



ARKANSAS

ENERGY & ENVIRONMENT

April 19, 2022

Paul Graham, General Manager
Heber Springs Water and Sewer Utility
1108 West Front Street
Heber Springs, AR 72543
Via email to: paul@heberspringswater.com

RE: Heber Springs WWTP Inspections (Cleburne Co)
AFIN: 12-00029 NPDES Permit No.: AR0022381
ARR000283

Dear Mr. Graham:

On Thursday, March 17, 2022, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial Stormwater Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of each of the inspection reports is enclosed for your records.


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

If I can be of any assistance, please contact me at mccabe@adeq.state.ar.us or (870) 424-3322 ext. 3

Sincerely,

A handwritten signature in black ink that reads "Kerri McCabe". The signature is enclosed in a thin black rectangular border.

Kerri McCabe
Inspector Supervisor, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 12-00029	PERMIT #: AR0022381	DATE: 3/17/2022
	COUNTY: 12 Cleburne	PDS #: 119885	MEDIA: WN
GPS LAT: 35.486467 LONG: -91.999917 LOCATION: Entrance			
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Heber Springs WWTP LOCATION: 1174 Bypass Road CITY: Heber Springs, AR		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 84022 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation	
RESPONSIBLE OFFICIAL		DATE(S): ENTRY TIME: EXIT TIME: PERMIT EFFECTIVE DATE: 3/17/2022 10:00 12:00 1/1/2019 PERMIT EXPIRATION DATE: 12/31/2023	
NAME: / TITLE Paul Graham / General Manager COMPANY: Heber Springs Water and Sewer Utility MAILING ADDRESS: 1108 West Front Street CITY, STATE, ZIP: Heber Springs AR 72543 PHONE & EXT: / FAX: 501-250-5788 / 501-362-3338 EMAIL: paul@heberspringswater.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: Yes		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Paul Graham, General Manager (Class IV and Advanced Industrial; Lic. #008201)/(501) 250-5788/paul@heberspringswater.com Joey Massey, WWTP Manager (Class III; Lic. #008421)/(501) 250-3442/hswwwtp@heberspringswater.com Carl Johnson, Operator (Class III and Advanced Industrial; Lic. #007759)	
AREA EVALUATIONS			
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>			
S	PERMIT	S	FLOW MEASUREMENT
S	RECORDS/REPORTS	S	LABORATORY
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
**	OTHER:	S	STORMWATER
S		S	FACILITY SITE REVIEW
S		S	SELF-MONITORING PROGRAM
S		S	PRETREATMENT
SUMMARY OF FINDINGS			
<p>No violations were noted during the time of the inspection.</p> <p>Please be advised that Part III, Section C, 1 requires “representative sampling” of the discharge. The flow records supplied for May and Oct 2021 were reviewed with the flows during sampling highlighted (see attachment for May 2021 flow). Representative sampling extends to the timeframe for composite sampling as well as sampling the same day in the work week.</p> <p>Note: Please see email regarding aliquot information that is required to be maintained during composite sampling.</p>			

GENERAL COMMENTS

On Thurs, March 17, 2022, an inspection was conducted with the above-mentioned participants. The inspection consisted of a site evaluation and a records review.

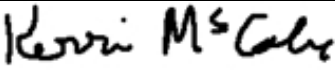

Site Evaluation:

The City of Heber Spring currently operates a WWTP designed to treat and discharge 1.75 MGD. Treatment consists of two comminutors/bar screens, a 3-cell aerated lagoon system, rapid sand filtration, UV disinfection, and discharge at Outfall 002 to Little Red River. If influent flows exceed 1.75 MGD, water is routed from the third cell of the lagoon system to an EQ basin. This water is either routed back to the third cell to complete treatment (filtration and UV disinfection) or can be discharged from the EQ basin from Outfall 003 (emergency only), which is equipped with a separate UV disinfection system.

One of the comminutors at the preliminary track was down due to a failed motor. City personnel acknowledged the pending repair and will be supplying a written response for this item. With the exception of some minor floatables noted on the ground at preliminary and the primary cell of the lagoon (addressed during the IGP inspection), the facility was well-maintained and orderly. Contacting USFWS regarding nuisance Black Vultures was discussed.

Records Review:

Records for May and Oct of 2021 for both outfalls were requested for review and to conduct a DMR accuracy check. Most records were supplied via email in a timely manner and these records were deemed adequate. With the exception of some minor process control sampling (not required to be reported), the city uses a contract lab for effluent monitoring. No major issues were noted during the record review and accuracy check. See email regarding aliquot information required during composite sampling and other notes in the records/sampling sections of the check sheet.

