

Sanitary Sewer Overflow (SSO) 24 Hr. Report

Name of Facility: Mountain Home Wastewater Phone: 870-425-5115
 NPDES Permit # AR0021211

Date SSO Began: 7-2-17 Time SSO Began: 1300

Date SSO Ended: 7-2-17 Time SSO Ended: 1400

Address or Manhole # of SSO: _____

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 GROUND

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

Estimated Volume: 20 Gallons.

Cause of SSO - Check all that apply

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

Action Taken - Check all that apply

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

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