

Forrest City Water Utility

303 N. Rosser/P.O. Box 816 Forrest City, AR 72336

Office: 870.633.2921 | FAX: 870.633.5921 | www.forrestcitywater.com



fax

TO: Layne Pemberton	FROM: W.H. Calvin Murdock
FAX: 501.682.0664 <i>682-0880</i>	PAGES: 5
PHONE: 501.682.0664	DATE: 5/18/2015
RE: DMR	CC: [Names]

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

12/22/14

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:

November 2014 DMR
November 2014 – SSO Report

Sincerely,

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

FILE COPY

NATIONAL POLLUTANT ABILITY 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

AR0020087	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 723350816
MAJOR

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

FACILITY: FORREST CITY, CITY OF
LOCATION: 320 SFC 209
FORREST CITY, AR 72335

No Discharge

ATTN: W.H. CALVIN MURDOCK, MANAGER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	00300 1 1	8.0			8.0			Mg/L	0	03/07	Grab
Effluent Gross	PERMIT REQUIREMENT				INST MIN			mg/L		Three Per Week	GRAB
pH	00400 1 0	7.5			7.5	8.3		54	0	03/07	Grab
Effluent Gross	PERMIT REQUIREMENT				MINIMUM	MAXIMUM		54		Three Per Week	GRAB
Solids, total suspended	00530 1 0	268.0		lb/d	12.8	21.0		Mg/L	0	03/07	COMPOS
Effluent Gross	PERMIT REQUIREMENT	55.6 MO AVG		lb/d	20 MO AVG	20 TDA AVG		mg/L		Three Per Week	COMPOS
Nitrogen, ammonia total [as N]	00610 1 1	2.6		lb/d	0.12	0.79		Mg/L	0	03/07	COMPOS
Effluent Gross	PERMIT REQUIREMENT	5 MO AVG		lb/d	3 MO AVG	45 TDA AVG		mg/L		Three Per Week	COMPOS
Nitrite + Nitrate total [as N]	00630 1 0	276.2		lb/d	13.1	13.1		Mg/L	0	01/30	Grab
Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG		lb/d	Req. Mon MO AVG	Req. Mon TDA AVG		mg/L		Monthly	GRAB
Phosphorus, total [as P]	00665 1 0	90.5		lb/d	4.3	4.3		Mg/L	0	01/30	Grab
Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG		lb/d	Req. Mon MO AVG	Req. Mon TDA AVG		mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	50050 1 0	2.3	3.5	MGD						01/01	Total Z
Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MAX	MGD						Daily	TOTAL Z

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W.H. CALVIN MURDOCK TYPED OR PRINTED	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.	TELEPHONE 870-633-2921	DATE 12/22/14
			AREA Code NUMBER MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			

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

EPA Form 3320-1 (Rev.01/08) Previous editions may be used.

0003/0006

05/18/2015 10:20 FAX 8706335921

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

AR0020087
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 723350816
MAJOR

FACILITY: FORREST CITY, CITY OF
LOCATION: 320 SFC 209
FORREST CITY, AR 72335

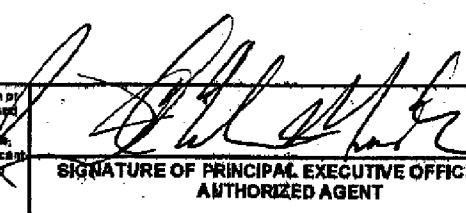
MONITORING PERIOD
MM/DD/YYYY
11/01/2014
MM/DD/YYYY
11/30/2014

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

ATTN: W.H. CALVIN MURDOCK, MANAGER

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal genera	SAMPLE MEASUREMENT	*****	*****	*****	*****	142	655	#/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	126.8	*****	lb/d	*****	6	11.0	mg/l	0	03/07	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	220.9 MO AVG	*****	lb/d	*****	13 MO AVG	18.0 7DA AVG	mg/l		Three Per Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W.H. CALVIN MURDOCK TYPED OR PRINTED	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 knowledge of the person or persons who manage the system, and 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	
			870-633-2921	12/22/14	
		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).
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Lab Reference on back

0004/0006

05/18/2015 10:22 FAX 8706335921

Sanitary Sewer Overflow (SSO) Monthly Report

NPDES Permit No.: AR0020087

Monitoring Period (Month/Year): November-2014

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-Referral to Engineering	PA-Paved Area
			PN-Public Notice	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
End of Cedar Street		11/10/2014	11/10/2014	100 gals or less	G	NEAH	HC	GR
300 Block Mississippi Street		11/17/2014	11/17/2014	25 gals or less	D	NEAH	HC	GR
Lizard St in frt of Courthouse		11/17/2014	11/17/2014	50 gals or less	D	NEAH	HC	GR
1004 Garland St.		11/22/2014	11/22/2014	100 gals or less	G	NEAH	MR	GR

Signature of Principal Executive Office or Authorized Agent

Date 12/22/14

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.

05/18/2015 10:23 FAX 8706335921

SSO Report

From: Pemberton, Layne <PEMBERTON@adeq.state.ar.us>

To: whcm2 <whcm2@aol.com>

Subject: SSO Report

Date: Thu, May 14, 2015 11:06 am

Attachments: Forrest City SSO Report.xls (23K)

Calvin,

Please find attached the SSO report mention in the Department's letter.

If you have any further question please feel free to contact me.

Layne Pemberton

Enforcement Analyst

ADEQ Water Division

Enforcement Branch

Phone: 501-682-0664

Fax: 501-682-0880

pemberton@adeq.state.ar.us