

ADEQ

ARKANSAS
Department of Environmental Quality

July 1, 2013

Mr. Sam Zehtaban
Jacksonville Wastewater Utility
248 Cloverdale Road
Jacksonville, AR 72076

RE: Compliance and Collection System Inspections.
AFIN: 60-00543; AR0041335 and ARR000254

Dear Mr. Zehtaban:

On June 20, 2013, fellow inspector Clark Baker and I performed a Compliance Evaluation Inspection and collection system inspection at the above-referenced facility. The inspection was conducted 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. The following violations were observed at the time of inspection:

Permit AR0041335

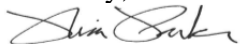
- Evidence of leakage from a clarifier was observed at the time of investigation (see photographs 1-4 of 4). This is in violation of Part III.B.1 of the permit.

Permit ARR000254

- The facility was in compliance with the terms of the No-Exposure Certification at the time of inspection.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **July 19, 2013**. If I can be of any assistance, please contact me 501-682-0658 or parkerr@adeq.state.ar.us.

Sincerely,



Risa Parker
District 9 Field Inspector
Water Division



Form Approved
OMB No. 2040-0003

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 N 2 5 3 A R 0 0 4 1 3 3 5		1 3 0 6 2 0	C	S	1
Remarks					
A F I N 6 0 - 0 0 5 4 3					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70	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 Regional Treatment Facility-248 Cloverdale Road; located ¼ mile west of Hwy. 161 North of Cloverdale road nearby Reed’s Bridge in Pulaski County, AR.	Entry Time/Date 9:30 am – 6/20/13	Permit Effective Date 11/01/2012
	Exit Time/Date 2:00 pm – 6/20/13	Permit Expiration Date 10/31/2017

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Sam Zehtaban, Admin Ops Manager, JWU; 501-982-0581 Mike Overstreet, Treatment Plant Supervisor, JWU; 501-982-0581	Other Facility Data Major Municipal
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Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Sam Zehtaban Admin Ops Manager Jacksonville Wastewater Utility 248 Cloverdale Road Jacksonville, AR 72076	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Section C: Areas Evaluated During Inspection

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

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

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

Refer to the summary of findings/comments for the inspection findings.

Name(s) and Signature(s) of Inspector(s) Risa Parker/	Agency/Office/Telephone/Fax ADEQ / Little Rock / 501-682-0658 / 501-682-0910	Date 6/26/13
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: | <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

S M U NA NE

DETAILS:

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input 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

S M U NA 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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

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: 4' TYPE OF DEVICE: Parshall Flume | <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: March 2013 | <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

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>American Interplex Corp.</u> | |
| b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204</u> | |
| c. PARAMETERS PERFORMED: <u>priority pollutants, quarterly metals, and pretreatment program samples</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	No	No	No	No	No	Clear	N/A

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):	

EPA Region 6, is the sludge regulatory authority for the State of Arkansas.

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 checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Facility holds No Exposure Exclusion under IGP ARR000000.

FLOW CALCULATION SHEET

Date: **6/20/13** Time: **10:50 am**

Head in Inches: **5.5** Feet: **0.46**

Type & Size of Primary Flow Measurement Device: **4' Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Millitronic Hydorranger Plus**

Date of last Calibration of Secondary Flow Device: **March 2013**

Recorded Flow at Date & Time Listed Above: (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2109 gpm**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
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% Error =		X 100	
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% Error =		X 100	
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% Error =		X 100	
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% Error =		%	
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Comments: **% error not calculated-instantaneous flow reading not obtained from flow measurement device.**

DMR Calculation Check

Reporting Period: From 2013 04 01 To 2013 04 30
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>48.1</u>	<u>0.9</u>	<u>1.5</u>
Calculated Value:	<u>48.1</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:

DMR Calculation Check

Reporting Period: From 2013 04 01 2013 04 30
Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>96.6</u>	<u>1.9</u>	<u>2.2</u>
Calculated Value:	<u>96.6</u>	<u>1.9</u>	<u>2.2</u>
Permit Value:	<u>1027</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Water Division NPDES Photographic Evidence Sheet

Location:	Jacksonville Wastewater Utility				
Photographer:	Risa Parker, ADEQ Water Division	Witness:	Clark Baker, ADEQ Water Division		
Photo 1	Of	4	Date:	6/20/13	Time: 10:27 am
Description:	Evidence of leakage from clarifier.				



Photographer:	Risa Parker, ADEQ Water Division	Witness:	Clark Baker, ADEQ Water Division		
Photo 2	Of	4	Date:	6/20/13	Time: 10:27 am
Description:	Evidence of leakage from clarifier.				



Water Division NPDES Photographic Evidence Sheet					
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Location:	Jacksonville Wastewater Utility				
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Photographer:	Risa Parker, ADEQ Water Division	Witness:	Clark Baker, ADEQ Water Division		
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Photo 3	Of	4	Date:	6/20/13	Time:	10:27 am
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Description:	Evidence of leakage from clarifier.				
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Photographer:	Risa Parker, ADEQ Water Division	Witness:	Clark Baker, ADEQ Water Division		
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Photo 4	Of	4	Date:	6/20/13	Time:	10:30 am
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Description:	Evidence of leakage from clarifier.				
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A R K A N S A S
Department of Environmental Quality

CERTIFIED LETTER: 91 7199 9991 7030 4907 0002

August 5, 2013

Mr. Sam Zehtaban
Jacksonville Wastewater Utility
248 Cloverdale Road
Jacksonville, AR 72076

RE: AFIN: 60-00543; NPDES Permits AR0041335 and ARR000254
Compliance and Collection System Inspections.

Dear Mr. Zehtaban:

A letter dated July 1, 2013 was sent to you by the ADEQ. The letter outlined the findings of a June 20, 2013 inspection of the above referenced facility. The letter requested that a written response be submitted to the Water Division Inspection Branch of this Department by July 19, 2013. To date, no response has been received.

A written response to the above-referenced inspection is required by **August 19, 2013**. A copy of the inspection report has been included for your convenience. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0658 or you may e-mail me at parkerr@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Risa Parker".

Risa Parker
District 9 Field Inspector
Water Division

Bolenbaugh, Jason

From: Parker, Risa
Sent: Wednesday, August 07, 2013 10:30 AM
To: Bolenbaugh, Jason
Subject: FW: Compliance and Collection System Inspection NPDES AR0041335 and ARR000254
Attachments: 20130709_082002.jpg; DOC080613-08062013160012.pdf; 20130807_100027.jpg

Please add to ID11740.

From: Sam Zehtaban [<mailto:sam@jwwu.com>]
Sent: Wednesday, August 07, 2013 10:15 AM
To: Parker, Risa
Cc: Thea Hughes; Mike Overstreet
Subject: Compliance and Collection System Inspection NPDES AR0041335 and ARR000254

Dear Ms. Parker,

The Jacksonville Wastewater Utility (JWU) received the certified letter of your June 20, 2013, inspection of our facility on August 6, 2013. The JWU didn't received the pervious letter that you mailed to us on July 1, 2013, as stated on your letter.

Our collection system crew repaired the leakage from the clarifier on July 3, 2013, enclosed you will find the pictures and the project card which shows the clarifier was pressure washed, old seals removed and repaired with quadex cement water stop.

Please verify that you received this email and let me know if you need any additional information.

