

# ADEQ

ARKANSAS  
Department of Environmental Quality

May 16, 2008

Dorinda Suitor, Utilities Manager  
City of Arkadelphia  
P.O. Box 151  
Arkadelphia, AR 71923

Re: AFIN: No. 10-00047      NPDES Permit No. AR0020605

Dear Ms. Suitor:

On May 9, 2008, I performed a routine compliance inspection of the waste water treatment 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 the following violation.

**At the time of this inspection, a calibration check was performed on your secondary flow measuring device which revealed that the meter was off by 19%.**

**In talking with Mr. Thomason, he stated that the flow meter was calibrated on May 12<sup>th</sup> by your contracted outside source.**

**The frequency of self calibration checks on your flow meter needs to be increased to ensure continued compliance.**

The above item requires your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department at the following address:

Water Division Enforcement Section  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

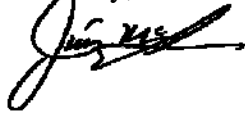
This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by June 5, 2008.

For additional information you may contact the enforcement section by telephone at 501-682-0639 or by fax at 501-682-0910.

Dorinda Sutor, City of Arkadelphia  
May 16, 2008  
Page 2

If I can be of any assistance, please contact me at 501-520-0541.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim McSwain", with a long horizontal flourish extending to the right.

Jim McSwain  
District 7 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

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



Form Approved  
OMB No. 2040-0003

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 N 2 5 3 A R 0 0 2 0 6 0 5	11 12 0 8 0 5 0 9	17 18 C	19 S	20 1	
Remarks					
A F I N # 1 0 - 0 0 0 6 1 C L A R K C O U N T Y					
Inspection Work Days		Facility Evaluation Rating		BI QA Reserved	
67 1 69		70 3		71 N 72 N 73 74 75 80	

### Section B: Facility Data

Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> )  <b>City of Arkadelphia Wastewater Treatment Plant</b> – located just east of 3rd Street, approximately 2 miles south of Arkadelphia, AR	Entry Time/Date <b>1120 on 5/9/08</b>	Permit Effective Date <b>1/1/07</b>
	Exit Time/Date <b>1510 on 5/9/08</b>	Permit Expiration Date <b>12/31/11</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Thomason – Superintendent / 870-403-3102 Christi Daniel – Lab Technician / 870-246-0697	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Dorinda Suitor – Utilities Manager / 870-246-5863</b> 700 Clay Street P.O. Box 495 Arkadelphia, AR 71923	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

### Section C: Areas Evaluated During Inspection

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

S	Permit	U	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	S	Other: DMR'S

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

The permittee has a significant amount of marsh pennywort within the lemna system, but they are spraying and removing it as they can.

At the time of this inspection, the flow meter calculations revealed that the flow meter was off approximately 19%. I contacted Mr. Thomason on 5/16/08 to perform another self check. He stated that the flow meter was calibrated by their outside source on Monday and that it was off by 14% that day. He informed me that the meter has been calibrated and certified.

Name(s) and Signature(s) of Inspector(s) <b>Jim McSwain</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality – Hot Springs Field Office – 501-520-0541 – Fax 501-520-5978</b>	Date <b>5/16/08</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

DETAILS:

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

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

DETAILS:

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

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS:

- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
- 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
- 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
- 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
- 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
- 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
- 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
- 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
- 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
- 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA NE

**SECTION D: SAMPLING**

## PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION E: FLOW MEASUREMENT**

## PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>Weir</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Performed once per year...but the flow meter was off by 19%</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION F: LABORATORY**

## PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Sorrells Research</u>	
b. LAB ADDRESS: <u>8002 Stanton Road, Little Rock, AR</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	trace	none	none	trace green	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):	

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:	
3. SAMPLES PRESERVED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

## FLOW CALCULATION SHEET

Date:	<b>5/9/08</b>	Time:	<b>1446 hrs.</b>
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Head in Inches:		Feet:	<b>0.4</b>
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Type & Size of Primary Flow Measurement Device: **4.125 Rectangular Weir**

