

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: 12-28-15 Date SSO Ended: 12-28-15

Address of SSO: 215 PARKVIEW MOUNTAIN HOME AR 72653

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

Description of SSO: Manhole Overflow Manhole # 139-210
 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 _____

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 _____

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