

# ADEQ

ARKANSAS  
Department of Environmental Quality

October 11, 2016

Heath Ward, Executive Director  
Springdale Water Utilities  
P.O. Box 769  
Springdale, AR 72765

**RE: Springdale POTW Inspections (Washington Co)**  
**AFIN: 72-00003**                      **NPDES Permit No.: AR0022063**

Dear Mr. Ward:

On September 20, 2016, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial Stormwater 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 each of the inspection reports is enclosed for your records.

**Please refer to the “Summary of Findings” section of each of the attached inspection reports 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 **October 25, 2016**.


If I can be of any assistance, please contact me at [grayd@adeq.state.ar.us](mailto:grayd@adeq.state.ar.us) or (479) 424-0333.

Sincerely,



Dannielle Gray  
District 4 Field Inspector  
Water Division

CC: Jennifer Enos, Wastewater Facilities Director, [jenos@springdalewater.com](mailto:jenos@springdalewater.com)  
Tim Hawkins, Technical Services Director, [thawkins@springdalewater.com](mailto:thawkins@springdalewater.com)

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>				
		AFIN: 72-00003		PERMIT #: AR0022063		DATE: 9/20/2016
		COUNTY: 72 Washington		PDS #: 093233		MEDIA: WN
		GPS LAT: 36.211196 LONG: -94.160504 LOCATION: Entrance				
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>			
NAME: <b>Springdale POTW</b> LOCATION: <b>2910 Silent Grove Road</b> CITY: <b>Springdale</b>			FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>71330 S - State</b>		
			FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>	INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>9/20/2016</b>	ENTRY TIME: <b>10:20</b>	EXIT TIME: <b>17:00</b>	PERMIT EFFECTIVE DATE: <b>4/1/2004</b>  PERMIT EXPIRATION DATE: <b>3/31/2009</b>
<b>RESPONSIBLE OFFICIAL</b>						
NAME / TITLE: <b>Heath Ward / Executive Director</b> COMPANY: <b>Springdale Water Utilities</b> MAILING ADDRESS: <b>P.O. Box 769</b> CITY, STATE, ZIP: <b>Springdale AR 72765</b> PHONE & EXT. / FAX: <b>479-751-5751 /</b> EMAIL: <b>hward@springdalewater.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>Jennifer Enos/Wastewater Facilities Director/479-756-3657/jenos@springdalewater.com</b> <b>Tiffany Mallard/Laboratory Supervisor/479-756-3657/tmallard@springdalewater.com</b> <b>Bradley Stewart/Pretreatment Manager/479-756-3657/bstewart@springdalewater.com</b> <b>Loren Sharp/Operations Manager/lr.sharp@sbcglobal.net</b> <b>Garrett Grimes/ADEQ District 1 Inspector/479-267-0811 ext. 16</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>M</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>**</b>	PRETREATMENT	
<b>**</b>	OTHER:					
<b>SUMMARY OF FINDINGS</b>						
The following violation was noted during inspection:  <b>1. Weeds were observed growing in the chlorine contact chamber. This is a violation of Part II, Section B.1.a of the permit. During inspection, the Operations Manager had the staff remove several of the weeds. However, they were still present at the conclusion of the inspection. On September 21, 2016, Mr. Loren Sharp submitted documentation showing that the vegetation had been removed. No further response required for this finding.</b>						

**GENERAL COMMENTS**

I inspected this facility with ADEQ District 1 Field Inspector Garrett Grimes and the above-referenced inspection participants on September 20, 2016. Inspection consisted of a facility assessment, a records audit, an Industrial Stormwater Inspection, and a Collection System Inspection.

Mr. Brad Stewart and Mr. Loren Sharp accompanied Mr. Grimes and me on the facility assessment. All listed inspection participants were present during records audit.


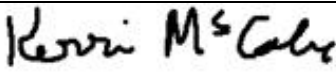
The facility is currently operating under an administrative extension from ADEQ as their permit expired in March of 2009. Facility assessment included both the treatment plant components and the onsite laboratory. Algae buildup was noted on the clarifier weirs. In some locations, this algae buildup was stopping flow over the weir plate (Photo 5). The wastewater flows from the clarifiers to a sand filter bed. As such, it is unlikely that algae are making their way from the clarifiers to the effluent discharge. Effluent sampling results support this conclusion. Therefore, the algae buildup is not being cited as a violation at this time. However, additional attention to maintenance of the clarifiers is needed.

Also, as noted above, weeds were observed in the chlorine contact chamber. While these weeds have since been removed, additional attention to chlorine levels and contact chamber maintenance is required.

