Sanitary Sewer Overflow Monthly Report

Pictures in Water Drive/Sewer Overflows

2020

Facility Name: City of Bentonville Permit # AR0022403 Reporting period February 1-29 No Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions

Cause(s) of SSO		SSO Impact	Action(s) Taken	Ultimate Discharge Locatio	
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	

Location	Manhole	Start Date	End Date	Estimated	Cause	Environmental	Action(s)	Ultimate Discharge
	Number	of SSO	of SSO	Volume in	of SSO	Impact	Taken to	Location
				Gallons			Address SSO	
912 SW 2ND ST.	360-2743	2/15/2020	2/17/2020	72,000	G	NEAH	WO,EC,HC	DI
4601 SW GOLDEN EAGLE AVE	360-2743	2/17/2020	2/17/2020	500	EF	NEAH	EC	GR
7 2								

Signature of Cognizant or Ranking Official

Date 3-2-2028

[&]quot;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 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

013872ef-ef7c-4459-a592-1ee275f19ef5

(INOLE: You will need this number should you ever need to contact ADEQ concerning this report) Date/Time Overflow Range
*Date Overflow Began:
2/15/2020
*Time:
11:00 am
Date Overflow Ended:
Time:
11:00 am
Facility/Permit Information
*Facility Name:
City of Bentonville
*Permit Number:
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.
and flowed out of manhole entering nearby stream. We are in the process of spraying the solids down the stream bank and sucking the sewer matter out with a Vac-Truck. I did notice a few dead
worms. I his is a small stream/drainage area. I don't believe there are any fish in this area. I do not know the actual time the overflow started. I estimate that the overflow was 25gpm for two days
which brings the overflow total to 72,000 gallons.
Description of Problem (check all items that apply)
Type of Overflow
☑ Manhole Overflow ☐ Lift Station Overflow ☐ Main Line Overflow ☐ Service Line
Cause of Overflow
🗌 I & I - Rainfall 🔲 Roots 🗹 Grease 🔲 Debris 🗀 Equipment Failure
☐ Construction ☐ Vandalism ☐ Power Failure ☐ Line Failure/Break ☐ Other: Volume of Overflow:
72000

Impact of SSO Overflow Incident SSO Reached Receiving Water (river, stream) 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) 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: Name:
Short term and long-term action, including clean-up and any plans to remediate I & I.
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Name: Loran Shipman Title: Wastewater Collection Supervisor Phone: 479-271-3140 Email a Copy of This Report to the Email Address: Ishipman@bentonvillear.com
Additional Comments:

CONFIRMATION NUMBER

2e024839-d777-4c78-9b53-747d34080ed1

NOTE: You will need this number should you ever need to contact ADEQ concerning this report) Date/Time Overflow Range
*Date Overflow Began:
2/17/2020
1:00 nm
Date Overflow Ended:
Time:
1:30 pm
Facility/Permit Information
*Facility Name:
*Permit Number: AR0022403
Location Information
Provide address and manhole number if numbered. Include where the overflow went into a yard, litch, stream, storm sewer, building, or other. Be specific as possible.
The Overflow occurred in field just east of 4601 SW Golden Eagle Ave. at manhole number 360-2743. This is a city owned property. This is an area where a sewer line is being replaced and bypass numping is installed to pump sewer around the construction area. There was an issue with the pump ausing a small overflow of 500 gallons. We cleaned up the overflow and spread lime on the iffected area.
Description of Problem (check all items that apply)
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🗆 I & I - Rainfall 🗀 Roots 🗀 Grease 🗀 Debris 🗀 Equipment Failure
☐ Construction ☐ Vandalism ☐ Power Failure ☐ Line Failure/Break ☑ Other: Issues with
ypass pump. olume of Overflow: pnact of SSO Overflow:

Additional Comments:	Title: Wastewater Collection Supervisor	Name:	"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.	Reported By	☐ 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:	Short term and long-term action, including clean-up and any plans to remediate I & I.	☐ EFK - Evidence of Fish Kill Manhole ☑ NEAH - No Evidence of Adverse Health/Environmental Impact Action Taken (check all items that apply)	☐ OEHC - Observed or Evidence of Human Contact ☐ OEEI - Observed or Evidence of Environmental Impact	SSO Reached Public Land Only (ground) Environmental Damage (check all items that apply)
		Title: Wastewater Collection Supervisor	Name: Loran Shipman Title: Wastewater Collection Supervisor	"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. 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