

Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: Hot Springs Wastewater NPDES Permit No.: AR0033880 Monitoring Period (Month/Year) February / 2015

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	DI-Ditch
HC-Hydro Clean	LF-Line Failure	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	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
McLeod St	MH# 998	02/21/2015		Still overflowing	R	NEAH		CR-Stokes
McLeod St.	MH# 993	02/21/2015		Still overflowing	R	NEAH		CR-Stokes
Malvern Ave	MH# 1747	02/21/2015		Still overflowing	R	NEAH		CR-Gulpha
McLeod St.	MH# 998	02/21/2015	02/21/2015	50,000	R	NEAH	EC	CR-Stokes
McLeod St.	MH# 993	02/21/2015	02/21/2015	7,000	R	NEAH	EC	CR--Stokes
Malvern Ave.	MH# 1747	02/21/2015	02/22/2015	Undetermined	R	NEAH	EC	CR--Gulpha
McLeod St.	MH# 11274	02/23/2015	02/23/2015	1000	E	NEAH	HC	PA--Street

Signature of Cognizant or Ranking Official

Date 3-20-2015

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

9EB85649-EC9E-480B-B6C2-F03617CE896F

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

The following information has been sent.

Close this window Print this page

24-Hour Sanitary Sewer Overflow Report

SSO ID#: 9EB85649-EC9E-480B-B6C2-F03617CE896F
Date Sent: 2/14/2015

SSO Bypass Upset

Facility Permit Number: AR0050148 Facility name: Hot springs, city of -Southwest
Date Overflow Began: 02-13-2015 Time: 6:00 pm
Date Overflow Ended: 02-14-2015 Time: 8:00 am

Location: 365 Winkler Road, Hot Springs AR 71913. over flow from sump behind wwtp building in grassy area next to buildi

(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
(X) Other Overflow Type: sump pump from building back to treatment process

(Enter overflow type if not listed)

Volume: 1800

(Give an estimate in gallons)

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

Cause of Overflow

- () I & I - Rainfall
() Roots
() Grease
() Debris
(X) 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
(X) Other: Describe soaked into straw in freashly grass seeded area

Environmental Damage

- () OEHC - Observed or Evidence of Human Contact (X) NEAH - No Evidence of Adverse Health/Environmental Impact
() OEEL - Observed or Evidence of Environmental Impact () EFK - Evidence of Fish Kill

Reported By James Sorrells Title Facility Operation Manager Telephone Number (501) 262-1125

Additional Comments if Needed:

water was from treated decant basin . there was a valve slightly open allowing excess water from discharge basin to bypass filter and leak to the return sump pump, that pump tripped out. reset and pumped tank down . got a crew out there fixed faulty valve checked pumps . will be evaluating pumps to determine new or larger pumps needed so not to have this problem again

Email a Copy of This Report to the Email Address: jsorrells@cityhs.net

CONFIRMATION NUMBER

DC6CB087-9A0E-4FB3-B472-1039ADDF9A6A

(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

17-9A0E-4FB3-B472-1039ADDF9A6A
115

is Upset

number: AR0033880
on: 02/21/2015
reported:

Facility name:
Time:
Time:

Hot Springs Wastewater
11:15 am

McLeod St. Manhole #998 overflowing into Stokes Creek

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

How

Overflow
Inflow
Underflow
Backflow
Other

Cause of Overflow

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

(Enter overflow type if not listed)

Still overflowing at this time

(Give an estimate in gallons)

SSO Reached Receiving Water (river, stream)



CONFIRMATION NUMBER

DF0BC9BD-B83F-4953-B438-2ACE7F024B52

(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

ID-B83F-4953-B438-2ACE7F024B52

115

is Upset

Number: AR0033880
Date: 02/21/2015
Time:

Facility name:
Time:
Time:

Hot Springs Wastewater
12:30 pm

McLeod St. Manhole #993 is overflowing into Stokes Creek

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

Overflow

Overflow

Overflow

Overflow

Overflow

Overflow Type:

(Enter overflow type if not listed)

Still overflowing at this time

(Give an estimate in gallons)

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:

CONFIRMATION NUMBER

0202F3CB-EAE6-4BF5-B062-8910B112F238

(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

B-EAE6-4BF5-B062-8910B112F238

115

is **Upset**

number: **AR0033880**

Facility name:

Hot Springs Wastewater

date: **02/21/2015**

Time:

3:00 pm

description:

Time:

Malvern Ave at Gulpha Creek Bridge manhole# 1747 overflowing into Gulpha Creek

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

overflow

Cause of Overflow

inflow

I & I - Rainfall

underflow

Roots

sewerflow

Grease

Overflow

Debris

Overflow Type:

Equipment Failure

(Enter overflow type if not listed)

Construction

Still overflowing at this time

Vandalism

(Give an estimate in gallons)

Power Failure

SSO Reached Receiving Water (river,stream)

Line Failure/Break

Other Cause:

all that apply

long-term action, including clean-up and any plans to remediate I & I).

