

CITY OF HOPE PUBLIC WORKS DEPARTMENT

P.O. BOX 667
Hope, Arkansas 71802-0667
870-777-8644 / FAX 870-722-2511



FAX COVER SHEET

DATE: 6/10/2013 NO. OF PAGES: 3

TO: ADEQ Water Enforcement

FROM: City of Hope

SSO Report for

Permit # AR0038466 & AR0038458

06/10/2013 09:37 FROM- Hope Public Works
06-10-'13 09:09 FROM- Hope Public Works
ADEQ LITTLE ROCK +870-722-2511
T-154 P0002/0003 F-730
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24-HOUR SANITARY SEWER OVERFLOW REPORT

After the overflow is detected, this completed form must be faxed or e-mailed to the address below within 24 hours.

Send Overflow Report to: Water Enforcement by: Phone: 501-682-0639; Fax: 501-682-0910 or E-Mail: WaterEnfSSO@adeq.state.ar.us

Facility Permit Number: AR0038466

Facility Name: BOIS D'ARC WWTP

Date Overflow Began: 6/9/13 **Time:** 09:00A

Date Overflow Ended: 6/9/13

Time: 7:30A

Description: **Comments** **Cause of SSO** **Additional Comments**
(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, building, other).

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Manhole Overflow | _____ | <input checked="" type="checkbox"/> I & I - Rainfall | _____ |
| <input type="checkbox"/> Lift Station Overflow | _____ | <input type="checkbox"/> Roots | _____ |
| <input type="checkbox"/> Main Line Overflow | _____ | <input type="checkbox"/> Grease | _____ |
| <input type="checkbox"/> Service Line Overflow | _____ | <input type="checkbox"/> Debris | _____ |
| <input checked="" type="checkbox"/> Other: Describe <u>✓ Holding Pond</u> | | <input type="checkbox"/> Equipment Failure | _____ |
| | | <input type="checkbox"/> Construction | _____ |
| | | <input type="checkbox"/> Vandalism | _____ |
| | | <input type="checkbox"/> Power Failure | _____ |
| | | <input type="checkbox"/> Line Failure/Break | _____ |
| | | <input type="checkbox"/> Other - Describe | _____ |

Volume: ±1000 (Give an estimate in gallons)

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: <u>pumped maximum capacity</u> | |

Environmental Damage:

- | | |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |
| <input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact | <input type="checkbox"/> EFK - Evidence of Fish Kill |

Kim Holston Supt. (870) 722-2549
Reported By **Title** **Telephone Number**

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24-HOUR SANITARY SEWER OVERFLOW REPORT

After the overflow is detected, this completed form must be faxed or e-mailed to the address below within 24 hours.

Send Overflow Report to: Water Enforcement by: Phone: 501-682-0639; Fax: 501-682-0910 or E-Mail: WaterEnfSSO@adeq.state.ar.us

Facility Permit Number: AR0038458

Facility Name: Pate Creek WWTP

Date Overflow Began: 6/7/13 **Time:** 9:45 A

Date Overflow Ended: 6/9/13

Time: 8:15 A

Description: **Comments** **Cause of SSO** **Additional Comments**
(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, building, other).

- Manhole Overflow _____
- Lift Station Overflow _____
- Main Line Overflow _____
- Service Line Overflow _____
- Other: Describe Holding Pond

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

Volume: 1000 (Give an estimate in gallons)

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: Pumped maximum capacity
- Disinfected and Deodorized _____
- Hydro Cleaned _____
- Spread Lime on Affected Area _____
- Public Notification _____

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

Kim Holston Supt.

(870) 722-2549

Reported By

Title

Telephone Number