

August 13, 2020

Paul Graham, General Manager  
Heber Springs Water and Sewer Commission  
1108 West Front Street  
Heber Springs, AR 72543

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

Dear Mr. Graham:

On July 7, 2020, 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. A copy of each of the inspection reports is enclosed for your records.


**Please refer to the “Summary of Findings” section of each 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 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](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 **August 27, 2020**.

If I can be of any assistance, please contact me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us) or (501) 837-2070.

Sincerely,



Travis Harmon  
District 5 Inspector  
Office of Water Quality

		<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>				
		AFIN: 12-00029		PERMIT #: AR0022381		DATE: 7/7/2020
		COUNTY: 12 Cleburne		PDS #: 112973		MEDIA: WN
		GPS LAT: 35.485717 LONG: -91.995970 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, AR 72543</b>			FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>34689 S - State</b>		
			FACILITY EVALUATION RATING: <b>2 - Marginal</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>	
<b>RESPONSIBLE OFFICIAL</b>			DATE(S): <b>7/7/2020</b>	ENTRY TIME: <b>09:30</b>	EXIT TIME: <b>12:30</b>	
			PERMIT EFFECTIVE DATE: <b>1/1/2019</b>		PERMIT EXPIRATION DATE: <b>12/31/2023</b>	
NAME / TITLE: <b>Paul Graham / General Manager</b> COMPANY: <b>Heber Springs Water and Sewer Commission</b> MAILING ADDRESS: <b>1108 West Front Street</b> CITY, STATE, ZIP: <b>Heber Springs AR 72543</b> PHONE & EXT. / FAX: <b>501-362-3422 /</b> EMAIL: <b>paul@heberspringswater.com</b> <b>hswwtp@heberspringswater.com</b>			FAYETTEVILLE SHALE RELATED: <b>N</b>			
			FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
			<b>INSPECTION PARTICIPANTS</b>			
CONTACTED DURING INSPECTION: <b>Yes</b>			NAME/TITLE/PHONE/FAX/EMAIL/ETC.:			
			<b>Mr. Joey Massey/ WWTP Mgr.</b>			<b>Mr. Carl Johnson/ Operator</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>N</b>	STORMWATER	
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW	
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM	
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT	
<b>N</b>	OTHER:					
<b>SUMMARY OF FINDINGS</b>						
The following violations were noted during the last inspection:						
<ol style="list-style-type: none"> <li>1. The 2019 annual DMR for TP/NO3+NO2-N does not include analysis results. This information is required in DMR per Part I.A1 of the permit. The facility provided TP/NO3+NO2-N analysis results for 2019 during the inspection. The facility must resubmit the 2019 DMR (002-Y) with the analysis results entered. TP/NO3+NO2-N do not have limits, but the results are required to be reported (see screenshot on Page 15 of 16 of this report).</li> <li>2. At the time of inspection, an airline had a leak. This is a violation of Part III.B.1.A of the permit. The leak should be repaired when conditions allow. Also, some vegetation is established along the 3-cell lagoon. Please see Photos #3-4.</li> </ol>						

**GENERAL COMMENTS**

Introduction



I inspected on July 7, 2020. Mr. Joey Massey, WWTP Manager, and Mr. Carl Johnson, Operator, represented the facility during the inspection. Heber Springs operates a POTW with two treatment systems and two outfalls. Outfall 002 (at 1.75 MGD) consists of a bar screen/grinder, 3-cell lagoon with air, rapid sand filtration, and UV disinfection. Outfall 003 (at 1.75 MGD; Emergency Only) consists of wastewater from the bar screen/grinder and 3-cell lagoon at 002 discharged to an equalization basin, if 002 is discharging 1.5 MGD.

