

ADEQ

ARKANSAS
Department of Environmental Quality

June 6, 2008

Ms. Thea Hughes, General Manager
Jacksonville Wastewater Utility
248 Cloverdale Road
Jacksonville, AR 72076

AFIN: 60-00543, NPDES Permit Nos: AR0041335 and ARR000254 (No Exposure), Routine Compliance Inspection

Dear Ms. Hughes:

On June 4, 2008, Juan Iberra, USEPA and I performed a routine compliance inspection of the Jacksonville Wastewater Utility's (JWU) J. Albert Johnson Wastewater Treatment Plant in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The inspection also included an evaluation of the "no exposure" certification submitted by JWU under NPDES Permit ARR000254. The inspection revealed the following:

NPDES Permit AR0041335: The monthly average concentration is being calculated incorrectly. It appears JWU is using the definition of monthly average that was in the previous permit which required the monthly average to be flow-weighted. Part IV, definition 7 "Monthly average" in the permit that became effective November 1, 2007 dropped the requirement to flow-weight monthly averages. It will be necessary to recalculate the monthly averages on all DMRs submitted since the new permit was issued. Corrected copies of these DMRs should be submitted with the response to this inspection.

NPDES Permit ARR00254 (No Exposure): The inspection revealed JWU is not in compliance with the "no exposure" certification for this facility. Specifically, we noted construction debris and materials, trash, drums with open bungs, and spilled hydraulic fluid that was potentially exposed to rainfall and runoff. It will be necessary to dig up the spilled hydraulic fluid contaminated soil and dispose of it in an acceptable manner. It will also be necessary for JWU to either develop and implement a stormwater pollution prevention plan (SWPPP) or re-certify the "no exposure". If you elect to re-certify the "no exposure" you should develop a management plan to ensure the "no exposure" is maintained. You are strongly encouraged to work with the Water Division's Stormwater Section on bringing your stormwater program back into compliance.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department. This response should contain 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 27, 2008**.

If I can be any assistance, please contact me at benson@adeq.state.ar.us or 501-683-0827.

Sincerely,



Dennis Benson
District 9 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
Approval Expires 7-31-85

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 4 1 3 3 5 11 12 0 8 0 6 0 4 17 18 O 19 S 20 1					
Remarks					
A F I N 6 0 - 0 0 5 4 3 P U L A S K I C O U N T Y					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 69	70 3	71 N 72 N 73 74 75 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) Jacksonville Wastewater Utility- J. Albert Johnson Plant - 248 Cloverdale Road in Jacksonville, AR	Entry Time/Date 09:25 am / 06/04/08	Permit Effective Date 11/01/2007
	Exit Time/Date 03:30 pm / 06/04/08	Permit Expiration Date 10/31/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Sam Zehtaban, Operation's Manager, 501-982-0581	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Thea Hughes, General Manger 248 Cloverdale Road Jacksonville, AR 72076 501-982-0581	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	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
M	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	U	Storm Water	N	Other:

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

The inspection revealed the following violations:

- The monthly average concentration is being calculated incorrectly.
- Stormwater rated as unsatisfactory due to materials being potentially exposed to rainfall. JWU has filed a "no exposure" certification under NPDES Permit ARR00254. JWU is not in compliance with "no exposure".

Name(s) and Signature(s) of Inspector(s) Dennis Benson	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality- (501) 683-0827/(501) 682-0910 (Fax)	Date 06/04/08
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>Appears permittee is using old definition of monthly avg.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>36" parshall flume</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>calibrated 5/09/08</u>	<input checked="" type="checkbox"/> Y <input 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 ≥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 ≥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>Environmental Services</u>	
b. LAB ADDRESS: <u>13715 West Markham Street, Little Rock, AR 72215</u>	
c. PARAMETERS PERFORMED: <u>Priority Pollutants, quarterly metals, pretreatment program samples</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Arkansas Analytical, 11701 I-30, Bldg1, Suite 115, Little Rock, AR 72209</u>	<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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Water crystal clear</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	none	none	none	Clear

SECTION H: SLUDGE DISPOSAL	
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Sludge is disposed of in Two Pines Landfill or onsite monofill</u>	
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: <u>(Thickener, drying beds, filter press)</u>	<input checked="" 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 checked="" 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	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>No exposure filed under ARR000254- materials potentially exposed to rainfall were noted.</u>	
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

