

# ADEQ

ARKANSAS  
Department of Environmental Quality

November 26, 2014

Daniel Dawson, General Manager  
Searcy Water Utilities  
300 North Elm Street P.O. Box 1319  
Searcy, AR 72145

RE: Searcy WWTF Inspection  
AFIN: 73-00055 Permit No.: AR0021601

Dear Mr. Dawson:

Over the dates of October 8, 2014, October 9, 2014, and November 21, 2014 Erica McAdoo and I performed a Compliance Evaluation Inspection, Pretreatment Compliance Inspection, and a SSO/Collection System Inspection of the above referenced 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. A copy of the inspection report is enclosed for your records.




**Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto: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 **December 13, 2014**.

If I can be of any assistance, please contact me at [bakerclark@adeq.state.ar.us](mailto:bakerclark@adeq.state.ar.us) or (501)682-0657.

Sincerely,



Clark Baker  
District 9 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>						
		AFIN: <b>73-00055</b>		PERMIT #: <b>AR0021601</b>		DATE: <b>10/8/2014</b>		
		COUNTY: <b>73 White</b>			PDS #: <b>081083</b>		MEDIA: <b>WN</b>	
		GPS LAT: <b>35.268289</b> LONG: <b>-91.716111</b> LOCATION: <b>Entrance</b>						
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>					
NAME: <b>Searcy WWTF</b> LOCATION: <b>260 N. Bypass</b> CITY: <b>Searcy</b>			FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>80397 S - State</b>			
<b>RESPONSIBLE OFFICIAL</b> NAME / TITLE: <b>Daniel Dawson / General Manager</b> COMPANY: <b>Searcy Water Utilities</b> MAILING ADDRESS: <b>300 North Elm Street P.O. Box 1319</b> CITY, STATE, ZIP: <b>Searcy AR 72145</b> PHONE & EXT. / FAX: <b>501-268-2481 / 501-268-9463</b> EMAIL: <b>d.dawson@cablelynx.com</b> CONTACTED DURING INSPECTION: <b>Yes</b>			FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>			
			DATE(S): <b>10/8/2014</b>	ENTRY TIME: <b>11:00</b>	EXIT TIME: <b>12:15</b>	PERMIT EFFECTIVE DATE: <b>10/1/2013</b> PERMIT EXPIRATION DATE: <b>9/30/2018</b>		
			FAYETTEVILLE SHALE RELATED: <b>N</b>					
FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>								
<b>INSPECTION PARTICIPANTS</b>								
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Clark Baker/ADEQ Water Inspector/(501)682-0657</b>  <b>Erica McAdoo/ADEQ Water Inspector/(501)683-0827</b>								
<b>AREA EVALUATIONS</b>								
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER			
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>M</b>	FACILITY SITE REVIEW			
<b>M</b>	OPERATION & MAINTENANCE	<b>N</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM			
<b>S</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>S</b>	PRETREATMENT			
<b>N</b>	OTHER:							
<b>SUMMARY OF FINDINGS</b>								
<ul style="list-style-type: none"> <li>• Vegetation growing within the units of the treatment system (see photo 1-2).</li> <li>• Algae on the weirs of the secondary clarifier (see photos 3-5).</li> <li>• Improper disposal of solids removed from the secondary clarifier (see photos 6-9).</li> </ul>								
<b>GENERAL COMMENTS</b>								
<ul style="list-style-type: none"> <li>• A water leak in an underground electrical access area has resulted in electrical components of the system coming into contact with water.</li> <li>• It appears that the tubing in the composite sampler needs to be replaced. A buildup of impurities can negatively impact the sample results (see photo 10).</li> </ul>								
INSPECTOR'S SIGNATURE:  <b>Clark Baker</b>				DATE: <b>11/25/2014</b>				
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>				DATE: <b>11/25/2014</b>				

<b>SECTION A: PERMIT VERIFICATION</b>	
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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
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>The Monthly average loading mass for TSS in August was incorrectly reported on the DMR due to an incorrect flow rate used when calculating the loading mass for 8/13/2014. The actual value is still less than the permit limit</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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" 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: <u>Vegetation in treatment units. Some algae on the weirs of the secondary clarifier, the brushes on the scraper used to prevent the buildup of algae may need to be replaced. There is evidence of algae and other solids recovered from the secondary clarifier being wasted on the ground instead of being properly disposed of.</u>	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: <u>8/10/2014 – 8/12/2014</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<u>A water leak in an underground electrical access area has resulted in electrical components of the system coming into contact with water.</u>	