Sincerely,

Sam Zehtaban
Administrative Operations Manager
Jacksonville Wastewater Utility





BW

Collection System Project Card

Prepared by: Joy

Project #: 13-01

Project Name: Miscellaneous

Date: 7-3-13

Section #: G-4

MH #: _____

MH #: _____

Street: 248 Cloverdale

Description of work completed: power washed & Quadex clarifier laundry

Material	Qty.	Material	Qty.	Material	Qty.
2" x 23.5" Manhole Riser Ring		6" Manhole Riser Ring		12" Ductile Iron Pipe	
2-way Cleanout Tee		6" perforated drain pipe		12" PVC SDR 26	
3" PVC to 4" PVC Fernco		6" PVC SDR 26		12" x 15" FCC 12.62-13.02	
3" x 26" Manhole Riser Ring		6" PVC to 4" PVC Fernco		12" x 20" FCC 12.62 - 13.02	
4" Backflow Preventor		6" PVC to 6" PVC Fernco		12" x 25" FCC 13.10-13.5	
4" Clay to 4" PVC Fernco		6" x 12 MJ Solid Sleeve regular		Manhole Camlock Ring and Cover	
4" CMA Waterstop Gasket		6" x 12" FCC 5.95-6.35		Manhole Ring & Lid Hinged	
4" Combination Wye		6" x 15" FCC 5.95-6.35		Manhole Standard Ring and Cover	
4" Ductile Iron Pipe		6" x 15" FCC 6.56-6.96		Saddle Strap, 48" Romac	
4" Female cleanout adapter plug		6" x 25" FCC 6.56-6.96		Sewer Popper	
4" Male Adapter w/ plug		7" Valve box - round w/cover		Hydro Gel 5x Prime Flex	
4" one-way clean out tee		8" Clay to 8" PVC Fernco		Prime Flex 920	
4" PVC SCH 40		8" CMA Waterstop Gasket		Sealguard	
4" PVC 221/2 Elbow		8" Concrete to 8" PVC Fernco		Acryl 60 - 1 gal. Buckets	
4" PVC 45 degree		8" Ductile Iron Pipe		Portland 94#	
4" PVC Couplings		8" Ductile Mechanical Joint		Quadex Hydraulic Water Stop	3
4" PVC to 4" Concrete Fernco		8" gasket for Ductile Iron		Sewer Solvent	
4" PVC to 4" PVC Fernco		8" Manhole Drops		Quikrete 40#	
4" Qwik Cap Fernco		8" PVC SDR 26		Quikrete 50# quick set	
4" Saddle 6"-12"		8" PVC to 8" PVC Fernco		Quikrete 80# 4000	
4" Thin wall adapter		8" x 15" FCC 8.54-8.94		Quikrete 80# 5000	
4" x 12" FCC 4.45-4.75		8" x 30" FCC 8.25-8.65		2% Calcium added to concrete	
4" x 12" FCC 5.22-5.62		8" x 30" FCC 8.62-9.42		3000 Mix Concrete	
4"-5" x 12" FCC 5.22-5.62		8" x 30" FCC 8.99-9.39		4000 Mix Concrete	
5" PVC to 4" PVC Fernco		10" Clay to 10" PVC Fernco		Flowable Fill	
6" Clay to 4" PVC Fernco		10" CMA Waterstop Gasket		SB 2 Class 7	
6" Clay to 6" Clay Fernco		10" Concrete to 10" PVC Fernco		Wash Rock 3/4"	
6" Clay to 6" PVC Fernco		10" Ductile Iron Pipe			
6" CMA Waterstop Gasket		10" PVC SDR 26 Pipe			
6" Concrete to 4" PVC Fernco		10" PVC to 10" PVC Fernco			
6" Concrete to 6" PVC Fernco		10" x 15" FCC 10.60-11.00			
6" Coupling SDR 26		10" x 20" FCC 11.01-11.44			
6" Ductile Iron Pipe		10" x 25" FCC 10.64-11.04			
6" Ductile Mechanical Joint		12" Clay to 12" PVC Fernco			
6" Flange Ductile Iron Pipe		12" CMA Waterstop Gasket			
6" Manhole Drops		12" Concrete to 12" PVC Fernco			

Unit #	Equipment / Vehicles	Hours
8	Backhoe #1 Case 580	
2	Backhoe #2 Case 580	
3	1520 Ford Tractor	
4	JD 70 Trackhoe	
5	Cat 307 Trackhoe	
6	Bobcat Mini Trackhoe	
7	Cat 301.5 Mini Trackhoe	
11	Asphalt Saw	
12	Wheelbarrow - powered	
16	JD 350 Dozer	
18	Ingersol Air Compressor	
19	New Holland LV80 Loader	
147	Dodge Ram	
152	Chevrolet Truck	.5
157	Chevrolet 2-ton Truck	
159	Dodge Truck	
160	GMC Jet Truck	
162	Peterbilt Dump Truck	
165	Dodge 1-ton Truck	
167	Ford F350 Pickup	.5
170	Dodge Truck	
172	Ford VacCon	
173	Dodge Truck	
176	International Dump Truck	
179	Ford F150 Extend Cab	
182	Freightliner Dump Truck	
P-1	Red 4" By-pass Pump	
P-2	Blue 6" By-pass Pump	
P-3	4" Bypass Pump	
P-4	Green 6" Pioneer By-pass Pump	
	Rental Trackhoe	

Employee	Hours
Cody - 223	
David - 233	
Joey - 230	6.5
Kenny F. - 209	
Luke - 151	
Steve - 240	6.5
Todd - 224	
Jacob - 253	6.5

Miscellaneous Expenses	Cost

Landscaping	Status
Landscaping needed	Yes No
Need to settle or sink	Yes No
Need to level dirt off	Yes No
Need to replace sidewalk	Yes No
Need to replace driveway	Yes No
Needs Bermuda sod	Yes No
Needs Fescue	Yes No
Needs St. Augustine sod	Yes No
Needs Zoyia sod	Yes No
Needs grass seed	Yes No
Need to water & roll	Yes No
Need to water	Yes No
Replace fence	Yes No
Landscaping complete	Yes No

ADEQ

ARKANSAS
Department of Environmental Quality

August 12, 2013

Mr. Sam Zehtaban
Jacksonville Wastewater Utility
248 Cloverdale Road
Jacksonville, AR 72076

RE: AFIN: 60-00543; NPDES Permits AR0041335 and ARR000254
Compliance and Collection System Inspections.

Dear Mr. Zehtaban:

The response dated August 7, 2013 pertaining to the June 20, 2013 inspection of the above-referenced facility. The information provided sufficiently addresses the violations referenced in the inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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 501-682-0658 or you may e-mail me at parkerr@adeq.state.ar.us.

Sincerely,



Risa Parker
District 9 Field Inspector
Water Division