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 4/13/2022
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 4/19/2022

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: <u>Contract lab utilized for all parameter sample collection/analyzing.</u>	
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
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: <u>Two comminutor/bar screen tracks, 3-cell aerated lagoon, rapid sand filtration, and UV disinfection.</u>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input 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: <u>One comminutor down due to failed motor.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>One Class IV and two 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>System equipped with an EQ basin.</u>	<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: <u>Evaluating the collection system as funds become available.</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: <u>System equipped with an EQ basin.</u>	<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

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: Contract lab utilized for all parameter sample collection/analyzing.	
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: <u>Aliquot info is not provided on COC; info not provided. No flow recorded during grab samples on the COC.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>Facility conducts process control sampling (no reporting required).</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: Flow is calculated using inline flowmeters within closed pipes (mag-meter/eMeter setup).	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>Closed pipes</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 totalized, inline flowmeters.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input 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
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: Contract lab utilized for all parameter sample collection/analyzing.	
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 (501) 268-6431</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>BOD5, TSS, DO, FCB, TP, NO3+NO2-N, pH</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>American Interplex Corp (501-224-5060)</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Observed at sampling location for Outfall 002 and receiving stream.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
002	NO	NO	NO	NO	NO	CLEAR	
003							NO DISCHARGE
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge is retained inside lagoon system.</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>N/A</u>							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Part II, Condition 6 requires BMPs for stormwater protection; inspected under IGP ARR000283.</u>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input 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 2021 05 01 To 2021 05 30
 Year Month Day Year Month Day

Parameter Checked: BOD5 (002)

	Loading Mass (lbs/day)	Concentration (mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>120</u>	<u>15</u>	<u>18</u>
Calculated Value:	<u>120</u>	<u>15</u>	<u>18</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:
Values are the same; used operator's daily flow for calculations.

- 5/6: 12.8 x 1.00 x 8.34 = 106.8 lbs/day
- 5/13: 14.5 x 0.92 x 8.34 = 111.3 lbs/day
- 5/20: 13.0 x 1.07 x 8.34 = 116 lbs/day
- 5/27: 18.4 x 0.94 x 8.34 = 144 lbs/day

106.8 + 111.3 + 116 + 144 = 478.1
478.1/4 = 119.5 lbs/day

DMR Calculation Check

Reporting Period: From 2021 10 01 To 2021 10 31
 Year Month Day Year Month Day

Parameter Checked: TSS (002)

	Loading Mass (lbs/day) Mon. Avg.	Concentration (mg/l) Mon. Avg.	7-Day Avg.
Reported Value:	<u>67</u>	<u>10</u>	<u>13</u>
Calculated Value:	<u>68</u>	<u>10</u>	<u>13</u>
Permit Value:	<u>292</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

Values are similar; used operator's daily flow.

10/7: 13 x 0.71 x 8.34 = 80.2 lbs/day

10/14: 10 x 0.80 x 8.34 = 66.7 lbs/day

10/19-22: NO DISCHARGE

10/29: 8 x 0.85 x 8.34 = 56.7 lbs/day

80.2 + 66.7 + 56.7 = 203.6

203.6/3 = 67.9 lbs/day

Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP			
Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1047
Description:	West comminutor		Photo #:	1



Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1047
Description:	East comminutor		Photo #:	2



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP		
Photographer:	Kerri McCabe	Date:	March 17, 2022
Witness:	No other regulatory personnel	Time:	1048
Description:	Influent flow measurement	Photo #:	3



Photographer:	Kerri McCabe	Date:	March 17, 2022
Witness:	No other regulatory personnel	Time:	1056
Description:	Primary cell with aeration system	Photo #:	4



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP			
Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1100
			Photo #:	5
Description:	Second cell with pontoon aerator			



Photographer:	Kerri McCabe	Date:	March 17, 2022	Time:	1102
Witness:	No other regulatory personnel			Photo #:	6
Description:	Third cell with baffle between cells				



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP			
Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1124
Description:	Rapid sand filtration system		Photo #:	7



Photographer:	Kerri McCabe	Date:	March 17, 2022	Time:	1124
Witness:	No other regulatory personnel			Photo #:	8
Description:	Example of lagoon effluent entering sand filter				



