



**DIVISION OF  
ENVIRONMENTAL  
QUALITY**

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

September 21, 2023

Mr. Carl Geffken, City Administrator  
City of Ft. Smith  
P.O. Box 1908  
Ft. Smith, AR 72902  
Email Address: [CGeffken@FortSmithAR.gov](mailto:CGeffken@FortSmithAR.gov)

RE: Massard WRF Inspection  
AFIN: 66-01652                      Permit No.: AR0021750

Dear Mr. Geffken:

On August 7, 2023, 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 **October 6, 2023**.

If I can be of any assistance please contact me at [Jason.Bolenbaugh@adeq.state.ar.us](mailto:Jason.Bolenbaugh@adeq.state.ar.us) or 501-682-0659.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason Bolenbaugh'.

Jason Bolenbaugh  
Compliance Branch Manager, Office of Water Quality

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>		
	AFIN: <b>66-01652</b>	PERMIT #: <b>AR0021750</b>	DATE: <b>8/7/2023</b>
	COUNTY: <b>66 Sebastian</b>	PDS #: <b>126962</b>	MEDIA: <b>WN</b>
	GPS LAT: <b>35.3420</b> LONG: <b>-94.3080</b> LOCATION: <b>General Area</b>		
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>Massard WRF</b> LOCATION: <b>1609 N. 9<sup>th</sup> St.</b> CITY: <b>Barling</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>83321 S - State</b>	
		FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>	
		DATE(S): <b>8/7/2023</b>	ENTRY TIME: <b>10:00</b> EXIT TIME: <b>12:20</b>
		PERMIT EFFECTIVE DATE: <b>3/1/2021</b> PERMIT EXPIRATION DATE: <b>2/28/2026</b>	
<b>RESPONSIBLE OFFICIAL</b>			
NAME / TITLE: <b>Mr. Carl Geffken / City Administrator</b> COMPANY: <b>City of Ft. Smith</b> MAILING ADDRESS: <b>P.O. Box 1908</b> CITY, STATE, ZIP: <b>Ft. Smith AR 72902</b> PHONE & EXT. / FAX: <b>479-784-2201 /</b> EMAIL: <b>CGeffken@FortSmithAR.gov</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>Mr. Rahul Thukral, Dir. of Operations, Ft. Smith</b> <b>Mr. David Shelley, WRF Supervisor, Ft. Smith</b> <b>Mr. Jonathan Shipley, Program Manager, Fr. Smith</b> <b>Mr. Randy Vickers, Inspector, DEQ-OWQ</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>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL
<b>N</b>		<b>N</b>	STORMWATER
<b>S</b>		<b>S</b>	FACILITY SITE REVIEW
<b>S</b>		<b>S</b>	SELF-MONITORING PROGRAM
<b>N</b>		<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:		


<b>SUMMARY OF FINDINGS</b>
<p>The following was noted during the inspection:</p> <ul style="list-style-type: none"> <li>A review of Discharge Monitoring Reports (DMR) was conducted from June, 2020 to May, 2023. During that time the permittee reported 16 effluent limitation violations. Those violations were Ammonia Nitrogen (12), Total Suspended Solids (2), and Fecal Coliform Bacteria (2). The permittee reported three additional Ammonia Nitrogen violations in July, 2023. Exceedances of permit effluent limitation is in violation of Part I, Section A of the permit. On August 21, 2023 the permittee submitted Corrective Action Plan request to the Office of Water Quality Enforcement Branch. No additional response to address this inspection is required at this time.</li> <li>The permittee uses paracetic acid (PAA) as the mode for disinfection. A construction permit for the installation of the PAA remains active. Please refer to the comments in the inspection report for Permit AR0021750C on how to proceed with terminating the permit.</li> </ul>

**GENERAL COMMENTS**

The facility treatment type consists of a bar screen/grit removal, primary clarification, trickling filters, activated sludge, secondary clarifiers, and PAA disinfection. The facility no longer uses UV as the mode for disinfection. The design flow of the facility is 10.0 MGD.

Portions of the facility are powered by two separate substations and companies. One station power is transferred by overhead lines and the other power is transferred by underground lines. This allows for flexibility when one station may lose power. If both stations lose power the facility has priority status for restoring power. The permittee may also reroute wastewater to their Sunny Mead facility located on E. Grand Avenue (35.384821, -94.35737). This station has a 22 million gallon equalization basin that can stored wastewater until such time as it can be routed back to the treatment facility for processing.

The entire plant is on a SCADA system as are the facility's pump stations. The Massard staff can also monitor the operations of the P Street Plant and its associated pump stations but they cannot make operational changes to those using the SCADA.

INSPECTOR'S SIGNATURE:	←Click text to left to add signature	DATE:
SUPERVISOR'S SIGNATURE:	 <b>Jason Bolenbaugh</b>	DATE:

<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: <b>No changes to Responsible Official, Cognizant Official, or outfall.</b>	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: <b>Carl Geffkin remains the RO and Lance McAvoy remains the CO.</b>	<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: <b>Outfall 001 only</b>	<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:	
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: <b>The permittee maintains detailed operational records and is working towards developing an electronic system to maintain records.</b>	<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: <b>The facility does not have any permanent generators on site. They are supported by two different substations (1 overhead and 1 underground) and companies.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: <b>All of the plant is on SCADA. Plant is operated twenty-four hours a day, seven days a week.</b>	<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: <b>Plant has fourteen operators on staff.</b>	<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: <b>Some minor parts are maintained at the plant but the majority of spare parts are maintained at the permittee's warehouse on Kelly Highway.</b>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <b>Sunny Mead is an alternative facility in which the permittee can divert wastewater to in the event of a massive power outage.</b>	<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 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: <b>BOD<sub>5</sub>/CBOD<sub>5</sub>, TSS, NH<sub>3</sub>-N, DO, FCB, PAA, TRC (Cyanide), TP, NO<sub>3</sub>+NO<sub>2</sub>-N, pH</b>	<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: <b>BOD<sub>5</sub>/CBOD<sub>5</sub>, TSS, NH<sub>3</sub>-N, TP, NO<sub>3</sub>+NO<sub>2</sub>-N,</b>	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED? TYPE OF DEVICE: <b>2' Parshall Flume</b>	<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: <b>Siemens Model LUT400</b>	<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: <b>Permittee conducts calibration checks once/month and the contractor once every 6 months. If the deviation exceeds permit requirements the permittee will submit a work ticket to have the meter calibrated and adjusted.</b>	<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 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <b>Pace Analytical Services, LLC</b>	
b. LAB ADDRESS: <b>9608 Loiret Blvd., Lenexa, KS 66219</b>	
c. PARAMETERS PERFORMED: <b>WET Testing only</b>	
8. BIOMONITORING PROCEDURES ADEQUATE: <b>Once/quarter</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: <b>Pimephales promelas and Ceriodaphnia dubia</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: <b>3, 4, 5, 7 (Critical), and 9</b>	<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

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: **Discharge pipe enters the Arkansas River. Visual observations were made at the flume.**

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	Clear	--

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **Sludge is dewatered on site using a belt press and disposed of in the Ft. Smith Landfill. Haul approximately 600 tons/month.**

- SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
- SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
- FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): **Not Applicable**

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS: **No samples were collected during this inspection.**

- SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
- TYPE OF SAMPLE: GRAB:\_\_\_ COMPOSITE:\_\_\_ METHOD:\_\_\_ FREQUENCY:\_\_\_
- SAMPLES PRESERVED: Y N NA NE
- FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
- SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
- SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
- SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
- CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
- SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **A separate inspection of the Permit ARR000449 (no-exposure exclusion) was conducted. Please refer to that inspection report for additional details.**

- SWPPP UPDATED AS NEEDED:\_\_\_ DATE OF LAST UPDATE:\_\_\_ Y N NA NE
- SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
- POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
- POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
- LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
- LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
- ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
- LIST OF STRUCTURAL BMPS: Y N NA NE
- LIST OF NON-STRUCTURAL BMPS: Y N NA NE
- BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
- INSPECTIONS CONDUCTED AS REQUIRED: Y N NA NE

**FLOW CALCULATION SHEET**

Date: **8/7/2023** | Time: **10:50**

Head in Inches: | Feet: **1.4**

Type & Size of Primary Flow Measurement Device: **24" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Siemens Model – LUT 400**

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **9.13 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **8.709 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 =	<b>9.13</b>	-	<b>8.709</b>	X 100	
	<b>8.709</b>				

% Error =	<b>.421</b>	X 100	
	<b>8.709</b>		

% Error =	<b>0.048</b>	X 100	
-----------	--------------	-------	--

% Error =	<b>4.83</b>	%	
-----------	-------------	---	--

Comments: **Flow measuring device was measuring flow within ± 10% from true discharge.**

**DMR Calculation Check**

Reporting Period: From 2022 04 01 To 2022 04 30  
 Year Month Day Year Month Day

Parameter Checked: BOD<sub>5</sub>

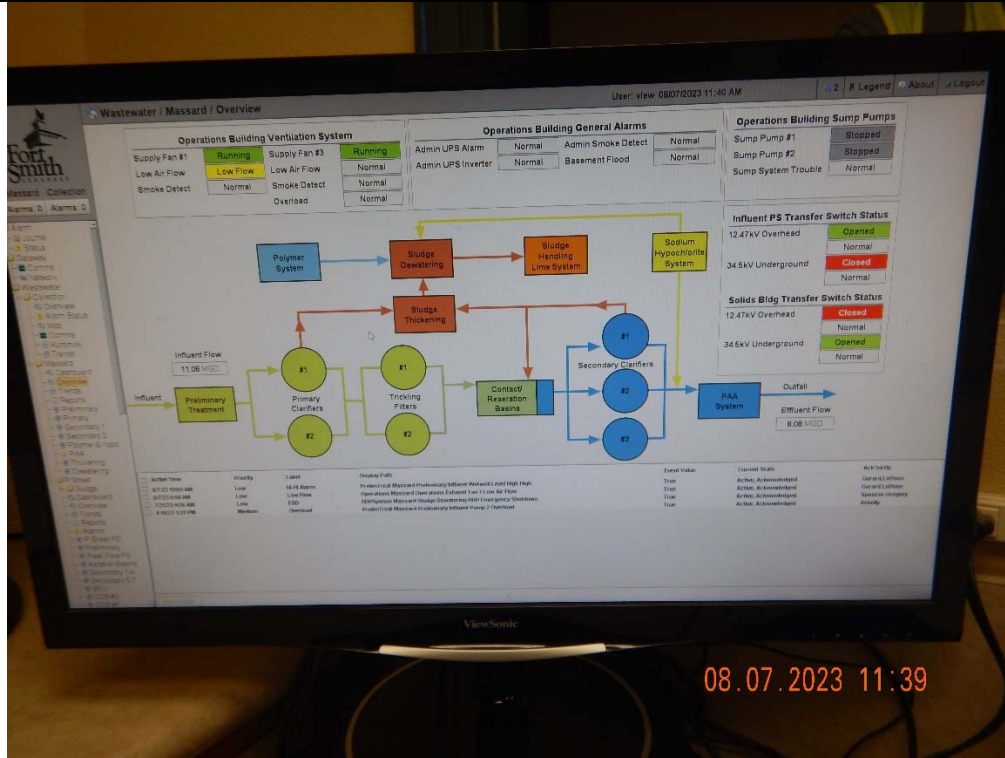
	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>1649</u>	<u>13.06</u>	<u>16.9</u>
Calculated Value:	<u>1649</u>	<u>13.06</u>	<u>16.9</u>
Permit Value:	<u>2502</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>11:06</b>
Description:	<b>DSCN6179: Overview of the operations of the treatment plant.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>11:06</b>
Description:	<b>DSCN6152: Influent bar screens and waste dumpster.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>	Time:	<b>11:03</b>
Witness:				Photo #:	<b>3</b>
Description:	<b>DSCN6150: Subsurface influent lift station.</b>				



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>	Time:	<b>10:39</b>
Witness:				Photo #:	<b>4</b>
Description:	<b>DSCN6125: Grit removal and dumpster that drains back to the headworks.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Time:	<b>10:42</b>	Witness:	
Photo #:	<b>5</b>	Description: <b>DSCN6127: West primary clarifier in operation.</b>	



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Time:	<b>10:44</b>	Witness:	
Photo #:	<b>6</b>	Description: <b>DSCN6130: East primary clarifier in operation.</b>	



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>	Time:	<b>10:45</b>
Witness:				Photo #:	<b>7</b>
Description:	<b>DSCN6131: East trickling filter in operation.</b>				



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>	Time:	<b>10:46</b>
Witness:				Photo #:	<b>8</b>
Description:	<b>DSCN6134: West trickling filter in operation.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Time:	<b>10:55</b>	Photo #:	<b>9</b>
Witness:			
Description:	<b>DSCN6158: Activated sludge basin. Water with a foam busting additive being sprayed onto the foam.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Time:	<b>11:16</b>	Photo #:	<b>10</b>
Witness:			
Description:	<b>DSCN6159: Blowers to the aeration basin.</b>		

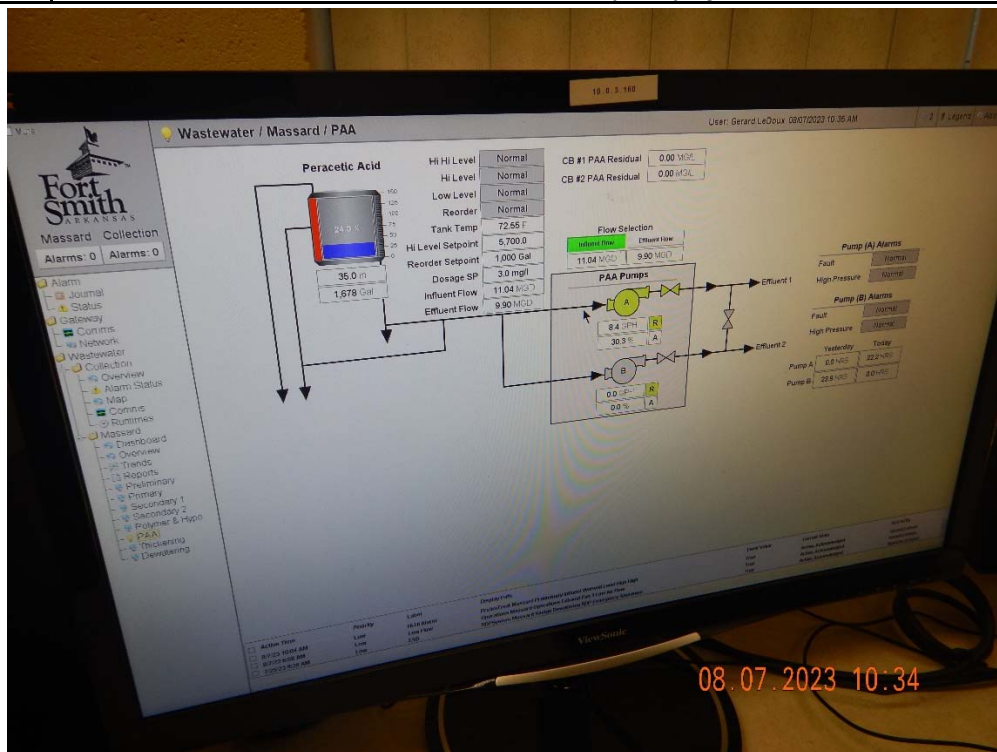


**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:55</b>
Description:	<b>DSCN6145: Southwestern secondary clarifier.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:34</b>
Description:	<b>DSCN6124: Overview of the Paracetic Acid (PAA) operations.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:58</b>
		Photo #:	<b>13</b>
Description:	<b>DSCN6148: Paracetic acid storage tank with approximately 1,678 gallons in it.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:58</b>
		Photo #:	<b>14</b>
Description:	<b>DSCN6147: Paracetic acid pumping 8.352 gallons/hour.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:51</b>
		Photo #:	<b>15</b>
Description:	<b>DSCN6137: Paracetic acid flowing into contact basin.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:51</b>
		Photo #:	<b>16</b>
Description:	<b>DSCN6138: PAA contact basin prior #2.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>10:54</b>
		Photo #:	<b>17</b>
Description:	<b>DSCN6143: Flow from the contact basin into the final effluent Parshall Flume.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>11:23</b>
		Photo #:	<b>18</b>
Description:	<b>DSCN6165: Sludge belt press.</b>		

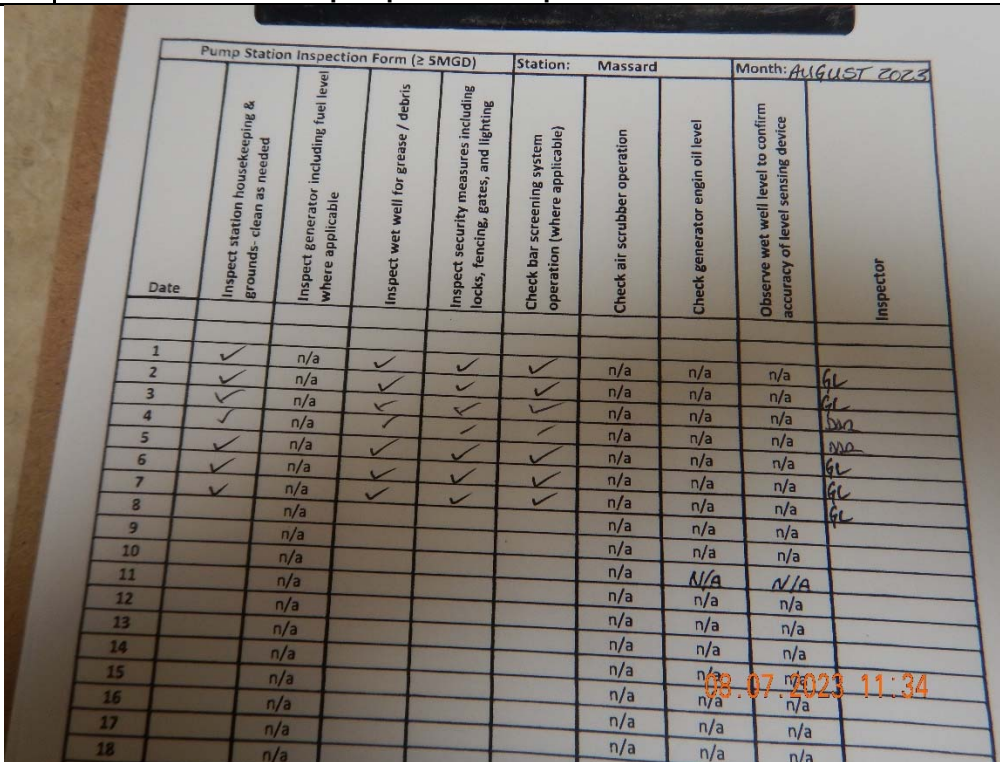


**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Time:	<b>11:33</b>	Witness:	
Photo #:	<b>19</b>	Description:	<b>DSCN6171: pH analysis benchsheet.</b>



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Time:	<b>11:34</b>	Witness:	
Photo #:	<b>20</b>	Description:	<b>DSCN6172: Massard pump station inspection form.</b>



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Massard WRF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>12:16</b>
		Photo #:	<b>21</b>
Description:	<b>DSCN6184: Ferric polymer treatment unit at Sunny Mead.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/7/2023</b>
Witness:		Time:	<b>12:14</b>
		Photo #:	<b>22</b>
Description:	<b>DSCN6181: 22 million gallon EQ basin at Sunny Mead.</b>		





ARKANSAS  
Department of Environmental Quality

NOTICE OF COMPLETION OF CONSTRUCTION  
FOR STATE CONSTRUCTION PERMITS

Permit Number: AR0021750C

I. PERMITTEE INFORMATION

Permittee Legal Name : City of Fort Smith Permittee Type:  
Permittee Mailing Address: 801 Carnall Ave, Suite 500  STATE  PARTNERSHIP  
City: Fort Smith  FEDERAL  CORPORATION\*  
State: AR Zip: 72901  SOLE PROPRIETORSHIP  
Permittee Telephone Number: 479-494-3909 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: \_\_\_\_\_ E-mail: LMcAvoy@FortSmithAR.gov

II. FACILITY SITE INFORMATION

Facility Name: Massard Water Reclamation Facility Facility Contact Person: Lance McAvoy  
Facility County: Sebastian Facility Physical Address: 1609 9th Street  
Telephone Number: 479-494-3909 Facility City: Barling Zip: 72923

When was construction completed? Date: 05/11/2022  
Was construction completed in accordance with the approved plans and specifications?  No  Yes  
If not, what changes were made? Attach page(s) if necessary.

III. RESPONSIBLE OFFICIAL AND PROFESSIONAL ENGINEER CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

NOTE: The responsible official and the professional engineer must both sign this form.

Responsible Official Name: Carl Geffken Title: City Administrator

Responsible Official Signature: *Carl E. Geffken* Date: 9/25/2023

Professional Engineer Name: Elizabeth Heiles Title: Senior Associate

Professional Engineer Signature: *Elizabeth Heiles* Date: 8-15-23

Stamp of Professional Engineer



NOTE: This form can be submitted by mail, fax, or electronic mail to [Water-Permit-Application@adeq.state.ar.us](mailto:Water-Permit-Application@adeq.state.ar.us).



## DIVISION OF ENVIRONMENTAL QUALITY

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

October 24, 2023

Carl Geffken, City Administrator  
City of Fort Smith  
Massard Water Reclamation Facility  
801 Carnall Ave, Suite 500  
Fort Smith, AR 72901

Re: State Construction Permit Number AR0021750C - AFIN 66-01652

Dear Mr. Geffken:

The Division of Environmental Quality received the Notice of Completion of Construction form as required by Condition 3 of the above referenced state construction permit on September 29, 2023. According to the form, the construction project was completed in accordance with the plans and specifications provided to the Division as part of the application for the above referenced state construction permit. Therefore, State Construction Permit AR0021750C has been terminated as requested.

Should you have any questions or need additional information concerning this submittal, please contact Daniela Gomez at (501) 682-0914 or by email at [daniela.gomez@adeq.state.ar.us](mailto:daniela.gomez@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink, appearing to read 'Stacie R. Wassell'.

Digitally signed by Stacie R. Wassell  
DN: cn=Stacie R. Wassell, o=Division of  
Environmental Quality, ou=Office of Water  
Quality, email=stacie.wassell@adeq.state.ar.us,  
c=US  
Date: 2023.10.23 20:41:10 -05'00'

Stacie R. Wassell  
Associate Director, Office of Water Quality

cc: David Ramsey, ICIS Program Coordinator, Office of Water Quality  
Jason Bolenbaugh, Compliance Branch Manager, Office of Water Quality  
Richard Healey, Enforcement Branch Manager, Office of Water Quality  
Carl Geffken, City Administrator: [cgeffken@fortsmithar.gov](mailto:cgeffken@fortsmithar.gov)  
Lance McAvoy, Deputy Director of Operations: [lmcavoy@fortsmithar.gov](mailto:lmcavoy@fortsmithar.gov)