

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 15, 2016

Kent Latch, General Manager  
Heber Springs Water and Sewer Commission  
1108 West Front Street  
Heber Springs, AR 72543

**RE: Heber Springs Wastewater Plant Inspections (Cleburne Co)**  
**AFIN: 12-00029**                      **Permit No.: AR0022381**  
**12-00250**                                      **ARR000283**  
**4731-WR-2**

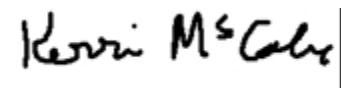
Dear Mr. Latch:

On February 17, 2016, I performed a Compliance Evaluation Inspection, a Collection System Inspection, a No-Exposure Stormwater Inspection, and a Bio-solids Land Application 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. Copies of the inspection reports are enclosed for your records.

**No violations were noted at the time of the inspection. Please refer to each of the attached inspection reports for any comments.**


If I can be of any assistance, please contact me at [mccabe@adeq.state.ar.us](mailto:mccabe@adeq.state.ar.us) or (501) 682-0642.

Sincerely,



Kerri McCabe  
Inspector Supervisor  
Water Division

cc: Kent Latch, General Manager, Heber Springs Water and Sewer Commission,  
[kent@heberspringswater.com](mailto:kent@heberspringswater.com)

 <b>A R K A N S A S</b> Department of Environmental Quality	<b>WATER DIVISION INSPECTION REPORT</b>				
	AFIN: 12-00029	PERMIT #: AR0022381	DATE: 2/17/2016		
	COUNTY: 12 Cleburne	PDS #: 089662	MEDIA: WN		
	GPS LAT: 35.486416 LONG: -92.000048 LOCATION: Entrance				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Heber Springs Wastewater Plant</b> LOCATION: <b>1174 Bypass Rd</b> CITY: <b>Heber Springs, AR</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>84022 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S):      ENTRY TIME:      EXIT TIME:      PERMIT EFFECTIVE DATE: <b>2/17/2016      08:30      14:30      3/1/2013</b> PERMIT EXPIRATION DATE: <b>2/28/2018</b>			
NAME / TITLE: <b>Kent Latch / General Manager</b> COMPANY: <b>Heber Springs Water and Sewer Commission</b> MAILING ADDRESS: <b>1108 West Front Street</b> CITY, STATE, ZIP: <b>Heber Springs AR 72543</b> PHONE & EXT. / FAX: <b>501-362-3422 /</b> EMAIL: <b>kent@heberspringswater.com</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>Yes</b>		<b>INSPECTION PARTICIPANTS</b>			
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Sam Querry/Wastewater Superintendent (Lic# 001663)</b> <b>Joey Massey/Chief Operator (Lic# 008421)</b> <b>Kent Latch/General Manager (Lic# 002123)</b> <b>District 2 Water Inspector Cody Wallace</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>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<p><b>No violations were noted during the inspection.</b></p> <p>Please be advised that Part II, Condition #9, 1.a. of the permit requires an effluent dilution series of 3%, 5%, 6%, 8%, and 10%. The contract lab is using 11% instead of 10% for the WET Testing. Please contact Mary Barnett with the Planning Branch for additional information.</p> <p>Please be advised of the requirements for composite sampling (see Part IV of the permit). The contract lab is noting a start/stop time on the Chain of Custody (COC) form; however, the number and sampling frequency for the aliquots should be noted on the COC.</p>					

**GENERAL COMMENTS**

On Wednesday, Feb 17, 2016 an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a site assessment and a records review.

**Site assessment:**

Treatment for May – Oct consists of preliminary (comminutors/bar screens), influent flow measurement, three-cell aerated facultative lagoon, rapid sand filter, UV disinfection, and discharge to Outfall 002. During wet weather during these months, wastewater can be routed to the EQ basin until flows fall below the design volume and then routed back to the third cell of the lagoon.

Treatment for Nov – April consists of preliminary (comminutors/bar screens), influent flow measurement, three-cell aerated facultative lagoon, rapid sand filter, UV disinfection, and discharge to Outfall 002. During wet weather during these months, wastewater can be routed to the EQ basin. The wastewater is then disinfected via UV and discharged from Outfall 003. Outfall 003 is an emergency discharge point permitted only during wet weather flows during Nov – April.