Name & Model of Secondary Flow Measurement Device: **Milltronics Ultrasonic Flow Meter**

Date of last Calibration of Secondary Flow Device: **6/28/07**

Recorded Flow at Date & Time Listed Above:	<b>1446 hrs.</b>	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	
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(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
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% Error =	$\frac{2.69 - 2.26}{2.26}$	X 100	
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% Error =	$\frac{0.43}{2.29}$	X 100	
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% Error =	0.187	X 100	
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% Error =	<b>19</b>	%	
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Comments: **Flow meter was calibrated the following Monday by an outside source and was found to be off by 14% that day. The meter was recalibrated at that time.**

### DMR Calculation Check

Reporting Period: From 08 01 01 To 08 01 31  
   Year    Month    Day                    Year    Month    Day

Parameter Checked: BOD

	<b>Loading Mass</b>	<b>Concentration</b>	
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>277.9</u>	<u>13.6</u>	<u>14.6</u>
Calculated Value:	<u>277.9</u>	<u>13.6</u>	<u>14.6</u>
Permit Value:	<u>751</u>	<u>30</u>	<u>45</u>

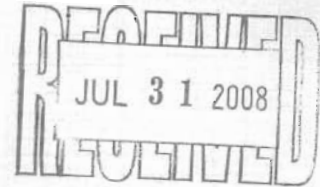
**If calculated value does not equal reported value, explain:**





700 Clay Street  
P. O. Box 495  
Arkadelphia, AR 71923  
Phone (870) 246-5863  
Fax (870) 246-9546

July 28, 2008



Mr. Jim McSwain  
Water Division Enforcement Section  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72218-5317

RE: AFIN: No. 10-00047      NPDES Permit No. AR0020605

Dear Mr. McSwain:

Upon your inspection of the Arkadelphia Wastewater Treatment Facility you called staff's attention to a deviancy between the flow meter and the actual staff gauge. As per your suggestion, staff has added the gauge readings to the monthly flow sheet under the comments section and routine checks are conducted to monitor the staff gauge and the flow meter. Frequency in the routine checks has increased. Now when a deviance is identified, staff will have the flow meter re-calibrated by an outside contractor.

I trust that this will satisfy the Department. This letter was due by June 5, 2008. I received a call from Ms. Cindy Garner inquiring why a response had not been received by the Department. After researching our records, I advised her that Arkadelphia Water Utilities never received the original letter and inspection report. She was gracious in sending a copy of the letter and report electronically and extended our deadline to August 15, 2008.

If you have questions or require further information please contact me at 870-246-5863 or by fax or e-mail.

Sincerely,

Dorinda Suitor  
Manager

# ADEQ

ARKANSAS  
Department of Environmental Quality

August 8, 2008

Dorinda Suitor, Utilities Manager  
City of Arkadelphia  
P.O. Box 151  
Arkadelphia, AR 71923

RE: NPDES Permit No.: AR0020605, **Response to Inspection**

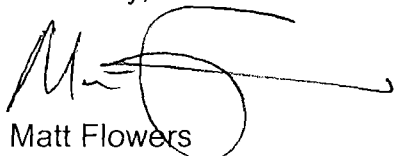
Dear Ms. Suitor:

The Department has received your response to the May 9, 2008 compliance inspection of your facility by our District Field Inspector, Jim McSwain. Your letter appears to adequately address the discrepancies identified during the visit. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your company and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0635 or you may e-mail me at [flowers@adeq.state.ar.us](mailto:flowers@adeq.state.ar.us).

Sincerely,



Matt Flowers  
Enforcement Administrator  
NPDES Enforcement Section

cc: John Bailey, Technical Assistance Manager, Permit Branch, Water Division  
Eric Fleming, Technical Assistance Manager, Field Services Section, Water Division