Sanitary Sewer Overflow Monthly Report

Facility Name: Clarksv: Ile Light+Water Permit Number: A2 00 22147 Reporting Period (Month/Year): 11/2015

No Sanitary Sewer Overflows This Monitoring Period

		Summary Report Code Description	ns		
Cause(s) of SSO		SSO Impact	Action(s) Taken	Ultimate Discharge Location	
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact	· WO-Work Order	CR-Cteek/Stream/River (please specify)	
E-Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human Contact	· EC-Environmental Cleanup	DI-Ditch	
HC-Hydro Clean	LF-Line Failure/Break	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drap Inlet	
R-Rainfall	RG-Roots & Grease		HR-Hand Rodded	GR-Ground Surface	
RO-Roots	V-Vandalism		EN-Referred to Engineering	PA-Paved Area	
			PN-Public Notification	CB-Contained in Building	

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Location	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallous)	Cause of SSO	Environmental Impact	Action (s) Taken to Address SSO	Ultimate Discharge Location
M.H. # 5-48	Trylor St.	11-29-2015	11-30-2015	5000	R	NEAH	EC	PA
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Signature of Cognizant or Ranking Official

12-4-2015

Date

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

CONFIRMATION NUMBER

A733E38D-0606-486B-BDDB-C84809C6CD97

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

The following information has been sent.

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24-Hour Sanitary Sewer Overflow Report SSO ID#: A733E38D-0606-486B-BDDB-C84809C6CD97 Date Sent: 11/30/2015 \square SSO \square Bypass \square Upset \square Unpermitted Discharge Facility Permit Number: AR0022187 Facility name: Clarksville light & water Date Overflow Began: 11-29-2015 Time: 1:00 am 2:00 pm Date Overflow Ended: 11-30-2015 Time: Location: Manhole 5-48 Taylor Street (Give address, manhole number-if numbered. Include where the overflow went-yard, ditch, stream, storm s Type of Overflow Cause of Overflow () Manhole Overflow (☑) I & I - Rainfall (□) Lift Station Overflow (□) Roots (□) Main Line Overflow (□) Grease (□) Service Line Overflow (□) Debris (Other Overflow Type: () Equipment Failure (Enter overflow type if not listed) (☐) Construction Volume: 5000 () Vandalism (Give an estimate in gallons) (□) Power Failure SSO Reached Public Land Only (ground) Impact of SSO Event: (□) Line Failure/Break (□) Other Cause: Action Taken - Check all that apply (Short term and long-term action, including clean-up and any plans to remediate I & I). (□) Machine rodded (☑) Disinfected and Deodorized (□) Jet-Vac (□) Hydro Cleaned (□) Hand rodded (□) Spread Lime on Affected Area (\square) Used Generator To Power Pumps/Equipment (\square) Public Notification (□) Other: Describe (\square) OEHC - Observed or Evidence of Human Contact ($\ensuremath{\square}$) NEAH - No Evidence of Adverse Health/Environmental Impact (\square) OEEI - Observed or Evidence of Environmental Impact (\square) EFK - Evidence of Fish Kill Reported By Gregg Rainey Manager Telephone Number (479) 979-5509 Additional Comments if Needed: Almost 10 inches of rain in last 4 days.

Email a Copy of This Report to the Email Address: gregg.rainey@clarksvillelightwater.com



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