

Sanitary Sewer Overflow (SSO) Monthly Report

Utility Name: Hot Springs Wastewater NPDES Permit No.: AR0033880 Monitoring Period (Month/Year) January / 2014

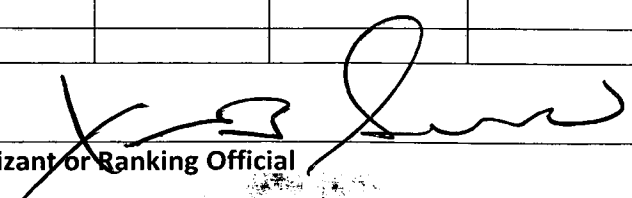
No Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions

Cause(s) of SSO	SSO Impact	Action(s) Taken	Ultimate Discharge Location
CO -Construction	D -Debris	NEAH -No Evidence Adverse Health/Environmental Impact	CR -Creek/Stream/River (specify)
E -Equipment Failure	G -Grease	OEHC -Observed or Evidence of Human Contact	DI -Ditch
HC -Hydro Clean	LF -Line Failure	EFK -Evidence of Fish Kill	DR -Drop Inlet
R -Rainfall	RG -Roots/Grease	HR -Hand Rodded	GR -Ground Surface
RO -Roots	V -Vandalism	EN -Referred to Engineering	PA -Paved Area
		PN -Public Notification	CB -Contained in Building

Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action(s) Taken to Address SSO	Discharge Location
200 Block of Emerson Dr.	Lift Station	01/04/2014	01/04/2014	1000	E	NEAH	HC & EC	GR-Ground Surface
Catherine Heights Rd.	Manhole #1750	1/11/2014	1/12/2014	15000	R	NEAH	HC & EC	CR-Gulpha
Spring St.	Manhole # 4118	01/11/2014	01/12/2014	5000	R	NEAH	HC & EC	CR-Gulpha
102 Channelview	Manhole # 10579	01/12/2014	01/12/2014	1500	E	NEAH	HC & EC	Lake Hamilton
388 Halteria Rd.	Halteria Pump Station	01/26/2014	01/26/2014	3500	E	NEAH	HC & EC	Lake Hamilton
532 Essex Park Terrace	Manhole # 8611	01/29/2014	01/29/2014	1000	E	NEAH	HC & EC	GR—Ground Surface

Signature of Cognizant or Ranking Official



Date

2-17-2014

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 of knowing violations.

CONFIRMATION NUMBER

389321AB-DEEF-48A8-9557-6049CE3F3A08

(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#: 389321AB-DEEF-48A8-9557-6049CE3F3A08

Date Sent: 1/5/2014

SSO Bypass Upset

Facility Permit Number:	AR0033880	Facility name:	Hot Springs Wastewater
Date Overflow Began:	01/04/2014	Time:	3:00 pm
Date Overflow Ended:	01/04/2014	Time:	3:30 pm
Location:	Emerson Dr pump station, 200 blk Emerson DR. Ran over in yard.		

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

Type of Overflow

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

(Enter overflow type if not listed)

Volume: **1000**

(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).

- | | |
|--|--|
| <input type="checkbox"/> Machine rodded | <input type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac | <input checked="" type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand rodded | <input checked="" 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

- 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 **Chris Gordon** Title **Maintenance Controller** Telephone Number **(501) 623-7963**

Additional Comments if Needed:

CONFIRMATION NUMBER

83C6AFA5-6D63-42EA-B49C-3A73732BF2A2

(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#: 83C6AFA5-6D63-42EA-B49C-3A73732BF2A2

Date Sent: 1/14/2014

SSO Bypass Upset

Facility Permit Number: AR0033880
Date Overflow Began: 01/11/2014
Date Overflow Ended: 1/12/2014
Location:

Facility name:
Time:
Time:

HOT SPRINGS WASTEWATER
8:00 am
10:00 am

MH # 1750, CATHERINE HEIGHTS RD, RAN OVER IN GULPHA CREEK

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

Type of Overflow

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

(Enter overflow type if not listed)

