

# Sanitary Sewer Overflow (SSO) Monthly Report

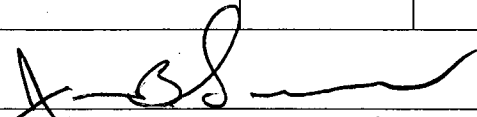
ility Name: Hot Springs Wastewater NPDES Permit No.: AR0033880 Monitoring Period (Month/Year) November / 2013

No Sanitary Sewer Overflows This Monitoring Period

### Summary Report Code Descriptions

Cause(s) of SSO	SSO Impact	Action(s) Taken	Ultimate Discharge Location
<b>CO</b> -Construction	<b>D</b> -Debris	<b>NEAH</b> -No Evidence Adverse Health/Environmental Impact	<b>CR</b> -Creek/Stream/River (specify)
<b>E</b> -Equipment Failure	<b>G</b> -Grease	<b>OEHC</b> -Observed or Evidence of Human Contact	<b>DI</b> -Ditch
<b>HC</b> -Hydro Clean	<b>LF</b> -Line Failure	<b>EFK</b> -Evidence of Fish Kill	<b>DR</b> -Drop Inlet
<b>R</b> -Rainfall	<b>RG</b> -Roots/Grease	<b>HR</b> -Hand Rodded	<b>GR</b> -Ground Surface
<b>RO</b> -Roots	<b>V</b> -Vandalism	<b>EN</b> -Referred to Engineering	<b>PA</b> -Paved Area
		<b>PN</b> -Public Notification	<b>CB</b> -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
Fontana Rd.	MH# 1865	11/22/2013	11/22/2013	2500	R	NEAH	EC	CR-Hot Springs

  
Signature of Cognizant or Ranking Official

12-12-2013  
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**

**03654867-77A3-4604-AE10-755006569CC1**

(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#: 03654867-77A3-4604-AE10-755006569CC1**

**Date Sent: 11/22/2013**

SSO  Bypass  Upset

Facility Permit Number: **AR0033880**  
Date Overflow Began: **11/22/2013**  
Date Overflow Ended: **11/22/2013**

Facility name: **Hot Springs Wastewater**  
Time: **3:00 am**  
Time: **5:30am**

Location: Fontana Rd. Manhole # 1865 at Hot Springs Creek Pump Station Overflowed into Hot Springs 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: 2,500**

*(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 & Picked Up Debris**

**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: