

## Sanitary Sewer Overflow Monthly Report

**Facility Name:** Mountain View, City of    **Permit Number:** AR0020117    **Reporting Period(Month/Year):** JAN-2013  
 **No Sanitary Sewer Overflows This Monitoring Period**

| Cause(s) of SSO     |                       | SSO Impact   |  | Action(s) Taken            | Ultimate Discharge Loc       |
|---------------------|-----------------------|--|--|----------------------------|------------------------------|
| CO-Construction     | D-Debris              | NEAH-No Evidence of Adverse Health or Environmental Impact |  |                            | CR-Creek/Stream/River (pleas |
| E-Equipment Failure | G-Grease              | OEHC-Observed or Evidence of Human Contact                 |  | BC-Environmental Cleanup   | DI-Ditch                     |
| HC-Hydro Clean      | LF-Line Failure/Break | EPK-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 Build        |

| 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 | Ultimate DI Locati |
|---------------------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|--------------------|
| Lick Sta #1 Park St |           | 1-12-13           | 1-14-13         | 10,000                        | R            | NEAH                 | EC                              | CR                 |
| Manhole Hwy 66      |           | 1-12-13           | 1-15-13         | 30,000                        | R            | NEAH                 | EC                              | CR                 |
| #6 Lick Hwy 66      |           | 1-30-13           | 1-31-13         | 20,000                        | R            | NEAH                 | EC                              | CR                 |
|                     |           |                   |                 |                               |              |                      |                                 |                    |
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|                     |           |                   |                 |                               |              |                      |                                 |                    |

Signature of Cognizant or Ranking Official: *[Signature]*      Date: 2-1-13

"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 persons 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 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."

**CONFIRMATION NUMBER**

**AF685E6E-CC03-47E4-AFAC-7B55AE1D209D**

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

**The following information has been sent.**

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**24-Hour Sanitary Sewer Overflow Report**

**SSO ID#:** AF685E6E-CC03-47E4-AFAC-7B55AE1D209D

**Date Sent:** 2/1/2013

SSO  Bypass  Upset

Facility Permit Number: **AR0020117**

Facility name:

**Mountain View WasteWater**

Date Overflow Began: **1/30/2013**

Time:

**6:30 am**

Date Overflow Ended: **1/31/2013**

Time:

Location:

**#6 Lift Station Hwy 66**

*(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, building, other).*

**Type of Overflow**

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

*(Enter overflow type if not listed)*

**Cause of Overflow**

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

**Volume:**

**20,000**

*(Give an estimate in gallons)*

**Impact of SSO Event:**

**SSO Reached Receiving Water (river,stream)**

**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
- 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

**Reported By** Joe

**Title** Thatcher

**Telephone Number** (870) 269-8284

Additional  
Comments  
if Needed:

Empty text box for additional comments.

**CONFIRMATION NUMBER**

**87E0C8E2-86CF-4780-BCFC-E313F48471FE**

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

**The following information has been sent.**

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**24-Hour Sanitary Sewer Overflow Report**

**SSO ID#:** 87E0C8E2-86CF-4780-BCFC-E313F48471FE

**Date Sent:** 1/18/2013

SSO  Bypass  Upset

Facility Permit Number: **AR0020117**

Facility name:

**Mountain View Waste Water**

Date Overflow Began: **01/12/2013**

Time:

**6:00 am**

Date Overflow Ended: **01/14/2013**

Time:

**6:00 am**

Location:

**Lift Station #1 Park Street**

*(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, building, other).*

**Type of Overflow**

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

*(Enter overflow type if not listed)*

**Volume:**

**10000**

*(Give an estimate in gallons)*

**Impact of SSO Event:**

**SSO Reached Receiving Water (river,stream)**

**Cause of Overflow**

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

**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
- Disinfected and Deodorized
- Hydro Cleaned
- Spread Lime on Affected Area
- Public Notification

**Environmental Cleanup**

**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

Reported By **Joe Thatcher**

Title **Plant Manager**

Telephone Number **(870) 269-8284**

Additional  
Comments  
if Needed:

**CONFIRMATION NUMBER**

**1C5B089F-F939-43BC-9651-9B08E97559B6**

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

**The following information has been sent.**

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**24-Hour Sanitary Sewer Overflow Report**

**SSO ID#: 1C5B089F-F939-43BC-9651-9B08E97559B6**

**Date Sent: 1/18/2013**

SSO  Bypass  Upset

Facility Permit Number: **AR0020117**

Facility name:

**Mountain View Waste Water**

Date Overflow Began: **01/12/2013**

Time:

**6:00 am**

Date Overflow Ended: **01/15/2013**

Time:

**6:00 am**

Location:

**Manhole Hwy 66**

*(Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm sewer, building, other).*

**Type of Overflow**

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

*(Enter overflow type if not listed)*

**Volume:**

**30000**

*(Give an estimate in gallons)*

**Impact of SSO Event:**

**SSO Reached Receiving Water (river,stream)**

**Cause of Overflow**

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

**Action Taken - Check all that apply**

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**Environmental Damage**

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

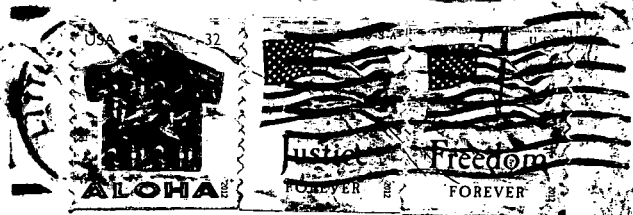
Reported By **Joe Thatcher**

Title **Plant Manager**

Telephone Number **(870) 269-8294**

Additional  
Comments  
if Needed:

MOUNTAIN VIEW  
WATER & SEWER DEPARTMENT  
DRAWER 360  
MOUNTAIN VIEW, AR 72550



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

721185317 R015