With the exception of the two items noted above, nothing of concern was noted during the facility assessment. The laboratory was well-organized and clean. City staff that participated in the inspection was well-versed on both the operation of treatment plant components and the sample collection/analysis/reporting process.

During facility assessment, it was noted that an old, sealed outfall was leaking (Photo 10). Because this outfall structure is post-treatment and post-effluent box, it is not a concern at this time.

Records audit revealed that the facility maintains detailed records for all sampling and process control activities. Nothing of concern was noted during records audit.

INSPECTOR'S SIGNATURE:  <b>Dannielle Gray</b>	DATE: <b>9/26/2016</b>
SUPERVISOR'S SIGNATURE: 	<b>Kerri McCabe</b> DATE: <b>9/30/2016</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 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 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:	<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:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>	
<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: <u>Y</u> TYPE OF DEVICE: <u>36" Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>In house lab for benchmark sampling with the exception of WET/toxicity testing. WET testing sent to American Interplex and Table II and III toxicity samples sent to Pace Analytical.</u>	
b. LAB ADDRESS: <u>Onsite Lab</u>	
c. PARAMETERS PERFORMED:	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	Yes	No	No	clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge dewatered using press; then sent to Class A landfill.</u>							
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): <u>No longer land applying sludge.</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Inspected under IGP No-Exposure Exclusion (ARR00C376).</u>							
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 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: **9/20/2016** Time: **1245**

Head in Inches: **18.36"** Feet: **1.53'**

Type & Size of Primary Flow Measurement Device: **36" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Delta Controls Corp Model #872FM-SC-24-AA**

Date of last Calibration of Secondary Flow Device: **3/14/2016**

Recorded Flow at Date & Time Listed Above: **15.85 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **15.10 MGD**

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

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	15.85	-	15.10	X 100	
	15.10				

% Error =	0.75	X 100	
	15.10		

% Error =	0.04966887	X 100	
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% Error =	<b>4.967</b>	%	
-----------	--------------	---	--

Comments: **Within +-10% deviation = in compliance**

**DMR Calculation Check**

Reporting Period: From 2016 04 01 To 2016 04 30  
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>8.0</u>	<u>0.08</u>	<u>0.08</u>
Calculated Value:	<u>8.0 (7.97 rounded)</u>	<u>0.08 (0.077 rounded)</u>	<u>0.08</u>
Permit Value:	<u>801</u>	<u>4</u>	<u>6</u>

If calculated value does not equal reported value, explain:

same



**DMR Calculation Check**

Reporting Period: From 2015 03 01 To 2015 03 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>214.4</u>	<u>1.7</u>	<u>2.2</u>
Calculated Value:	<u>214.4 (214.396 rounded)</u>	<u>1.7</u>	<u>2.2</u>
Permit Value:	<u>2002</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

same

**Water Division Photographic Evidence Sheet**

Location:	<b>Springdale POTW</b>			
Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>		Time:	<b>1055</b>
Description:	<b>Influent pipeline</b>		Photo #:	<b>1</b>



Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	Time:	<b>1059</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>			Photo #:	<b>2</b>
Description:	<b>Bar screens</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>Springdale POTW</b>				
Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	Time:	<b>1135</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>			Photo #:	<b>3</b>
Description:	<b>Equalization basins</b>				



Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	Time:	<b>1141</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>			Photo #:	<b>4</b>
Description:	<b>Biological treatment track</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>Springdale POTW</b>			
Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1203</b>	
Description:	<b>Algae buildup on clarifier weirs.</b>		Photo #:	<b>5</b>



Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1216</b>	
Description:	<b>Filter beds following clarifiers.</b>		Photo #:	<b>6</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>Springdale POTW</b>		
Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1221</b>
		Photo #:	<b>7</b>
Description:	<b>Chlorine contact chamber; note – weed growth in contact chamber.</b>		



Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1228</b>
		Photo #:	<b>8</b>
Description:	<b>36" Parshall flume at effluent.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Springdale POTW</b>		
Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/016</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1231</b>
Description:	<b>Effluent</b>	Photo #:	<b>9</b>



Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1232</b>
Description:	<b>Old outfall; no longer in use.</b>	Photo #:	<b>10</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>Springdale POTW</b>			
Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1232</b>	
Description:	<b>Effluent flow post-treatment towards receiving stream.</b>		Photo #:	<b>11</b>



Photographer:	<b>Dannielle Gray</b>	Date:	<b>9/20/2016</b>	
Witness:	<b>Loren Sharp, Garrett Grimes, &amp; Brad Stewart</b>	Time:	<b>1235</b>	
Description:	<b>Confluence of effluent and Spring Creek at Outfall 001.</b>		Photo #:	<b>12</b>

