

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

Facility Name: Mill View Water Dept.

Date Overflow Began: 1-3-15 **Time:** 9:30Am

Date Overflow Ended: 6:30Am **Time:** 6:30Am

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 _____
<input type="checkbox"/> Main Line Overflow _____
<input type="checkbox"/> Service Line Overflow _____
<input type="checkbox"/> Other: Describe _____ | <input checked="" type="checkbox"/> I & I - Rainfall _____
<input type="checkbox"/> Roots _____
<input type="checkbox"/> Grease _____
<input type="checkbox"/> Debris _____
<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: 10,000 *(Give an estimate in gallons)*

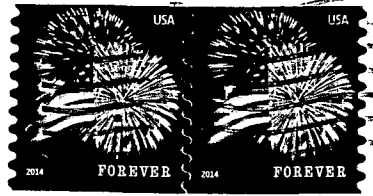
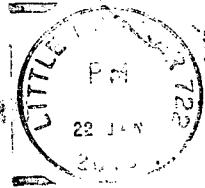
- Action Taken - Check all that apply**
(Short term and long-term action, including clean-up and any plans to remediate I & I)
- | | |
|---|---|
| <input type="checkbox"/> Machine rodded _____
<input type="checkbox"/> Jet-Vac _____
<input type="checkbox"/> Hand rodded _____
<input type="checkbox"/> Used Generator To Power Pumps/Equipment _____
<input type="checkbox"/> Other - Describe: _____ | <input type="checkbox"/> Disinfected and Deodorized _____
<input type="checkbox"/> Hydro Cleaned _____
<input checked="" 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] 870-269-3293

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

**MOUNTAIN VIEW
WATER & SEWER DEPARTMENT
PO BOX 360
MOUNTAIN VIEW, AR 72560**



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

7211835317 R015

