P O BOX 816 303 N. ROSSER ST. FORREST CITY, AR 72335

FORREST CITY WATER UTILITY

Sanitary Sewer Overflow (SSO) Monthly Report DAFIN 62-00070

NPDES Permit No.: After 187 Monitoring Period (Month/Year): 02 / 20 /3

No Sanitary Sewer Overflows This Monitoring Period That I AM aware

						Location Manhole # Start Date of End Date of Estimated SSO SSO Volume (in	NO-MODE		ñ	T F-I ine Failure	G-Grease OEHC-Observed or	CO-Construction D-Debris NEAH-No Evidence Adverse Health/ Environmental. Impact	Cause(s) of SSO Impact	Summary Report Code Descriptions	
*				* .		Cause of SSO Environmental Impact	PN-Public Notification	EN-Referred to Engineering	HR-Hand Rodded		Contact EC-Environmental Cleanup	onmental.	Action(s) Taken		
2000 - 100						Action (s) Taken Discharge Location to Address SSO	CB-Contained in Building		G			CR-Creek/Stream/River (specify)	Ultimate Discharge Location	711.	

Signature of Cognizant or Ranking Official

Date

accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the