



Forrest City Water Utility
303 N. Rosser St
Forrest City, AR 72335

5-15-2015

Transmittal Letter

Arkansas Department of Environmental Quality
5301 North Shore Dr.
North Little Rock, AR 72118-5317
ATTN: Michael Greenway-District 3 Field Inspector-Water Division

Please find Enclosed for your distribution the following:

April 2015 - COPPER

April 2015 - DMR

April 2015 - SSO

Sincerely,

A handwritten signature in black ink, appearing to read "W.H. Calvin Murdock".

Forrest City Water Utility
W.H. Calvin Murdock, Manager
(870)633-2921 – Office
(870)261-2849 Cell
WHCM2@Forrestcitywater.com

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: FORREST CITY, CITY OF
ADDRESS: WASTEWATER TREATMENT PLANT
FORREST CITY, AR 723350816
FACILITY: FORREST CITY, CITY OF
LOCATION: 320 SFC 209
FORREST CITY, AR 72335
ATTN: W.H. CALVIN MURDOCK, MANAGER

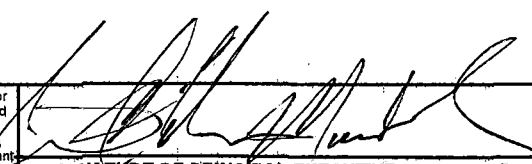
AR0020087	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 723350816
MAJOR

001-CALENDAR QTR-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total recoverable	SAMPLE MEASUREMENT	0.33	*****	lb/d	*****	0.018	0.018	ug/l	0	01/90	COMPOS
01119 10 Effluent Gross	PERMIT REQUIREMENT	.52 MO AVG	*****	lb/d	*****	29.47 MO AVG	59.14 7 DA AVG	ug/L		Quarterly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
W.H. CALVIN MURDOCK TYPED OR PRINTED			(870) 633-2921	5/15/15	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

LAB Reference on Back

AFIN 62 - 00700

AmN-CBOD-FecColi-Cu-TSS:
Environmental Services Co Lab#
AR00015

DO - pH: Plant Lab# AR00994

Wet Testing: Huther and Associates, Inc
Lab# TX01121

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MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 723350816
MAJOR

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	*****	mg/l	0	03/07	GRAB
00300 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Three Per Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.0	SU	0	03/07	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Three Per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	107.1	*****	lb/d	*****	5.9	13.0	mg/l	0	03/07	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	353.6 MO AVG	*****	lb/d	*****	20 MO AVG	30 7 DA AVG	mg/L		Three Per Week	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.4	*****	lb/d	*****	0.15	0.21	mg/l	0	03/07	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	37 MO AVG	*****	lb/d	*****	2.1 MO AVG	4.5 7 DA AVG	mg/L		Three Per Week	COMPOS
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	320.8	*****	lb/d	*****	23.2	23.2	mg/l	0	01/30	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	47.9	*****	lb/d	*****	3.5	3.5	mg/l	0	01/30	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	4.2	MGD	*****	*****	*****	*****	0	01/01	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	TOTALZ

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W.H. CALVIN MURDOCK TYPED OR PRINTED			(870) 633-2921	5/15/15	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH, SEE PART II, #5 (SSO). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. 62-00070
LAB Reference on Back

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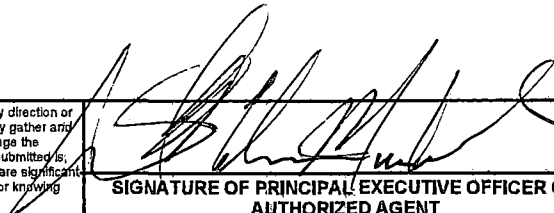
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Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	99	372	#100ml	0	03/07	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#100mL		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	61.8	*****	lb/d	*****	3	4.0	mg/l	0	03/07	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	229.9 MO AVG	*****	lb/d	*****	13 MO AVG	19.5 7 DA AVG	mg/L		Three Per Week	COMPOS

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FORREST CITY WATER UTILITY
 303 NORTH ROSSER STREET P.O.
 BOX 816 FORREST CITY,
 AR 72335 AFIN 62-00070

Sanitary Sewer Overflow (SSO) Monthly Report

NPDES Permit No.: AR0020087

Monitoring Period (Month/Year): April-2015

No Sanitary Sewer Overflows This Monitoring Period

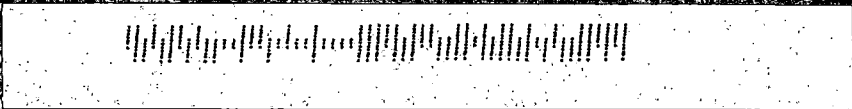
Summary Report Code Description

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		EN-Referred to Engineering	PA-Paved Area
			PN-Public Notice	CB-Contained n 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
416 St. Francis		4/12/2015	4/12/2015	25gals or less	G D	NEAH	HC	GR
Manhole end of A Street		4/12/2015	4/12/2015	100gals or less	G D	NEAH	MR	GR


Signature of Principal Executive Office or Authorized Agent W.H. CALVIN MURDOCK  Date 5/15/15

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303 N. Rosser Street
Post Office Box 816
Forrest City, AR 72335



UNITED STATES POSTAGE

 PITNEY BOWES
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 0000842980 MAY 15 2015
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Arkansas Department of
Environmental Quality
5301 North Shore Drive
North Little Rock, AR 72118-5317