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP			
Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1125
			Photo #:	9
Description:	Example of sand filter effluent entering UV disinfection system			



Photographer:	Kerri McCabe	Date:	March 17, 2022	Time:	1127
Witness:	No other regulatory personnel			Photo #:	10
Description:	Canister UV disinfection system with light panel for bulb status				



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP			
Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1126
			Photo #:	11
Description:	Sample location after UV disinfection			



Photographer:	Kerri McCabe	Date:	March 17, 2022	Time:	1116
Witness:	No other regulatory personnel			Photo #:	12
Description:	Outfall 002 at Sulphur Creek at confluence of Little Red River; baffle for foam control				



Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP			
Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1109
Description:	South cell of EQ basin		Photo #:	13



Photographer:	Kerri McCabe	Date:	March 17, 2022	
Witness:	No other regulatory personnel		Time:	1110
Description:	North cell of EQ basin		Photo #:	14

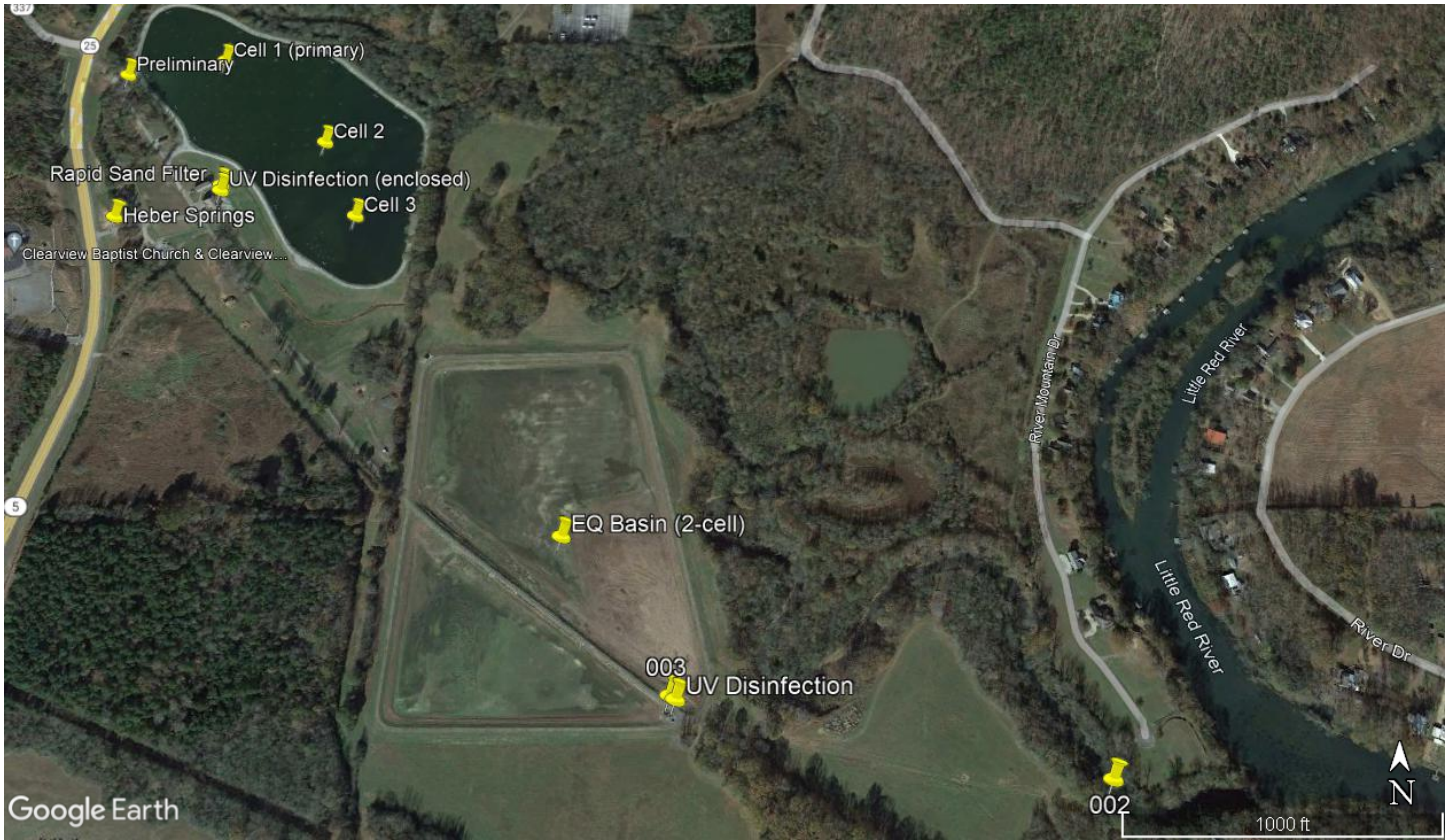


Office of Water Quality Photographic Evidence Sheet

Location:	Heber Springs WWTP				
Photographer:	Kerri McCabe	Date:	March 17, 2022	Time:	1110
Witness:	No other regulatory personnel			Photo #:	15
Description:	UV disinfection system at EQ basin prior to discharge at Outfall 003				



Figure 1. Google Earth image dated Nov 15, 2020 depicting the City of Heber Springs POTW with major components identified.



Month: MAY
 year: 2021

Daily Log

WWPFLOG

DAY	Flow		Rain	BOD		DO		pH		TEMP		TSS		Fecal	
	INFL	EFFL	Fall	RAW	EFFL	RAW	EFFL	RAW	EFFL	RAW	EFFL	RAW	EFFL	LOG	EFFL
1	4.29	2.07	0												
2	3.04	2.12	0												
3	2.80	2.15	0.2%												
4	3.72	2.04	1.0												
5	5.41	2.12	0												
6	3.27	2.13	0	106.95	12.8		7.13		6.60		20.4	91.74	11.0	0.000	<1
7	2.57	2.13	0												
8	2.03	2.12	0												
9	1.78	2.09	0.5												
10	2.01	2.06	0.2												
11	1.65	.95	0.0												
12	1.91	.95	0.4												
13	1.61	.92	0	111.26	14.5		7.88		6.62		18.9	92.07	12.0	0.000	<1
