

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: 12-9-15 Date SSO Ended: 12-9-15

Address of SSO: 821 CIRCLE DR 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
 Service Line overflow
() Other: Describe _____

Estimated Volume: 10 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 RAKE UP WASH DOWN

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