Treatment System Inspections

I inspected both systems. At the 3-cell lagoon (002) I observed a leak from an airline, which needs repaired. No other operational or maintenance issues were observed concerning the treatment system at 002. There is some levee vegetation established along the northwestern section of the 3-cell lagoon. The UV disinfection system was in operation and flow is monitored via an in-line meter. I collected a sample for visual observation from the sample collection point. Final effluent appeared sufficiently treated. There was some water stored at the 003 lagoon with no incoming influent or discharge. Levee vegetation was maintained. There was no discharge from 003 from June 2019 through May 2020.

Records Review

I reviewed DMR from June 2019-May 2020 prior to the inspection. There were no exceedances reported during this time. There was no discharge from 003 during this time. I also reviewed the four sample custody/analysis sheets for weekly samples collected in December 2019, associated flow records, bio-monitoring report, TP and NO3+NO2-N analysis for 2019, and records for 003 required in Part II.10 and 11.

INSPECTOR'S SIGNATURE:	 Travis Harmon	DATE: 7/28/2020
SUPERVISOR'S SIGNATURE:	 Kerri McCabe	DATE: 8/12/2020

<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: <b>No TP/ NO3+NO2-N results reported in annual 2019 DMR (002-Y); analysis was conducted as required.</b>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>One airline joint loose or with hole, with spray to air.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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: <b>Closed pipe with in-line meter.</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<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>In-line meter</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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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:	
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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>BOD, TSS, FCB, TP, NO3+NO2-N</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>American Interplex</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>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS: <u>Viewed at sample collection point at 002 (lagoon system); no discharge at 003.</u></b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Slight	None	None	Slight green	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL 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: <u>Previously land applied under SND 4731-WR-2 (AFIN 12-00250); Statement of Basis incorrectly lists SND 4463-WG-WR-3.</u></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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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>							
<b>SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
<b>DETAILS:</b>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

**DMR Calculation Check**

Reporting Period: From 2019 12 01 To 2019 12 31  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>71.18</u>	<u>9.25</u>	<u>12.0</u>
Calculated Value:	<u>71.18</u>	<u>9.25</u>	<u>12.0</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

**DMR Calculation Check**

Reporting Period: From 2019 12 01 To 2019 12 31  
 Year Month Day Year Month Day

Parameter Checked: BOD

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>41.68</u>	<u>5.4</u>	<u>6.0</u>
Calculated Value:	<u>41.68</u>	<u>5.4</u>	<u>6.0</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Heber Springs WWTP</b>			
Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>	
Witness:	<b>None; no other regulatory personnel</b>		Time:	<b>0945</b>
Description:	<b>Plant influent bar screens and grinders.</b>			



Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>0951</b>
Description:	<b>Three-cell lagoon with air and agitators (used as needed).</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Heber Springs WWTP</b>				
Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>	Time:	<b>0954</b>
Witness:	<b>None</b>	Photo #:	<b>3</b>		
Description:	<b>Small area of levee with vegetation getting established.</b>				



Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>	Time:	<b>0954</b>
Witness:	<b>None</b>	Photo #:	<b>4</b>		
Description:	<b>Leak in airline.</b>				



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>1019</b>
		Photo #:	<b>5</b>
Description:	<b>Rapid sand filtration.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>1020</b>
		Photo #:	<b>6</b>
Description:	<b>Sand filtration effluent.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>1021</b>
		Photo #:	<b>7</b>
Description:	<b>UV disinfection.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>1017</b>
		Photo #:	<b>8</b>
Description:	<b>In-line flowmeter.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Heber Springs WWTP</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>1024</b>
		Photo #:	<b>9</b>
Description:	<b>002 effluent sample at sample collection point for visual observations.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>7/7/2020</b>
Witness:	<b>None</b>	Time:	<b>1005</b>
		Photo #:	<b>10</b>
Description:	<b>003 EQ basin; stormwater only.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP		
Photographer:	Travis Harmon	Date:	7/7/2020
Witness:	View of EQ basin levee.	Time:	1005
Description:		Photo #:	11



Photographer:	Travis Harmon	Date:	7/7/2020
Witness:	None	Time:	
Description:	June 2019 analysis with TP and NO3+NO2-N.	Photo #:	12