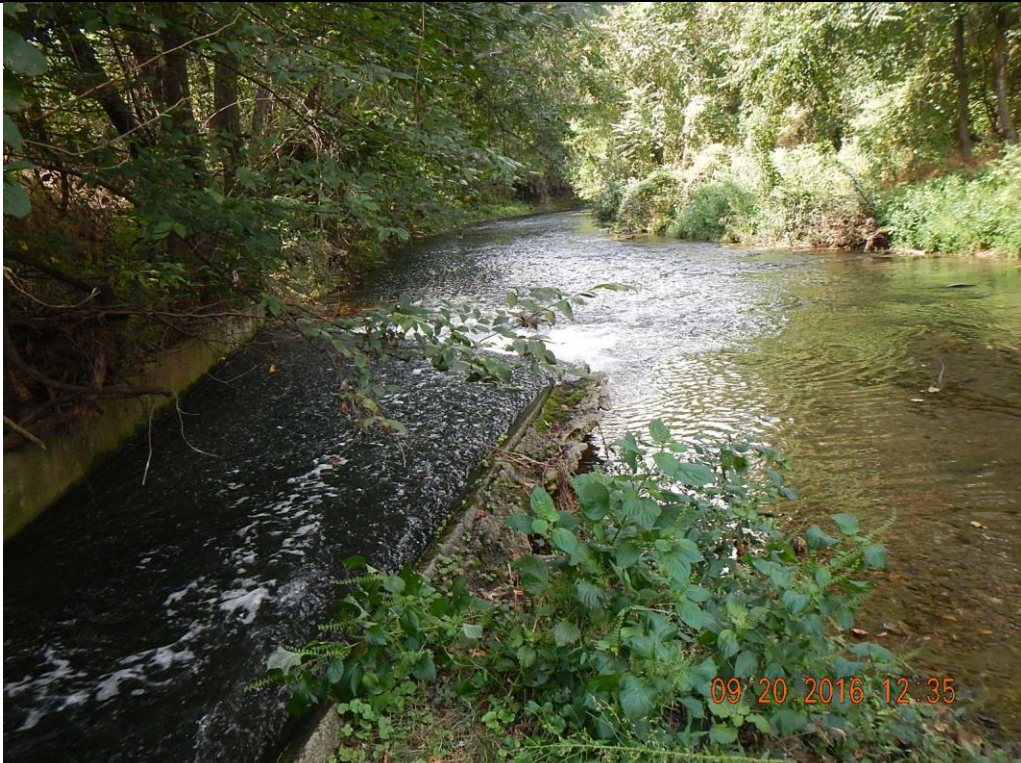
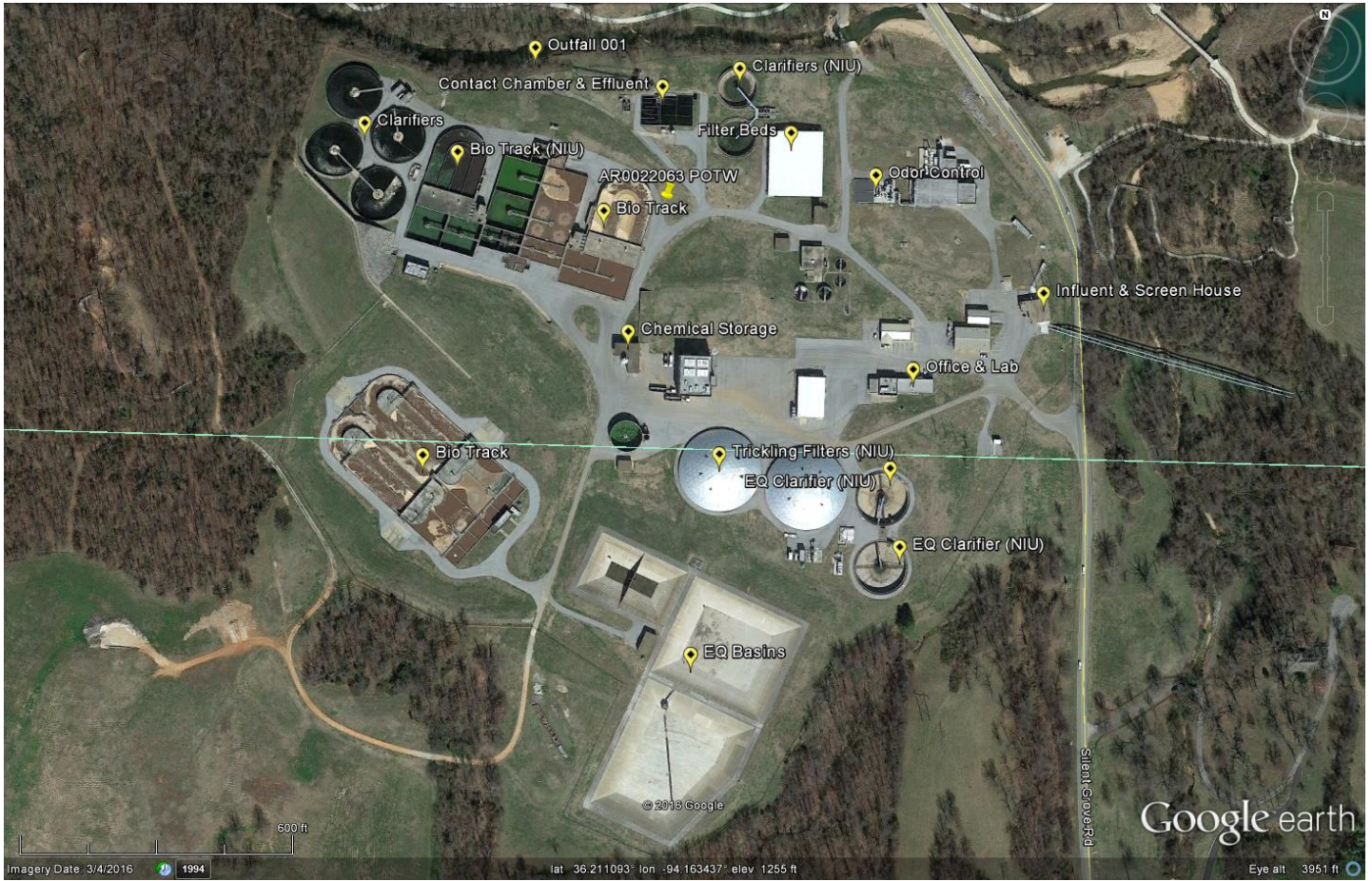