FLOW CALCULATION SHEET

Date: 06/04/08 Time: 10:44 amHead in Inches: _____ Feet: 0.82Type & Size of Primary Flow Measurement Device:
36 inch Parshall FlumeName & Model of Secondary Flow Measurement Device:
Milltronic Hydroranger Plus Annual calibration 05/09/08Recorded Flow at Date & Time Listed Above: 5.92 mgd (Facility Flow Meter)Calculated Flow at Date & Time Listed Above: 5.684 mgd
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{5.92 - 5.684}{5.684} \times 100$$

$$\% \text{ Error} = \frac{0.236}{5.684} \times 100$$

$$\% \text{ Error} = \frac{0.042}{5.684} \times 100$$

$$\% \text{ Error} = \frac{4.2}{100} \%$$

Comments:

DMR Calculation Check

Reporting Period: From 08 03 01 To 08 03 31
Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>155.5</u>	<u>2.1</u>	<u>2.7</u>
Calculated Value:	<u>155.5</u>	<u>2.0</u>	<u>2.7</u>
Permit Value:	<u>1027</u>	<u>10</u>	<u>2.7</u>

If calculated value does not equal reported value, explain:

It appears the Permittee is still using the definition of monthly average that was in the previously issued permit which required flow weighting. The current permit became effective 11/01/07 and the definition in Part IV, item 7 "Monthly average" was changed from the previous permit dropping the flow weighting requirement.

DMR Calculation Check

Reporting Period: From 08 03 01 To 08 03 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>60.5</u>	<u>0.8</u>	<u>1.5</u>
Calculated Value:	<u>60.5</u>	<u>0.9</u>	<u>1.5</u>
Permit Value:	<u>1540</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

(See explanation for difference with CBOD above.)

**NPDES Compliance Inspection Report
Further Explanation**

ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

Location:	Jacksonville Wastewater Utility						
Photographer:	Dennis Benson			Witness:	Juan Iberra		
Photo #	1	Of	4	Date:	06/04/08	Time:	9:38 am
Description:	Construction debris and old pipe potentially exposed to rainfall.						



Photographer:	Dennis Benson			Witness:	Juan Iberra		
Photo #	2	Of	4	Date:	06/04/08	Time:	9:43 am
Description:	Trash and debris potentially exposed to rainfall						



ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

Location:	Jacksonville Wastewater Utility						
Photographer:	Dennis Benson			Witness:	Juan Iberra		
Photo #	3	Of	4	Date:	06/04/08	Time:	9:46 am
Description:	Hydraulic fluid spilled onto ground potentially exposed to rainfall.						



Photographer:	Dennis Benson			Witness:	Juan Iberra		
Photo #	4	Of	4	Date:	06/04/08	Time:	10:42 am
Description:	Trash can with drain holes allowing rainwater exposed to trash to be discharged.						





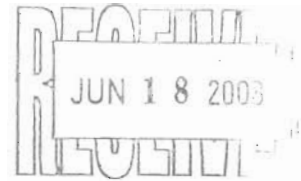
Jacksonville Wastewater Utility

248 Cloverdale Road, Jacksonville, AR 72076
Phone: 501/982-0581 Fax: 501/982-5791

June 17, 2008

COPY

Mr. Juan A. Ibarra, Environmental Scientist
U.S. EPA, Surveillance Section (6EN-AS)
1445 Ross Avenue
Dallas, TX 75202



RE: SSO Inspection Checklist

Dear Mr. Ibarra:

Enclosed are the requested Sanitary Sewer Overflow (SSO) reports for Jacksonville Wastewater Utility located in Jacksonville, Arkansas, for the past five years (June 2003 – May 2008). If you have any questions concerning the reports, please feel free to contact me at 501/982-0581.

As we discussed during your visit on June 4, the Jacksonville Sewer Commission (Commission) has had an aggressive collection system rehabilitation program since prior to 1995. In the late 1980s and early 1990s, the Commission performed a significant amount of slip lining (one of the best known technologies at the time), at a significant cost to the City. In 1995, the Commission contracted with an engineering firm specializing in sewer system evaluation studies (SSES) to study the Jacksonville collection system.

