

Sanitary Sewer Overflow (SSO) Monthly Report

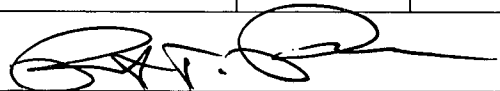
Utility Name: Hot Springs Wastewater NPDES Permit No.: AR0033880 Monitoring Period (Month/Year) July / 2012

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	EC-Environmental Cleanup
HC-Hydro Clean	LF-Line Failure	EFK-Evidence of Fish Kill	DI-Ditch
R-Rainfall	RG-Roots/Grease		DR-Drop Inlet
RO-Roots	V-Vandalism		GR-Ground Surface
		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
201 Illinois St	MH# 3284	07/31/2012	07/31/2012	1000	G	NEAH	EC	GR



Signature of Cognizant or Ranking Official

8/20/12

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 of knowing violations.

CONFIRMATION NUMBER

398A2FA9-2974-417C-9F79-EF4068199F1B

(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#: 398A2FA9-2974-417C-9F79-EF4068199F1B
Date Sent: 7/31/2012

SSO Bypass Upset

Facility Permit Number: **AR0033880** Facility name: **Hot Springs Wastewater**
Date Overflow Began: **07/31/2012** Time: **12:00 pm**
Date Overflow Ended: **07/31/2012** Time: **1:30 pm**
Location: **201 Illinois St. Manhole # 3284 overflowed onto ground**

(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:

1000

(Give an estimate in gallons)

Impact of SSO Event:

SSO Affected Private Property (ground)

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 **Shawn Davis**

Title **Sewer Collection Manager**

Telephone Number **(501) 623-6981**

Additional
Comments
if Needed:

[Empty text box for additional comments]