Figure 1. Google Earth image dated March 4, 2016 showing overview of facility with major components labeled. "NIU" indicates that the identified components are "Not in Use."





**From:** [Gray, Dannielle](#)  
**To:** [McConnell, Melissa](#)  
**Cc:** [McCabe, Kerri](#)  
**Subject:** Springdale WID 20938 & 20939  
**Date:** Monday, October 17, 2016 8:58:00 AM  
**Attachments:** [Most Recent Work Orders - Silent Grove Brush Creek Lift Stations.msg](#)  
[FW Silent grove pump station.msg](#)  
[Clar #4 contact tank.msg](#)  
[Clar #4 contact tank.msg](#)

---

Please attach to the above referenced water id's.

Thanks,

~Dannielle

Dannielle Gray  
Inspector, District 4  
Arkansas Department of Environmental Quality  
5301 Northshore Drive, North Little Rock AR 72118  
Phone: 501.813.9376  
Email: [grayd@adeq.state.ar.us](mailto:grayd@adeq.state.ar.us)

**From:** [Tim Hawkins](#)  
**To:** [Gray, Danielle](#)  
**Subject:** Most Recent Work Orders - Silent Grove & Brush Creek Lift Stations  
**Date:** Friday, September 23, 2016 3:59:50 PM  
**Attachments:** [2016\\_09\\_23\\_15\\_55\\_47.pdf](#)  
[Springdale Water Utilities - SSO Survey Inspection Checklist.docx](#)

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Danielle,

Please see the attached checklists for Silent Grove & Brush Creek Lift Stations. I have also attached a word document version of our system information for your convenience. If you need any further documents please let me know. We enjoyed having you both at our facilities and welcome both of you to come back at any time. Have a good weekend!

Thank you,

Tim Hawkins  
Technical Services Director  
Springdale Water Utilities  
P.O. Box 769  
Springdale, AR 72765  
(479) 751-5751

Location	Check Gates/Fences/Mowing/Weed Control (Exterior)	Check Pump 1 & Record Runtime Hours: Flow Monitors	Check Pump 2 & Record Runtime Hours	Check Pump 3 & Record Runtime Hours	Doors, Hatches, Ladders & Vauls	Bubbler Sys, Air Compressor, Bleed Valves, Purge Bubbler pipe	Lights/Fixtures, Fans, Security System	Air Handling (Heater/AC/Dehumidifier/Blower)	Clean/Sweep/Vac/Visual Interior Check	Record Generator Reading	Check Generator Fuel Level
Vineyard 9/19/16 JV	ON	688.2	6381.8	/	ON	ON	ON	ON	ON	564.2	64%
Silent Grove 9/19/16 JV	NO	600.7	6061.5	/	NO	NO	NO	NO	NO	332.8	68%
Spring Hill 9/19/16 JV	NO	588.8	3365.8	/	NO	NO	NO	NO	NO	/	/
Stultz 9/19/16 JV	NO	403.88	1638.15	/	NO	NO	NO	NO	NO	603.3	69%
Cord Avenue 9/19/16 JV	NO	541.6	1911.59	/	NO	NO	NO	NO	NO	/	/
Benton Farm 9/19/16 JV	NO	615.8	8391.00	65.37	NO	NO	NO	NO	NO	95	3/4
Lowell 9/19/16 JV	NO	718.6	2112.3	/	NO	NO	NO	NO	NO	/	/
Cambridge Place 9/19/16 JV	NO	418.7	1101.7	/	NO	NO	NO	NO	NO	/	/
Ferns Valley 9/19/16 JV	NO	213.2	617.7	/	NO	NO	NO	NO	NO	/	/