14	1.36	.93	0												
15	1.22	2.13	0												
16	1.13	2.11	0												
17	1.16	2.14	1.0%												
18	4.67	2.17	3.9%												
19	6.70	2.15	1.1%												
20	7.69	2.17	0.3%	116.01	13.0		7.40		6.44		20.1	160.63	18.0	0.002	4
21	5.89	1.70	0.3%												
22	3.79	1.60	0.2%												
23	2.75	1.60	0.0												
24	2.20	1.60	0.0												
25	1.84	1.56	0.0												
26	1.63	1.53	0.0												
27	1.39	.94	0.0	144.25	18.4		6.75		6.50		25.6	105.56	9.0	0.000	<1
28	2.78	1.98	1.1												
29	3.14	1.98	0.0												
30	2.14	2.07	0.0												
31	1.73	2.08	0.0												
TOTAL	88.42	54.06	9.8%	FWA	FWA	MIN	MIN			FWA	FWA	6-PO. AVG			
AVG	2.85	1.74		119.57	14.68	6.95	6.44			103.95	12.50	1			
MAX	7.69	2.17			7.0%	MAX	MAX				MAX	MAX	MAX	MAX	MAX
MIN	1.13	0.92			18.4	7.88	6.62				18.0	4			

Bolenbaugh, Jason

From: McCabe, Kerri
Sent: Wednesday, April 13, 2022 9:45 AM
To: 'Paul Graham'
Subject: RE: City of Heber Springs - Records Request

Paul,

This actually isn't all of the records I requested, but I am going to go through with the report. You should receive a report for your Whole Effluent Toxicity (WET) testing. The city may not use Arkansas Testing Laboratories for this particular sampling and analysis, but it should be maintained and provided upon request.

Also, Arkansas Testing Laboratories is required to document aliquot sample info when they conduct composite sampling. Stating "start and stop" on the COC is not sufficient. I see they run a 12-hour composite from 7p to 7a, but they do not include the time when each subsample (aliquot) was pulled, the flow during that time, or the volume of sample collected. These samples are supposed to be flow-weighted and that cannot be determined with the info provided. When a contract lab does not include that info or they cannot provide that info, the samples become invalid.

I encourage you to get clarification, in writing, about how your contract lab conducts composite sampling. It is fine to set this up on an auto-sampler, but the input must be included on the COC.

If you have any questions, please feel free to contact me.

