

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: 5-10-15 **Time:** 12:00 AM **Date Overflow Ended:** 5-12-15 **Time:** 8:00 AM


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>142 Park St. & Riggsville Dr</u>
<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: _____ *(Give an estimate in gallons)*
#1 - 5000 GAL
#2 - 4000 GAL

- 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 type="checkbox"/> Other - Describe: _____ | |

- 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 |

 oper. 870-269-3293

Reported By _____ **Title** _____ **Telephone Number** _____
AR0020117

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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: 5-12-15 **Time:** 6:00Am **Date Overflow Ended:** 5-13-15 **Time:** 6:00Am

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 type="checkbox"/> Lift Station Overflow _____ | <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 type="checkbox"/> Other - Describe: _____ | |

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** _____

AR0520117

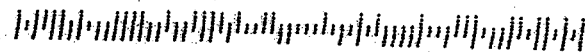


MOUNTAIN VIEW WATER DEPARTMENT
P.O. Box 360
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NPDES Enforcement Section
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