

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: _____

Facility Name: _____

Date Overflow Began: 3-24-15 **Time:** 9:30AM

Date Overflow Ended: _____ **Time:** 12:45

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).

- Manhole Overflow _____
- Lift Station Overflow _____
- Main Line Overflow _____
- Service Line Overflow _____
- Other: Describe _____

- I & I - Rainfall _____
- Roots _____
- Grease _____
- Debris _____
- Equipment Failure _____
- Construction _____
- Vandalism _____
- Power Failure _____
- Line Failure/Break _____
- Other - Describe _____

Volume: _____ *(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)*
- Machine rodded _____
 - Jet-Vac _____
 - Hand rodded _____
 - Used Generator To Power Pumps/Equipment _____
 - Other - Describe: called Electrician
 - Disinfected and Deodorized _____
 - Hydro Cleaned _____
 - Spread Lime on Affected Area _____
 - Public Notification _____

Environmental Damage:

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

Joe Water opeo 870-213-6515
Reported By _____ **Title** _____ **Telephone Number** _____

Sanitary Sewer Overflow (SSO) Monthly Report

Facility Name: Mountain View, City of NPDES Permit No.: AR0020117 Monitoring Period (Month/Year): 3/15

No Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions				
Cause(s) of SSO		SSO Impact	Action(s) Taken	Ultimate Discharge Location
CO-Construction	D-Debris	NEAH-No Evidence Adverse Health/ Environmental Impact		CR-Creek/Stream/River (specify)
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	EC-Environmental Cleanup	DI-Ditch
HC-Hydro Clean	LF-Line Failure	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet
R-Rainfall	RG-Roots / Grease		HR-Hand Rodded	GR-Ground Surface
RO-Roots	V-Vandalism		EN-Referred to Engineering	PA-Paved Area
			PN-Public Notification	CB-Contained in Building

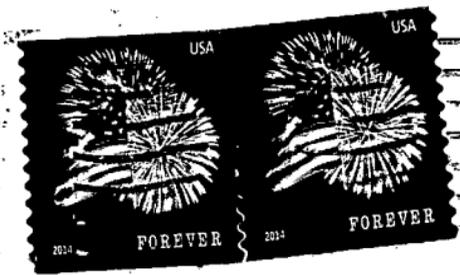
Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action (s) Taken to Address SSO	Discharge Location
<i>Interstation #1 Park St.</i>		<i>3-26-15</i>	<i>3-28-15</i>	<i>14,000</i>	<i>R</i>	<i>NEAH</i>	<i>EC</i>	<i>CR</i>
<i>Interstation #2 Riggsville Dr</i>		<i>3-26-15</i>	<i>3-27-15</i>	<i>5,000</i>	<i>R</i>	<i>NEAH</i>	<i>EC</i>	<i>CR</i>

Joe Vatcher
3-30-15

Signature of Cognizant or Ranking Official Date

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."

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 8015