09/19/2016  
to 09/30/2016

	2W/ Inspect Wetwell	Check pump mechanical 2W seal filters	Check Generator Engine 2W Oil Level	Check Generator Engine 2W Coolant Level
Vineyard <u>9119116</u>	OK	OK	OK	OK
Silent Grove <u>9119116</u>	OK	OK	OK	OK
Spring Hill <u>9119116</u>	OK	OK		
Stultz <u>9119116</u>	OK	OK	OK	OK
Cord Avenue <u>9119116</u>	OK	OK		
Benton Farm <u>9119116</u>	OK		OK	OK
Lowell <u>9119116</u>	OK			
Cambridge Place <u>9119116</u>	OK	OK		
Ferns Valley <u>9119116</u>	OK	OK		

09/19/2016 to 09/23/2016	Check Gates/Fences/Mowing/Wed Control (Exterior)	Check Pump 1 & Record Runtime Hours; Flow Monitors	Check Pump 2 & Record Runtime Hours	Check Pump 3 & Record Runtime Hours	Check Pump 4 & Record Runtime Hours	Doors, Hatches, Ladders & Vaults	Bubbler Sys, Air Compressor, Bleed Valves, Purge Bubbler pipe	Lights/Fixtures, Fans, Security System	Air Handling (Heater/AC/Dehumidifier/Blower)	Clean/Sweep/Vac/Visual Interior Check	Record Generator Reading	Check Generator Fuel Level
Golf Club 9/19/16 JS	Mow	1805.96	1322.45	/	/	OK	OK	OK	OK	OK	474.5	68%
Wildcat 9/19/16 JS	Mow	247.66	208.89	/	/	OK	OK	OK	OK	OK	550.0	3/4
Jones Rd. 9/19/16 JW	Mow OK	2783.5	4371.1	/	/	ON	ON	ON	ON	ON	233.7	/
Tuscany 9/19/16 JW	Mow OK	2095.378	1334.816	/	/	ON	ON	ON	ON	ON	/	/
Brooklyn (Arber Est.) 9/19/16 JW	Mow OK	1134.89	813.1	/	/	ON	ON	ON	ON	ON	/	/
Har-Ber 9/19/16 JS	OK	14155.60	15738.62	99.8	35.73	OK	OK	OK	OK	OK	515	/
Ball Road 9/19/16 JW	Mow OK	593.72	171.87	/	/	ON	ON	ON	ON	ON	/	/
Brush Creek 9/19/16 JS	OK	5533.2	1115.4	/	/	OK	N/A	OK	OK	OK	153.8	3/4

09/19/2016  
to 09/30/2016

	2W Inspect Wetwell	Check pump mechanical 2W seal filters	Check Generator Engine 2W Oil Level	Check Generator Engine 2W Coolant Level
35 Golf Club 9/19/16	OK		OK	OK
55 Wildcat 9/19/16	OK		OK	OK
Jones Rd. 9/19/16	OK	OK	OK	OK
Tuscany 9/19/16	OK	OK		
Brooklyn (Arber Est.) 9/19/16	OK	OK		
55 Har-Ber 9/19/16	OK		OK	OK
Ball Road 9/19/16	OK	OK		
55 Brush Creek 9/19/16	OK		OK	OK

# SPRINGDALE WATER UTILITIES SSO INSPECTION CHECKLIST

## COLLECTION SYSTEM

**1. Describe the collection system.**

The Springdale Water Utilities Sanitary Sewer System generally encompasses lands located within the current City Limits of Springdale, as well as portions of the cities of Lowell and Johnson.

**2. Population of service area/number of residents/commercial connections**

The current figures based on our last sanitary survey (September 2013) indicate a service area population of 86,702. As of September 19<sup>th</sup>, 2016, Springdale Water Utilities provides sanitary service to 28,132 sewer connections.

