

04/20/2016

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 2016 - DMR

March 2016 - SSO

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,		Y,	Sanitary Sewer Overflow (SSO) M NPDES Permit No.: <u>AR0020087</u>				M	onitoring Period	March-2016		
AR 72335 AFIN 62-00070			No Sanitary Sewer Overflows This Monitoring Period								:
				Summar	y Report Code De	scripti	on	- -			1
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	quipment Failure G-Grease		OEHC - Observed or Evidence of Human Contact				EC-Environmental Cleanup			DI-Ditch	
HC-Hydro Clean	-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	
O-Roots V-Vandalism		indalism					EN-Referred to Engineering			PA-Paved Area	
							PN-Public Notice			CB-Contained n Building	
Location Manh		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
Fed. Prison lift station			3/3/2016	3/3/2016	500gals or less	\ !	E,V	NEAH	Other		GR
1000 Garland manhole			3/7/2016	3/7/2016	50gals or less		G	NEAH	MR		GR
Fed. Prison lift station			3/7/2016	3/7/2016	500gals or less	E		NEAH	Disinfected &		GR
									Deodorized		······································
Mallory Station			3/9/2016	3/9/2016	1000gals or less		Ε	NEAH	Reset pumps		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 failse information, including the possibility of fine and imprisonment for knowing violations.

I Inchi

4/20/14

Date



Forrest City Water Utility 303 N. Rosser Street P.O. Box 816 Forrest City, AR 72336 870.633.2921 Off. / 870.633.5921 Fax

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Arkansas Department of Environmental Quality 5301 North Shore Drive North Little Rock, AR 72118–5317