Sanitary Sewer Overflow Monthly Report

Facility Name: Lynno Water Permit Number: AR 1903 Reporting Period (Month/Year): 1/16

No Sanitary Sewer Overflows This Monitoring Period

| | | Summary Report Code Description | ns | | |
|---------------------|--------------------------|--|----------------------------|--|--|
| 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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Signature of Cognizant or Ranking Official

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"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."

WYNNE WATER UTILITIES WYNNE, ARKANSAS 72396

Date: February 5, 2016

Arkansas Department of Environmental Quality NPDES Enforcement Section 5301 Northshore Dr. North Little Rock, Arkansas 72118-5317

Re: NPDES Permit No: AR0021903

Client: Wynne, City Of Address: 121 Merriman Ave.

City: Wynne State: AR Zip: 72396

Phone: 870-238-2751

Contact: Don M. O'Neal, Manager

| Date of | Parameter | | |
|------------------|-----------|--------------|--------------|
| Non-Compliance | Exceeded | 7 – Day Avg. | Permit Limit |
| January 20, 2015 | TSS MG/L | 38.000 MG/L | 22.5 MG/L |
| • | | Monthly Avg. | Permit Limit |
| | TSS MG/L | 21.750 MG/L | 15.0 MG/L |

We feel this problem was due to:

On December 23-29 we had six straight days of rain amounting to around 8 inches and due to I & I problems our flow reached as much as 4.3 MGD. Due to this problem we lost a considerable amount of our flock. This gave us a problem with our settling which is to fast leaving solids suspended. At present we are working to regain our flock so as to return the process back to normal.

To correct this problem we are at present in the construction stage of building a holding pond that will help us regulate the amount of flow to our plant. This should be completed in May, 2016.

If you have any questions or concerns you may reach me at the above phone number.

Yours Very Truly,

Authorized Signature

WYNNE WATER UTILITIES

121 East Merriman Wynne, Arkansas 72396



Arkansas Department of Environmental Quality NPDES Enforcement Section 5301 Northshore Dr. North Little Rock, Arkansas 72118-5317