Volume: 15000

(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 **RAKED UP**

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 CHRIS GORDON

Title MAITNENACE CONTROLLER

Telephone Number (501) 623-7963

Additional Comments if Needed:

[Empty text box for additional comments]

CONFIRMATION NUMBER

87E5B757-D63A-4C55-B559-E3483F4D5B0B

(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#: 87E5B757-D63A-4C55-B559-E3483F4D5B0B

Date Sent: 1/13/2014

SSO Bypass Upset

Facility Permit Number: **AR0033880**

Facility name:

Hot Springs Wastewater

Date Overflow Began: **1/11/2014**

Time:

9:00 am

Date Overflow Ended: **1/12/2014**

Time:

9:00 am

Location:

Spring St. Manhole # 4118 overflowed into Gulpha Creek

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

Type of Overflow

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

(Enter overflow type if not listed)

Cause of Overflow

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

Volume: 5000

(Give an estimate in gallons)

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

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

Reported By **Shawn Davis** Title **Sewer Collection Manager** Telephone Number **501-623-6981**

Additional Comments if Needed:

CONFIRMATION NUMBER

1A72E6E8-E8EC-41EB-976B-07503C681A79

(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#: 1A72E6E8-E8EC-41EB-976B-07503C681A79

Date Sent: 1/14/2014

SSO Bypass Upset

Facility Permit Number: AR0033880

Facility name:

HOT SPRINGS WASTEWATER

Date Overflow Began: 01/12/2014

Time:

10:30 am

Date Overflow Ended: 01/12/2014

Time:

11:00 am

Location:

MH # 10579, 102 CHANNELVIEW, RAN OVER IN LAKE HAMILTON

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

Type of Overflow

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

(Enter overflow type if not listed)

Volume:

1500

(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

RAKED UP

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 CHRIS GORDON

Title

MAINTENANCE CONTROLLER

Telephone Number (501) 623-7963

Additional Comments if Needed:

Empty text box for additional comments.

CONFIRMATION NUMBER

E2F59F0D-DA87-4FB4-B57A-F99BE8B2BA7B

(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#: E2F59F0D-DA87-4FB4-B57A-F99BE8B2BA7B

Date Sent: 1/27/2014

SSO Bypass Upset

Facility Permit Number:	AR0033880	Facility name:	HOT SPRINGS WASTEWATER
Date Overflow Began:	1/26/2014	Time:	8:00 am
Date Overflow Ended:	1/26/2014	Time:	9:00 am
Location:	HALTERIA PUMP STATION, 388 HALTERIA RD, RAN OVER IN LAKE HAMILTON		

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

Type of Overflow

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

(Enter overflow type if not listed)

Volume: **3500**

(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).

- | | |
|--|--|
| <input type="checkbox"/> Machine rodded | <input type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac | <input checked="" type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand rodded | <input checked="" 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 | RAKED UP |

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 **CHRIS GORDON**

Title **MAINTENANCE CONTROLLER**

Telephone Number **(501) 623-7963**

Additional Comments if Needed:

CONFIRMATION NUMBER

5FBE85F5-96CD-42BA-8E1D-2FF7D00DE52A

(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#: 5FBE85F5-96CD-42BA-8E1D-2FF7D00DE52A

Date Sent: 1/29/2014

SSO Bypass Upset

Facility Permit Number:	AR0033880	Facility name:	HOT SPRINGS WATEWATER
Date Overflow Began:	01/29/2014	Time:	11:45 am
Date Overflow Ended:	01/29/2014	Time:	12:15 am
Location:	MH # 8611, 532 ESSEX PARK TER, RAN OVER IN YARD		

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

Type of Overflow

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

(Enter overflow type if not listed)

Volume:

1000

(Give an estimate in gallons)

Impact of SSO Event:

SSO Occurred at Treatment Plant

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).

- | | |
|--|--|
| <input type="checkbox"/> Machine rodded | <input type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac | <input checked="" type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand rodded | <input checked="" 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 | RAKED UP |

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 **CHRIS GORDON**

Title **MAINTENANCE CONTROLLER**

Telephone Number **(501) 623-7963**

Additional Comments if Needed: