

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

11/19/2014

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:

October 2014 DMR

October 2014 – 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) Month NPDES Permit No.: AR0020087				ly Report Monitoring Period (Month/Year):October-2014				
AR 72335 AFIN 62-00070			No Sanitary Sewer Overflows This Monitoring Period								
				Summai	ry Report Code De	script	ion			······································	
Cause(s) of SSO			SSO Impact				Action(s) Taken			Ultimate Discharge Location	
CO-Construction			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-Vand		dalism					EN-Referred to Engineering		PA-Paved Area		
							PN-Public Notice			CB-Contained n Building	
Location	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
1004 Garland St			10/15/2014	10/15/2014	less than 50	D		NEAH	MR		GR
Front St and West St			10/24/2014	10/24/2014	100 or less	D		NEAH	НС		GR
611 Sherwood			10/29/2014	10/29/2014		G/D		NEAH	НС		GR
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Signature of Principal Executive Office or Authorized Agent

Date ////9/14

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

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