

BYPASS/OVERFLOW REPORT

Send Overflow Report to: Greg Hurley - ADEQ Enforcement Section
Phone: 501-682-0638
FAX: 501-682-0880

Name of Facility: MOUNTAIN HOME WWTP Permit No: AR0021211

Date SSO Began: 1 14 16 Date SSO Ended: 1 14 16

Address of SSO: 719 HWY 5N #B MOUNTAIN HOME AR 72653

Name of Person Reporting Overflow: JOHN BEEBE Phone No.: 870 656 2238

Description of SSO: () Manhole Overflow Manhole # _____
() Lift Station Overflow
() Main Line Overflow
(X) Service Line overflow
() Other: Describe _____

Estimated Volume: 50 Gal

Ultimate Discharge Location: GROUND
(Name or location of receiving stream/creek if applicable, ditch, pavement, ground, storm drain)

Cause of SSO - Check all that apply

- () I and I - Rainfall
- () Roots
- () Grease
- () Debris
- () Equipment Failure
- () Construction
- () Vandalism
- () Power Failure
- () Other - Describe CLEAN OUT CAP RAN OVER BROKEN CLOGGED SERVICE LINE

Action Taken - Check all that apply

- () Machine rodded
- (X) Jet-Vac
- () Hydro Cleaned
- () Hand rodded
- () Disinfected and Deodorized
- () Spread Lime on Affected Area
- () Used Generator Too Power Pumps/Equipment
- () Other - Describe _____

Environmental Impact

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