

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118

July 23, 2012

WATER DIVISION
NPDES Enforcement Section

RE: City of De Queen Wastewater Plant, NPDES Permit AR0021733
AFIN 67-00023, June 2012 DMR & SSO Report.

Michael Sims
City of De Queen
Wastewater Superintendent
PO Box 730
De Queen AR 71832

Sanitary Sewer Overflow Monthly Report

Facility Name: City of DeQueen Permit Number: AR0021733 Reporting Period (Month/Year): June 2012

No Sanitary Sewer Overflows This Monitoring Period

| Summary Report Code Descriptions | | | | |
|----------------------------------|-----------------------|--|----------------------------|--|
| Cause(s) of SSO | | SSO Impact | Action(s) Taken | Ultimate Discharge Location |
| CO-Construction | D-Debris | NEAH-No Evidence of Adverse Health or Environmental Impact | WO-Work Order | CR-Creek/Stream/River (please specify) |
| E-Equipment Failure | G-Grease | OEHC-Observed or Evidence of Human Contact | EC-Environmental Cleanup | DI-Ditch |
| HC-Hydro Clean | LF-Line Failure/Break | EFK-Evidence of Fish Kill | HC-Hydro Cleaned | DR-Drop Inlet |
| R-Rainfall | RG-Roots & Grease | | HR-Hand Rodded | GR-Ground Surface |
| RO-Roots | V-Vandalism | | EN-Referred to Engineering | PA-Paved Area |
| | | | PN-Public Notification | CB-Contained in 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 | Ultimate Discharge Location |
|----------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|-----------------------------|
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7-2-12

Signature of Cognizant or Ranking Official

Date

"I certify under penalty 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."



CITY OF DE QUEEN
P.O. BOX 730
DE QUEEN, ARKANSAS 71832

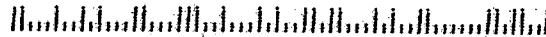
CERTIFIED MAIL™



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A DEQ
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North Little Rock Ar. 72118-5317

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