## ADEQ FAX 501 682-0880

## SANITARY SEWER OVERFLOW (SSO) 24 HR REPORT

Name of Facili	ty: City of N	[ewport	Phone: 870 5	523-8121	
NPDES Permi	t No: 4R00	45225			
Date SSO Beg	an: 9-9	-18	Date SSC	) Ended:	9-9-18
Address of SS	0 8200	Theatre Drin	e		
	Cl2 Cont	act Chanker			
Description	( ) Manhole ( ) Lift Statio ( ) Main Lin ( ) Service I	on	e (ontact	chamber	_
	W Onici - D	reserroe On Join	<u> </u>	<u> </u>	
Estimated Vol Cause of SSO	<ul> <li>Check all t</li> </ul>	hat apply	₩'		
	() I and I – () Roots () Grease	Kainfall			
• .	( ) Debris ( ) Equipme ( ) Construc	tion			4
	( ) Vandalis (X) Other – I	m Describe Rainfalo	+ Pumps	tion basih	overwhe/mee
() Vandalism (X) Other - Describe Rainfall in Awation basin overwhelmed  Effluent Pumps  Action Taken - Check all that apply					
	() Machine () Jet-Vac	rodded		-	
٠.	() Root Sav () Hand Ro		·		
		ed and Deodorized ime on Affected Are Describe <u>Con Fa</u>	and wit	hih Plan	+ perimeter
	(V) Office - 1	70301100 <u>00 11   11</u>			
Environmenta	I Impact			•	
, ()OE	AH – No Evi HC – Observ K – Evidence	dence of Adverse He ed or Evidence of He of Fish Kill	ealth/Environme ıman Contact	ntal Impact	
Signautre:	Meuth	Sterrone	Date:	9-12	- 18