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>2ft 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:	<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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex</u> &   <u>Arkansas Testing</u>	
b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204</u>   <u>3301 Langley Dr., Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>Phenolics, Cyanide, and Biomonitoring</u>   <u>Nitrite+Nitrate &amp; Phosphorus analysis</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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001				X			--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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:							
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 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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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 checked="" type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT 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. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

**DMR Calculation Check**

Reporting Period: From 2014 7 1 To 2014 7 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>181.9</u>	<u>6.0</u>	<u>6.4</u>
Calculated Value:	<u>181.9</u>	<u>6.0</u>	<u>6.4</u>
Permit Value:	<u>625.5</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

**DMR Calculation Check**

Reporting Period: From 2014 8 1 To 2014 8 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>99.9</u>	<u>4.3</u>	<u>5.4</u>
Calculated Value:	<u>102.9</u>	<u>4.3</u>	<u>5</u>
Permit Value:	<u>834</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

The monthly average loading mass for TSS in August was calculated multiple times by hand and using a calculating spreadsheet resulting in a value of 102.9 each time. The same was done for the highest 7-day average of TSS in August resulting in a value of 5 each time. It is unknown how the facility calculated the values reported on the DMR for TSS in August. Tim Cleveland, assistant manager, was contacted inquire about the differing results. He explained that the week with 5.4 mg/l average was one that had all of the values recorded at the end of July, but since the Friday and Saturday, which they consider the end of the week, were in August that week is considered to be an August week. The monthly average loading mass reported on the DMR was found to be incorrect due to an incorrect flow value used when calculating the loading mass for the 13<sup>th</sup>.

**Water Division Photographic Evidence Sheet**


Location:	<b>Searcy WWTF</b>				
Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>	Time:	<b>11:17</b>
Witness:	<b>None</b>	Photo #:	<b>1</b>		
Description:	<b>Vegetation growing in treatment units of the system</b>				



Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>	Time:	<b>11:15</b>
Witness:	<b>None</b>	Photo #:	<b>2</b>		
Description:	<b>Vegetation growing in treatment units of the system</b>				







Water Division Photographic Evidence Sheet			
Location:	<b>Searcy WWTF</b>		
Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:	<b>11:23</b>	Witness:	<b>None</b>
Photo #:	<b>3</b>	Description:	<b>Algae growing on the weirs and walls of the secondary clarifier despite the scrub brushes intended to prevent the buildup of algae</b>
			

Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:	<b>11:23</b>	Witness:	<b>None</b>
Photo #:	<b>4</b>	Description:	<b>Algae growing on the weirs and walls of the secondary clarifier despite the scrub brushes intended to prevent the buildup of algae</b>



Water Division Photographic Evidence Sheet			
Location:	<b>Searcy WWTF</b>		
Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:		Time:	<b>11:22</b>
Witness:	<b>None</b>	Photo #:	<b>5</b>
Description:	<b>Algae growing on the weirs and walls of the secondary clarifier</b>		
			
Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:		Time:	<b>11:26</b>
Witness:	<b>None</b>	Photo #:	<b>6</b>
Description:	<b>Solids removed from the secondary clarifier disposed of in an inappropriate manner</b>		
			

**Water Division Photographic Evidence Sheet**

Location:	<b>Searcy WWTF</b>		
Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:	<b>11:25</b>	Witness:	<b>None</b>
Photo #:	<b>7</b>	Description:	<b>Solids removed from the secondary clarifier disposed of in an inappropriate manner</b>



Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:	<b>11:24</b>	Witness:	<b>None</b>
Photo #:	<b>8</b>	Description:	<b>Solids removed from the secondary clarifier disposed of in an inappropriate manner</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>Searcy WWTF</b>		
Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:	<b>11:24</b>	Witness:	<b>None</b>
Photo #:	<b>9</b>	Description:	<b>Solids removed from the secondary clarifier disposed of in an inappropriate manner</b>



Photographer:	<b>Clark Baker</b>	Date:	<b>10/8/2014</b>
Time:	<b>12:12</b>	Witness:	<b>None</b>
Photo #:	<b>10</b>	Description:	<b>Stained tubing in the composite sampler</b>



Google Earth image of the area:



BOARD MEMBERS  
Ronnie McFarland  
Mel Sansom  
Steve Lightle  
Donnie Miller  
Reynie Rutledge



GENERAL MANAGER  
Daniel K. Dawson

ASSISTANT GENERAL  
MANAGER  
Tim W. Cleveland

December 10, 2014

CERTIFIED MAIL, Return Receipt Requested: 7010 2780 0002 5135 3473

Mr. Clark Baker  
Water Division Inspection Branch  
ADEQ  
5301 Northshore Dr.  
North Little Rock, AR 72118-5317

Re: NPDES Permit No. AR0021601  
AFIN: 73-00055

Dear Mr. Baker:

Please find enclosed with this letter copies of emails from Mr. Jimmy Smith and Mr. Paul Abernathy addressing the Findings as noted in your Inspection Reports sent to us under a letter dated November 26, 2014.