Thank you,

Ms. Kerri McCabe | Inspector Supervisor
Division of Environmental Quality | Office of Water Quality
Compliance Branch
775 Hwy 201 N, Ste A, PO Box 442 | Mountain Home, AR 72654-0442
t: 870.424.3322 ext. 3 | c: 501.352.5641 | e: mccabe@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Paul Graham [mailto:paul@heberspringswater.com]
Sent: Friday, April 8, 2022 8:15 AM
To: McCabe, Kerri; HSWWTP
Subject: RE: City of Heber Springs - Records Request

Ms. McCabe,
Please see attached. I hope this is all of it. As for October, the reason for the missing week is that we only had 3 done because we had the plant shut down for maintenance of our UV unit. Please let me know if there is anything else that you need from me. Thanks.

Paul Graham
General Manager

Heber Springs Water and Wastewater Utility
1108 W. Front St.
Heber Springs, AR 72543

Office: 501-362-3422
Cell: 501-250-5788
Fax: 501-362-3338
Email: paul@heberspringswater.com



From: McCabe, Kerri
Sent: Wednesday, April 06, 2022 12:32 PM
To: Paul Graham ; HSWWTP
Subject: RE: City of Heber Springs - Records Request
Importance: High

Mr. Graham,

I have reviewed the paperwork submitted to me for the requested info below, and I am missing some records:

- COC and lab analysis sheet for the week of Oct 18-22, 2021; I have three weeks and I am missing one week.
- Aliquot info for composite samples (i.e., time sample is collected, volume of sample, flow during sample collection, etc.) for each month. The contract lab is required to maintain and provide aliquot information to ensure compliance with the permit. This should be number of aliquots with time, flow, and sample volume. If it is automated, that info needs to be written on the COC for review.
- One WET test report from 2021.
- Influent was sampled on July 1, 2021 and I have the lab analysis sheet. I need the COC for both the influent and the corresponding effluent for that day and I need the lab analysis for the effluent collected on July 1, 2021.

Please have this submitted to me by **Fri, April 8, 2022**.

Thank you,

Ms. Kerri McCabe | Inspector Supervisor
Division of Environmental Quality | **Office of Water Quality**
Compliance Branch
775 Hwy 201 N, Ste A, PO Box 442 | Mountain Home, AR 72654-0442
t: 870.424.3322 ext. 3 | c: 501.352.5641 | e: mccabe@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Paul Graham [<mailto:paul@heberspringswater.com>]
Sent: Friday, March 18, 2022 9:54 AM
To: McCabe, Kerri; HSWWTP
Subject: Re: City of Heber Springs - Records Request

We will get you the info. Thank you ma'am!

Sent via the Samsung Galaxy S20 FE 5G, an AT&T 5G smartphone
Get [Outlook for Android](#)

From: McCabe, Kerri
Sent: Friday, March 18, 2022 9:29:54 AM
To: Paul Graham ; HSWWTP
Subject: City of Heber Springs - Records Request
Paul and Joey,

It was nice visiting with both of you yesterday. Always a great view of Sugarloaf from the plant!

To recap, the plant looks good as always. I had no issues with O&M. Y'all have already acknowledged the motor issue at preliminary and have that scheduled for repair. I will have this in "Summary of Findings," but it will not be listed as a violation. However, please provide me with documentation of the scheduled repair or evidence of final repair. The only other very minor thing I noticed was some floatables around preliminary and the lagoon. I understand this is difficult to control in a lagoon system, and I can tell y'all are managing it effectively. This will be another mention in the IGP report, but it will not be a citation.

Regarding records, I will need the following provided to me by **Friday, March 25, 2022**:

May and Oct 2021 for Outfall 002:

- Flow record for each month
- Chains of Custody (COC) for each month
- Lab analysis sheets for each month
- Aliquot info for composite samples (i.e., time sample is collected, volume of sample, flow during sample collection, etc.) for each month
- One WET testing report from 2021
- If there was a discharge from Outfall 003 in 2021, I will need all of the same above information as it pertains to that outfall
- Corresponding influent/effluent BOD5 and TSS sampling to demonstrate percent removal (2021)
- Contract between the City of Heber Springs and Eden Isle for the satellite system (e.g., SSO and industrial waste details)

If you have any questions regarding the requested information, please feel free to contact me (email and cellphone are best).