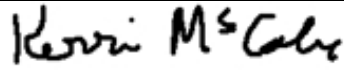

The City completed some plant upgrades in 2014: comminutors, Parshall flume at the influent, rotor brush aerators in the three-cell lagoon, and UV and primary flow measuring device for Outfall 003.

Access road around lagoon levees was maintained and rip-rap was protecting the interior of the lagoon levees. The City has twelve rotor aerators, but they only run six at a time (maintain about 5 mg/l DO). The existing diffuse air system is in place and can be used during low DO conditions. Most of the settling occurs in Cell #1 with about 90% removal occurring in Cell #1. Cell #2 is for holding and Cell #3 has a lower DO for nutrient removal. The whole system has about a 30-day retention time. Wastewater from Cell #3 is then routed to the four-cell rapid sand filter. Wastewater is disinfected via UV prior to discharging to Outfall 002 at Sulphur Creek. Flow is calculated using flow from two separate totalizing turbine meters at the rapid sand filter (flow to sand filter minus flow used to backwash sand filter that is routed back to lagoon). Samples are collected at a manhole after UV disinfection. The City can also utilize an EQ basin during wet weather, but they are only allowed to discharge from Outfall 003 during emergencies specified above.

Sludge generated in the plant can be stored in an offsite sludge lagoon, and this lagoon has only been used once in ~30 years to store sludge. Otherwise, the City has three sites dedicated to the land application of bio-solids. The City has not land applied bio-solids since 2006/2007.

**Records review:**

The plant has an in-house lab; however, all sample collecting/analyzing with the exception of flow measurement is contracted. Chain of Custody (COC) forms, lab analyses sheets, and DMRs are filled out completely. Daily Logs kept by the operators should contain all information noted in Part III, Section C, 8. A-F of the permit (i.e., time for flow measurement). Additionally, the City utilizes NetDMR and maintains hardcopies, and the contract lab's complete name/address should be included with the monthly DMRs. This information can be added to the "Comments" section on the DMR (see Part III, Section C, 5.).

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 3/14/2016
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 3/15/2016

<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 checked="" type="checkbox"/> S <input 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:	<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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: <b>One (1) Class IV and sixteen (16) Class III.</b>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <b><u>EQ basin for emergency storage; additional UV at 003.</u></b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/ <b><u>OVERFLOWS</u></b> 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

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Contract lab collects/analyzes all parameters.</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>Closed pipe.</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:	<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: <u>Two (2) totalized turbine meters; one meter reads flow to rapid sand filters and one meter reads flow used for backwash (calculated).</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Contract lab collects/analyzes all parameters.</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>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>002 – BOD5, TSS, DO, FCB, TP, NO3+NO2-N, and pH; 003 – same as 002 and influent BOD5 &amp; TSS.</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>American Interplex Corp, 8600 Kanis Rd, Little Rock, AR 72204-2322</u>	<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: <u>Using effluent dilutions of 3%, 5%, 6%, 8% (critical), and 11%: permit requires 10%.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: Observed at manhole after UV; observed combined outfalls (subsurface) at receiving stream.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
002	NO	NO	NO	NO	NO	LIGHT TAN	N/A
003	N/A	N/A	N/A	N/A	N/A	N/A	NO DISCHARGE
<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: <b><u>Permitted under State No-Discharge permit 4731-WR-2.</u></b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: <u>Sludge holding lagoon and land application.</u>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: <u>2013 – 2014 Annual Reports submitted; no land application.</u>						<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): <u>City owned agricultural fields.</u>							
<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 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	
<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: <b><u>Part II, Condition #6 requires Best Management Practices (BMPs); inspected under ARR000283.</u></b>							
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 2015 04 01 To 2015 04 30  
 Year Month Day Year Month Day

Parameter Checked: FCB (002)

	Loading Mass (lbs/day) Mo. Avg.	Concentration (colonies/100ml) Mo. Avg.      7-day Avg.	
	Reported Value:	<u>N/A</u>	<u>0</u>
Calculated Value:	<u>N/A</u>	<u>1</u>	<u>2</u>
Permit Value:	<u>N/A</u>	<u>200</u>	<u>400</u>

If calculated value does not equal reported value, explain:  
Lab reporting <1/<2 on analysis sheets. I used "1/2" and City used "0/1." See Figure 3 for calculations.

