



ARKANSAS
Department of Environmental Quality

April 8, 2014

Kent Latch, Water and Sewer Manager
Heber Springs Wastewater Treatment Facility
1101 West Front Street
Heber Springs, AR 72543

RE: Compliance Inspections (Cleburne Co)

AFIN: 12-00029

**NPDES Permit No.: AR0022381 CEI
AR0022381 SSO
AR0022381C**

Dear Mr. Latch:

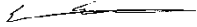
On March 11, 2014, I performed routine compliance inspections of the wastewater treatment facility and collection system in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violation:

Arkansas Pollution Control and Ecology Commission Minute Order # 80-21 and Regulation 6.202 (B) require that the basic design criteria for wastewater treatment plants be based on the latest edition of the "Recommended Standards for Sewage Works" published by the Great Lakes-Upper Mississippi Board of State Sanitary Engineers known as "10 States Standards." There is no fence and signage between the facility's sewage disposal pond and the residential/commercial property that adjoins it. **This is a violation of 57.1.a of the 10 States Standards.**

The above item requires 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 **April 22, 2014**.

If I can be of any assistance, please contact me at saunders@adeq.state.ar.us or (870) 424-3322 ext. 3.

Sincerely,



Sean Saunders
District 11 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 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="1"/> 11 <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="1"/> 17 <input type="text" value="C"/> 18 <input type="text" value="S"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks					
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="9"/>						
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----		
67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 <input type="text" value="3"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text"/>	74 <input type="text"/> 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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>) Heber Springs Wastewater Treatment Plant 1174 Bypass Rd. Heber Springs, AR 72543	Entry Time/Date 11:00 3/11/2014	Permit Effective Date 3/1/2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Sam Querry, Wastewater Superintendent, 501-250-6225	Exit Time/Date 15:30 3/11/2014	Permit Expiration Date 2/28/2018
Name, Address of Responsible Official/Title/Phone and Fax Number Kent Latch, Water and Sewer Manager 1101 West Front Street Heber Springs, AR 72543	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other Facility Data N35°29'11.350" W91°58'59.654" PDS# 077143

Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	M	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	S	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)

There is no fence and signage between the facility's sewage disposal pond and the residential/commercial property that adjoins it.

Name(s) and Signature(s) of Inspector(s) <div style="text-align: right;"> Sean Saunders </div>	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality Mountain Home (870) 424-3322	Date March 31, 2014
Signature of Reviewer <div style="text-align: right;"> Kerri McCabe </div>	Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642	Date April 7, 2014

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 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

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>No Primary Device</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: <u>Flow measured prior to UV Disinfection and filters</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>The turbines in the totalizers are replaced yearly</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED: <u>Arkansas Testing</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Testing</u>	
b. LAB ADDRESS: <u>Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY							<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
002	None	None	None	Slight	None	Light Green	--

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: City has permit to land apply	
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): <u>Agricultural</u>	

SECTION I: SAMPLING INSPECTION PROCEDURES	
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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

DMR Calculation Check

Reporting Period: From 2013 1 1 To 2013 1 31
Year Month Day Year Month Day

Parameter Checked: pH

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Min. S.U.	Max. S.U.
Reported Value:	<u> N/A </u>	<u> 6.80 </u>	<u> 7.33 </u>
Calculated Value:	<u> N/A </u>	<u> 6.80 </u>	<u> 7.33 </u>
Permit Value:	<u> N/A </u>	<u> 6 </u>	<u> 9 </u>

If calculated value does not equal reported value, explain:


Water Division NPDES Photographic Evidence Sheet							
Location:	Heber Springs Wastewater Treatment Facility						
Photographer:	Sean Saunders			Witness:	Heber Springs WWTP personnel		
Photo #	1	Of	1	Date:	3/11/2014	Time:	13:06
Description:	The facility's sewage disposal pond that adjoins residential/commercial property. Notice no signage or fencing.						
							



Figure 1. Google Earth image of sewage pond in Photo 1.

From: [Nick Williams](#)
To: [Water-Inspection-Report](#)
Subject: Inspection report- response letter
Date: Tuesday, April 22, 2014 3:45:30 PM
Attachments: [Inspection report- Response letter.pdf](#)

To whom it may concern,

I have attached the above letter in response to the inspection at the Heber Springs Wasterwater Treatment Facility. I am also sending a hard copy of the attached letter via certified mail.

Best regards,

Nick Williams



This email is free from viruses and malware because [avast! Antivirus](#) protection is active.



April 21, 2014

ADEQ
Sean Saunders
Water Division Inspection Branch
5301 Northshore Drive
North Little Rock, AR

Re: *Heber Springs Wastewater Treatment Facility*
1101 West Front Street
Heber Springs, AR 72543

Compliance Inspections (Cleburne Co)

AFIN: 12-00029

NPDES Permit No.: AR0022381 CEI

AR0022381 SSO

AR0022381C

Dear Mr. Saunders,

We are writing in response to your inspection on March 11, 2014. In this inspection you cited a violation of **57.1.a of the 10 State Standards**. The specific item in question is the fencing and signage between the facility's sewage disposal pond and the property that adjoins it. In response to this citation we propose the following solution.

- HSWS will install fencing beside the buildings on the property so as to eliminate access from adjoining property.

Sincerely,

Clint W. Bell, P.E.

