



ARKANSAS
Department of Environmental Quality

April 27, 2007

William Daniel, Plant Manager
Pocahontas Water and Sewer Systems
207 Hwy. 67 South
Pocahontas, AR 72455

RE: Waste Water Treatment Plant

NPDES Permit No.: AR0034835

AFIN: 61-00055

Dear Mr. Daniel:

On February 28, 2007, I performed a Sanitary Sewer Overflow (SSO) Inspection in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violations:

- 1. Failure to report overflows; this violates Part III Item 6 of the permit. The permittee shall report all overflows with the Discharge Monitoring Report (DMR) submittal. These reports shall be summarized and reported in tabular format. The summaries shall include: the date, time, duration, location, estimated volume, and cause of overflow; observed environmental impacts from the overflow; action taken to address the overflow; and ultimate discharge location if not contained (e.g., storm sewer system, ditch, tributary). All overflows which endanger health or the environment shall be orally reported to this department (Enforcement Section of the Water Division), within 24 hours from the time the permittee becomes aware of the circumstance. A written report of overflows which endanger health or the environment shall be provided within 5 days of the time the permittee becomes aware of the circumstance. During the inspection it became evident that the city has a substantial problem with wet weather overflows and has failed to report them as required.**

- 2. Improper operation and maintenance; this violates Part II Section B:1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. The following items were noted:**
 - a. There was evidence of a recent overflow from a manhole near the Black River bridge pump station.**

WATER DIVISION

8001 NATIONAL DRIVE / POST OFFICE BOX 8913 / LITTLE ROCK, ARKANSAS 72219-8913 / TELEPHONE 501-682-2199 / FAX 501-682-0910

www.adeg.state.ar.us

- b. The Baltz field pump station had one pump with a leaking seal and another pump with a bearing out.**
- c. The cover had been removed from the electrical panel in the Old County Rd. pump station thus exposing the electrical connections.**
- d. There are several manholes that become submerged when Black River gets out of its banks. These manholes must either be raised or sealed to prevent the inflow of river water.**
- e. The city has a substantial I&I (inflow and infiltration) problem that has not been properly addressed.**

The above items require your immediate attention. Please submit a written response to these findings to the Enforcement Section of this Department. This response should contain documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by May 18, 2007.

If I can be any assistance, please contact me at walker@adeq.state.ar.us or 870-935-7221 ext.-12.

Sincerely,



Brent L. Walker
District 3 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | |
|---|----------------------------|-----------|--------------|-------------------------------------|-----------|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 [N] 2 [5] 3 [A] [R] [0] [0] 3 [4] [8] [3] [5] 11 12 [0] [7] [0] [2] [2] [8] 17 18 [V] 19 [S] 20 [1] | | | | | |
| Remarks | | | | | |
| [A] [F] [I] [N] : [6] [1] - [0] [0] [0] [5] [5] | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 [] [] [] 69 | 70 [N] | 71 [N] | 72 [N] | 73 [] [] [] 74 75 [] [] [] 80 | |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 0815 2/28/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 1145 2/28/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) William Daniel/Manager/870-892-3222 | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|--------------------------------|
| N | Permit | N | Flow Measurement | U | Operations & Maintenance | N | Sampling |
| N | Records/Reports | N | Self-Monitoring Program | N | Sludge Handling/Disposal | N | Pollution Prevention |
| N | Facility Site Review | N | Compliance Schedules | N | Pretreatment | N | Multimedia |
| N | Effluent/Receiving Waters | N | Laboratory | N | Storm Water | U | Other: SSO & Collection System |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This SSO inspection revealed the permittee had failed to report overflows as required by the permit. Several instances of improper operation and maintenance were also noted. See the attached letter for additional information.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

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ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|----------------------|---|-----------|---|-----------------|-----------|--------------|------|
| Location: | City of Pocahontas Waste Water Collection System | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 4 | Date: | 2/28/2007 | Time: | 0937 |
| Description: | Evidence of recent overflow from manhole. Cover partially dislodged by toothbrush and other debris. | | | | | | |





| | | | | | | | |
|----------------------|----------------------------|-----------|---|-----------------|-----------|--------------|------|
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 4 | Date: | 2/28/2007 | Time: | 0937 |
| Description: | Overview of above manhole. | | | | | | |



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Photographic Evidence Sheet

| | | | | | | | |
|--|--|-----------|---|-----------------|-----------|--------------|------|
| Location: | City of Pocahontas Waste Water Collection System | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 3 | Of | 4 | Date: | 2/28/2007 | Time: | 0939 |
| Description: | Accumulated solids and grease in manhole. | | | | | | |
|  | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 4 | Of | 4 | Date: | 2/28/2007 | Time: | 0939 |
| Description: | General location of manhole with pump station in the background. | | | | | | |
|  | | | | | | | |



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

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OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | |
|---|----------------------------|-----------|--------------|-------------------------------------|-----------|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 [N] 2 [5] 3 [A] [R] [0] [0] 3 [4] [8] [3] [5] 11 12 [0] [7] [0] [2] [2] [6] 17 18 [R] 19 [S] 20 [1] | | | | | |
| Remarks | | | | | |
| [A] [F] [I] [N] : [6] [1] - [0] [0] [0] [5] [5] | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 [] [] [] 69 | 70 [N] | 71 [N] | 72 [N] | 73 [] [] [] 74 75 [] [] [] 80 | |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 0630 2/26/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 0645 2/26/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) None | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| N | Permit | N | Flow Measurement | U | Operations & Maintenance | N | Sampling |
| N | Records/Reports | N | Self-Monitoring Program | N | Sludge Handling/Disposal | U | Pollution Prevention |
| U | Facility Site Review | N | Compliance Schedules | N | Pretreatment | N | Multimedia |
| N | Effluent/Receiving Waters | N | Laboratory | N | Storm Water | N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This reconnaissance inspection was conducted as a follow-up to monitor the status of stopping the overflow from lagoon 1 and bringing the water level in lagoons 1 & 2 back down to normal operating levels.

The water level in lagoons 1 and 2 was continuing to fall.

The facility was discharging in excess of 4 MGD thus rendering the Parshall Flume inaccurate.



As this is an ongoing incident, no letter will be sent.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

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Photographic Evidence Sheet

| | | | | | | | |
|--|---------------------------------------|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 4 | Date: | 2/26/2007 | Time: | 0635 |
| Description: | Water backed up into Parshall Flume. | | | | | | |
|  | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 4 | Date: | 2/26/2007 | Time: | 0637 |
| Description: | Submerged rock filter being bypassed. | | | | | | |
|  | | | | | | | |

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Photographic Evidence Sheet

| | | | | | | | |
|--|--|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 3 | Of | 4 | Date: | 2/26/2007 | Time: | 0639 |
| Description: | Outlet structure for lagoon 2 still submerged. | | | | | | |
|  | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 4 | Of | 4 | Date: | 2/26/2007 | Time: | 0643 |
| Description: | Levee between lagoons 2 and 3. | | | | | | |
|  | | | | | | | |



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NPDES Compliance Inspection Report

Section A: National Data System Coding

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| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 [N] 2 [5] 3 [A] [R] [0] [0] 3 [4] [8] [3] [5] 11 12 [0] [7] [0] [2] [2] [3] 17 18 [R] 19 [S] 20 [1] | | | | | |
| Remarks | | | | | |
| [A] [F] [I] [N] : [6] [1] - [0] [0] [0] [5] [5] | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 [] [] [] 69 | 70 [N] | 71 [N] | 72 [N] | 73 [] [] [] 74 75 [] [] [] 80 | |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 0755 2/23/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 0930 2/23/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) None | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| N | Permit | U | Flow Measurement | U | Operations & Maintenance | N | Sampling |
| N | Records/Reports | N | Self-Monitoring Program | N | Sludge Handling/Disposal | U | Pollution Prevention |
| U | Facility Site Review | N | Compliance Schedules | N | Pretreatment | N | Multimedia |
| N | Effluent/Receiving Waters | N | Laboratory | N | Storm Water | N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This reconnaissance inspection was conducted as a follow-up to monitor the status bringing the water level in lagoons 1 & 2 back down to normal operating levels.

Due to failure of the smaller pump, the facility contracted the services of a local farmer to setup a larger re-lift pump to lower the water level in lagoon 1 and 2. The facility flow meter indicated a discharge in excess of 5 MGD. Due to the turbulence and partial submerged state of the Parshall Flume it is likely that the true discharge was 4-4.5 MGD based on pumping rates and other estimates.

The discharge was ~8 times the design capacity of the facility and the rock filters were being bypassed; however there was not visible impact on the receiving stream.

As this is part of an ongoing incident, no letter will be sent.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

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Photographic Evidence Sheet

| | | | | | | | |
|----------------------|---|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 4 | Date: | 2/23/2007 | Time: | 0801 |
| Description: | Relift pump between lagoon 2 and 3. >3000 GPM | | | | | | |



| | | | | | | | |
|----------------------|--|-----------|---|-----------------|-----------|--------------|------|
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 4 | Date: | 2/23/2007 | Time: | 0823 |
| Description: | Rock filters submerged and with overflow structure overtopped. | | | | | | |



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| | | | | | | | |
|----------------------|--|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 3 | Of | 4 | Date: | 2/23/2007 | Time: | 0827 |
| Description: | Parshall Flume operating in a partially submerged state. | | | | | | |



| | | | | | | | |
|----------------------|----------------------------------|-----------|---|-----------------|-----------|--------------|------|
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 4 | Of | 4 | Date: | 2/23/2007 | Time: | 0825 |
| Description: | Discharge into receiving stream. | | | | | | |





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NPDES Compliance Inspection Report