**DMR Calculation Check**

Reporting Period: From 2015 04 01 To 2015 04 30  
 Year Month Day Year Month Day

Parameter Checked: TSS (003)

	Loading Mass (lbs/day) Mo. Avg.	Concentration Monthly (mg/l)	
		Mo. Avg.	7-day Avg.
Reported Value:	<u>51.42</u>	<u>2.25</u>	<u>4.00</u>
Calculated Value:	<u>59.5</u>	<u>2.2</u>	<u>4.0</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

Values are similar (slight rounding differences). See Figure 4 for calculations.



**DMR Calculation Check**

Reporting Period: From 2015 10 01 To 2015 10 31  
 Year Month Day Year Month Day

Parameter Checked: BOD5 (002)

	Loading	Concentration	
	Mass (lbs/day)	Monthly (mg/l)	
	Mo. Avg.	Mo. Avg.	7-day Avg.
Reported Value:	<u>27.92</u>	<u>3.72</u>	<u>6.00</u>
Calculated Value:	<u>27.2</u>	<u>3.7</u>	<u>6.0</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

Values are the same (slight rounding differences). See Figure 5 for calculations.

Water Division Photographic Evidence Sheet

Location:	<b>Heber Springs Wastewater Plant</b>				
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>	Time:	<b>0826</b>
Witness:	<b>Cody Wallace</b>			Photo #:	<b>1</b>
Description:	<b>21" main line with comminutor and bar screen for preliminary.</b>				



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>	Time:	<b>0827</b>
Witness:	<b>Cody Wallace</b>			Photo #:	<b>2</b>
Description:	<b>24" main line with comminutor and bar screen for preliminary.</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs Wastewater Plant</b>			
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>	
Witness:	<b>Cody Wallace</b>	Time:	<b>0838</b>	
Description:	<b>Overview of three-cell facultative lagoon; taken at Cell #3.</b>		Photo #:	<b>3</b>



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>	
Witness:	<b>Cody Wallace</b>	Time:	<b>0842</b>	
Description:	<b>Rapid sand filter.</b>		Photo #:	<b>4</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs Wastewater Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>
Witness:	<b>Cody Wallace</b>	Time:	<b>0845</b>
		Photo #:	<b>5</b>
Description:	<b>Effluent from rapid sand filter flowing over launder.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>
Witness:	<b>Cody Wallace</b>	Time:	<b>0852</b>
		Photo #:	<b>6</b>
Description:	<b>UV disinfection prior to Outfall 002.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs Wastewater Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>
Witness:	<b>Cody Wallace</b>	Time:	<b>0900</b>
		Photo #:	<b>7</b>
Description:	<b>EQ basin overview with Outfall 003 UV disinfection and flow measuring device.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>
Witness:	<b>Cody Wallace</b>	Time:	<b>0907</b>
		Photo #:	<b>8</b>
Description:	<b>Manhole for combined outfalls; receiving stream is Sulphur Creek.</b>		



