## **CONFIRMATION NUMBER**

## 22e1ee28-06f0-45f9-b2a6-c33befff4723

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)
Date/Time Overflow Range
*Date Overflow Began:
3/27/2017
*Time:
8:30 am
Date Overflow Ended:
Time:
Facility/Permit Information
*Facility Name:
City of Yellville
*Permit Number:
AR0034037
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.
511 north estes
Description of Problem (check all items that apply)
Type of Overflow
✓ Manhole Overflow $\Box$ Lift Station Overflow $\Box$ Main Line Overflow $\Box$ Service Line Overflow $\Box$ Other:
Cause of Overflow
✓ I & I - Rainfall □ Roots □ Grease □ Debris □ Equipment Failure
□ Construction □ Vandalism □ Power Failure □ Line Failure/Break □ Other: Volume of Overflow: Impact of SSO Overflow Incident
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

Short term and long-term action, including clean-up and any plans to remediate I & I.
<ul> <li>☐ Machine Rodded ☐ Jet-Vac ☐ Hand Rodded ☐ Used Generator to Power Pumps/Equipment</li> <li>☐ Disinfected and Deodorized ☑ Hydro Cleaned ☐ Spread Lime on Affected Area ☐ Public</li> <li>Notification ☐ Other:</li> </ul>
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:
Stuart Oxford
Title:
Waste Water Superintendent
Phone:
870-656-9385
Email a Copy of This Report to the Email Address: ssoadeq@adeq.state.ar.us
Additional Comments: