

### 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](mailto:WaterEnfSSO@adeq.state.ar.us)

**Facility Permit Number:** AR0038466 **Facility Name:** Bois D'Arc WWTP  
**Date Overflow Began:** 1-27-14 **Time:** 7:30A **Date Overflow Ended:** 1-28-14 **Time:** 7:50A

**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 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>Sand Filter Bed</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 checked="" type="checkbox"/> Other - Describe <u>media blockage</u> |

**Volume:** 100 *(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>changed beds</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"/> EPK - Evidence of Fish Kill  |

Kim Holston Wastewater Superintendent (870) 922-2549

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**Reported By** **Title** **Telephone Number**