disinfectant used Disinfected and Deodorized

Hydro Cleaned

CONFIRMATION NUMBER

B64B4462-E50F-4FEC-9D8E-FB79A39C63B9

(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

2-E50F-4FEC-9D8E-FB79A39C63B9

115

is Upset

number:	AR0033880	Facility name:	Hot Springs Wastewater
date:	02/21/2015	Time:	12:30 pm
end:	02/21/2015	Time:	4:00 pm

McLeod St. Manhole # 993 overflowed into Stokes Creek

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

How	Cause of Overflow
Overflow	<input checked="" type="checkbox"/> I & I - Rainfall
Underflow	<input type="checkbox"/> Roots
Reverse flow	<input type="checkbox"/> Grease
Overflow	<input type="checkbox"/> Debris
How Type:	<input type="checkbox"/> Equipment Failure
(Enter overflow type if not listed)	<input type="checkbox"/> Construction
7000	<input type="checkbox"/> Vandalism
(Give an estimate in gallons)	<input type="checkbox"/> Power Failure
SSO Reached Receiving Water (river, stream)	<input type="checkbox"/> Line Failure/Break
	<input type="checkbox"/> Other Cause:

all that apply
long-term action, including clean-up and any plans to remediate I & I).

ded Disinfected and Deodorized
 Hydro Cleaned

CONFIRMATION NUMBER

7C046FB9-78E3-4643-BCC8-24DDD686D14E

(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

9-78E3-4643-BCC8-24DDD686D14E

115

is Upset

Number: AR0033880

Facility name:

Hot Springs Wastewater

Date: 02/21/2015

Time:

11:15 am

Time: 02/21/2015

Time:

7:15 pm

McLeod St. Manhole # 998 overflowed into Stokes Creek

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

How

Cause of Overflow

Overflow

I & I - Rainfall

Underflow

Roots

Backflow

Grease

Overflow

Debris

How Type:

Equipment Failure

(Enter overflow type if not listed)

Construction

50000

Vandalism

(Give an estimate in gallons)

Power Failure

SSO Reached Receiving Water (river, stream)

Line Failure/Break

Other Cause:

All that apply

Long-term action, including clean-up and any plans to remediate I & I).

Disinfectant used Disinfected and Deodorized

Hydro Cleaned

CONFIRMATION NUMBER

FTF26E1A-B8C9-4242-8D97-002BC5091721

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

The following information has been sent.

Case title address: **Birkitts Pass**

24-hour Sanitary Sewer Overflow Report

A-B8C9-4242-8D97-002BC5091721

115

is Upset

number: **AR0053830**

Facility name:

Hot Springs Wastewater

on: **02/21/2015**

Time:

3:00 pm

off: **02/22/2015**

Time:

7:30 am

Mulren Ave between Gulpha Creek Bridge and Bypass Manholes 1747 overflowed into Gulpha Creek

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

in

Case of Overflow

flow

1 & 1 - Rainfall

sewer

Roots

reflow

Grease

Overflow

Debris

flow Type:

Equipment Failure

(Enter overflow type if not listed)

Construction

Undetermined

Vandalism

(Give an estimate in gallons)

Power Failure

SSO Reached Receiving Water (river, stream)

Line Failure/Break

Other Cause:

all that apply

long-term action, including clean-up and any plans to remediate (I & O)

did Disinfected and Deodorized

Hydro Cleaned

CONFIRMATION NUMBER

F1F30E1A-0000-4242-0007-0020C001721

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

The following information has been sent.

Case Number: 00000000

24-Hour Sanitary Sewer Overflow Report

ESD ID#: F1F30E1A-0000-4242-0007-0020C001721

Date Sent: 2/22/2016

SSO Dypose Upset

Facility Permit Number: AR0003180
Date Overflow Began: 02/21/2016
Date Overflow Ended: 02/22/2016
Location:

Facility Name: Hot Springs Wastewater
Time: 3:00 pm
Time: 7:50 am

Malvern Ave Between Gulpha Creek Bridge and Bypass Manhole 1747 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)

Volume: Undetermined

(Give an estimate in gallons)

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

Cause of Overflow

- F & 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 F & O.)

- Machine rodded
- Disinfected and Deodorized
- Jet Van
- Hydro Cleaned

CONFIRMATION NUMBER

D5B4BF97-51A4-494D-945E-3850A938FA82

(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#: D5B4BF97-51A4-494D-945E-3850A938FA82

Date Sent: 2/23/2015

SSO Bypass Upset

Facility Permit Number: **AR0033880**
 Date Overflow Began: **02/23/2015**
 Date Overflow Ended: **02/23/2015**
 Location:

Facility name: **Hot Springs Wastewater**
 Time: **1:50 PM**
 Time: **2:50 PM**

McLeod St. Manhole # 11274 overflowed into street

(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 Public Land Only (ground)

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

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:

Email a Copy of This Report to the Email Address:

Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: SWWWTP NPDES Permit No.: AR0050148 Monitoring Period (Month/Year) February / 2015

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	DI-Ditch
HC-Hydro Clean	LF-Line Failure	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	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
<i>inside SWWWTP Sump Pump</i>		<i>02-13-2015</i>	<i>02-14-2015</i>	<i>1800</i>	<i>E</i>	<i>NONE</i>	<i>CB</i>	<i>365 Winkler Rd Sump Pump</i>

Signature of Cognizant or Ranking Official

Date
3-20-2015

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.