Thank you,

Ms. Kerri McCabe | Inspector Supervisor

**Division of Environmental Quality | Office of Water Quality
Compliance Branch**

775 Hwy 201 N, Ste A, PO Box 442 | Mountain Home, AR 72654-0442

t: 501.682.0642/870.424.3322 ext. 3 | c: 501.352.5641 | e: mccabe@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

Bolenbaugh, Jason

From: HSWWTP <hswwtp@heberspringswater.com>
Sent: Thursday, April 14, 2022 1:31 PM
To: McCabe, Kerri

Kerri I have gotten with Arkansas Testing Lab and from now on they will be adding the mgls and number of samples taken on the coc. Please let me know if I need to send you anything else. I tried calling the phone number that you left me but it says not in service

Marshall, Uniqika

From: McCabe, Kerri
Sent: Friday, April 22, 2022 8:06 AM
To: Marshall, Uniqika
Subject: FW: Forms
Attachments: 04-21-2022.pdf

Uniqika,
Would you please add this email and attachment to PDS 119885?
Thank you,

Ms. Kerri McCabe | Inspector Supervisor

**Division of Environmental Quality | Office of Water Quality
Compliance Branch**

775 Hwy 201 N, Ste A, PO Box 442 | Mountain Home, AR 72654-0442

t: 870.424.3322 ext. 3 | c: 501.352.5641 | e: mccabe@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Paul Graham [<mailto:paul@heberspringswater.com>]

Sent: Thursday, April 21, 2022 11:05 AM

To: McCabe, Kerri

Subject: Forms

Kerri,

Please see the attached forms. They are what Joey and Arkansas Testing Labs are wanting to use to comply with your request for the COC in our sampling handling. Please let me know if they will suffice. Thanks.

Paul Graham

General Manager

Heber Springs Water and Wastewater Utility

1108 W. Front St.

Heber Springs, AR 72543

Office: 501-362-3422

Cell: 501-250-5788

Fax: 501-362-3338

Email: paul@heberspringswater.com



Arkansas Testing Laboratories

3301 Langley Ave · Searcy, AR 72143
 (501) 268-6431 f (844) 318-7030
 arkatl@sbcglobal.net

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

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

CLIENT: Heber Springs						AR0022381				PARAMETERS														
SAMPLE TYPE		SAMPLE MATRIX		SAMPLED BY:			FECAL COLIFORM				# = no of bottles Q, L, H = Qrt, Ltr, Half Gal P, G = Plastic, Glass													
		W=H2O S=SLUDGE D=SOIL C=WELL					De-chlorinated w/ Na2S2O3 Preserved w/Ice				CALIBRATION			PRESERVATIVES										
		DATE		TIME		Sample Volume (mls)		Grab / Comp		FECAL COLIFORM		DISH #		START TIME		MLS		pH / DO #		ICE		H2SO4		
																		BOD TSS		NO3/NO2 TP 1/YR				
Effluent 002		W					G		1-120ml-P												1-L-P			
Effluent 002 (Weekly)		W					C														1-H-P			
Effluent 002 (Weekly)		W					C																	
Effluent 002 (Weekly)		W					C																	
Effluent 002 (Weekly)		W					C																	

Comments:

Number of bottles: _____
 Sample on ice: _____

Samples collected every 4 hours by time, with auto sampler, by the city of Heber Springs. 1000mls of sample collected per draw and composited.

Relinquished by:	Date/Time	Received by:	Date/Time
Relinquished by:	Date/Time	Received by:	Date/Time

Arkansas Testing Laboratories

3301 LANGLEY DRIVE • SEARCY, AR 72143
NEVILLE S. ADAMS, OWNER

OFFICE (501) 263-6431 • FAX (344) 318-7030
ARKATL@SSCGLSAL.NET

FLOW PROPORTIONAL COMPOSITE SAMPLE

CLIENT NAME: _____

OUTFALL LOCATION: _____ SAMPLE DATE: _____

SAMPLER: _____

SAMPLE # SAMPLE TIME FLOWRATE SAMPLE VOLUME PROPORTIONAL SAMPLE VOLUME

1.				
2.				
3.				
4.				
			A	

Instructions:

1. Collect 4 samples evenly spaced over time. Minimum time between samples is one hour.
2. Each of the 4 samples will be collected in a separate container.
3. The sample volume for each of the 4 samples is 500 milliliters (mls).
4. For each sample, record the sample time and flow rate.
5. After all samples are collected, add the flow rate of all 4 samples and record the sum in the "A" box.
6. To determine the volume of each sample to be used, perform the following equation for each of the 4 samples and record in the column labeled "Proportional Sample Volume (mls)".

EQUATION: $\text{sample flow rate (1,2,3 or 4)} / \text{Total Flow (A)} * 1000 = \text{Proportional Volume}$

7. In a separate container, pour the proportional volume of each sample to make the flow proportional sample.