President/Civil Engineer
CWB Engineers, Inc.

Enclosure



CWB
Engineers, Inc.

Designing a Better Arkansas

April 21, 2014

ADEQ
Sean Saunders
Water Division Inspection Branch
5301 Northshore Drive
North Little Rock, AR

Re: Heber Springs Wastewater Treatment Facility
1101 West Front Street
Heber Springs, AR 72543

Compliance Inspections (Cleburne Co)

AFIN: 12-00029

NPDES Permit No.: AR0022381 CEI

AR0022381 SSO

AR0022381C

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- HSWS will install fencing beside the buildings on the property so as to eliminate access from adjoining property.

Sincerely,

Clint W. Bell, P.E.

President/Civil Engineer
CWB Engineers, Inc.

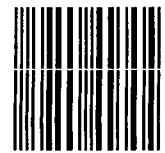
Enclosure

CWB Engineers, Inc.
1903 Highway 25B
Heber Springs, AR 72543

VELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7013 2250 0002 2938 9146



1000

72118

U.S. POSTAGE
PAID
HEBER SPRINGS, AR
72543
APR 22, '14
AMOUNT

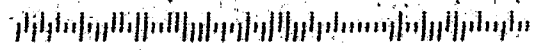
\$6.49
00010569-04

ADEQ

Water Division Inspection Branch
Attn: Sean Saunders
5301 Northshore Drive
North Little Rock, AR 72118

**RETURN RECEIPT
REQUESTED**

72118531799



ADEQ

ARKANSAS
Department of Environmental Quality

May 6, 2014

Kent Latch, Water and Sewer Manager
Heber Springs Wastewater Treatment Facility
1101 West Front Street
Heber Springs, AR 72543

RE: Response to Inspections (Cleburne Co)
AFIN: 12-00029 **NPDES Permit No.: AR0022381**

Dear Mr. Latch:

I have reviewed your response pertaining to my March 11, 2014 inspection of your wastewater treatment facility. However, the information provided does not sufficiently address the violation referenced in my inspection report.

Specifically, fencing between the buildings and connected to the buildings instead of between the buildings and the sludge pond along that side of the property is an acceptable solution provided that there is no access from the buildings or through gates in the fencing to the Heber Springs Wastewater Treatment Facility. However, there must be adequately-sized warning signage on the fencing to notify the public.

Please provide the ADEQ Water Division Inspection Branch with a timeline for the completion of the required work on the fencing and signage. This work should be complete as soon as possible. Please provide the timeline no later than **May 20, 2014**.

This response should be mailed to the address at the bottom of the page or e-mailed to Water-Inspection-report@adeq.state.ar.us.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 3 or you may e-mail me at saunders@adeq.state.ar.us.

Sincerely,



Sean Saunders
District 11 Field Inspector
Water Division



CWB
Engineers, Inc.

Designing a Better Arkansas

May 15, 2014

Sean Saunders
Water Division - ADEQ
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

Re: *Heber Springs Wastewater Treatment Facility*

***Compliance Inspections (Cleburne Co.)
NPDES Permit No. AR0022381
AFIN 12-00029***

Dear Mr. Saunders,

I am writing on behalf of HSWS in response to the letter dated May 6, 2014, regarding the compliance inspections for the above-referenced facility. Heber Springs Water and Sewer is currently working to install permanent fencing and signage along the levy of the existing sludge disposal area. The fencing and signage should be in place by the end of the month. This should address all deficiencies noted in the above-referenced compliance inspection.

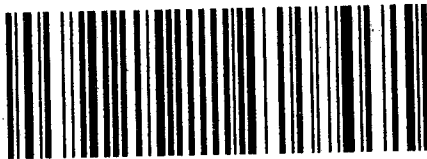
If you have any questions, you may contact me at email cbell@cwbenigneers.com or phone (501) 362-3744.

Sincerely,

Clint W. Bell, P.E.
CWB Engineers, Inc.

Cc: Kent Latch – Heber Springs Water and Sewer
Files
Nick Williams – CWB Engineers, Inc.

CERTIFIED MAIL™



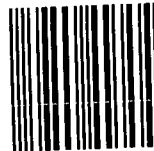

7013 3020 0002 4274 4081

CWB Engineers, Inc.
1903 Highway 25B
Heber Springs, AR 72543

RETURN RECEIPT
REQUESTED

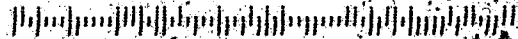
ADEQ
Sean Saunders
Water Division Inspection Branch
5301 Northshore Drive
North Little Rock, AR 72118

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ADEQ

ARKANSAS
Department of Environmental Quality

June 5, 2014

Kent Latch, Water and Sewer Manager
Heber Springs Wastewater Treatment Facility
1101 West Front Street
Heber Springs, AR 72543

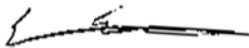
RE: Response to Inspection (Cleburne Co)
AFIN: 12-00029 **NPDES Permit No.: AR0022381**

Dear Mr. Latch:

I have reviewed the response pertaining to my letter dated April 23, 2014. The information provided sufficiently addresses the violations referenced in my 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 (870) 424-3322 ext. 3 or you may e-mail me at saunders@adeq.state.ar.us.

Sincerely,



Sean Saunders
District 11 Field Inspector
Water Division