Sanitary Sewer Overflow Monthly Report

Facility Name: City of Bentonville

Pictures in Water Drive/Sewer Overflows October 1 - October 31 Permit # AR0022403 Reporting period

Sanitary Sewer Overflows This Monitoring Period

Summary Report Code Descriptions

| 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 | 397 |
| 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 Number | Manhole Start Date | End Date of SSO | Estimated Volume in Gallons | Cause of SSO | Cause Environmental of SSO Impact | Action(s) Taken to | Ultimate Discharge Location |
|-----------------|-------------------|--------------------|--------------------|-----------------------------------|-----------------|-----------------------------------|--------------------|--------------------------------|
| 1101 Spriggs CT | | 10/3/2023 | 10/3/2023 | 500 | RG | OEHC | WO,EC | CB |
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Signature of Cognizant or Renking 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

b0af39ee-5203-43b7-ac50-7b4854550a10

| (NOTE: You will need this number should you ever need to contact ADEQ concerning this report) Date/Time Overflow Range |
|---|
| *Date Overflow Range *Date Overflow Began: 10/3/2023 *Time: 6:30 am Date Overflow Ended: 10/3/2023 Time: 8:00 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. The overflow occurred at 1101 Spriggs Ct due to roots growing through the tap connection of a service line into the city sewer main. The effects of the blockage discharged sewer into the home at the location. The blockage was cleared and the city has hired and outside company to restored the home. |
| 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 Basement Backup |

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| 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: Loran Shipman Title: |
| Wastewater Collection Supervisor |
| Phone: 4792713140 |
| Email a Copy of This Report to the Email Address: |
| lshipman@bentonvillear.com |
| —Additional Comments: |

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