*Lagoon = 2.5'* *Turn 300ft* *DO =*

13

185 *Lag* 20

27 *Lag*

**Arkansas Testing Laboratories**  
 3301 Langley Drive - Searcy, AR 72143 (501) 268-6431 f (844) 318-7030

NPDES Wastewater Monitoring  
 Water and Wastewater Analysis  
 Concrete, Asphalt, and Aggregate Testing  
 Geotechnical Testing  
 Industrial and Construction Quality Control

HEBER SPRINGS, CITY OF  
 Collection Date: June 5, 2019  
 June 6, 2019  
 Collection Time: 7 PM - 7 AM  
 Collected By: Heber Springs/ CJ

Wastewater Analysis  
 Collection Place: Outfall 002

Parameter	pH & DO Grab: KLB		June 6, 2019		Results	Unit	Loading lb/day	Analyst	% Spike	Rel %	Sample Type	Ref #
	Analysis Begin Date / Time	Analysis End Date / Time	7:25 AM	7:25 AM								
BOD	06/07 8:00 AM	06/12 10:00 AM	12.4	mg/l	NA	KLB/KLB	97.2	9.52	Comp	1		
TSS	06/07 2:30 PM	NA	10.0	mg/l	NA	RDY	NA	3.63	Comp	2		
Fecal Coliform	06/06 8:25 AM	06/07 8:30 AM	6	N/100mls	NA	KLB/KLB	NA	0.00	Grab	3		
pH	06/06 7:25 AM	NA	7.02	S.U.	NA	KLB	NA	0.43	Grab	4		
Dissolved Oxygen	06/06 7:25 AM	NA	5.59	mg/l	NA	KLB	NA	1.81	Grab	6		
Phosphorus	06/07 9:10 AM	NA	2.30	mg/l	NA	KLB	100.7	2.07	Grab	10		
Nitrate / Nitrite	06/07 9:35 AM	NA	0.32	mg/l	NA	KLB	90.9	6.25	Grab	11		

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples fixed at collection. Preserved with H<sub>2</sub>SO<sub>4</sub> to pH; Oil & Grease, Ammonia, COD

References:  
 Analyte complies with 40 CFR Part 126:  
 1. SM 9230 B-2011 7. SM 4500 NH3-G-2011  
 2. SM 2540 D-2011 8. SM 4500 NH3-NORIG-2011  
 3. SM 9222 D-2006 9. EPA 1664 Rev 8a  
 4. SM 4500-HP-2011 10. SM 4500 P-F-2011  
 5. SM 4500-CO-G-2011 11. SM 4500-NO3-N-2011  
 6. SM 4500-OD-2011 12. SM 2540 C-2011

*Phosphorus = 2.30 x 8.34 x 1.63 = 31.27*  
*Nitrate/Nitrite = .32 x 8.34 x 1.63 = 4.35*

07/07/2020 10:46

Figure 1. Screenshot of Outfall 002 2019 Annual TP/NO2+NO3-N DMR.

netdmr.epa.gov/netdmr/protected/internaladmin/internaladmin\_cor\_search\_result.htm?\_flowId=internal\_admin\_flow&\_flowExecutionKey=e1s3

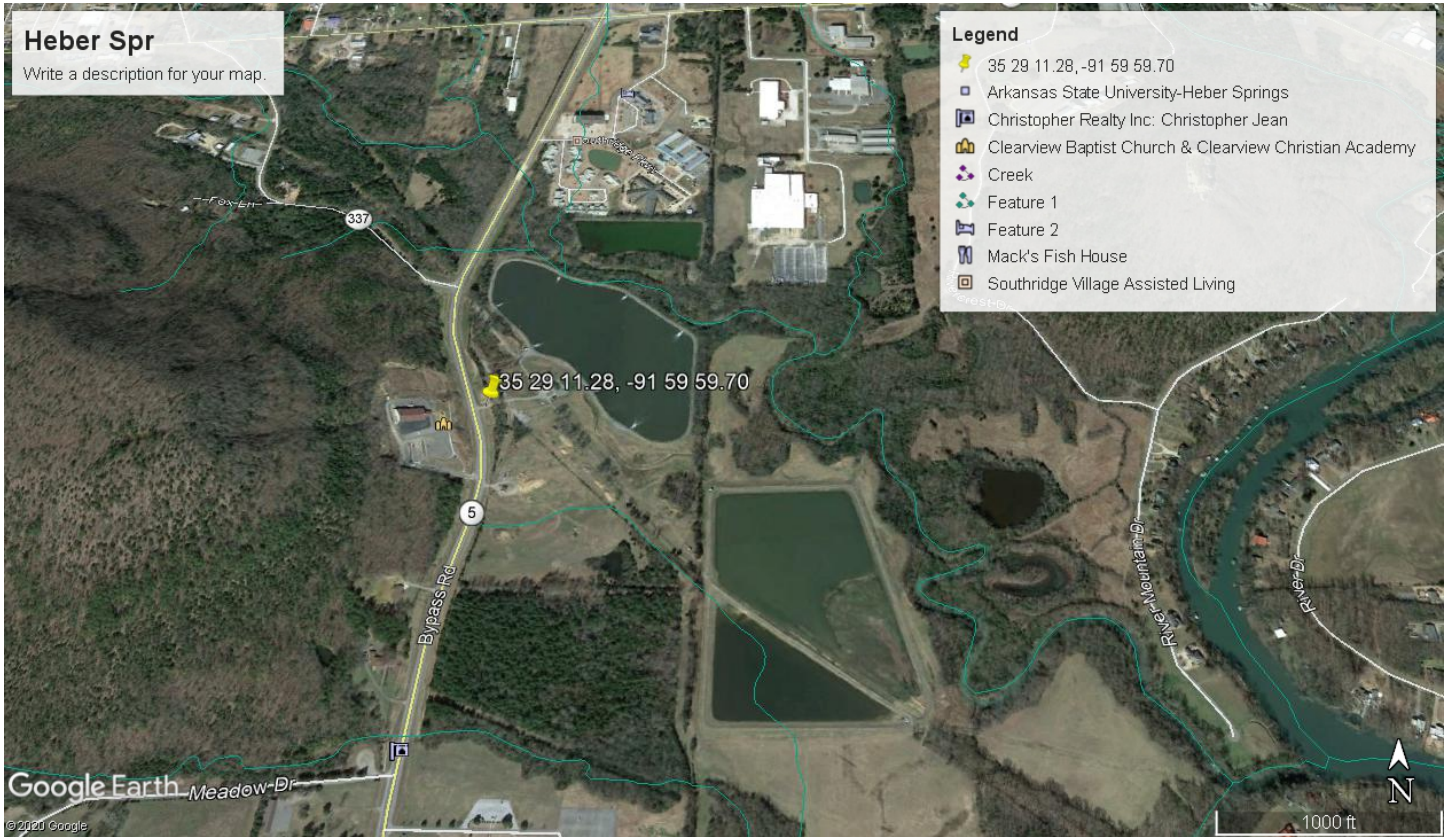
Permit ID: AR0022381  
 Permittee: HEBER SPRINGS WATER AND SEWER COMMISSION D/B/A HEBER SPRINGS WATER DEPARTMENT  
 Facility: HEBER SPRINGS WASTEWATER TREATMENT PLANT  
 Permitted Feature: 002 - External Outfall  
 Report Dates & Status: From 01/01/19 to 12/31/19  
 Monitoring Period: From 01/01/19 to 12/31/19  
 Status: **NetDMR Validated**  
 Considerations for Form Completion  
 ANNUAL MONITORING REPORT: JAN - DEC. 12-00029  
 Principal Executive Officer  
 First Name: Paul  
 Title: General Manager  
 Last Name: Graham  
 Telephone: 501-250-5788  
 No Data Indicator (NODI)  
 Form NODI: -

Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration			# of Exc.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00620	Nitrite + Nitrate total [as N]	Smpl.									
	1 - Effluent Gross										
	Season: 0	Req.				Req Mon MD AVG	Req Mon 7 DA AVG	12 mg/L	01/YR - Annual	GR - GRAB	
	NODI: -	NODI				A - General Permit Exemption	A - General Permit Exemption				
00645	Phosphorus, total [as P]	Smpl.									
	1 - Effluent Gross										
	Season: 0	Req.				Req Mon MD AVG	Req Mon 7 DA AVG	19 mg/L	01/YR - Annual	GR - GRAB	
	NODI: -	NODI				A - General Permit Exemption	A - General Permit Exemption				

Submission Note  
 If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.  
 Edit Check Errors  
 No errors.  
 Comments  
 Attachments  
 No attachments.  
 Report Last Saved By  
 HEBER SPRINGS WATER AND SEWER COMMISSION D/B/A HEBER SPRINGS WATER DEPARTMENT  
 User: paul@heberspringswater.com  
 Name: Paul Graham  
 E-Mail: paul@heberspringswater.com  
 Date/Time: 2020-01-03 13:27 (Time Zone: -06:00)  
 Report Last Revised By:

10:17 AM 7/27/2020

Figure 2. Google Earth image.







Heber Springs Water and Wastewater Utility  
1108 W. Front St.  
Heber Springs, AR 72543  
Ph: (501) 362-3422, Fax: (501) 362-3338  
hswd@heberspringswater.com

August 18, 2020

Office of Water Quality Compliance Branch  
ADEQ  
5301 Northshore Dr.  
Little Rock, AR 72118-5137

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

To Whom It May Concern,

After receiving the inspection report dated August 13, 2020, I reviewed the "Summary of Findings" and contacted the Wastewater Treatment Plant Manager, Joey Massey, immediately and we began the process of correcting the violations that were noted. Below, you will see the violation followed by our response to it.

1. 2019 Annual DMR for TP/NO<sub>3</sub>+NO<sub>2</sub>-N does not include analysis results.

**On August 14, 2020 I entered in the TP/NO<sub>3</sub>+NO<sub>2</sub>-N results into the NetDMR database and submitted them. The reason we did not have them on the 002-Y was that our permit had recently changed to not require testing for that and we were unaware that it still needed to be done once a year. We did have it done, but we did not report it on NetDMR. That has been corrected and we now know what we need to do going forward. See attached picture.**

2. A subsurface airline had a leak in it.

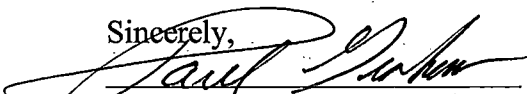
**Mr. Massey determined what parts were needed to fix the leak and he had it repaired on August 18, 2020. The crew used a full-circle repair clamp to repair the line. Please see attached pictures.**

2B. Vegetation is established along the 3-cell lagoon.

**On August 18, 2020, Mr. Massey cut and removed the vegetation. Please see attached picture.**

As of the date of this letter, all of the above violations have been mitigated. Please let me know if you need anything further. Thank you for your assistance.

Sincerely,

  
Paul Graham, General Manager

# 1. The readings were 0.32 for Nitrate, and 2.30 for Phosphorous. 8/14/20

US EPA Edit DMR

https://netdmr.epa.gov/netdmr/protected/search\_dmr.htm?flowId=permitadmin\_access\_request\_user-flow&flowExecutionKey=e153

(3) unread - paulgra... General Discussion - A... Facebook Main Crippie Fishing... YouTube Heber Springs, Arkansas... Protective Health Cod... HSWD Home Badger Meter Making... US Login to NetDMR CDX Home | Central D... KorWeb Ticket Manag... Arkansas Rural Water...