The 1995-1996 SSES prioritized identified sewer system defects according to severity as being priority 1, 2, 3, or 4, with priority 4 being the least severe. The SSES did not recommend that priority 4 defects be repaired, but that they "...should be monitored and the most severe scheduled for repair." At that time, the study identified 2898 Priority 1, 2, and 3 defects, 1894 Priority 4 defects, and 873 Private Service Line defects. The Commission completed all Priority 1, 2, and 3 repairs, and homeowners completed all 873 service line repairs.

The Priority 4 defects were estimated to cost \$6.6 million. The Commission and Jacksonville City Council agreed to proceed with a plan to reinvestigate and repair as necessary the Priority 4 defects over an 8 year period, as well as any other significant defects that were discovered during such work, and elected to fund the work through annual increases in sewer user charges to be implemented over a five year period beginning January 2003. The collective effect of these five annual increases in sewer user charges, at the end of five years, was to increase the average monthly residential sewer bill by approximately 160 percent. This shows real commitment on the part of the Commission and the Jacksonville City Council to accomplish this plan for eliminating SSOs.

Of course, as is the case with old, deteriorating sewer lines, it was later determined that the Priority 4 defects had increased in number and severity since the initial study, and additional defects were discovered, which changed the scope of work somewhat. As you know, sewer line rehabilitation is an on-going project.

Since 2000, the Utility has spent in excess of \$4.7 million on rehabilitation of the collection system, an additional \$1.6 million on construction of a West Sewer Outfall, which eliminated 4 pumping stations, and an additional \$872,000 to upgrade the largest pump station (East Pump Station) in the collection system.

Currently, in early 2008, an engineering firm, Pipeline Analysis, Inc. from Dallas, TX, was contracted to conduct an SSES of the portion of the collection system which flows to the East Pump Station. That study should be complete by October 2008, and rehab will begin in that portion of the collection system. The Commission is currently using a short-term construction loan from a local bank to fund continued rehabilitation, at a total loan of \$5.2 million. When further funding becomes necessary, the Commission will likely pursue a revenue bond issue.

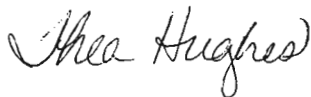
The Commission has seen a successful rehabilitation program thus far. In 2001 and 2002, the Commission contracted with Crist Engineers, Inc., who conducted a post-rehab study of the portion of the system that had previously been rehabilitated (known then as Sub-Basins 1-5, and Sub-Basin Other), and found a decrease in I/I of 20%-40%. In 2007, Crist Engineers, Inc. studied the portion of the collection system that had been rehabilitated from 2002-2007 (known as the Northeastern Sewage Pump Station Sub-area), and found elimination of I/I to be from 15%-21% (before private service line repairs) in that area. In addition, Commission records indicate that I/I related SSOs have decreased significantly from 17 in 2004, to 2, 5, and 3 in the following years consecutively.

For many years, it has been the goal of the Commission, to eliminate SSOs through aggressive collection system rehabilitation. The Commission and Utility Staff continue to pursue that goal.

If you have any questions, or need more information, please contact me at 501/982-0581.
Thank you.

Sincerely,

JACKSONVILLE WASTEWATER UTILITY



Thea Hughes
General Manager

Enclosures

cc: Jacksonville Sewer Commission
Mayor Tommy Swaim, City of Jacksonville
Mr. Dennis Benson, Arkansas Dept. Environmental Quality



Jacksonville Wastewater Utility

248 Cloverdale Road, Jacksonville, AR 72076
Phone: 501/982-0581 Fax: 501/982-5791

POST
JUN 18 2008

MARKED

June 20, 2008

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



AFIN: 60-00543, NPDES Permit Nos: AR0041335 and ARR000254 (No Exposure)

Dear Mr. Hurley:

This is a response to the letter from your department dated June 6, 2008 and received June 16, 2008, following an inspection performed on June 4, 2008, by Mr. Dennis Benson, ADEQ, and Mr. Juan Ibarra, USEPA.

NPDES Permit AR0041335: The monthly average concentration formula has been corrected, and revised DMRs are enclosed for your review. This error only effected the monthly average concentration for TSS and CBOD for DMR's reported on November 2007 (TSS and CBOD), January 2008 (CBOD), February 2008 (TSS), March 2008 (TSS and CBOD), and April 2008 (CBOD). There were no errors on DMR's for the months of December 2007 and May 2008.

NPDES Permit ARR00254 (NO Exposure): JWU is committed to keeping the "no exposure" certification for the Dr. J. Albert Johnson treatment plant. All the debris, construction materials, trash, trash cans, and spilled hydraulic fluid noted in the inspection letter have been cleaned up and the plant will be inspected daily by an assigned department supervisor to make certain the plant stays pollution free at all times. I have also spoken to Mr. Jamal Solaimanian about sending an inspector to Jacksonville for a site visit to ensure our compliance. Enclosed are pictures taken after clean up by JWU.

As always, it is the intent of the Jacksonville Wastewater Utility to follow every provision of our permits to the best of our ability. If you have any questions, please feel free to contact me at 501/982-0581.

Sincerely,

JACKSONVILLE WASTEWATER UTILITY

Thea Hughes, General Manager

Enclosures – (1) Revised DMRs and (2) Pictures
cc: Jacksonville Sewer Commission
Mr. Dennis Benson, ADEQ
Mr. Jamal Solaimanian, ADEQ

MONITORING PERIOD
 YEAR 07 MO 11 DAY 01 TO YEAR 07 MO 11 DAY 30
 FROM 07 11 01 TO 07 11 30
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	***	***		8.2	***		0	1/7	Grab		
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***		6.0 Mo. Avg.	***		0	WEEKLY	GRAB		
PH	SAMPLE MEASUREMENT	***	***		7.1	***		0	1/7	Grab		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***		7.1	***		0	WEEKLY	GRAB		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	50.6	***	26)	MINIMUM	***		0	1/7	Comp 24		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1540	***	26)	***	***		0	1/7	Comp 24		
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	9.3	***	26)	***	***		0	1/7	Comp 24		
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	411	***	26)	***	***		0	WEEKLY	COMP 24		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.2	12.3	0.3)	***	***		0	7/7	TOTAL		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	***	***		0	DAILY	TOTAL		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	***	***		***	***		0	1/7	Grab		
50060 A 0 0 DISINFECT, PROCS CMPLT	PERMIT REQUIREMENT	***	***		***	***		0	WEEKLY	GRAB		
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	***	***		***	***		0	1/7	Grab		
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***		***	***		0	WEEKLY	GRAB		
NAME/TITLE	PRINCIPAL EXECUTIVE OFFICER	1 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.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
TYPED OR PRINTED		Sam Zehtaban Operations Manager							501 982-0581		07 12 05	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

NAME JACKSONVILLE MW UTILITY
ADDRESS: ALBERT JOHN REG. TRF. FAC.
240 CLOVERDALE ROAD JACKSONVILLE AR 72076

AR0041335 PERMIT NUMBER

001 A DISCHARGE NUMBER

FACILITY JACKSONVILLE, CITY OF
LOCATION JACKSONVILLE AR 72076
ATTN: THEA HUGHES/SAM ZEHTABAN

MONITORING PERIOD
FROM YEAR 07 MO 11 DAY 01 TO YEAR 07 MO 11 DAY 30

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.


PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	124.5	*****	(26)	*****	3.1	(19)	0	1/7	Comp24	
	PERMIT REQUIREMENT	1027	*****	LB5/DY	*****	10	MG/L				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					4.7	15				
	PERMIT REQUIREMENT					7 DA AVG					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.									
Sam Zehtaban Operations Manager		TELEPHONE			DATE						
TYPED OR PRINTED		581 982-0581			07 12 05						
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									

NAME JACKSONVILLE WW UTILITY
 ADDRESS JALBERT JOHN REG. TRFT. FAC.
 248 CLOVERDALE ROAD
 JACKSONVILLE AR 72076
 CITY OF JACKSONVILLE
 ATTN: THEA HUGHES/SAM ZEHTABAN