Becky Keogh, Director
 5301 Northshore Drive
 North Little Rock, AR 72118-5317
 (501) 682-0744

We protect, enhance and restore the natural environment for the well-being of all Arkansans.

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Sanitary Sewer Overflow (SSO) Online Report (24-hour and Five Days)
NPDES Enforcement Section
Water Division
 Richard Healey, Enforcement Manager - (501) 682-0640

Instructions For Using the 24-Hour and Five Days Sanitary Sewer Overflow Report

After the overflow is detected, the online form below must be submitted within 24 hours.

Note: An * indicates a Required Field.

SSO Bypass Upset (*You must check at least one of these)

*Facility Permit Number: *Facility name:

*Date Overflow Began: *Time:
(mm/dd/yyyy) (hh:mm am/pm)

Date Overflow Ended: Time:
(mm/dd/yyyy) (hh:mm am/pm)

Location:

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

- | | |
|--|---|
| <p>Type of Overflow</p> <p><input type="checkbox"/> Manhole Overflow</p> <p><input type="checkbox"/> Lift Station Overflow</p> <p><input type="checkbox"/> Main Line Overflow</p> <p><input type="checkbox"/> Service Line Overflow</p> <p><input checked="" type="checkbox"/> Other Overflow Type: <input style="width: 150px;" type="text" value="sump pump from building back to"/>
 <small>(Enter overflow type if not listed)</small></p> <p>Volume: <input style="width: 100px;" type="text" value="1800"/>
 <small>(Give an estimate in gallons)</small></p> <p>Impact of SSO Event: <input style="width: 150px;" type="text" value="SSO Reached Receiving Water (river,stream)"/></p> | <p>Cause of Overflow</p> <p><input type="checkbox"/> I & I - Rainfall</p> <p><input type="checkbox"/> Roots</p> <p><input type="checkbox"/> Grease</p> <p><input type="checkbox"/> Debris</p> <p><input checked="" type="checkbox"/> Equipment Failure</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Vandalism</p> <p><input type="checkbox"/> Power Failure</p> <p><input type="checkbox"/> Line Failure/Break</p> <p><input type="checkbox"/> Other Cause: <input style="width: 100px;" type="text"/>
 <small>(enter cause if not listed)</small></p> |
|--|---|

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 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 checked="" type="checkbox"/> Other: Describe <input style="width: 150px;" type="text" value="soaked into straw in frei"/> | |

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: Title: Telephone Number:
xxx xxx-xxxx

Additional Comments if Needed:

Email a Copy of This
Report to the Email
Address:

"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.

NOTE: Click "Submit Now" only ONCE.
It might take 15-30 Seconds to process your information.
You should receive a confirmation number when this process is complete.
Thank you!

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[Take our 1 Minute Web Survey](#)

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[ADEQ Helpline: \(501\) 682-0923](#)

[Questions/Comments for the Water Division](#)
(Sends E-mail to Water Division)

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City of Hot Springs
320 Davidson Drive
Hot Springs, AR 71901

ANALYTICAL RESULTS

AIC No. 187855-1

Sample Identification: Plant Effluent 24-Feb-2015 1220

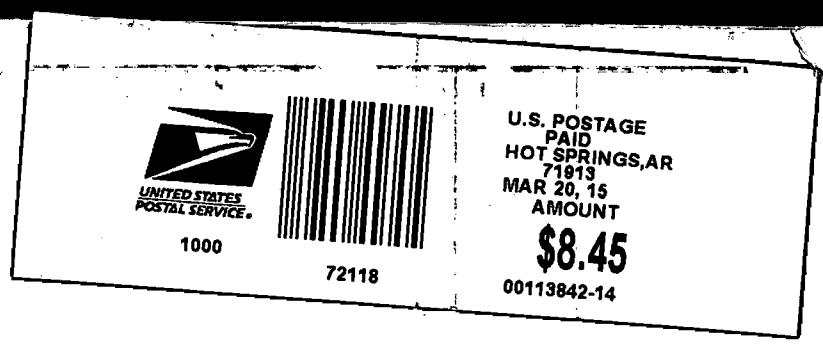
<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Nitrate + Nitrite as N EPA 300.0	4.7	0.5	mg/l	D
Prep: 24-Feb-2015 1501 by 07	Analyzed: 24-Feb-2015 1505 by 07		Batch: C17487	Dil: 10

AIC No. 187855-2

Sample Identification: SWWWTP Southwest 24-Feb-2015 0817

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Nitrate + Nitrite as N EPA 300.0	1.1	0.5	mg/l	D
Prep: 24-Feb-2015 1501 by 07	Analyzed: 24-Feb-2015 1529 by 07		Batch: C17487	Dil: 10

City of Hot Springs
Wastewater
320 Davidson
Hot Springs, AR 71901



Ar Department of Environmental
Quality
5301 North Shore Drive
North Little Rock, AR 72118-5317