

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 29, 2018

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

**RE: Heber Springs WWTP Inspections (Cleburne Co)**  
**AFIN: 12-00029**                      **NPDES Permit No.: AR0022381**

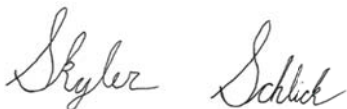
Dear Mr. Latch:

On February 22, 2018, I performed a Compliance Evaluation Inspection and an SSO/Collection System Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. Copies of the inspection reports are 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 **April 12, 2018**.

If I can be of any assistance, please contact me at [schlicks@adeq.state.ar.us](mailto:schlicks@adeq.state.ar.us) or (870) 424-3322 ext. 2.

Sincerely,



Skyler Schlick  
District 2 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality	<b>WATER DIVISION INSPECTION REPORT</b>				
	AFIN: 12-00029	PERMIT #: AR0022381	DATE: 2/22/2018		
	COUNTY: 12 Cleburne	PDS #: 102125	MEDIA: WN		
	GPS LAT: 35.487928 LONG: -91.999388 LOCATION: General Area				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Heber Springs WWTP</b> LOCATION: <b>1174 Bypass Road</b> CITY: <b>Heber Springs</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>117208 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S):      ENTRY TIME:      EXIT TIME:      PERMIT EFFECTIVE DATE: <b>2/22/2018      09:45      13:55      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 Utility</b> MAILING ADDRESS: <b>1108 West Front</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>Kerri McCabe/ ADEQ Inspector Supervisor</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>M</b>	STORMWATER
<b>M</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>N</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
The following violations were noted during the inspection:  1.) There was an unpermitted discharge from Cell #1 of the lagoon into an unnamed tributary of Sulphur Creek (upstream of the permitted outfall). The unpermitted discharge occurred from at least 0949 to 1348 on Feb 22, 2018. This is a violation of Part 1, Section A of the permit. The unpermitted discharge resulted from a faulty valve for the EQ basin as wastewater from the lagoon system could not be diverted. The valve for the EQ was repaired the same day as the inspection and the unpermitted discharge was reported to the Enforcement Branch. <b>No further response is required for this item.</b> The permittee must ensure that there is adequate freeboard available in the lagoon and that installed equipment at the EQ basin is functional.  2.) There was floatables/debris observed on the backside of the levee at Cell #3. The sanitary waste must be cleaned up and disposed of properly. This is a violation of Part 2, Condition 6 of the permit.					



**GENERAL COMMENTS**

On February 22, 2018, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

**Records review:**

Records were reviewed for March and September of 2017. Records were well-organized. The calculations for loading are not being conducted using the most accurate method. See "DMR Calculation" pages and Figures 3 and 4 for more information.


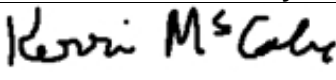
**Site assessment:**

Treatment consists of preliminary (communicators; bar screen), influent flow measurement, 3-cell aerated lagoon (7 rotor aerators), rapid sand filter, UV disinfection, and discharge to Outfall 002. In emergencies, wastewater can be routed to the EQ basin from the lagoon. It can be discharge from November to April from Outfall 003 after complete treatment and UV disinfection.

There was an unpermitted discharge occurring from Cell #1 of the lagoon system with the duration lasting from 0949 to 1348. The valve to route wastewater to the EQ basin could not be open and/or was broke, which resulted in an overflow at Cell #1 (primary cell). The valve was repaired and opened during the inspection. It is recommended that procedures for opening the valve to the EQ basin be evaluated periodically to ensure that the EQ can be utilized when needed. The lagoon system was beyond the required freeboard level after several days of excessive rain, and the discharge from Cell #1 was avoidable since the EQ basin was empty at the time of inspection.

Also, all floatables/trash outside the treatment system must be cleaned up and disposed of properly. Sanitary waste cannot be allowed to migrate with stormwater.

Sludge can be stored in a sludge lagoon offsite or the city can land apply under permit 4731-WR-2. The city has not land applied biosolids since 2006/2007.

INSPECTOR'S SIGNATURE:  Skyler Schlick	DATE: 3/23/2018
SUPERVISOR'S SIGNATURE: 	Kerri McCabe DATE: 3/28/2018

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Unpermitted discharge occurring at Cell #1 of lagoon.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Cell #1 was overflowing due to a stuck valve at the EQ basin; wastewater could not be diverted.</u>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input checked="" 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: <u>One (1) Class IV and sixteen (16) Class III.</u>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>EQ basin for emergency storage.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/ <u>OVERFLOWS</u> OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <u>Overflow at Cell #1.</u>	<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: <u>Reported to ADEQ same day.</u>	<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: <u>Valve to EQ repaired same day; permittee needs to periodically check valve at EQ and maintain freeboard in lagoon system.</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Contract lab collects/analyzes all parameters.</u>	
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: <u>Contract lab collects/analyzes all parameters.</u>	
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>BOD5, TSS, DO, FCB, TP, NO3+NO2-N, and pH.</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:	<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

<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: <b>Observed prior to entering closed pipe after UV; observed combined outfalls (subsurface) at receiving stream.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
002	NO	NO	NO	NO	NO	Clear	--
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>Permitted under State No-Discharge permit 4731-WR-2</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Part II, Condition #6 requires Best Management Practices (BMPs); floatables/debris observed outside the levee of Cell #3.</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 2017 03 01 To 2017 03 31  
 Year Month Day Year Month Day

Parameter Checked: TSS (002)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l      7-day Avg. - mg/l	
	Reported Value:	<u>123.1</u>	<u>8.2</u>
Calculated Value:	<u>68.6</u>	<u>8.2</u>	<u>14</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

Values are different. The permittee is using average monthly flow and the average concentration to calculate mass loading. See Figure 3 for calculations.

