Sanitary Sewer Overflow Monthly Report

Facility Name: City of Bentonville

Permit # AR0022403 Reporting period

Pictures in Water Drive/Sewer Overflows May 1-31

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

Location	Manhole Number	Manhole Start Date Number of SSO	End Date of SSO	Estimated Volume in	Cause	Environmental	Action(s)	Ultimate Discharge
				Gallons	;		Address SSO	
3609 PEACH ORCHARD RD. 236-4008 5/1/2017	236-4008	5/1/2017	5/2/2017	412,500	RAINFALL	NEAH	WO.EC.	CR
801 SE 8TH ST.	404-680	404-680 5/30/2017	5/31/2017	500	4	NEAH	WO,EC,	SS
			(

Signature of Cognizant or Ranking Official

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 "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 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." The following information has been sent.

CONFIRMATION NUMBER

c8b9d8ad-fc9f-4dbe-9417-9cc035ff8235

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) Date/Time Overflow Range
*Date Overflow Began:
5/1/2017
*Time:
8:00 am
Date Overflow Ended:
5/2/2017 Time:
9:00 am
Facility/Permit Information
*Facility Name:
CITY OF BENTONVILLE
*Permit Number:
AR0022403
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.
3609 PEACH ORCHARD RD. MANHOLE NUMBER 236-4008, OVERFLOW AFFECTED AREAS AROUND THE LIFT STATION AND RAN DOWN TO MCKISSIC CREEK. 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:
412500 Impact of SSO Overflow Incident
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: REMOVE SEWER ON THE GROUND 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 COLLECTIONS FOREMAN Phone: 479-271-3140 Email a Copy of This Report to the Email Address:
Additional Comments:

The following information has been sent.

CONFIRMATION NUMBER

7753832b-55e2-4a50-94b0-ebd35ab04072

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) Date/Time Overflow Range
*Date Overflow Began:
5/30/2017
*Time:
12:00 pm
Date Overflow Ended:
5/31/2017
Time:
10:00 am
Facility/Permit Information
*Facility Name:
City of Bentonville
*Permit Number:
AR0022403
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.
801 SE 8th St. 100" south of manhole number 404-680. Failure in sewer main. Sewer leaking out of sewer pipe into storm drain pipe and discharging into the creek. Description of Problem (check all items that apply)
Type of Overflow
☐ Manhole Overflow ☐ Lift Station Overflow ☐ Main Line Overflow ☐ Service Line Overflow ☐ Other: Sewer leaking out of pipe and running into the storm drain pipe.
Cause of Overflow
□ I & I - Rainfall □ Roots □ Grease □ Debris □ Equipment Failure
☐ Construction ☐ Vandalism ☐ Power Failure ☑ Line Failure/Break ☐ Other: Volume of Overflow: 500 gal
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: repair pipe
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 Collections Foreman Phone:
479-271-3140
Email a Copy of This Report to the Email Address:
Additional Comments: