

10/15/2015

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:

September – DMR Report

September – SSO Report

Sincerely, 4

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

FORREST CITY WATER UTILITY 303 NORTH ROSSER STREET P.O. BOX 816 FORREST CITY,		NPD	Sanitary Sewer Overflow (SSO) Monthl PDES Permit No.: AR0020087				Monitoring Period (Month/Year): September-2015				
	2-00070		No Sanitary Se	wer Overflow	s This Monitoring I	Period	I			all Mark and the same second state	
<u></u>				Summa	ry Report Code De	script	ion				
Cause(s) of SSO			SSO Impact				Action(s) Taken		Ultimate	Ultimate Discharge Location	
CO-Construction	-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		nup	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	GR-Ground Surface	
RO-Roots	V-Vandalism						EN-Referred to Engineering		ring F	PA-Paved Area	
			·····		an a		P	N-Public Notice	CB-Co	ontained n Building	
Location	Man	hole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Caus	e of SSO	Environmental Impact	Action (s) Taken to Address SSO	Discharge Location	
Federal Prison Lift Station		9/7/2015	9/7/2015	5,000gals or less	·····	E	NÉÁH	Other	ĠR		
700 Block of Izard St			9/8/2015	9/8/2015	100gals or less		D,G	NEAH	ΗÇ	GR	
			1.11							*	
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Signature of Principal	l Executive C)ffíce o	r Authorized A _f	gent			<u>M</u>	m	de	Date 10/13/15	

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.



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





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