

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: 05/13/2014 Date SSO Ended: 05/13/2014

Address of SSO: PARKWOOD LIFT STATION

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 _____

Estimated Volume: 250 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 REPAIRED EQUIPMENT

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