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): June-2016

[X] No Sanitary Sewer Overflows This Monitoring Period

RECEIVED AUG 19 2016
POST AUG 11 2016 MARKED

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 |
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Signature of Principal Executive Office or Authorized Agent _____ Date 7/29/16

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.