

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

4/15/2015

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:

March 2015 - DMR

March 2015 - SSO Report

Sincerely,

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

FORREST CITY WATER UTILITY 303 NORTH ROSSER STREET P.O. BOX 816 FORREST CITY,		,	Sanitary Sewer Overflow (SSO) Mon NPDES Permit No.: AR0020087				Monitoring Period (Month/Year): March-2015				
AR 72335 AFIN 62	-00070		No Sanitary Sewer Overflows This Monitoring Period								
				Summa	ry Report Code De	script	ion				
Cause(s) of SSO			SSO Impact				Action(s) Taken			Ultimate Discharge Location	
CO-Construction	CO-Construction D-Debris		NEAH - No Evidence of Adverse health/ Environmental Impact				MR-Machine Rodded			CR-Creek/Stream/Rever (specify)	
E-Equipment Failure	re G-Grease		OEHC - Observed or Evidence of Human Contact				EC-Environmental Cleanup			DI-Ditch	
C-Hydro Clean LF-Line Failure		EFK - Evidence of Fish Kill				HC-Hydro Cleaned			DR-Drop Inlet		
R-Rainfall			OEEI - Observed or Evidence of Environmental Impact				HR-Hand Rodded			GR-Ground Surface	
RO-Roots V-Var		dalism					EN-Referred to Engineering		ring	PA-Paved Area	
A	<u> </u>			·····	•		PN-Public Notice		<u> </u>	CB-Contained n Building	
Location M		anhole #	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
Fed Prison Lift Station			3/4/2015	3/4/2015	more than 1000		E, D	NEAH	Repaired Equip		GR
Manhole 711 Sherwood			3/5/2015	3/6/2015	100 or less	G, D		NEAH	MR		GR
5901 N Washington Station			3/17/2015	3/17/2015	500 or less	Power Failure		NEAH	Reset Power		GR
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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.

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



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