

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: 9-14-15 Date SSO Ended: 9-14-15

Address of SSO: 916 RED WING TRAIL MOUNTAIN HOME AR 72653

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

Description of SSO: (X) Manhole Overflow Manhole # 155-225
() 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
(X) Debris RAGS
() Equipment Failure
() Construction
() Vandalism
() Power Failure
() Other - Describe

Action Taken - Check all that apply
() Machine rodded
(X) Jet-Vac
() Hydro Cleaned
() Hand rodded
() Disinfected and Deodorized
() Spread Lime on Affected Area
() Used Generator Too Power Pumps/Equipment
() Other - Describe RINSE AND VAC.

Environmental Impact
(X) 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