

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: Mt View

Date Overflow Began: 3-4-15 **Time:** 6:00Am

Date Overflow Ended: 3-5-15 **Time:** 12:02Am

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 checked="" type="checkbox"/> Lift Station Overflow | <u>#1 Park St. Ck.</u> | <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 type="checkbox"/> Other: Describe | _____ | <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: 4000 (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 checked="" 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>clean up</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 |

Reported By *John Hatch* **Title** *owner* **Telephone Number** _____

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Facility Permit Number: Ar 0020117 **Facility Name:** _____
Date Overflow Began: 7-15 **Time:** 6:00AM **Date Overflow Ended:** 7-15 **Time:** 12:00AM

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 checked="" type="checkbox"/> Lift Station Overflow | <u>#2 Higsville ct.</u> | <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 type="checkbox"/> Other: Describe | _____ | <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: 5000 *(Give an estimate in gallons)*

Action Taken - Check all that apply

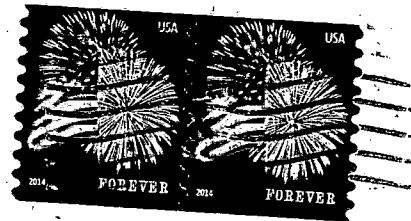
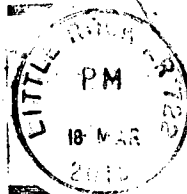
- (Short term and long-term action, including clean-up and any plans to remediate I & I)*
- | | |
|---|--|
| <input type="checkbox"/> Machine rodded | <input type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac | <input type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand rodded | <input checked="" 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>Cleaned up</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 |

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

Mountain View Water Dept.
P. O. Box 360
Mountain View, AR 72560



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

721185317 0015