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		9.5	*****	*****	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		6.0 Mon. Avg.	*****	*****	0	1/7	Grab
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	*****	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	*****	0	1/7	Grab
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	59.7	*****	(26)	1.4	*****	*****	0	1/7	Comp 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1540	*****	LBSD/DY	15	*****	*****	0	1/7	Comp 24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	10.0	*****	(26)	0.2	*****	*****	0	1/7	Comp 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	411	*****	LBSD/DY	4	*****	*****	0	1/7	Comp 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.0	7.0	(03)	*****	*****	*****	0	7/7	Total 2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX MSD		*****	*****	*****	0	1/7	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	1/7	Grab
DISINFECT. PRCS CMLPT	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	1/7	Grab
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	0	1/7	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Sam Zehataban
 Operations Manager
 TYPED OR PRINTED

1 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 501 982-0581
 DATE 08 02 11

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME JACKSONVILLE WW UTILITY
ADDRESS: J ALBERT JOHN REG. TRFET. FAC.
248 CLOVERDALE ROAD
JACKSONVILLE AR 72076

AR0041335 PERMIT NUMBER

001A DISCHARGE NUMBER

FACILITY JACKSONVILLE, CITY OF
LOCATION JACKSONVILLE AR 72076

ATTN: THEA HUGHES/SAM ZEHTABAN

MONITORING PERIOD			
YEAR	MO	DAY	TO
08	01	01	01
YEAR	MO	DAY	TO
08	01	31	31

F - FINAL
TREATED MUNICIPAL WASTEWATER

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
BOD, CARBONACEOUS		91.1	*****	(26)	*****	2.2	2.4	(19)	0	WEEKLY	COMP24	
5 DAY, 20C		1027	*****	LBS/DY	*****	10	15	MG/L				
EFFLUENT GROSS VALUE												
	SAMPLE MEASUREMENT REQUIREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT REQUIREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT REQUIREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT REQUIREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.										
Sam Zehntaban Operations Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE							DATE	
TYPED OR PRINTED				501 982-0581							08 02 11	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

JACKSONVILLE MANUFACTURING
ADDRESS: 41 BERT JERRY ROAD, INLET PALM
CAROLINA BEACH, NC 28586

APPROXIMATE
PERMIT NUMBER

QUALITY A
DISCHARGE NUMBER

DATE

401-MONROE VILLAGE MUNICIPAL GOV

ACTIVITY: JACKSONVILLE CITY OF
LOCATION: JACKSONVILLE, NC 27206

MONITORING PERIOD
FROM: 08/02/01 TO: 08/02/09

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

NAME: THEA HUGHES/SAM ZETABAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
SYSTEM DISSOLVED											
0300 1 0 0	SAMPLE MEASUREMENT				9.2					0 1/7	Grab
	PERMIT REQUIREMENT				6.0						
0300 1 0 0	SAMPLE MEASUREMENT				6.6					0 1/7	Grab
	PERMIT REQUIREMENT				6.0						
0400 1 0 0	SAMPLE MEASUREMENT				1.8					0 1/7	Comp24
	PERMIT REQUIREMENT				1.5						
0500 1 0 0	SAMPLE MEASUREMENT				0.3					0 1/7	Comp24
	PERMIT REQUIREMENT				0.3						
0600 1 0 0	SAMPLE MEASUREMENT				7.0					0 7/7	Total
	PERMIT REQUIREMENT				4						
0700 1 0 0	SAMPLE MEASUREMENT				0.05					0 1/7	Grab
	PERMIT REQUIREMENT				0.1						
0800 1 0 0	SAMPLE MEASUREMENT				19					0 1/7	Grab
	PERMIT REQUIREMENT				1000						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Sam Zetaban, Operations Manager**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PREPARED 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 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: 501 982-0587 DATE: 08 03 05

AREA CODE: 501 NUMBER: 982-0587 YEAR: 08 MO: 03 DAY: 05

PA Form 3320-1 (Rev. 3/99) Previous editions may be used. PAGE 1 OF 4

DISCHARGE MONITORING REPORT (DMR)
 MONITORING PERMIT NUMBER 001 A
 DISCHARGE NUMBER 001 MONTHLY-TRIAL MONITORING PERMIT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	02	01	08	02	27

