

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: AR0020117
Date Overflow Began: 9-26-16 **Time:** 9:30Am

Facility Name: Mt View water
Date Overflow Ended: 9-26-16 **Time:** 10:03Am

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"/> Lift Station Overflow <u>✓ #1</u> <input type="checkbox"/> Main Line Overflow _____ <input type="checkbox"/> Service Line Overflow _____ <input type="checkbox"/> Other: Describe _____ | <input type="checkbox"/> I & I - Rainfall _____ <input type="checkbox"/> Roots _____ <input type="checkbox"/> Grease _____ <input type="checkbox"/> Debris _____ <input type="checkbox"/> Equipment Failure _____ <input checked="" 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"/> Jet-Vac _____ <input type="checkbox"/> Hand rodded _____ <input type="checkbox"/> Used Generator To Power Pumps/Equipment _____ <input type="checkbox"/> Other - Describe: _____ | <input type="checkbox"/> Disinfected and Deodorized _____ <input checked="" type="checkbox"/> Hydro Cleaned _____ <input type="checkbox"/> Spread Lime on Affected Area _____ <input type="checkbox"/> Public Notification _____ |
|---|---|

Environmental Damage:

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

[Signature] *oper* *870 269-3293*
Reported By _____ **Title** _____ **Telephone Number** _____

The following information has been sent.

CONFIRMATION NUMBER

b8051b39-f00a-4f41-9ea6-49ffdfec3da8

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

Date/Time Overflow Range

*Date Overflow Began:

9/26/2016

*Time:

9:30 am

Date Overflow Ended:

9/26/2016

Time:

10:03 am

Facility/Permit Information

*Facility Name:

MOUNTAIN VIEW WASTEWATER

*Permit Number:

AR0020117

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

LIFT STATION #1 OFF OF WEST WEBB ST. AND PARK AVE.

Description of Problem (check all items that apply)

Type of Overflow

Manhole Overflow Lift Station Overflow Main Line Overflow Service Line Overflow Other:

Cause of Overflow

I & I - Rainfall Roots Grease Debris Equipment Failure

Construction Vandalism Power Failure Line Failure/Break Other:

Volume of Overflow:

1000 GALLONS

Impact of SSO Overflow Incident

SSO Reached Public Land Only (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact OEEI - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items 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
 Disinfected and Deodorized Hydro Cleaned Spread Lime on Affected Area Public Notification Other:

Reported By

"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.

Name:

JOE THATCHER

Title:

WASTEWATER PLANT MANAGER

Phone:

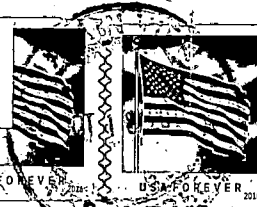
870-269-3293

Email a Copy of This Report to the Email Address:

WATER

PO BOX 360

MOUNTAIN VIEW, AR 72560



ADEQ
NPDES Enforcement Section
5301 Northshore Drive
N. Little Rock, AR 72118-5317