

Sanitary Sewer Overflow (SSO) 24 Hr. Report

Name of Facility: Mountain Home Wastewater Phone: 870-425-5115

NPDES Permit # AR0021211

Date SSO Began: 5-4-18 Time SSO Began: 1030

Date SSO Ended: 5-4-18 Time SSO Ended: 1100

Address or Manhole # of SSO: 405 SN THOMSON INSURANCE MOUNTAIN HOME AR 72053

Signature of person reporting: [Signature] Title Vac Op Phone: 870 656 2238

- Description of SSO:
- Manhole Overflow
 - Lift Station Overflow
 - Main Line Overflow
 - Service Line Overflow
 - Overflow: Describe _____

Ultimate Discharge Location GROUND (Ground, Ditch, Creek, Pavement. Etc)

Estimated Volume: 50 Gallons.

Cause of SSO - Check all that apply

- I and I - Rainfall
- Roots
- Grease
- Debris
- Equipment Failure
- Construction
- Vandalism
- Other - Describe RAGS
- Power Failure
- Line Failure / Break

Action Taken - Check all that apply

- Machine rodded
- Jet-vac
- Root saw
- Hand rodded
- Disinfected and Deodorized
- Spread Lime on Affected Area
- Other - Describe _____
- Hydro Cleaned
- Public Notification
- Used Generator to power Pumps/Equip) etc

Environmental Impact

- NEAH - No Evidence of Adverse Health/Environmental Impact
- OEEI - Observed or Evidence of Environmental Contact
- OEHC - Observed or Evidence of Human Contact
- EFK - Evidence of Fish Kill

Send overflow Report to : ADEQ Enforcement Section - by Fax: 501-682-0880