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PHOSPHORUS	SAMPLE MEASUREMENT	256.5	*****	267	*****	3.8	4.6	15	0	1/7	Comp 24
	PERMIT REQUIREMENT	1027	*****	MG/DIV	*****	10	7.0A	15			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Sam Zeta/BAW Operations Manager						[Signature]		501-982-0581		08 03 05	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
REPORT FILED AS MONTHLY AVERAGE DATA FROM THE PHOSPHORUS GALLIUMS/DAY. SEE PART 117 FOR ADDITIONAL INFORMATION.											
PART IV OTHER NOTES:											

JACKSONVILLE JAN UTILITY
 ADDRESS ALBERT JOHN REFS, TRIT, FAC.
 248 ELDERFORD ROAD
 JACKSONVILLE AR 72076

JACKSONVILLE CITY OF
 JACKSONVILLE AR 72076
 ATTN: THEA HUGHES/SAM CELLIVAN

DISCHARGE MONITORING REPORT (DMR)
 AREA 1336
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

001-MONTHLY-TRTD MUNICIPAL MW

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	01	08	03	31

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLING MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
SYSTEM - DISSOLVED (DD)	SAMPLE MEASUREMENT	***	***		9.5	***	***	(19)	0	1/7	Grab
0300 1 0 0	PERMIT REQUIREMENT	***	***	***	6.0	***	***	MG AV MIN			
0400 1 0 0	SAMPLE MEASUREMENT	***	***		6.7	***	***		0	1/7	Grab
0500 1 0 0	PERMIT REQUIREMENT	***	***	***	6.0	***	***	MINIMUM			
0600 1 0 0	SAMPLE MEASUREMENT	60.5	***	(25)	0.9	***	***	MAXIMUM	0	1/7	Comp 24
0700 1 0 0	PERMIT REQUIREMENT	1540	***	LB/DAY	15	***	***	15			
0800 1 0 0	SAMPLE MEASUREMENT	14.9	***	(26)	0.2	***	***	7 DA AVG	0	1/7	Comp 24
0900 1 0 0	PERMIT REQUIREMENT	411	***	LB/DAY	4	***	***	7 DA AVG			
1000 1 0 0	SAMPLE MEASUREMENT	8.5	16.4	(23)	***	***	***	4	0	7/7	Total 2
1100 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MK MDD	***	***	***	7 DA AVG			
1200 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***		0	1/7	Grab
1300 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	0.1			
1400 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***	INST MAX	0	1/7	Grab
1500 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	0.1			
1600 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***	7 DA AVG	0	1/7	Grab
1700 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	7 DA AVG			
1800 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***	30DA AVG	0	1/7	Grab
1900 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	1000			
2000 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***	2000			
2100 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	7 DA AVG			
2200 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***	7 DA AVG			
2300 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	7 DA AVG			
2400 1 0 0	SAMPLE MEASUREMENT	***	***		***	***	***	7 DA AVG			
2500 1 0 0	PERMIT REQUIREMENT	***	***		***	***	***	7 DA AVG			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Sam Zeltaban
 Operations Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 501 982 0581

DATE
 08 04 07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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.

REPORT FROM AS PERTAINING TO: DAILY MAX, TM MED (MULTI-TIME SAM/DIS/DAY). SEE PART 111, COMMENTS 412. SEE PART 12, ITEM #27(A).

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

000009 / 08 This is a 4-part form. PAGE 1 OF 4

JACKSONVILLE, FLORIDA
 ADDRESS: ALBERT JOHN HEBB TRAIL, PALM BEACH COUNTY, FLORIDA
 CITY: JACKSONVILLE, FLORIDA
 STATE: FLORIDA
 COUNTY: PALM BEACH COUNTY

APPROXIMATE PERMIT NUMBER: 001-A

DISCHARGE NUMBER: 001-FINAL

MONITORING PERIOD
 FROM: 08/03/01 TO: 08/03/01

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING	MONITORING PERIOD			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		YEAR	MO	DAY	AVERAGE	MAXIMUM	UNITS			
P. CARBONACTIVUS	SAMPLE MEASUREMENT	155.5			2.0	2.7	1.7	0	1/7	Comp24
	PERMIT REQUIREMENT	1027			10	15	1000			
PERMIT REQUIREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PERMIT REQUIREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PERMIT REQUIREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PERMIT REQUIREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PERMIT REQUIREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
PERMIT REQUIREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Sam Zentaban
 Operations Manager

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 501 982 0581
 DATE: 08/04/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN PERM (MILLION GALLONS/DAY). SEE PART 111, CONDITION #12, SITE PART 10, ITEM #27611.