**Water Division Photographic Evidence Sheet**

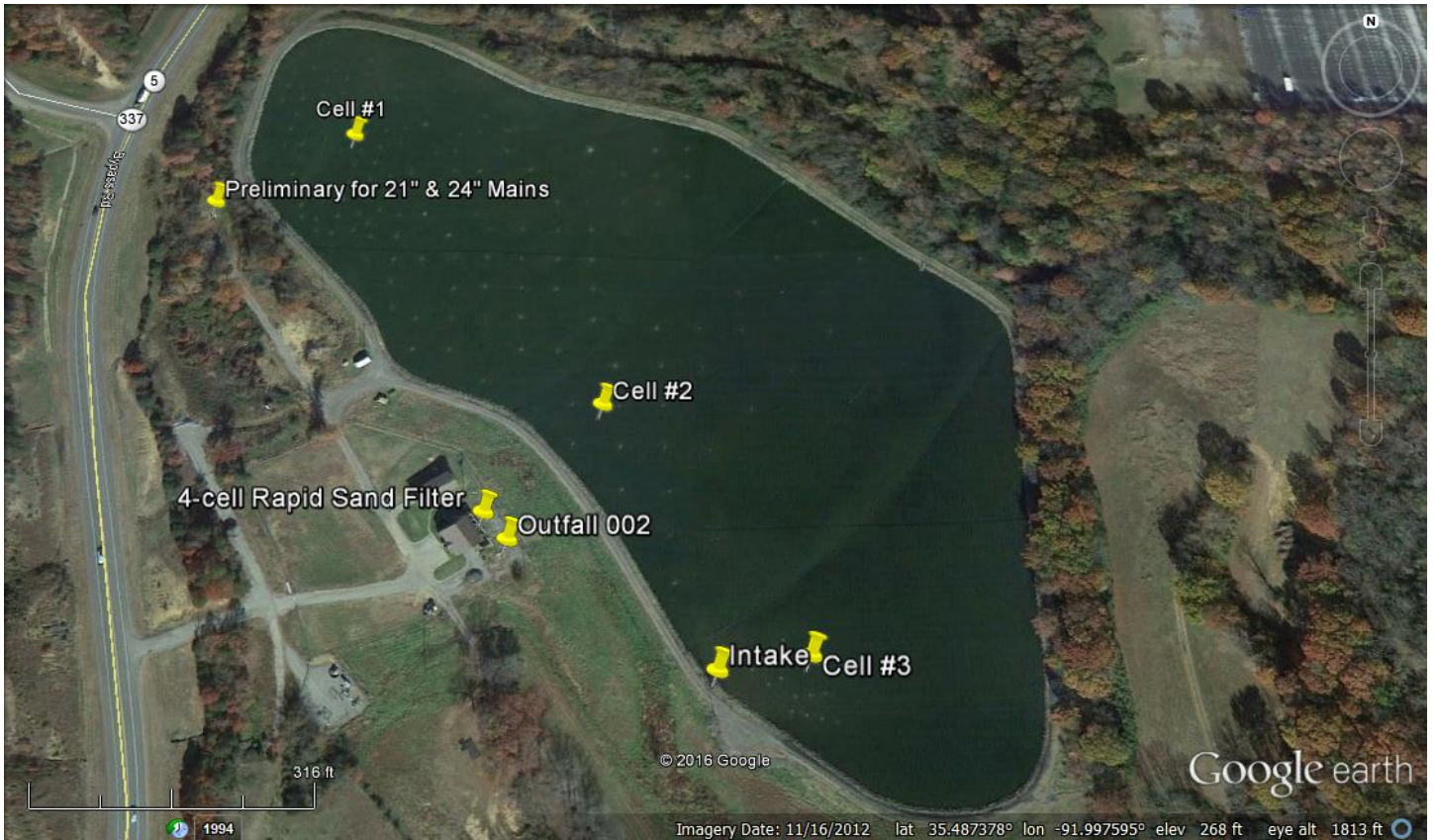
Location:	<b>Heber Springs Wastewater Plant</b>				
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 17, 2016</b>	Time:	<b>0924</b>
Witness:	<b>Cody Wallace</b>			Photo #:	<b>9</b>
Description:	<b>Sludge storage lagoon; used once in 30 years.</b>				



Figure 1. Google Earth image dated Nov 16, 2012 of the overview of the City of Heber Springs POTW and associated structures.



Figure 2. Google Earth image dated Nov 16, 2012 of a close-up of the City of Heber Springs POTW.



**Figure 3. FCB calculations for April 2015 for Outfall 002.**

Date	Count	Log	Geo Mean
2	1	0	1
9	2	0.301029996	2
16	1	0	1
23	1	0	1
29	1	0	1
Average		0.060205999	
Geo Mean		1.148698355	

**Figure 4. TSS calculations for April 2015 for Outfall 003.**

Date	Concentration (mg/l)	7-day Average (mg/l)	Daily Flow (MGD)	Mass (lbs/day)
8	1	1	3.15	26.271
15	3	3	4.48	112.0896
23	4	4	2.51	83.7336
29	1	1	1.89	15.7626
MAX	4		MAX	112.0896
MIN	1		MIN	15.7626
Average	2.25		Average	59.4642

**Figure 5. BOD5 calculations for Oct 2015 for Outfall 002.**

Date	Concentration (mg/l)	7-day Average (mg/l)	Daily Flow (MGD)	Mass (lbs/day)
1	3.1	3.1	0.95	24.5613
7	2.7	2.7	0.93	20.94174
14	3.5	3.5	0.89	25.9791
21	3.3	3.3	0.86	23.66892
29	6.0	6.0	0.82	41.0328
MAX	6.0		MAX	41.0328
MIN	2.7		MIN	20.94174
Average	3.7		Average	27.236772