

ADEQ

A R K A N S A S
Department of Environmental Quality

October 5, 2017

Daniel Dawson, Manager
City of Searcy
P.O. Box 1319
Searcy, AR 72143

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

Dear Mr. Dawson:

On August 24, 2017, Water Inspector Millie Remer and I performed a Compliance Evaluation 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 Office of Water Quality Compliance Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **October 19, 2017**.

If I can be of any assistance, please contact me at waters@adeq.state.ar.us or 501-683-6629.

Sincerely,



Keith Waters
District 9 Field Inspector
Office of Water Quality

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT							
		AFIN: 73-00055		PERMIT #: AR0021601		DATE: 8/24/2017			
		COUNTY: 73 White			PDS #: 099450		MEDIA: WN		
		GPS LAT: 35.268288 LONG: -91.716110 LOCATION: General Area							
FACILITY INFORMATION				INSPECTION INFORMATION					
NAME: Searcy WWTF LOCATION: North Bypass Rd. CITY: Searcy				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 97072 S - State			
				FACILITY EVALUATION RATING: 1 - Unsatisfactory		INSPECTION TYPE: Compliance Evaluation			
				DATE(S): 8/24/2017		ENTRY TIME: 08:45		EXIT TIME: 13:15	
								PERMIT EFFECTIVE DATE: 10/1/2013 PERMIT EXPIRATION DATE: 9/30/2018	
RESPONSIBLE OFFICIAL				FAYETTEVILLE SHALE RELATED: N					
NAME / TITLE: Daniel Dawson / Manager COMPANY: City of Searcy MAILING ADDRESS: P.O. Box 1319 CITY, STATE, ZIP: Searcy AR 72143 PHONE & EXT. / FAX: 501-268-2481 / EMAIL: d.dawson@cablelynx.com				FAYETTEVILLE SHALE VIOLATIONS: N					
CONTACTED DURING INSPECTION: Yes				INSPECTION PARTICIPANTS					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Keith Waters/Water Inspector/501-683-6629 Millie Remer/Water Inspector/501-682-0658 Daniel Dawson/Manager/501-268-2481					
AREA EVALUATIONS									
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)									
S	PERMIT	U	FLOW MEASUREMENT	U	STORMWATER				
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW				
U	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	M	SELF-MONITORING PROGRAM				
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT				
**	OTHER:								
SUMMARY OF FINDINGS									
<ol style="list-style-type: none"> 1. Loading rates were not calculated correctly as shown on pages 7 and 8 of this inspection report. This is in violation of Part III, Section C.3 of you permit. Corrected DMRs should be submitted for May and July of 2017 to accurately represent loading rates and DMRs between those months and the present submissions should be checked for similar errors and corrections should be submitted if needed. 2. The secondary flow measuring device was not maintained within plus or minus 10 percent of reading from the primary flow measuring device (see page 6 of this inspection report and photo 20). This is in violation Part III, Section C.2 of your permit. 3. The plant had a hydraulic overload at the plant influent causing wastewater to spill onto the ground (see photo 2). Solids had not been picked up and the ground had not been remediated at the time of the inspection. This is in Violation of Part III, Section B.1 of your permit. 									
GENERAL COMMENTS									
INSPECTOR'S SIGNATURE:  Keith Waters				DATE: 9/22/2017					
SUPERVISOR'S SIGNATURE:  Clark Baker				DATE: 10/2/2017					

SECTION A: PERMIT VERIFICATION	
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
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
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 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 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 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
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:	
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: <u>only required 3 times a week but sample 5, all are used for DMRs</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<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>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: <u>Siemens Milltronics QCM II</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>ARKANSAS TESTING LABORATORIES</u>	
b. LAB ADDRESS: <u>3301 Langley Drive Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>Total Phosphorus, NO3/NO2</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<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	None	None	None	None	None	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:							
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):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **8/24/2017** Time: **11:26**

Head in Inches: **9.36"** Feet: **0.78'**

Type & Size of Primary Flow Measurement Device: **2' Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Siemens Milltronics OCM III**

Date of last Calibration of Secondary Flow Device: **1/16/17**

Recorded Flow at Date & Time Listed Above: **2.99 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.518 MGD**

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

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

% Error =	2.99	-	3.518	X 100
	3.518			

% Error =	-0.528	X 100
	3.518	

% Error =	-0.15	X 100
-----------	--------------	-------

% Error =	-15	%
-----------	------------	---

Comments:

DMR Calculation Check

Reporting Period: From 2017 5 1 To 2017 5 31
 Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>3027</u>	<u>12</u>	<u>62</u>
Calculated Value:	<u>2907</u>	<u>12</u>	<u>62</u>
Permit Value:	<u>75,700</u>	<u>200</u>	<u>400</u>

If calculated value does not equal reported value, explain:

The calculated loading rate in million colonies/day for FCB does not match what was reported on the DMR.

Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	1
Description:	Influent to the plant.		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	2
Description:	The facility had a hydraulic overload at the influent. Solids had not been picked up and the ground had not been remediated.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF				
Photographer:	Keith Waters	Date:	8/24/2017	Time:	N/A
Witness:	Millie Remer, Daniel Dawson			Photo #:	3
Description:	Screening process after the influent.				



Photographer:	Keith Waters	Date:	8/24/2017	Time:	N/A
Witness:	Millie Remer, Daniel Dawson			Photo #:	4
Description:	Where screenings are placed in a dumpster.				



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	5
Description:	Primary clarifiers		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	6
Description:	Primary clarifier that is down due to the sludge auger being inoperable and waiting to be replaced.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	7
Description:	Diffused air activated sludge basin.		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	8
Description:	Wastewater leaving the diffused air activated sludge basin and going to the secondary clarifiers.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	9
Description:	View of secondary clarifiers		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	10
Description:	Weirs on secondary clarifiers clean and well maintained.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	11
Description:	2 foot parshall flume at the outfall.		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	12
Description:	Chlorine storage tanks.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF				
Photographer:	Keith Waters	Date:	8/24/2017	Time:	N/A
Witness:	Millie Remer, Daniel Dawson			Photo #:	13
Description:	Composite sampler with thermometer in media reading below 4 degrees Celsius.				



Photographer:	Keith Waters	Date:	8/24/2017	Time:	N/A
Witness:	Millie Remer, Daniel Dawson			Photo #:	14
Description:	EQ basin east of the facility.				



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
Description:	Sludge thickener	Photo #:	15



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
Description:	Belt press to help dewater sludge for disposal.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	17
Description:	Sludge from belt press placed into a truck then hauled to approved landfill.		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	18
Description:	Ferric Chloride used for sludge thickening.		



Water Division Photographic Evidence Sheet

Location:	Searcy WWTF		
Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	19
Description:	Non-aerated sludge pond.		



Photographer:	Keith Waters	Date:	8/24/2017
Witness:	Millie Remer, Daniel Dawson	Time:	N/A
		Photo #:	20
Description:	Aerated sludge pond.		



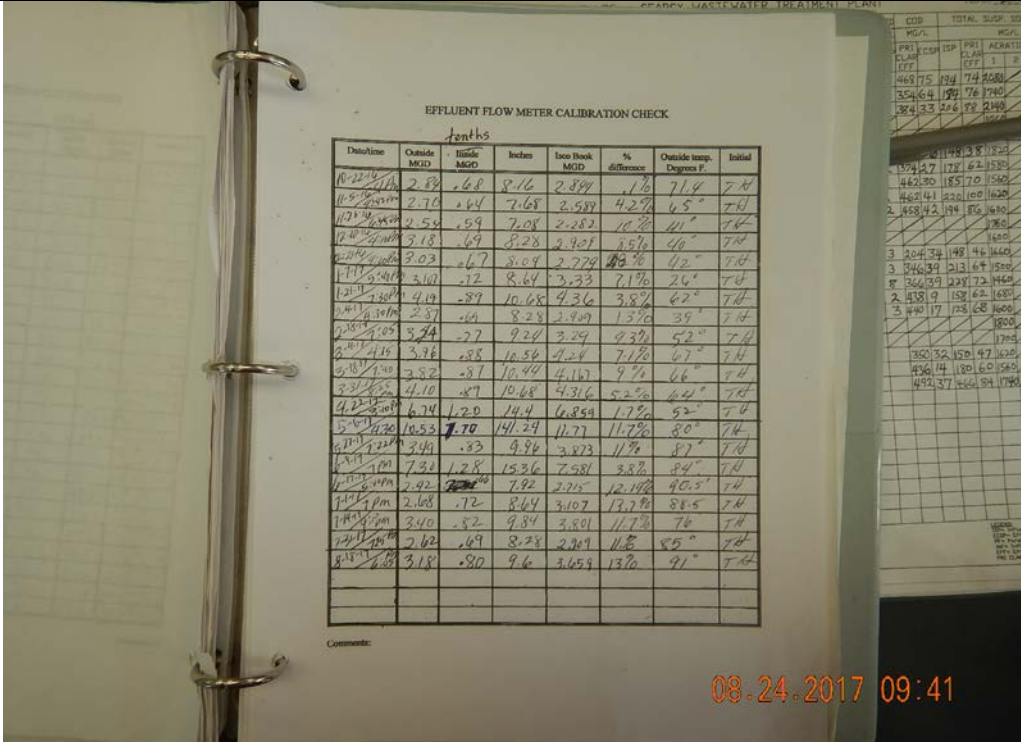
Water Division Photographic Evidence Sheet

