



July 7, 2010

Mr. Zed Davenport
Buildings and Utilities Supervisor
Buffalo National River
402 N. Walnut Street
Harrison, AR 72601

RE: Tyler Bend Wastewater Treatment Facility, AFIN: 65-00033, Permit No.: 3816-W

Dear Mr. Davenport:

On June 24, 2010, I performed a routine compliance inspection of the waste treatment and disposal facility in accordance with the provisions of the Arkansas Water and Air Pollution Control Act and the regulations promulgated thereunder. This inspection did not reveal any evidence of any violations of the referenced permit.

If I can be of any assistance, please contact me at (870) 446-6170 or by e-mail at Kirkpatrick@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Kirkpatrick", is written over a small dot.

Bruce Kirkpatrick
District 2 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

STATE SANITARY TREATMENT SYSTEM INSPECTION FORM

AFIN: 65-00033 Log No.: _____

Permit No.: 3816-W Inspection Date: June 24, 2010

Media: Water Inspector: Bruce Kirkpatrick

Compliance Status: **IN**

1A. Name of Facility: Buffalo National River – Tyler Bend

2A. Location: SW/4 of Section 35-T16N-R17 West (N35-59-12.2, W92-45-42.3)

3A. Telephone: (870) 741-5546 County: Searcy

4A. Name of On-Site Representative: Mr. Anthony King

5A. Name of Responsible Official: Mr. Zed Davenport
Mailing Address: 402 N. Walnut Street Harrison, AR 72601
Telephone: 870-741-5546

6A. Operators Name: Mr. Anthony King

7A. Licensed Operator? Yes X No _____ N/A _____ Class of License II and III

8A. Date of Last Inspection: 4/27/09

9A. Principal Type of Waste Received: Sanitary

10A. Are there any additions, corrections or repairs to the facility since the last inspection? No

11A. If the facility is a package plant, list type, manufacturer's name and address and approximate number of years in service
Sanilogical, 7925 E. Harvard, Suite B, Denver, CO 80231, 20 years

12A. What is the appearance of effluent? No discharge (land application) at time of inspection

13A. Is there any visible effect on receiving stream? No

14A. Are there any complaints against this facility? Yes___ No X N/A___
If yes, of what nature?_____

Operation and Maintenance

1B. Are odors a problem at the plant? Yes___ No X N/A___
2B. Is industrial waste a problem? Yes___ No X N/A___
3B. Is infiltration a problem? Yes___ No X N/A___
4B. Does plant have a flow meter? Yes X No___ N/A___
5B. Is flow measuring device properly operated? Yes X No___ N/A___
6B. Flow measuring device being properly calibrated? Yes X No___ N/A___
7B. Are all treatment units in service? Yes X No___ N/A___
If no, what units are out and why?_____

8B. Is overall maintenance satisfactory? Yes X No___ N/A___
If no, list areas for improvement:_____

9B. Are operating records kept? Yes X No___ N/A___
If yes, describe:_____

10B. Are maintenance records kept? Yes X No___ N/A___
If yes, describe:_____

11B. Are samples routinely taken? Yes X No___ N/A___

12B. Are sampling techniques adequate? Yes X No___ N/A___

13B. Are lab records adequate? Yes X No___ N/A___

14B. What laboratory does the facility use? Arkansas Testing Labs
 Address: P.O Box 481, Searcy, AR 72145 Telephone: 501-268-6431

15B. Are solids or sludges disposed of ? Yes ___ No X N/A ___

16B. Are Solids or sludges disposed of adequately? Yes ___ No ___ N/A X
 Explain (including destination): _____

17B. Are all treatment units operational Yes X No ___ N/A ___

18B. In the space below, furnish a simplified diagram or the flow diagram or a written description of the separate plant units in flow sequence. Include whether flow to the plant is pump or gravity.

Equalization Tank to Extended Aeration Package Plant to Holding Tank to Pump to Irrigation Field (2.1 Acres)

Flow to plant is from 5 lift stations.

Holding tank volume is measured by "sticking" to determine volume land applied.

SUMMARY OF FINDINGS/COMMENTS

Facility appeared to be well maintained and operated. No violations were documented during this inspection.

Inspector Signature:  Date of Report: July 1, 2010

Signature of Reviewer: _____ Date of Review: _____