qualified personnel properly gather and tted. Based on my inquiry of the person or persons who manage the ly responsible for gathering the information, the information submitted is, id belief, true, accurate, and complete. I am aware that there are significant information, including the possibility of fine and imprisonment for knowing
Name: Loran Shipman Title: Wastewater Collection Supervis Phone: 4792713140 Email a Copy of This Report to	
lshipman@bentonvillear.com Additional Comments:	
Additional Comments.	