

9/20/16

## Transmittal Letter

Arkansas Department of Environmental Quality 5301 North Shore Dr.
North Little Rock, AR 72118-5317
ATTN: Water Division- Enforcement Branch

Please find Enclosed for your distribution the following:

August 2016 - DMR

August 2016 - SSO

Sincerely,

Forrest City Water Utility

W.H. Calvin Murdock, Manager

(870)633-2921 - Office

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WHCM2@Forrestcitywater.com

Sanitary Sewer Overflow (SSO) Monthly Report FORREST CITY WATER UTILITY NPDES Permit No.: AR0020087 Monitoring Period (Month/Year): 303 NORTH ROSSER STREET P.O. August-2016 **BOX 816** FORREST CITY, No Sanitary Sewer Overflows This Monitoring Period AR 72335 AFIN 62-00070 Summary Report Code Description Action(s) Taken **Ultimate Discharge Location** Cause(s) of SSO SSO Impact CR-Creek/Stream/Rever (specify) **CO-Construction** NEAH - No Evidence of Adverse health/ Environmental D-Debris MR-Machine Rodded Impact OEHC - Observed or Evidence of Human Contact DI-Ditch E-Equipment Failure G-Grease EC-Environmental Cleanup DR-Drop Inlet LF-Line Failure EFK - Evidence of Fish Kill **HC-Hydro Cleaned** HC-Hydro Clean RG-Roots/Grease OEEI - Observed or Evidence of Environmental Impact **GR-Ground Surface** R-Rainfall HR-Hand Rodded PA-Paved Area **RO-Roots EN-Referred to Engineering** V-Vandalism PN-Public Notice CB-Contained n Building Discharge Location **Estimated Volume** Environmental Action (s) Taken Location Manhole # Start Date of End Date of Cause of SSO SSO SSO (in gallons) Impact to Address SSO Federal Prison Lift Station ĞŔ 8/2/2016 8/2/2016 500gals or less Ď NEAH Disinfected & Deodorized 620 Upper Lake RD 8/2/2016 GR 8/2/2016 50gals or less Power Failure NEAH Disinfected & Deodorized GŔ Federal Prison Lift Station 8/7/2016 500gals or less 8/7/2016 D,E NEAH Disinfected & Deodorized 800 Block of Garland St. 8/8/2016 8/8/2016 ΗĆ ĠŔ 500gals or less G,D NEAH Disinfected & Deodorized

Signature of Principal Executive Office or Authorized Agent

I certify under penaltyh 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.

Date



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





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