

02/20/14 03:23PM HP LASERJET FAX

p. 01

BYPASS/OVERFLOW REPORT

Send Overflow Report to: Greg Hurley -- ADEQ Enforcement Section
Phone: 501-682-0638
FAX: 501-682-0910

Name of Facility: MOUNTAIN HOME WWTP Permit No: AR0021211

Date SSO Began: 2-19-14 Date SSO Ended: 2-19-14

Address of SSO: 423 West 7th

Name of Person Reporting Overflow: Terry Sanders Phone No.: 870-425-6510

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

Estimated Volume: 3 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