

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: 11-22-16 Date SSO Ended: 11-30-16

Address of SSO: 2588 Hwy S North

Name of Person Reporting Overflow: Kevin Tuberville Phone No.: 405-0859

Description of SSO: () Manhole Overflow Manhole # _____
() Lift Station Overflow
() Main Line Overflow
() Service Line overflow
() Other: Describe Air Release Valve

Estimated Volume: 2000 Gal

Ultimate Discharge Location: None
(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 SHUT OFF Valve

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