**3. Feet of sewer.**

The sanitary sewer collection system contains approximately 380 miles or 2,028,091 feet of gravity sewer pipe ranging from 6” to 36” diameter. The collection system contains approximately 27 miles or 145,466 feet of force main pipe ranging from 4” to 24” in diameter.

**4. Age of system.**

The City’s present sewer system dates back to 1947.

**5. Does the collection system experience problems during dry or wet weather?**

**Describe or provide documentation.**

During wet weather our system does experience some effects due to inflow and infiltration. The wastewater plant and Johnson Lift Station have flow detention basins to handle excessive flows.

**6. Agency notification procedure: What information is reported?**

Normally, we will report Sanitary Sewer Overflows using the ADEQ online form. We may also report by phone or e-mail. If incomplete information is submitted within the first 24 hours, we normally report via telephone or e-mail complete information within 48 hours.

## PUMP STATIONS

**1. How many pump stations are in the system? How many have backup power sources?**

We currently have twenty-six lift stations in our collection system. Eleven lift stations, including all major lift stations, are equipped with multiple submersible style pumps ranging in size from 3 HP to 185 HP. The remaining lift stations are small pre-fabricated

duplex configurations with dry pit vertical pumps ranging from 5 HP to 30 HP. Fourteen of the twenty-six lift stations have on site emergency generators. The remaining stations are equipped with manual transfer switches to facilitate connection to one of the utility's two mobile generators that can be dispatched to each location.

**2. How often are pump/lift stations inspected and monitored? If SCADA system is used, what parameters are monitored?**

Utility staff makes an effort to physically/visually inspect every lift station weekly. Springdale Water Utilities does use SCADA monitoring systems for all of our lift stations. The information gathered from the system is transmitted by radio to a master station/PLC on Dodd Mountain. From the master, information is relayed to three HMI work station computers for monitoring. The primary monitoring location is our dispatch office. The same information is relayed to the wastewater plant operations facility and the administration office. Between these three locations the system is monitored 24 hours a day.

The parameters that are monitored vary according to the site. However, each site includes most of the following alarms: Power Fail, Intrusion/Unauthorized Entry, High/Low Level, PLC Heartbeat Fail, Station Flood, Loss of Air, Pump Status, Pump Failure, and if equipped, Generator Status.

**3. What provisions have been made for emergencies?**

Fourteen lift stations have stand-by generators on site, equipped with automatic transfer switches for emergency power generation. The remaining stations are equipped with manual transfer switches to facilitate connection to two mobile generators. Response time is kept to a minimum due to 24/7 monitoring by the SCADA system. The SCADA system is monitored 24/7 by staff and also automatically sends alarms to operator's phones.

## **SATELLITE SYSTEMS**

**1. Does the collection system receive flow from satellite systems?**

The only true satellite system for Springdale is the City of Elm Springs. Elm Springs operates a Septic Tank Effluent Pumping (STEP) System. There is a potential for up to 20% of Elm Springs total flow to be discharged to the Ball Street Lift Station in Springdale to provide relief to the Elm Springs treatment plant. This is a temporary agreement which will end October 30<sup>th</sup>, 2016.

Springdale also receives sewage from within the City Limits of Lowell and Johnson. Approximately one half of the sewage from Johnson and two thirds of the flow from Lowell is collected by lines owned and maintained by Springdale Water Utilities.



- 2. Are there any known problems with satellite collection systems (hydraulic flow, WW concentration, ordinances, etc.)?**

There are no known issues at this time.

- 3. Who is responsible for the enforcement and response?**

Springdale Water Utilities has regulatory authority.

#### **PERFORMANCE INDICATORS (COLLECTION AND SATELLITE SYSTEMS)**

- 1. Provide a list of sanitary sewer overflows that occurred in the last 5 years, including date, volume (gallons), location, duration, cause, and response.**

See attached spreadsheet.

- 2. Are all sanitary sewer overflows reported, regardless of size?**

Springdale Water Utilities reports all known overflows.

- 3. How many sanitary sewer overflows have reached “waters of the US”? Provide documentation.**

See specific overflow attachments.