Location:	Searcy WWTF			
Photographer:	Keith Waters	Date:	8/24/2017	
Witness:	Millie Remer, Daniel Dawson		Time:	N/A
			Photo #:	21
Description:	Used wastewater equipment lying out on concrete slab exposed to stormwater in violation of your no exposure exclusion from the stormwater permit.			



Photographer:	Keith Waters	Date:	8/24/2017	Time:	N/A
Witness:	Millie Remer, Daniel Dawson		Photo #:	22	

Description:	Effluent flow meter calibration check sheet. The last 7 out of 8 calibration checks have been more than plus or minus 10 percent of the actual flow so it should be recalibrated to assure proper measurement of the effluent flow.
--------------	--



Google Earth image of facility:



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



GENERAL MANAGER
Daniel K. Dawson

ASSISTANT GENERAL
MANAGER
Tim W. Cleveland

October 13, 2017

USPS Certified Mail, Return Receipt Requested: 7014 0510 0001 9241 8090

Mr. Keith Waters
District 9 Field Inspector
ADEQ
5301 Northshore Dr.
North Little Rock, AR 72118-5317

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

Dear Mr. Waters:

Referencing the "Summary of Findings" in your recent inspection reports of the Searcy Wastewater Treatment Plant, and the Lift Stations of Searcy Water Utilities, letters dated October 5, 2017, we have the following responses:


1. We have attached signage at the lift stations that contain emergency contact information.
2. At the Wastewater Treatment Plant we have installed two carports to be able to store equipment out of the rain. We have cleaned up the debris at the levee of our sludge pond and moved the auger off the ground and under storage. We are currently cleaning up the rest of the scrap metal on the concrete slab and taking most of it to recycle. We will complete the cleanup no later than December 31, 2017.
3. As for the "incorrect" loading rates being calculated on the May and July DMRs, it was found that the rates were, in fact, calculated correctly and this was verified by you with Mr. Tim Cleveland, hence no further response is necessary on this matter.
4. Regarding the secondary flow measuring device calibration, we are changing to a new vendor to handle this annual calibration function and will have it completed in the next 30 days.
5. The influent channel overflow cleanup has been remediated.

6. It should be noted that on all of your photographs you list myself as a witness to the taking of those photos when in fact I was not present for any of them. Our Wastewater Plant Manager, Jimmy Smith, was present, but I was not and in the interest of accuracy please let the record reflect this.

Please see attached photos for documentation of the corrective measures. If there is anything else you require of us at this time, please feel free to contact me.

