Sanitary Sewer Overflow Monthly Report

Facility Name: City of Bentonville

Permit # AR0022403 Reporting period August 1- August 31

Pictures in Water Drive/Sewer Overflows

Sanitary Sewer Overflows This Monitoring Period

		Summary Report Code Descriptions	criptions	
Cause(s	Cause(s) of SSO	SSO Impact	Action(s) Taken	Ultimate Discharge Location
C0-Construction	D-Debris	NEAH-No Evidence of Adverse Health	WO-Work Order	CR-Creek/Stream/River
		or Environmental Impact		
Equipment Failure	G-Grease	OEHC-Observed or Evidence of Human	EC-Environmental	DI-Ditch
		Contact	Cleanup	
HC-Hydro Clean	LF-Line	EFK-Evidence of Fish Kill	HC-Hydro Cleaned	DR-Drop Inlet
	Failure/Break			
Rainfall	RG-Roots & Grease		HR-Hand Rodded	GR-Ground Surface
RO-Roots	Vandalism		EN-Referenced to Engineer	PA-Paved Area
			PN-Public Notification	CB-Contained in Building

Γ	Т	Τ	T	Τ	T	Τ	T	Τ	Т		
								2404 Trails End Dr			Location
•								363-2827		Number	Manhole
								363-2827 8/3/2023		of SSO	Manhole Start Date
								8/3/2023		of SSO	End Date
								500	Gallons	Volume in	Estimated
								D		of SSO	Cause
								NEAH		Impact	Environmental
								EC,HR,WO	Address SSO	Taken to	
								GR,DI		Location	Ultimate Discharge

Signature of Cognizant or Ranking Official

mo

Date

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 significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." 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 "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

The following information has been sent.

CONFIRMATION NUMBER

00196050-2d6d-4deb-9d82-2cd256f0034d

*Date Overflow Range *Date Overflow Began: 8/3/2023 *Time: 11:30 am Date Overflow Ended: 8/3/2023 Time: 1:30 pm -Facility/Permit Information *Facility Name: City of Bentonville *Permit Number: AR0022403
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-Location Information
Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.
The overflow occurred at 2404 Trails End Dr on the south side of property out of manhole# 363-2827. Sewer matter collected around manhole with some flowing into a wet weather creek. (dry at the time of overflow) Our flush truck pulled back a piece of lumber and a tennis ball while freeing the blockage. Spread lime on affected area.
Description of Problem (check all items that apply)
Type of Overflow
✓ Manhole Overflow ☐ Lift Station Overflow ☐ Main Line Overflow ☐ Service Line Overflow ☐ Other:
Cause of Overflow
☐ I & I - Rainfall ☐ Roots ☑ Grease ☑ Debris ☐ Equipment Failure
☐ Construction ☐ Vandalism ☐ Power Failure ☐ Line Failure/Break ☐ Other: Volume of Overflow:
500 Impact of SSO Overflow Incident
Impact of SSO Overflow Incident SSO Affected Private Property (ground)

about:blank

Environmental Damage (check all items that apply)
☐ OEHC - Observed or Evidence of Human Contact ☐ OEEI - Observed or Evidence of Environmental Impact
☐ EFK - Evidence of Fish Kill Manhole ☑ NEAH - No Evidence of Adverse Health/Environmental Impact
Action Taken (check all items that apply)
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Short term and long-term action, including clean-up and any plans to remediate I & I.
✓ Machine Rodded ☐ Jet-Vac ☐ Hand Rodded ☐ Used Generator to Power Pumps/Equipment ☐ Disinfected and Deodorized ☐ Hydro Cleaned ✓ Spread Lime on Affected Area ☐ Public Notification ☐ Other:
Reported By—
"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.
Name: Loran Shipman Title: Wastewater Collection Supervisor Phone: 4792713140 Email a Copy of This Report to the Email Address: lshipman@bentonvillear.com
Additional Comments: