



# ARKANSAS

## ENERGY & ENVIRONMENT

December 21, 2022

Heath Ward, Executive Director  
Springdale Water and Sewer Commission  
P.O. Box 769  
Springdale, AR 72765  
Via email: [hward@springdalewater.com](mailto:hward@springdalewater.com) & [jenos@springdalewater.com](mailto:jenos@springdalewater.com)

RE: Springdale Water & Sewer Comm Inspection  
AFIN: 72-00003 Permit No.: AR0022063

Dear Mr. Ward:

On August 17, 2022, I performed a Compliance Evaluation Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.


**Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed 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. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **January 5, 2023**.

If I can be of any assistance please contact me at [grimes@adeq.state.ar.us](mailto:grimes@adeq.state.ar.us) or 501-837-2067.

Sincerely,


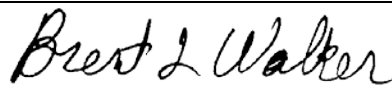
A handwritten signature in blue ink that reads 'Garrett Grimes'.

Garrett Grimes  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY</b>				
	<b>INSPECTION REPORT</b>				
	AFIN: 72-00003	PERMIT #: AR0022063	DATE: 8/17/2022		
	COUNTY: 72 Washington	PDS #: 123909	MEDIA: WN		
GPS LAT: 36.21124 LONG: -94.16053 LOCATION: General Area					
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Springdale Water &amp; Sewer Comm</b> LOCATION: <b>2910 Silent Grove Road</b> CITY: <b>Springdale</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>104111 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>8/17/2022</b> ENTRY TIME: <b>09:15</b> EXIT TIME: <b>16:30</b> PERMIT EFFECTIVE DATE: <b>1/1/2022</b> PERMIT EXPIRATION DATE: <b>12/31/2026</b>			
NAME / TITLE: <b>Heath Ward / Executive Director</b> COMPANY: <b>Springdale Water and Sewer Commission</b> MAILING ADDRESS: <b>P.O. Box 769</b> CITY, STATE, ZIP: <b>Springdale AR 72765</b> PHONE & EXT: / FAX: <b>479-751-5751 /</b> EMAIL: <b>hward@springdalewater.com &amp; jenos@springdalewater.com</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jennifer Enos, Wastewater Facilities Director, SWU;</b> <b>Bradley Stewart, Pretreatment Manager, SWU;</b> <b>Paul Frisbie, Wastewater Operations Supervisor, SWU;</b> <b>Garrett Grimes, District 1 Inspector, DEQ</b>			
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>M</b>	PERMIT	<b>M</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW
<b>S</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>N</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
The following items were noted during the inspection:					
<p><b>1. Part I Section A. Effluent Limitations and Monitoring;</b>                  Effluent excursions were reported on the Monthly Discharge Monitoring Reports (DMRs) for Total Suspended Solids (TSS) in March 2020 and Ammonia Nitrogen (NH<sub>3</sub>-N) in September 2020 (Attachment 1). Non-Compliance Reports (NCRs) were submitted with these excursions. No further action is required.</p>					
<p><b>2. Part III Section C.2 Flow Measurement;</b>                  A flow calibration check was conducted during the inspection which revealed a device accuracy deviation of -18% which exceeds the ±10% requirement in the permit (See report page 7 and Photos #1 - #4). Paul Frisbie, Wastewater Operations Supervisor, SWU, stated the facility was experiencing elevated flows from a recent storm event and provided documents showing the flow measurement device had been calibrated on June 22, 2022, and routine calibration checks were occurring (Attachment 2). The Springdale Water and Sewer Commission must verify that the secondary flow measurement device is accurate within the limits described in the permit. At the time of the inspection the above mentioned device was being scheduled for replacement.</p>					

