FORREST CITY WATER UTILITY 303 NORTH ROSSER STREET P.O. BOX 816 FORREST CITY,		NPD	Sanitary Sewer Overflow (SSO) Month NPDES Permit No.: AR0020087			nly Report Monitoring Period (Month/Year): 2/1/2020					
	2-00070		No Sanitary Se	wer Overflow	s This Monitoring F	Period	t				
				Summa	ry Report Code De	script	ion				
Cause(s) of SSO			SSO Impact			Action(s) Taken			Ultimate Discharge Location		
CO-Construction D-Debris		NEAH - No Evidence of Adverse health/ Environmental Impact				MR-Machine Rodded			CR-Creek/Stream/Rever (specify)		
E-Equipment Failure	G-Grease		OEHC - Observed or Evidence of Human Contact				EC-Environmental Cleanup			DI-Ditch	
HC-Hydro Clean	LF-Line Failure		EFK - Evidence of Fish Kill				HC-Hydro Cleaned			DR-Drop Inlet	
R-Rainfall	RG-Roots/Grease		OEEI - Observed or Evidence of Environmental Impact			HR-Hand Rodded			GR-Ground Surface		
RO-Roots V-Vandalism		lism				EN-Referred to Engineering		ring	PA-Paved Area		
					PN-Public Notice			CB-Contained n Building			
Location Manhole		hole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Caus	se of SSO	Environmental Impact		n (s) Taken dress SSO	Discharge Location
118 Eula			2/26/2021	2/26/2021	500 or less		R	NEAH		НС	GR
Signature of Principa	ll Executive (Office o	or Authorized A	gent	,				•		Date

I certify under penaltyh 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.