

AFIN 62-00070

FORREST CITY WATER UTILITY  
 303 N. ROSSER ST.  
 P O BOX 816  
 FORREST CITY, AR 72335

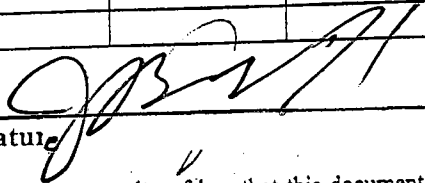
Sanitary Sewer Overflow (SSO) Monthly Report

NPDES Permit No.: AR0020087 Monitoring Period (Month/Year): MAY 2013

No Sanitary Sewer Overflows This Monitoring Period

| Summary Report Code Descriptions |                   |                                                       |                            |                                 |
|----------------------------------|-------------------|-------------------------------------------------------|----------------------------|---------------------------------|
| Cause(s) of SSO                  |                   | SSO Impact                                            | Action(s) Taken            | Ultimate Discharge Location     |
| CO-Construction                  | D-Debris          | NEAH-No Evidence Adverse Health/ Environmental Impact |                            | CR-Creek/Stream/River (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 |                                                       | HR-Hand Rodded             | GR-Ground Surface               |
| RO-Roots                         | V-Vandalism       |                                                       | EN-Referred to Engineering | PA-Paved Area                   |
|                                  |                   |                                                       | PN-Public Notification     | CB-Contained in Building        |

| Location                 | Manhole # | Start Date of SSO | End Date of SSO | Estimated Volume (in gallons) | Cause of SSO | Environmental Impact | Action (s) Taken to Address SSO | Discharge Location |
|--------------------------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|--------------------|
| Division<br>of St Andrew |           | 5/21/13           | 5/22/13         | 200±                          | D            | NEAH                 | HR-                             | GR                 |
|                          |           |                   |                 |                               |              |                      |                                 |                    |
|                          |           |                   |                 |                               |              |                      |                                 |                    |
|                          |           |                   |                 |                               |              |                      |                                 |                    |
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|                          |           |                   |                 |                               |              |                      |                                 |                    |
|                          |           |                   |                 |                               |              |                      |                                 |                    |

Signature: 

Date: 6/22/2013

I certify under penalty 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."

# Forrest City Water Utility

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P.O. Box 816

Forrest City, AR 72335



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NPDES Enforcement Section  
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NORTH LITTLE ROCK, AR 72218

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