

02/10/2014 12:15 501-682-0910 Hope Public Works FROM- 02-10-'14 10:41  
ADEQ LITTLE ROCK +870-722-2511  
T-442 P0001/0001 F-998  
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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 Darc WWTP  
**Date Overflow Began:** 2/5/14 **Time:** 7:30A      **Date Overflow Ended:** 2/8/14      **Time:** 7:00A

**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 | <u>went into ditch and field</u> |
| <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:**  
 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**