**From:** [Loren Sharp](#)  
**To:** [Gray, Danielle](#)  
**Subject:** Clar #4 & contact tank  
**Date:** Wednesday, September 21, 2016 1:06:41 PM  
**Attachments:** [IMG 5100.JPG](#)  
[ATT00004.txt](#)  
[IMG 5101.JPG](#)  
[ATT00005.txt](#)  
[IMG 5102.JPG](#)  
[ATT00006.txt](#)

---

Here is the pics if u need anything more just let me know  
Thanx  
Loren

**From:** [Tim Hawkins](#)  
**To:** [Gray, Dannielle](#)  
**Subject:** FW: Silent grove pump station  
**Date:** Friday, September 23, 2016 3:10:40 PM  
**Attachments:** [IMG\\_0009.JPG](#)  
[IMG\\_0010.JPG](#)  
[IMG\\_0008.JPG](#)

---

FYI

Thank you,

Tim Hawkins  
Technical Services Director  
Springdale Water Utilities  
P.O. Box 769  
Springdale, AR 72765  
(479) 751-5751

-----Original Message-----

From: Bill Corrigan [<mailto:bcorrigan@springdalewater.com>]  
Sent: Thursday, September 22, 2016 5:00 PM  
To: Tim Hawkins <[thawkins@springdalewater.com](mailto:thawkins@springdalewater.com)>  
Subject: Silent grove pump station

Tim,

We have cleaned all of the rags from the pump station property that were left behind by our cleaning contractor Hill services from their most recent visit .we have also installed a new anchor and eye bolt , both stainless steel , and removed the rope tied to the vent.

Thanks,  
Bill Corrigan  
Pump Station Manager  
Springdale Water Utilities















**From:** [McCabe, Kerri](#)  
**To:** [McConnell, Melissa](#)  
**Cc:** [Gray, Dannielle](#)  
**Subject:** FW: Inspection Report: Springdale Collection System, AFIN: 72-00003, Permit #: AR0022063 (Washington Co.)  
**Date:** Thursday, November 03, 2016 7:44:55 AM  
**Attachments:** [Springdale Water - Inspection Report Response - AFIN 72-00003 - Permit AR0022063 - 11-2-16.pdf](#)  
[image001.png](#)

---

Melissa,

Please attach email and attachment to WIDs 20938-39. I have updated Tracker. Thank you.

## **Kerri McCabe**

Inspector Supervisor  
ADEQ – Water Division  
Field Services – Inspection Branch

Office – (501) 682-0642  
Work Cell – (501) 352-5641  
Fax – (501) 682-0880  
5301 Northshore Drive  
North Little Rock, AR 72118-5317



---

**From:** Tim Hawkins [mailto:thawkins@springdalewater.com]  
**Sent:** Wednesday, November 02, 2016 2:41 PM  
**To:** McCabe, Kerri  
**Cc:** hward@springdalewater.com  
**Subject:** Inspection Report: Springdale Collection System, AFIN: 72-00003, Permit #: AR0022063 (Washington Co.)

Ms. McCabe,

Please find the attached response to Inspection Report: Springdale Collection System, AFIN: 72-00003, Permit #: AR0022063 (Washington County).

Please let us know if you have any questions.

Thank you,

Tim Hawkins  
Technical Services Director  
Springdale Water Utilities

P.O. Box 769  
Springdale, AR 72765  
(479) 751-5751



# Springdale Water Utilities

526 Oak Avenue P.O. Box 769 Springdale, Arkansas 72765-0769 479-751-5751

November 2, 2016

Arkansas Department of Environmental Quality  
Water Division Inspection Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Attn: Ms. Kerri McCabe

RE: Inspection Report: Springdale Collection System, AFIN: 72-00003, Permit #: AR0022063

Dear Ms. McCabe:

Springdale Water Utilities submits this letter in response to compliance inspection findings identified during the most recent inspection of the Springdale Collection System on 9/20/2016.

