



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

1/20/16

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:

December – DMR Report

December – SSO Report

Sincerely,

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

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): December-2015

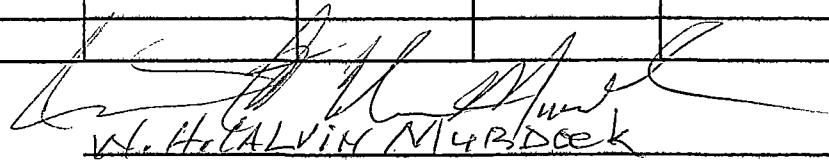
No Sanitary Sewer Overflows This Monitoring Period

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
Bray and Gregory St.		12/29/2015	12/29/2015	100gals or less	CO	NEAH	HC	GR
Brookside & Sycamore		12/29/2015	12/29/2015	100gals or less	G D	NEAH	HC	GR
700 Block of Garland St		12/29/2015	12/29/2015	100gals or less	G	NEAH	HC	GR

Signature of Principal Executive Office or Authorized Agent


 W. H. CALVIN MURDOCK


Date 1/20/16

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.



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



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North Little Rock, AR 72118-5317

