



Form Approved
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspec. Type	Inspector	Fac Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="1"/> 11 12 <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="7"/> 17 18 <input type="text" value="C"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>					
Remarks					
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69	70 <input type="text" value="5"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/> <input type="text" value=""/>	74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Heber Springs Water & Sewer 1174 By-Pass Road Heber Springs, AR 72543	Entry Time /Date 1115 / November 7, 2006	Permit Effective Date July 1, 2002
	Exit Time/Date 1400 / November 7, 2006	Permit Expiration Date June 30, 2007
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Steve Upton / Operator-Lab Tech / 501-362-3375 / 501-362-3338 Mr. Sam Querry / Supervisor-Operator / Cell 501-250-6225	Other Facility Data N35°29'11.350" W91°58'59.654"	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Donald Knight / Water and Sewer Manager / 501-362-3422 1101 Front Street Heber Springs, AR 72543	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<input type="checkbox"/> S	Permit	<input type="checkbox"/> S	Flow Measurement	<input type="checkbox"/> S	Operations & Maintenance	<input type="checkbox"/> S	Sampling
<input type="checkbox"/> S	Records/Reporting Eval.	<input type="checkbox"/> S	Self-Monitoring Program	<input type="checkbox"/> S	Sludge Handling/Disposal	<input type="checkbox"/> N	Pollution Prevention
<input type="checkbox"/> S	Facility Site Review	<input type="checkbox"/> S	Compliance Schedules	<input type="checkbox"/> N	Pretreatment	<input type="checkbox"/> N	Multimedia
<input type="checkbox"/> S	Effluent/Receiving Waters	<input type="checkbox"/> S	Laboratory	<input type="checkbox"/> N	Storm Water	<input type="checkbox"/> S	Other: Effluent Limits

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

DMR's for May, June, July, August, September, and October, 2006 were reviewed during the inspection.

No violations were noted, at this time.

Name(s) and Signature(s) of Inspector(s) 	Agency/Office/Telephone/Fax ADEQ / Batesville / 870-793-5819 / 870-793-5814	Date November 20, 2006
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS DETAILS: S M U NA (FURTHER EXPLANATION ATTACHED No)

- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE Y N NA
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES Y N NA
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT Y N NA
- 4. ALL DISCHARGES ARE PERMITTED Y N NA

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. DETAILS: S M U NA (FURTHER EXPLANATION ATTACHED No)

- 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs. Y N NA
- 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE. S M U NA
 - a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING Y N NA
 - b) NAME OF INDIVIDUAL PERFORMING SAMPLING Y N N
 - c) ANALYTICAL METHODS AND TECHNIQUES. Y N NA
 - d) RESULTS OF ANALYSES AND CALIBRATIONS. Y N NA
 - e) DATES AND TIMES OF ANALYSES. Y N NA
 - f) NAME OF PERSON(S) PERFORMING ANALYSES. Y N NA
- 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE. (Calibrated 5-10-06) S M U NA
- 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR. S M U NE
- 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA. Y N NA

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. DETAILS: S M U NA (FURTHER EXPLANATION ATTACHED No)

- 1. TREATMENT UNITS PROPERLY OPERATED. S M U NA
- 2. TREATMENT UNITS PROPERLY MAINTAINED. S M U NA
- 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. (No standby power, facility has storage ponds) S M U NA
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. (Monitored 24 hrs. day/ 7days per week) S M U NA
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE. S M U NA
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED. (3 - Class III 1 – Class II License) S M U NA
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED. S M U NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE. Y N NA
- STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED. Y N NA
- PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED. Y N NE

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? Y N NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? (Reported 5-6-06) Y N NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? Y N NA
10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? Y N NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? Y N NA

SECTION D - SAMPLING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED No).
 DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. Y N NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. Y N NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. Y N NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. Y N NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. Y N NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE Y N NA
- a) SAMPLES REFRIGERATED DURING COMPOSITING. Y N NA
- b) PROPER PRESERVATION TECHNIQUES USED. Y N NA
- c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136 Y N NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? Y N NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED No)
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. Y N NA
 TYPE OF DEVICE 12" Turbine – Rockwell Flow Meter
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. Y N NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. Y N NA
4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION (N/A)) Y N NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. Y N NA
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. (Sensus Totalizing Meter) Y N NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. Y N NA
6. HEAD MEASURED AT PROPER LOCATION. (Turbine Spin) Y N NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. Y N NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED No)
 DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) Y N NA

SECTION F - LABORATORY (CONT'D)

- 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED Y N NA
- 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. S M U NA
- 4. QUALITY CONTROL PROCEDURES ADEQUATE. S M U NA
- 5. DUPLICATE SAMPLES ARE ANALYZED, 100 % OF THE TIME. Y N NA
- 6. SPIKED SAMPLES ARE ANALYZED, 0 % OF THE TIME. (No spikes done Ammonia not checked) Y N NA
- 7. COMMERCIAL LABORATORY USED. Y N NA

LAB NAME American Interplex Corporation
 LAB ADDRESS 8000 Kanis Road Little Rock, AR. 72204
 PARAMETERS PERFORMED Biomonitoring

SECTION G - (EFFLUENT)/RECEIVING WATERS OBSERVATIONS. S M U NA (FURTHER EXPLANATION ATTACHED No).

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
002	NONE	NONE	Slight	NONE	NONE	Light - Green	

Comments:

SECTION H - SLUDGE DISPOSAL

- SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED No).
 DETAILS: (City has permit to land apply – No sludge disposed since plant constructed)
- 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. S M U NA
 - 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. S M U NA
 - 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: N/A (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED No).

- 1. SAMPLES OBTAINED THIS INSPECTION. Y N NA
- 2. TYPE OF SAMPLE OBTAINED

GRAB	COMPOSITE	SAMPLE	METHOD	FREQUENCY
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- 3. SAMPLES PRESERVED. Y N NA
- 4. FLOW PROPORTIONED SAMPLES OBTAINED. Y N NA
- 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. Y N NA
- 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE. Y N NA
- 7. SAMPLE SPLIT WITH PERMITTEE. Y N NA
- 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. Y N NA
- 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. Y N NA

AR0022381

Attachment # 1

November 20, 2006

DMR Calculation Check

Reporting Period: From 2006 September 01 To 2006 September 30
Year Month Day Year Month Day

Parameter Checked: TSS

	Mass Monthly Avg. (lbs/ day)	Concentration Mo. Avg.-Mg/l	7daMax.-Mg/l
Reported Value:	107.07	11.33	12.50
Calculated Value:	107.07	11.33	12.50
Permit Value:	292	20	30

If calculated value does not equal reported value, explain: Equal

ADEQ

ARKANSAS
Department of Environmental Quality

November 27, 2006

Mr. Donald Knight
Manager, Heber Springs Water and Sewer
1101 West Front Street
Heber Springs, AR 72543

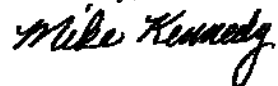
AFIN: 12-00029 NPDES Permit No: AR0022381

Dear Mr. Knight:

On November 7, 2006, I performed a routine inspection of your facility in accordance with the provisions of the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act and the regulations promulgated thereunder. This inspection revealed that you are in compliance with terms of your permit.

If I can be of any assistance, please contact me at 870-793-5819.

Sincerely,



Mike Kennedy
District Field Inspector
Water Division

cc: NPDES Enforcement Branch
NPDES Permit Branch

WATER DIVISION