We hope this adequately addresses the concerns noted in said report. Please contact Jimmy, Paul, or myself if there is anything further we need to do to address these matters.

Sincerely,

SEARCY WATER UTILITIES

A handwritten signature in black ink, appearing to read "D. Dawson", is written over a horizontal dashed line.

Daniel K. Dawson  
General Manager

Enclosures

**Subject:** Response to ADEQ Inspection  
**From:** "Jimmy Smith" <jsmith67@cablelynx.com>  
**Date:** 12/1/2014 9:31 AM  
**To:** "Daniel Dawson" <d.dawson@cablelynx.com>

Mr. Dawson,

In reference to the findings of ADEQ during an inspection conducted Friday, November 21, 2014 at the Baker / Hughes Industry by ADEQ representative, Clark Baker, Searcy Water Utilities sewer line maintenance and repair Supervisor, Keith West and Searcy Water Utilities Pretreatment Coordinator, Jimmy Smith

Representatives from Baker / Hughes were present on the day of the inspection after we found the evidence of the "oil" in the lift station.

We inspected Baker / Hughes Oil and Water Separators and found the same type of liquid.

After reviewing the blue prints of Baker / Hughes sewer system and confirming that it was most probable that an event occurred that led to the petroleum based substance exiting the oil and water separators and flowing to the pump station, I contacted Mr. Alan Manley of Baker / Hughes and requested that Baker / Hughes promptly take measures to pump the substance out of the pump station, clean the two oil and water separators and make sure that the oil and water separators are working properly according to the manufacturers specifications.

On Monday, November 24, 2014, Mr. Manley of Baker Hughes informed me that the above mentioned substance in the pump station and oil and water separators would be pumped out taken by a company that would dispose of the matter appropriately.

Mr. Manley called me again on the same day, around 3 pm, and informed me that the matter had been taken care of and they would be performing maintenance on their oil and water separators to make sure this event does not occur in the future.

Sincerely,

*Jimmy Smith*

Searcy Water Utilities  
Pretreatment Coordinator /  
Safety Director  
P.O. Box 1319  
Searcy, Ar. 72145  
Office: 501-268-2481  
Fax:: 501-268-9463

**Subject:** WWTF Response

**From:** Paul Abernathy <pabernathy1@outlook.com>

**Date:** 12/10/2014 9:05 AM

**To:** "d.dawson@cablelynx.com" <d.dawson@cablelynx.com>

Searcy WWTF

Permit# AR0021601

Issues and actions from ADEQ inspection of 10/8/2014

Issue #1 Vegetation growing within treatment units.

Action taken: Vegetation on anoxic zone baffles and secondary clarifier weirs have been removed and disposed of properly. Cleaning scheduled frequency has been increased. Operators have been instructed concerning proper disposal of vegetation.

Issue #2 Algae on secondary clarifier weirs.

Action Taken: Algae has been removed and disposed of properly. Weir brushes have been replaced. The weirs are now being constantly chlorinated to prevent regrowth.

Issue #3 Improper disposal of solids from weir.

Action Taken: Operators have been instructed on proper disposal areas.

Issue #4 Underground water leak in electrical area.

Action Taken: A leak in the potable water line around the Secondary clarifier has been found and line has been disconnected. Water leaking from conduit has ceased. Water line has been scheduled for repair.

Issue #5 Composite sampler tubing requiring attention.

Night operators have been notified concerning the tubing, and it has been replaced. Regular scheduled sample maintenance frequency has been increased.



Paul Abernathy  
Manager Searcy WWTP



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**SEARCY WATER UTILITIES**

300 NORTH ELM STREET

P.O. BOX 1319

SEARCY, ARKANSAS 72145-1319

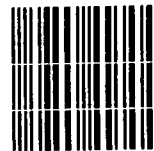


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Mr. Clark Baker  
Water Division Inspection Branch  
ADEQ  
5301 Northshore Dr.  
North Little Rock, AR 72118-5317

721185317 R015