Permittee calculations: Average flow (1.8 MGD) \* Average Concentration (8.2 mg/ L) \* 8.34 = 123.1 lbs/day

Proper calculations: Mass loading calculated from EACH sample event divided by the total number of samples for Monthly Average

**DMR Calculation Check**

Reporting Period: From 2017 09 01 To 2017 09 30  
 Year Month Day Year Month Day

Parameter Checked: BOD5 (002)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>38.25</u>	<u>4.68</u>	<u>5.3</u>
Calculated Value:	<u>33.4</u>	<u>4.68</u>	<u>5.3</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>



If calculated value does not equal reported value, explain:

Values are different. The permittee is using average monthly flow and the average concentration to calculate loading. See Figure 4 for calculations.

Permittee calculations: Average flow (0.98 MGD) \* Average Concentration (4.68 mg/ L) \* 8.34 = 38.25 lbs/day

Proper calculations: Mass loading calculated from EACH sample event divided by the total number of samples for Monthly Average



Water Division Photographic Evidence Sheet			
Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>0949</b>
		Photo #:	<b>1</b>
Description:	<b>Unpermitted discharge occurring from Cell #1 (primary cell); overflow to UT of Sulphur Creek (upstream of permitted outfall).</b>		
			
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>0950</b>
		Photo #:	<b>2</b>
Description:	<b>Influent box.</b>		
			



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>0950</b>
Description:		Photo #:	<b>3</b>
<b>Comminutor and bar screen for preliminary.</b>			



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>0951</b>
Description:		Photo #:	<b>4</b>
<b>The second (in parallel) comminutor and bar screen for preliminary.</b>			





**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>				
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>	Time:	<b>1003</b>
Witness:	<b>Kerri McCabe</b>	Photo #:	<b>5</b>		
Description:	<b>Overview of Cell #3 of the lagoon.</b>				



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>	Time:	<b>1006</b>
Witness:	<b>Kerri McCabe</b>	Photo #:	<b>6</b>		
Description:	<b>Surface Agitator in Cell #3.</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1007</b>
		Photo #:	<b>7</b>
Description:	<b>Overview of the lagoon from Cell #3 and intake structure.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1034</b>
		Photo #:	<b>8</b>
Description:	<b>Rapid sand filter</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1035</b>
		Photo #:	<b>9</b>
Description:	<b>Rapid sand filter</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1038</b>
		Photo #:	<b>10</b>
Description:	<b>Effluent flowing to UV disinfection.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1039</b>
		Photo #:	<b>11</b>
Description:	<b>UV disinfection prior to Outfall 002.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1042</b>
		Photo #:	<b>12</b>
Description:	<b>Chemical additive.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1036</b>
		Photo #:	<b>13</b>
Description:	<b>Overview of the lagoon.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1032</b>
		Photo #:	<b>14</b>
Description:	<b>Manhole for sampling prior to Outfall 002.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1020</b>
		Photo #:	<b>15</b>
Description:	<b>EQ basin.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1020</b>
		Photo #:	<b>16</b>
Description:	<b>EQ basin.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1018</b>
		Photo #:	<b>17</b>
Description:	<b>UV disinfection from EQ basin prior to Outfall 003.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1015</b>
		Photo #:	<b>18</b>
Description:	<b>Combined outfalls discharge with curtain for foam control.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Heber Springs WWTP</b>				
Photographer:	<b>Skyler Schlick</b>	Date:	<b>2/22/2018</b>	Time:	<b>1348</b>
Witness:	<b>Kerri McCabe</b>	Photo #:	<b>19</b>		
Description:	<b>Unpermitted discharge still occurring at Cell #1.</b>				





Figure 1. General overview of the site with major components labeled (Google Earth: imagery date March 4, 2016).



Figure 2. General overview of the site with major components labeled (Google Earth: imagery date March 4, 2016).



