



Forrest City Water Utility

303 NORTH ROSSER ST.
FORREST CITY, ARKANSAS 72335
870-633-2921

NON-COMPLIANCE REPORT

Facility Name: Forrest City Wastewater Treatment Plant

NPDES Permit: AR0020087

REPORTING PERIOD 1/01/2020 TO 3/31/2020

VIOLATION 1 Exceeded Copper, Total Recoverable Permit Limit

PARAMETER	NUMERIC VALUE	PERMIT LIMIT
Copper MO. AVG. (QUANTITY)	1.96 lb/day	0.52 lb/day

REASON FOR VIOLATIONS:

There was a clerical error on our lab report. On our lab report for Copper, it reads 0.0721 mg/l. The corrected report reads 0.0072 mg/l.

All parameters in the permit were in compliance.

CORRECTIVE ACTION/PREVENTIATIVE MEASURES/OTHER NARRATIVE:

We received a corrected copy of our sample report from our lab. We have corrected the DMR and are resubmitting it.

Joel R. Thetford

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 2003010519
 Customer Name: FORREST CITY WATER UTILITY CO.
 Customer/Permit No.: 68 / AR0020087 001
 Report Date: 03/27/20

Composite Date: 03/15/20 -03/16/20
 Sample Time: 1000-1000
 Sample Type: COMPOSITE WWATER
 Sample From: 001 FINAL EFFLUENT

Collected By: JT
 Delivery By: JGK
 Work Order:
 Purchase Order:

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Assurance % Recovery
03/27	0147	Copper	0.0072 mg/L			EPA 200.8	1.80	99.9 *

CORRECTED COPY

* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Corrected Copy

Signature 
 Environmental Services Co., Inc.

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: FORREST CITY, CITY OF (WWTP)
 ADDRESS: PO BOX 816
 FORREST CITY, AR 72336

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)
 AR0020087
 PERMIT NUMBER
 001-Q
 DISCHARGE NUMBER
 (2-16)

DMR Mailing ZIP CODE: 723350816
 AmN-CBOD-FecColi-Cu-TSS
 ESCI Little Rock Lab #AR00015
 DO-pH Plant Lab #00994
 External Outfall

FACILITY: FORREST CITY WASTEWATER TREATMENT PLANT

LOCATION: 320 SFC 209
 FORREST CITY, AR 72335

MONITORING PERIOD
 FROM 01/01/2020 TO 03/31/2020

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			UNITS (62-69)	EX. FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (24-25)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
Copper, total Recoverable		0.20	*****	lbs/d	*****	7.200	7.200	ug/L	1/4	24
1119 1 0		0.52	*****		*****	29.47	59.14		QUARTERLY	COMP24
Effluent Gross		MO AVG	*****			MO AVG	7 DAY AVG			
CORRECTED COPY										
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 51 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								TELEPHONE (870) 633-2921		DATE YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 CALENDAR QTRS: (JAN-MAR), (APR-JUN), (JUL-SEP), & (OCT-DEC). SEE PART II, CONDITION NO.9 (METALS CONDITION). 62-00070