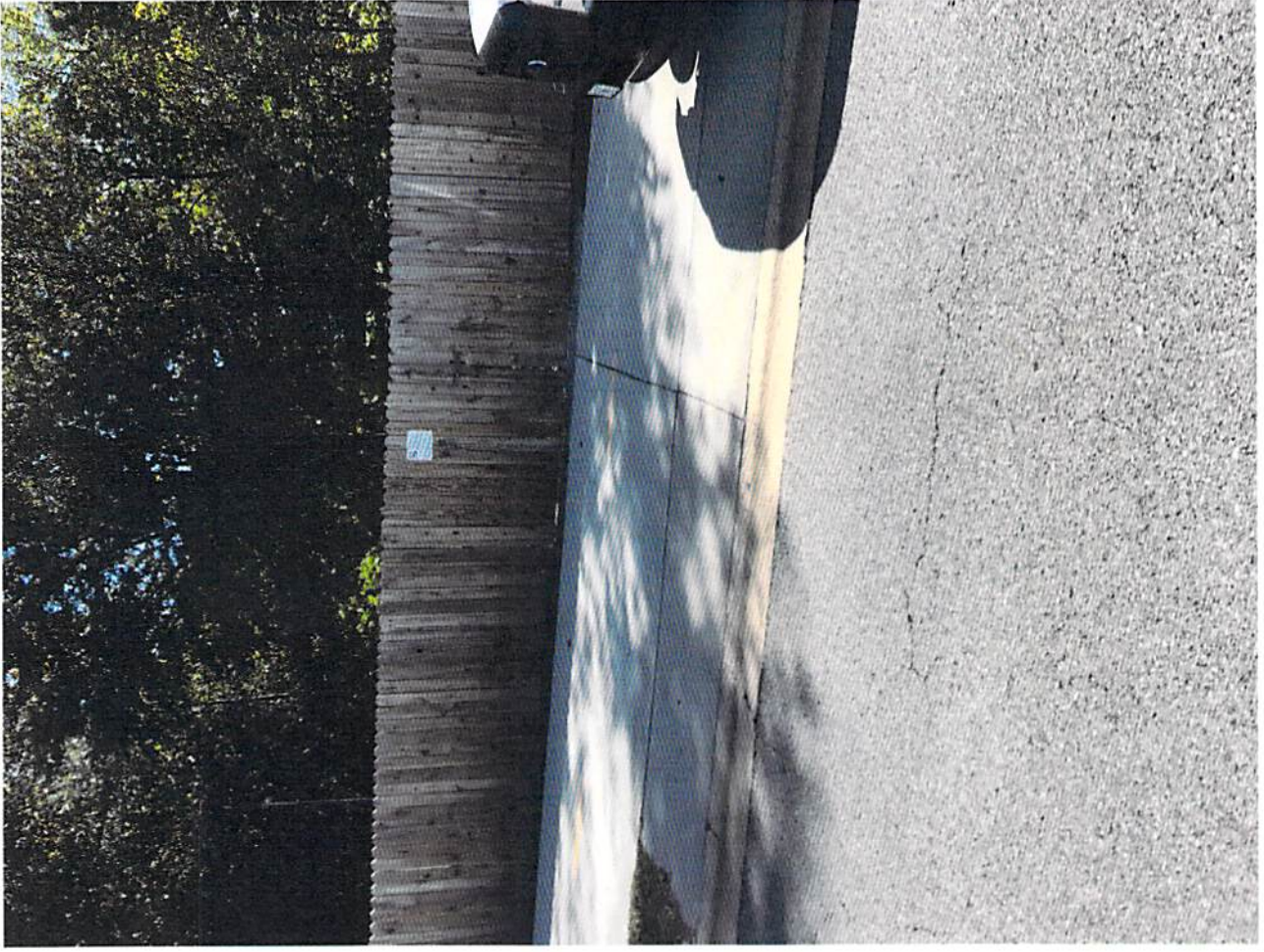
The following items identified in the report's summary of findings have been addressed:

1. The utility's emergency contact information sign was removed at the Silent Grove Lift Station due to the replacement of the site's privacy fence. Emergency contact information is now posted at the Silent Grove Lift Station. A photograph of this sign is attached to this letter. This sign provides a twenty-four (24) hour emergency telephone number, enabling members of the public to notify the utility of any problems that may arise.
2. Disciplinary action was taken against the employee who improperly marked the bubbler system as "OK." Furthermore, on 10/21/2016, the Pump Station Manager conducted a hands-on training exercise with all lift station inspectors on the proper operation installation, maintenance, and operation of lift station components. The utility will conduct additional hands-on training with staff on a regular basis to reinforce expectations and to ensure proper inspection procedures are being followed.

Please feel free to contact me at (479) 751-5751 if you have any questions or need additional information.

Sincerely,

Heath Ward  
Executive Director  
Springdale Water Utilities



# ADEQ

ARKANSAS  
Department of Environmental Quality

November 14, 2016

Heath Ward, Executive Director  
Springdale Water Utilities  
P.O. Box 769  
Springdale, AR 72765

**RE: Response to Inspection (Washington Co)**  
**AFIN: 72-00003**                      **NPDES Permit No.: AR0022063**

Dear Mr. Ward:

I have reviewed the responses pertaining to my September 20, 2016 inspection of the Springdale Wastewater Treatment Plant and the Springdale Collection System. The information provided sufficiently addresses the violations referenced in my inspection reports. 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 (479) 424-0333 or you may e-mail me at [grayd@adeq.state.ar.us](mailto:grayd@adeq.state.ar.us).

Sincerely,



Dannielle Gray  
District 4 Field Inspector  
Water Division

cc: Tim Hawkins, Technical Services Director, [thawkins@springdalewater.com](mailto:thawkins@springdalewater.com)  
Jennifer Enos, Wastewater Facilities Director, [jenos@springdalewater.com](mailto:jenos@springdalewater.com)