NAME JACKSONVILLE WATER UTILITY

DISCHARGE MONITORING REPORT (UMH)

FAJ001

ADDRESS 1 ALBERT JOHN REGG, TRAIL FAC, 248 CLIVERDALE ROAD

AR001735 PERMIT NUMBER

001 A DISCHARGE NUMBER

001-MONTHLY-TOTD MUNICIPAL

FACILITY JACKSONVILLE CITY OF

MONITORING PERIOD

001-MONTHLY-TOTD MUNICIPAL

LOCATION JACKSONVILLE AIR 72075

FROM 09 04 01 TO 09 04 30

NOTE: Read instructions before completing this form.

STREET THEA HUGHES/SAM ZEHABAN

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
HYDROGEN DISOXYGEN (00)	SAMPLE MEASUREMENT				9.0			(19)	0 1/3	WEEKLY GRAB	
0300 1 0 0	PERMIT REQUIREMENT				6.0			(19)	0 1/3	WEEKLY GRAB	
0400 1 0 0	PERMIT REQUIREMENT				7.0			(19)	0 1/3	WEEKLY GRAB	
0500 1 0 0	SAMPLE MEASUREMENT	89.2		261	6.0	1.3	9.0	(19)	0 1/3	WEEKLY COMP24	
0530 1 0 0	PERMIT REQUIREMENT	15.0		261	15	2.0	22.5	(19)	0 1/3	WEEKLY COMP24	
0610 1 0 0	PERMIT REQUIREMENT	8.9	17.8	0.3	2.2	5.6	7 DA AVG	(19)	0 1/3	WEEKLY COMP24	
0650 1 0 0	SAMPLE MEASUREMENT							(19)	0 1/3	DAILY TOTALZ	
0700 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
0800 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
0900 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1000 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1100 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1200 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1300 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1400 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1500 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1600 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1700 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1800 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
1900 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2000 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2100 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2200 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2300 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2400 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2500 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2600 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2700 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2800 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
2900 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3000 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3100 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3200 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3300 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3400 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3500 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3600 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3700 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3800 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
3900 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4000 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4100 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4200 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4300 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4400 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4500 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4600 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4700 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4800 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
4900 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	
5000 1 0 0	PERMIT REQUIREMENT							(19)	0 1/3	WEEKLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Typed 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

REPORT FILED AS MONTHLY AVE. 6 DAILY MAX. IN REQ (MILLION GALLONS/DAY) - SEE PART III - CONDUIT LOG #102 - SEE PART IV - TEL# 8271141.

DISCHARGE MONITORING REPORT (DMR) MAJOR FACILITY MONTHLY-TRTD MUNICIPAL USE

ADULTS PERMIT NUMBER 001 A DISCHARGE NUMBER 001 MONTHLY-TRTD MUNICIPAL USE

MONITORING PERIOD FROM 09 04 01 TO 09 04 30

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION					NO. EX ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM
TDD - CARBONADSORBION 45 DAY, 200	SAMPLE MEASUREMENT	153.5	*****	50	*****	2.5	15	0	1/1	Comp 24
	PERMIT REQUIREMENT	1027	*****	LB/DY	*****	10	7 DA AVG	15		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Sam Zehabani Operations Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

REPORT FLOW AS PERTAINING TO DAILY MAX. TR TDD (MILLION GALLONS/DAY). SEE PART 111 CONDITION #12. SIDE PART 10, ITEM #57(A).

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00103/008 This is a 4 part form. PAGE 6 OF 6



19. 6. 2008

Picture 1 of 4 – After clean up of construction debris and old pipe.



19. 6. 2008

Picture 2 of 4 – After cleanup of trash pile.



Picture 4 of 4 - After purchase of new trash cans.



Picture 3 of 4 - After cleanup of spilled hydraulic fluid.