**Figure 3. TSS calculations for March 2017 for Outfall 002.**

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
2	9	9	1.27	95.3
9	5	5	0.91	37.9
16	4	4	0.89	29.7
23	9	9	0.92	69.1
30	14	14	0.95	110.9
Max	14	-	-	110.9
Min	4	-	-	29.7
Average	8.2	-	-	68.6

**Figure 4. BOD5 calculations for September 2017 for Outfall 002.**

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
7	4.4	4.4	0.89	32.7
14	5.3	5.3	0.88	38.9
21	4.7	4.7	0.84	32.9
28	4.3	4.3	0.81	29.0
Max	5.3	-	-	38.9
Min	4.3	-	-	29.0
Average	4.68	-	-	33.4

HEBER SPRINGS WATER / WASTEWATER UTILITY  
1108 WEST FRONT STREET  
HEBER SPRINGS, ARKANSAS 72543  
Phone: 501-362-3422 or 501-362-5501  
Server/shared docs/adeq/inspections/ADEQ March 2018 Inspection Report Response

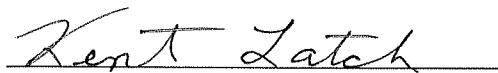
Ref: Heber Springs Wastewater Inspection Report Response

In response to the inspection report dated March, 29, 2018, Heber Springs Water/Wastewater Utility offers the following:

1. Sewer routed between the wastewater lagoon and the EQ basin is controlled by valves inside a 20 foot deep concrete vault. The valves are operated by hand using a very long valve wrench that is attached to the concrete wall of the vault with steel brackets. The brackets are to align the valve wrench over the valves when opening or closing the valves. These steel brackets had rusted and broke away from the wall during the attempt to open the valve during a very large rain event. The misaligned valve wrench would not open the valve so personnel had to enter the vault and open the valve from inside the vault. We have contacted a metal fabricator shop to build a new set of brackets made from stainless steel. This should prevent any alignment bracket rust issues in the future.
2. The floatables/debris has been cleaned up and disposed. The staff will continue to monitor debris and general sanitary waste, as required in the permit.
3. The calculations will be conducted as directed in the inspection letter.

Sincerely,

Kent Latch



General Manager

Heber Springs Water Wastewater Utility











**From:** [Kent Latch](#)  
**To:** [Water-Inspection-Report](#)  
**Cc:** ["Paul Graham"](#)  
**Subject:** Reconnaissance Inspection Response  
**Date:** Tuesday, May 08, 2018 3:12:13 PM  
**Attachments:** [Reconnaissance Inspection Response.pdf](#)  
[Reconnaissance Inspection 05-03-18.pdf](#)  
[20180507\\_105228.jpg](#)  
[20180507\\_105556.jpg](#)  
[20180507\\_105630.jpg](#)

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Please see attached files.

Kent Latch

Heber Springs Water/Wastewater

HEBER SPRINGS WATER / WASTEWATER UTILITY  
1108 WEST FRONT STREET  
HEBER SPRINGS, ARKANSAS 72543  
Phone: 501-362-3422 or 501-362-5501

Server/shared docs/adeq/inspections/ADEQ March 2018 Reconnaissance Inspection Report Response

Ref: Heber Springs Wastewater Reconnaissance Inspection Report Response

In response to the inspection report dated May 3, 2018, Heber Springs Water/Wastewater Utility offers the following:

1. Beginning around 8:00 AM on March 1, 2018 and stopping around 4:00 PM on March 2, 2018 HSWD pumped water from the lagoon to preserve levy integrity. The estimated discharge total was 10,000 gpd. This apparently was not reported as was thought.

The SSO that was not reported for March 1-2, 2018 for a quantity of 10,000 gpd was due to a clerical oversight. The Wastewater Treatment Plant Manager Sam Query thought that he had reported the overflow via telephone either on the 2<sup>nd</sup> or 3<sup>rd</sup> of March 2018. ADEQ has no record of it being reported. Upon receipt of the Reconnaissance inspection Report, on May 3, 2018, Mr. Query called Allen Anderson with ADEQ to ascertain whether or not it was called in. Mr. Anderson informed Mr. Query that it appeared that it had not been called in. Mr. Anderson instructed Mr. Query to report it then as they were on the phone. Mr. Query reported it immediately.

To prevent this from occurring in the future, Assistant Manager Paul Graham instructed Mr. Query and Wastewater Treatment Plant Operator Joey Massey on how to submit SSOs online. They were instructed to begin submitting SSOs online as the main way of reporting instead of calling the SSOs in. This is so that there is a written record of each SSO. Each SSO report confirmation will be stored electronically on the Utility's computer servers as well as in hard copy in a folder located at the wastewater treatment plant.

Please see pictures of current levels in the lagoon, EQ Basin and a clean discharge site.

Sincerely,

Kent Latch



General Manager

Heber Springs Water Wastewater Utility















# ADEQ

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

May 18, 2018

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

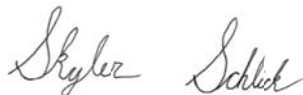
**RE: City of Heber Springs POTW – Response to Inspection (Cleburne Co)**  
**AFIN: 12-00029** **NPDES Permit No.: AR0022381**

Dear Mr. Latch:

I have reviewed the response pertaining to my February 22, 2018 inspection of the City of Heber Springs POTW. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 2 or you may e-mail me at [schlicks@adeq.state.ar.us](mailto:schlicks@adeq.state.ar.us).

Sincerely,



Skyler Schlick  
District 2 Field Inspector  
Office of Water Quality