**Edit DMR**

**Permit**

Permit ID: AR0022381 Major:

Permittee: HEBER SPRINGS WATER AND SEWER COMMISSION D/B/A HEBER SPRINGS WATER DEPARTMENT Permittee Address: 1108 WEST FRONT STREET  
HEBER SPRINGS, AR 72543

Facility: HEBER SPRINGS WASTEWATER TREATMENT PLANT Facility Location: 1174 BYPASS ROAD  
HEBER SPRINGS, AR 72543

Permitted Feature: 002 - External Outfall Discharge: Y - 002-ANNUAL-TRTD MUNICIPAL WW

**Report Dates & Status**

Monitoring Period: From 01/01/19 to 12/31/19 DMR Due Date: 01/25/20

Status: **Completed**

**Principal Executive Officer**

First Name: Paul Last Name: Graham

Title: General Manager Telephone: 501-250-5783

**No Data Indicator (NODI)**

Form NODI:

Code	Parameter Name	NODI List	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis List	Smpl. Type List
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00630	Nitrite + Nitrate total [as N]	Smpl.				0.32	0.32	mg/L	0	01/YR	GR
	1 - Effluent Gross							mg/L			
	Season: 0	Req.				Req Mon Monthly Average	Req Mon 7 Day Average	Miligrams per Liter		Annual	GRAB
	NODI: <input type="text"/>	NODI				<input type="text"/>	<input type="text"/>				
00665	Phosphorus, total [as P]	Smpl.				2.3	2.3	mg/L	0	01/YR	GR
	1 - Effluent Gross							mg/L			
	Season: 0	Req.				Req Mon Monthly Average	Req Mon 7 Day Average	Miligrams per Liter		Annual	GRAB
	NODI: <input type="text"/>	NODI				<input type="text"/>	<input type="text"/>				

**Edit Check Errors**

No results.

**DMR Comments**

ANNUAL MONITORING REPORT: JAN - DEC. 12-00019

**Comments**

**Attachments**

Add Attachment

No results.

Report Last Saved By

Type here to search

11:01 AM 8/18/2020

**2 A. The crew repairing the broken airline in the lagoon. 8/18/20**



**2 A. The repaired airline. 8/18/20**



**2 B. Vegetation along the 3-cell lagoon has been removed. 8/18/20**

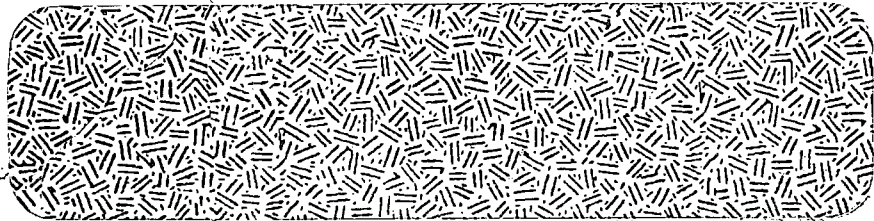
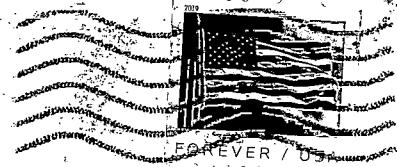


**HEBER SPRINGS WATER DEPARTMENT**

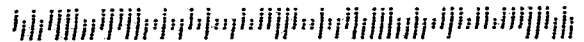
**1108 West Front  
Heber Springs, Arkansas 72543**

LITTLE ROCK AR 722

21 AUG 2020 PM 4 L



72148-501799



# ADEQ

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

September 14, 2020

Paul Graham, General Manager  
Heber Springs Water and Sewer Commission  
1108 West Front Street  
Heber Springs, AR 72543

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

Dear Mr. Graham:

I have reviewed the response pertaining to my July 7, 2020 inspections of the Heber Springs WWTP and collection system. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time, the Department has no further comment concerning these particular inspections. 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 (501) 837-2070 or you may e-mail me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us).

Sincerely,



Travis Harmon  
District 5 Inspector  
Office of Water Quality