CONFIRMATION NUMBER

4745b1a6-e48a-40b4-bf96-0a20bd87c12c

(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:
10:00 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.
330 west 8th street Shawnee town branch
Description of Problem (check all items that apply)
Type of Overflow
\checkmark Manhole Overflow \square Lift Station Overflow \square Main Line Overflow \square Service Line Overflow
□ Other:
Cause of Overflow
🗹 I & I - Rainfall 🗌 Roots 🗌 Grease 🗌 Debris 🗌 Equipment Failure
\Box Construction \Box Vandalism \Box Power Failure \Box Line Failure/Break \Box 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 INEAH - 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:
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: