



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

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02/18/2016

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:

January – DMR Report

January – SSO Report

January – Copper #1

Sincerely,

Forrest City Water Utility  
W.H. Calvin Murdock, Manager  
(870)633-2921 – Office  
(870)261-2849 Cell  
[WHCM2@Forrestcitywater.com](mailto: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): January-2016

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
Side area of McDonalds at 2301 N Washington 424 A Street		1/2/2016	1/4/2016	100gals or less	CO	NEAH	HC	GR
		1/31/2016	1/31/2016	50gals or less	D	NEAH	HC	GR

Signature of Principal Executive Office or Authorized Agent  Date 2/18/16

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.



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



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FEB 18 2016

MAILED FROM ZIP CODE 72335



**Arkansas Department of**  
**Environmental Quality**  
**5301 North Shore Drive**  
**North Little Rock, AR 72118-5317**

