

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: 1-17-17 Date SSO Ended: 1-17-17

Address of SSO: 110 MORRIS ST MOUNTAIN HOME AR 72653

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

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

Estimated Volume: 20 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 PRIVATE - SERVICE LINE

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Action Taken – Check all that apply

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

Environmental Impact

- 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

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Name of Facility: MOUNTAIN HOME WWTP Permit No : AR0021211

Date SSO Began: 1-21-17 Date SSO Ended: 1-21-17

Address of SSO: 1ST BAPTIST 400 CLUB BLV MOUNTAIN HOME AR 72653

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

Description of SSO: Manhole Overflow Manhole # 124-035
 Lift Station Overflow
 Main Line Overflow
 Service Line overflow
 Other: Describe _____

Estimated Volume: 100 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 _____

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Action Taken – Check all that apply
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 Jet-Vac
 Hydro Cleaned
 Hand rodded
 Disinfected and Deodorized
 Spread Lime on Affected Area
 Used Generator Too Power Pumps/Equipment
 Other – Describe _____

Environmental Impact
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