Sincerely,

SEARCY WATER UTILITIES

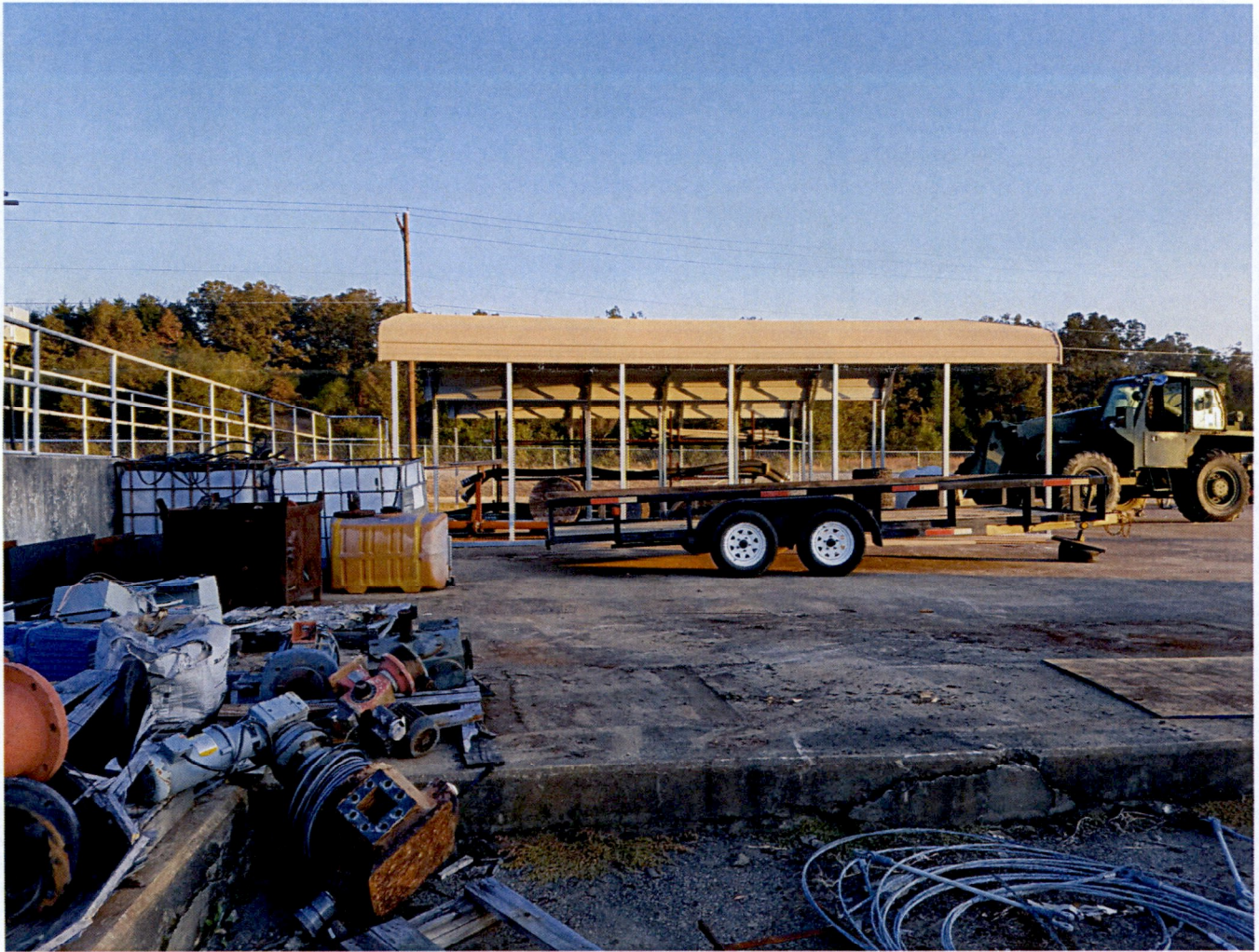


Daniel K. Dawson
General Manager





— 20171013_074017.jpg —



— 20171013_082630.jpg —



— 20171013_094035.jpg —



— Attachments: —

20171013_094010.jpg

7.8 MB

20171013_094035.jpg

7.1 MB

CERTIFIED MAIL™

SEARCY WATER UTILITIES

300 NORTH ELM STREET

P.O. BOX 1319

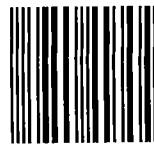
SEARCY, ARKANSAS 72145-1319



7014 0510 0001 9241 8090



1000



72118

U.S. POSTAGE
PAID
SEARCY, AR
72143
OCT 13, 17
AMOUNT

\$6.80

R2304E106840-15

**RETURN RECEIPT
REQUESTED**

Mr. Keith Waters

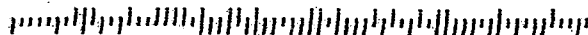
District 9 Field Inspector

ADEQ

5301 Northshore Dr.

North Little Rock, AR 72118-5317

721185317 R015



ADEQ

ARKANSAS
Department of Environmental Quality

November 2, 2017

Daniel Dawson, Manager
City of Searcy
P.O. Box 1319
Searcy, AR 72143

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

Dear Mr. Dawson:

The Department is in receipt of correspondence received October 13, 2017 pertaining to the August 24, 2017 inspection of the above referenced facility. The information provided sufficiently addresses the violations referenced in the inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to e-mail me at waters@adeq.state.ar.us or call at 501-683-6629.

Sincerely,



Keith Waters
District 9 Field Inspector
Office of Water Quality