FORREST CITY WATER UTILITY		Sanitary Sewer Overflow (SSO) Monthly Report										
303 NORTH ROSSER STREET P.O.		NPD	PDES Permit No.: AR0020087				Monitoring Period (Month/Year):				1/1/2021	
BOX 816 FORREST CITY,   AR 72335 AFIN 62-00070		X	X No Sanitary Sewer Overflows This Monitoring Period									
				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				MD Masking Daddad			CR-Creek/Stream/Rever (specify)			
E-Equipment Failure	G-Grease		Impact OEHC - Observed or Evidence of Human Contact				MR-Machine Rodded 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			PA-Paved Area		
						PN-Public Notice			CB-Contained n Building			
				1	1	1		1				
Location Manho		hole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Caus	e of SSO	Environmental Impact		n (s) Taken ddress SSO	Discharge Location	

## Signature of Principal Executive Office or Authorized Agent

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.