**GENERAL COMMENTS**

- The facility is currently undergoing preparations for Phase 1 of an upgrade plan that will incorporate the addition of several new clarifiers and will rebuild the clarifiers currently in use following these additions (Attachment 3). The rebuild will incorporate covers to reduce or eliminate the growth of algae in the launder and weirs of the clarifiers. According to Jennifer Enos, Wastewater Facilities Director, Springdale Water Utilities (SWU) and Bradley Stewart, Pretreatment Manager, SWU, algae is removed from the clarifiers utilizing a two person team for the brushing and capturing of loose algae on a regular basis. Brush arms are also attached to the clarifiers to allow for a certain degree of self-cleaning (Photo #5). However, algal buildup was observed beginning to accumulate in the weirs of the clarifiers during the inspection (Photo #6). The facility may need to increase the frequency of the cleaning schedule for these clarifiers.
- Some duckweed was observed in the south bio track (Photo #7, Attachment 3). Ms. Enos stated that this location is the only location duckweed appears in these treatment units and that it is routinely removed.
- The Springdale Water and Sewer Commission utilizes an in-house laboratory for routine compliance analysis of its effluent. A Laboratory Records Request was provided to the facility during the inspection. Records submitted will be audited separately.
- The Springdale Water and Sewer Commission’s wastewater treatment facility is very well operated and maintained. Personnel present are willing to take time and explain all function and operation of the in-use treatment units in detail and clearly display pride in their facility.

INSPECTOR'S SIGNATURE:  Garrett Grimes	DATE: 8/26/2022
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 12/20/2022

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" 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>Effluent excursions</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input 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:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT 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:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>3'</u> TYPE OF DEVICE: Parshall Flume	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex/ Pace Analytical</u>	
b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204/ 9608 Loiret Blvd., Lenexa. KS 66219</u>	
c. PARAMETERS PERFORMED: <u>Sludge/ WET Testing</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Evaluated by the DEQ Office of Water Quality Planning Branch, records present</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input 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 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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Clear	Trace	None	Clear	--
<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: <u>Class A sludge purchased by a private entity and sold to farmers for land app in Madison County</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<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 type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>No-exposure exclusion (see separate report)</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	

**FLOW CALCULATION SHEET**

Date: **8/17/2022** Time: **14:17**

Head in Inches:                      Feet: **1.88'**

Type & Size of Primary Flow Measurement Device: **3' Parshall flume**

Name & Model of Secondary Flow Measurement Device: **Milltronics XPS-10**

Date of last Calibration of Secondary Flow Device: **6/10/2022**

Recorded Flow at Date & Time Listed Above: **16.99 MGD (1.65')** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **20.84 MGD**

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

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

% Error =	16.99	-	20.84	X 100	
	20.84				

% Error =	-3.85	X 100	
	20.84		

% Error =	-0.185	X 100	
-----------	--------	-------	--

% Error =	<b>-18.5</b>	%	
-----------	--------------	---	--

Comments:

**DMR Calculation Check**

Reporting Period: From 2022 06 01 To 2022 06 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>149.4</u>	<u>1.3</u>	<u>2.1</u>
Calculated Value:	<u>149.4</u>	<u>1</u>	<u>2</u>
Permit Value:	<u>2001.6</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:  
Rounding



**DMR Calculation Check**

Reporting Period: From 2022 06 01 To 2022 06 30  
 Year Month Day Year Month Day

Parameter Checked: Ammonia N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>7.7</u>	<u>0.07</u>	<u>0.08</u>
Calculated Value:	<u>7.8</u>	<u>0.07</u>	<u>0.08</u>
Permit Value:	<u>300.2</u>	<u>1.5</u>	<u>2.3</u>

If calculated value does not equal reported value, explain:  
Rounding, significant digits

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Springdale Water &amp; Sewer Comm</b>		
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>8/17/2022</b>
Witness:		Time:	<b>14:17</b>
		Photo #:	<b>1</b>
Description:	<b>Parshall flume</b>		



Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>8/17/2022</b>
Witness:		Time:	<b>14:17</b>
		Photo #:	<b>2</b>
Description:	<b>Close-up from Photo #1 showing the staff gauge at the time of calibration check.</b>		

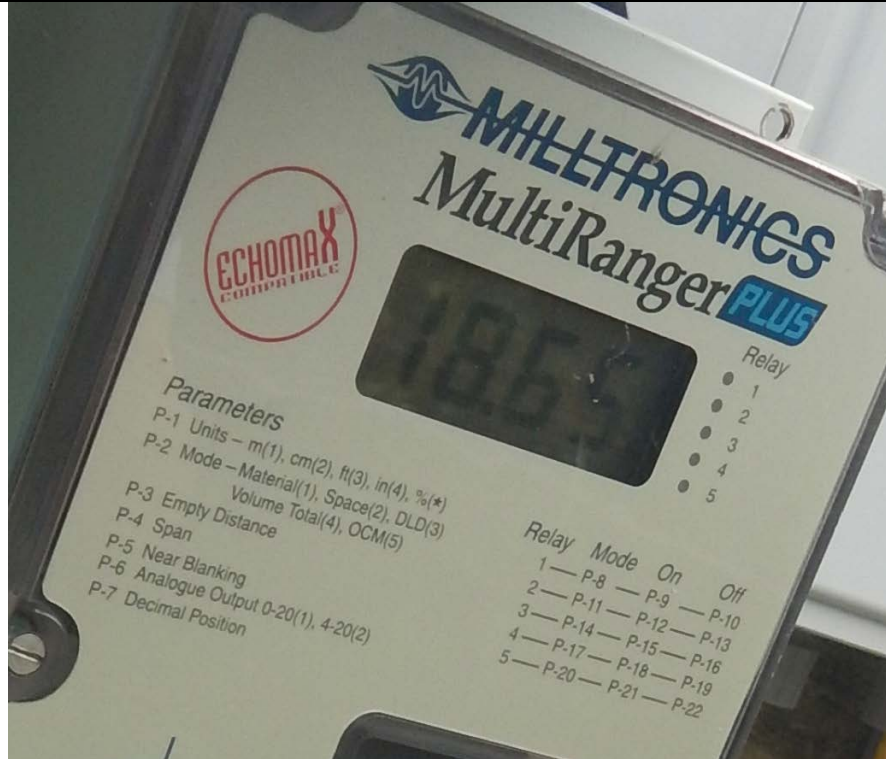


Office of Water Quality Photographic Evidence Sheet

Location:	Springdale Water & Sewer Comm		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	8/17/2022
Witness:		Time:	14:17
		Photo #:	3
Description:	Secondary flow measurement device.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	8/17/2022
Witness:		Time:	14:17
		Photo #:	4
Description:	Meter reading from Photo #2.		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Springdale Water &amp; Sewer Comm</b>				
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>8/17/2022</b>	Time:	<b>11:27</b>
Witness:				Photo #:	<b>5</b>
Description:	<b>Brush arm used in the clarifiers.</b>				



Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>8/17/2022</b>	Time:	<b>11:26</b>
Witness:				Photo #:	<b>6</b>
Description:	<b>Clarifier weirs. Algae beginning to accumulate.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Springdale Water &amp; Sewer Comm</b>				
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>8/17/2022</b>	Time:	<b>12:01</b>
Witness:				Photo #:	<b>7</b>
Description:	<b>Duckweed accumulating in the Bio Track.</b>				



Attachment 1: Effluent excursions.

DMR End Date	Disch-Desig	Parameter Desc	Reported DMR Value	Limit Value	Vio %
03/31/2020	001-A	Solids, total suspended (MO AVG, lb/d)	<b>4678.9</b>	3003	56%
03/31/2020	001-A	Solids, total suspended (MO AVG, mg/L)	<b>22.9</b>	15	53%
03/31/2020	001-A	Solids, total suspended (7 DA AVG, mg/L)	<b>64.4</b>	23	180%
09/30/2020	001-A	Nitrogen, ammonia total [as N] (7 DA AVG, mg/L)	<b>2.35</b>	2.3	2%

### INSTRUMENT CALIBRATION REPORT

City Of Springdale WWTP

DESCRIPTION		EFFLUENT FLUME		MANUFACTURER: <u>Miltronics</u>	
TAG NO:		FIT - 660		MODEL NO. <u>XPS - 10</u>	
LOOP NUMBER:		660		SR NO. <u>2370230</u>	
INSTALLATION AND MOUNTING:		FLUME		OTHER:	
TERMINATION - WIRING:		OK			
TERMINATION - TUBING:		OK			

INDICATE:	YES	HMI	RANGE	VALUE	UNITS	CONTROL ?
RECORD:	YES	HMI	SCALE: 0-50		MGD	NO
TRANSMIT/	YES		TREND: 0-50		MGD	N/A
CONVERT	NO		INPUT: Integral Sensor			N/A
ISOLATE:	NO		OUTPUT: 4-20		mA	N/A
IO MODULE:	NO		INPUT: n/a			N/A
			OUTPUT: n/a			N/A
			INPUT: n/a			N/A
			OUTPUT: n/a			N/A

ANALOG CALIBRATIONS

AS CALIBRATED

PARAMETER	VALUE	PARAMETER	VALUE	PARAMETER	VALUE
P-1	4 in	P-5	12 in	P-41	4 day
P-2	5 DCM	P-6	2 mA	P-42	1.57
P-3	55.5 in	P-7	2 Dec	P-43	36 in
P-4	43.5 in	P-40	1 exp	P-46	50 mgd

INSTRUMENT CONFIGURATION

PARAMETER	VALUE	PARAMETER	VALUE
P-50	2 flow	P-62	3.22

READ VALUES

PT#	Level (HFT)	Chart (MGD)	Display (MGD)	% Error	HMI (HMI)	% Error	Flow
1	15.6	15.56	15.52	1.7%	15.96	2.5%	8.55
2	15.8	15.53	16.08	1.3%	15.996	0.7%	8.57
3	15.6	15.56	16.05	3.1%	16.05	3.1%	9.02
4	16.0	16.19	16.18	0.01%	16.157	0.3%	9.04

COMMENTS: Flow was fluctuating. Test 4 was on top the peaks of the fluctuation.

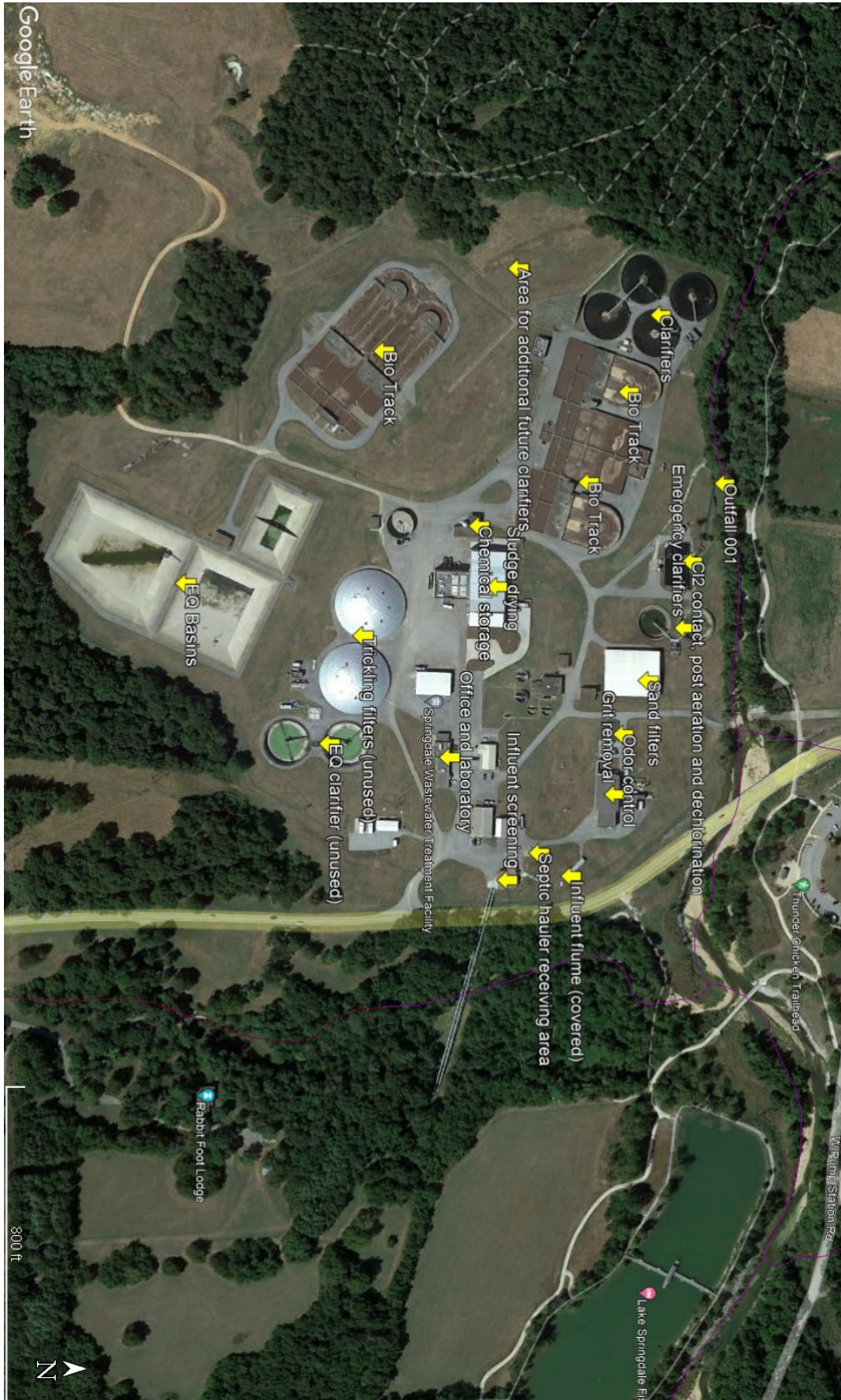
Bear Automation certifies that this equipment has been calibrated as indicated.

CERTIFIED: Bear Automation

Signature: [Handwritten Signature]

DATE: 6/10/22

08.17.2022 14:27





**From:** [Garrett Grimes \(adpce.ad\)](#)  
**To:** [Uniqika Marshall \(adpce.ad\)](#)  
**Subject:** RE: ADEQ Inspection Response for inspection conducted 08/17/22  
**Date:** Thursday, January 26, 2023 3:21:12 PM  
**Attachments:** [image001.png](#)  
[image003.png](#)  
[image005.png](#)

---

Uniqika,

Could you please attach this response to the CEI report (PDS 123909).

Thank you,

**Garrett Grimes** | District 1 Inspector  
**Division of Environmental Quality | Office of Water Quality**  
5301 Northshore Drive | North Little Rock, AR 72118  
c: [501.837.2067](tel:501.837.2067) | e : [garrrett.grimes@adeq.state.ar.us](mailto:garrrett.grimes@adeq.state.ar.us)



**ARKANSAS**  
ENERGY & ENVIRONMENT

---

**From:** Uniqika Marshall (adpce.ad)  
**Sent:** Tuesday, January 10, 2023 3:50 PM  
**To:** Brent Walker (adpce.ad)  
**Cc:** Garrett Grimes (adpce.ad)  
**Subject:** FW: ADEQ Inspection Response for inspection conducted 08/17/22

Brent and Garrett,

Does this inspection response need to be added to inspection report 123909, or 123910? Or both?

Thanks,  
Uniqika Marshall | Administrative Specialist III  
**Arkansas Energy and Environment | Office of Water Quality | Compliance Branch**  
5301 Northshore Drive, North Little Rock, AR 72118-5317  
t: 501.682.0972 | e: [uniqika.marshall@adeq.state.ar.us](mailto:uniqika.marshall@adeq.state.ar.us)



**ARKANSAS**  
ENERGY & ENVIRONMENT

**From:** Jennifer Enos [mailto:[jenos@springdalewater.com](mailto:jenos@springdalewater.com)]  
**Sent:** Tuesday, January 10, 2023 3:17 PM  
**To:** Water-Inspection-Report; Garrett Grimes (adpce.ad)  
**Cc:** Heath Ward; Brad Stewart; Loren Sharp  
**Subject:** ADEQ Inspection Response for inspection conducted 08/17/22

Garrett:


Thanks so much for revising the due date for this response to January 13, 2023. It came in over the holidays, so just became available for our response. Mr. Tim Hawkins will be addressing the Lift Station/SSO section of the inspection in a separate response, again with a revised date of January 13.

If you have any questions concerning our response(s), please do not hesitate to contact us.

Sincerely yours,

Jennifer Enos  
Wastewater Facilities Director  
[jenos@springdalewater.com](mailto:jenos@springdalewater.com)  
479 756-3659



 The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.



# ARKANSAS

## ENERGY & ENVIRONMENT

January 30, 2023

Heath Ward, Executive Director  
Springdale Water and Sewer Commission  
P.O. Box 769  
Springdale, AR 72765  
Via email: [hward@springdalewater.com](mailto:hward@springdalewater.com) ; [jenos@springdalewater.com](mailto:jenos@springdalewater.com)

**RE: Springdale Water and Sewer CEI - Response to Inspection (Washington Co)**  
**AFIN: 72-00003** **NPDES Permit No.: AR0022063**

Dear Mr. Ward:

I have reviewed the response pertaining to my Compliance Evaluation Inspection of the Springdale Water and Sewer Commissions Wastewater Treatment Plant. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this particular inspection. Acceptance of this response by the Division does not preclude any future enforcement action deemed necessary at this site or any other site.

If I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 837-2067 or you may email me at [garrett.grimes@adeq.state.ar.us](mailto:garrett.grimes@adeq.state.ar.us).

Sincerely,

A handwritten signature in blue ink that reads "Garrett Grimes".

Garrett Grimes  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118