FORREST CITY WATER UTILITY			Sanitary Sewer Overflow (SSO) Monthly Report									
303 NORTH ROSSER STREET P.O. NPI		NPD	DES Permit No.: AR0020087				N	onitoring Perio	d (Mont	h/Year):	11/1/2023	
	RREST CITY, <b>2-00070</b>	х	No Sanitary Se	wer Overflow	s This Monitoring	Period	ł					
				Summa	ry Report Code De	script	ion					
Cause(s) of SSO			SSO Impact			Action(s) Taken			Ultimate Discharge Location			
CO-Construction	D-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					EN-Referred to Engineering		ring	PA-Paved Area			
						PN-Public Notice			CB-Contained n Building			
Location	Manhole #		Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Caus	se of SSO Environmental Impact		Action (s) Taken to Address SSO		Discharge Location	
Signature of Principa	l Executive C	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.