

## 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: 6-2-16 Date SSO Ended: 6-2-16

Address of SSO: 602 LARK LN MOUNTAIN HOME AR. 72653

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

Description of SSO: ☒ Manhole Overflow Manhole # 154-240  
☐ Lift Station Overflow  
☐ Main Line Overflow  
☐ Service Line overflow  
☐ Other: Describe \_\_\_\_\_

Estimated Volume: 10 Gal

Ultimate Discharge Location: DRAINAGE DITCH  
(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