Section A: National Data System Coding

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|--|--|--|--|---|--|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> R <input type="checkbox"/> 19 <input type="checkbox"/> S <input type="checkbox"/> 20 <input type="checkbox"/> 1 <input type="checkbox"/> | | | | | |
| Remarks | | | | | |
| <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> N <input type="checkbox"/> : <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> - <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69 | 70 <input type="checkbox"/> N <input type="checkbox"/> | 71 <input type="checkbox"/> N <input type="checkbox"/> | 72 <input type="checkbox"/> N <input type="checkbox"/> | 73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 80 |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 0815 2/21/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 0845 2/21/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) None | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|----------------------------|---------------------------|----------------------------|-------------------------|----------------------------|--------------------------|----------------------------|----------------------|
| <input type="checkbox"/> N | Permit | <input type="checkbox"/> U | Flow Measurement | <input type="checkbox"/> U | Operations & Maintenance | <input type="checkbox"/> N | Sampling |
| <input type="checkbox"/> N | Records/Reports | <input type="checkbox"/> N | Self-Monitoring Program | <input type="checkbox"/> N | Sludge Handling/Disposal | <input type="checkbox"/> U | Pollution Prevention |
| <input type="checkbox"/> U | Facility Site Review | <input type="checkbox"/> N | Compliance Schedules | <input type="checkbox"/> N | Pretreatment | <input type="checkbox"/> N | Multimedia |
| <input type="checkbox"/> N | Effluent/Receiving Waters | <input type="checkbox"/> N | Laboratory | <input type="checkbox"/> N | Storm Water | <input type="checkbox"/> N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This reconnaissance inspection was conducted as a follow-up to monitor the status of stopping the overflow from lagoon 1 and bringing the water level in lagoons 1 & 2 back down to normal operating levels.

The water level in the lagoons was dropping due to dry weather and repair of the temporary bypass pump. The overflow from the lagoons has again stopped. The rock filters are submerged and the overflow structure is being overtopped thus reducing treatment effectiveness.

Flow entering the Parshall Flume is not evenly distributed and therefore discharge is likely not being measured within +/- 10% of the actual value.



As this is part of an ongoing incident, no letter will be sent.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

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Photographic Evidence Sheet

| | | | | | | | |
|--|---|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 2 | Date: | 2/21/2007 | Time: | 0819 |
| Description: | Submerged rock filter. | | | | | | |
|  2/21/2007 / 08:19:34 | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 2 | Date: | 2/21/2007 | Time: | 0819 |
| Description: | Turbulent flow entering Parshall Flume. | | | | | | |
|  2/21/2007 / 08:19:50 | | | | | | | |



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| Remarks | | | | | |
| <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> N <input type="checkbox"/> : <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> - <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | -----Reserved----- | |
| 67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69 | 70 <input type="checkbox"/> N <input type="checkbox"/> | 71 <input type="checkbox"/> N <input type="checkbox"/> | 72 <input type="checkbox"/> N <input type="checkbox"/> | 73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 80 |

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| | Exit Time/Date 1735 2/13/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) None | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|----------------------------|---------------------------|----------------------------|-------------------------|----------------------------|--------------------------|----------------------------|----------------------|
| <input type="checkbox"/> N | Permit | <input type="checkbox"/> N | Flow Measurement | <input type="checkbox"/> U | Operations & Maintenance | <input type="checkbox"/> N | Sampling |
| <input type="checkbox"/> N | Records/Reports | <input type="checkbox"/> N | Self-Monitoring Program | <input type="checkbox"/> N | Sludge Handling/Disposal | <input type="checkbox"/> U | Pollution Prevention |
| <input type="checkbox"/> U | Facility Site Review | <input type="checkbox"/> N | Compliance Schedules | <input type="checkbox"/> N | Pretreatment | <input type="checkbox"/> N | Multimedia |
| <input type="checkbox"/> N | Effluent/Receiving Waters | <input type="checkbox"/> N | Laboratory | <input type="checkbox"/> N | Storm Water | <input type="checkbox"/> N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This reconnaissance inspection was conducted as a follow-up to monitor the status of stopping the overflow from lagoon 1 and bringing the water level in lagoons 1 & 2 back down to normal operating levels.

Heavy rain and mechanical failure of the temporary bypass pump had resulted in the overflow of lagoon 1 again.

As this is part of an ongoing incident, no letter will be sent.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
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Photographic Evidence Sheet

| | | | | | | | |
|----------------------|--|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 4 | Date: | 2/13/2007 | Time: | 1717 |
| Description: | | | | | | | |
| |  <p>2/13/2007 / 17:17:18</p> | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 4 | Date: | 2/13/2007 | Time: | 1717 |
| Description: | | | | | | | |
| |  <p>2/13/2007 / 17:17:32</p> | | | | | | |

ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|---|---------------------------------------|-----------|---|-----------------|-----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 3 | Of | 4 | Date: | 2/13/2007 | Time: | 1723 |
| Description: | Overloaded and submerged rock filter. | | | | | | |
|  | | | | | | | |

| | | | | | | | |
|--|---------------------------------------|-----------|---|-----------------|-----------|--------------|------|
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 4 | Of | 4 | Date: | 2/13/2007 | Time: | 1723 |
| Description: | Overloaded and submerged rock filter. | | | | | | |
|  | | | | | | | |



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | |
|--|---|----------------------------------|-------------------------------|---|-----------|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 5 | 11 12 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 9 | 17 18 <input type="checkbox"/> R | 19 <input type="checkbox"/> S | 20 <input type="checkbox"/> 1 | |
| Remarks | | | | | |
| <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> N <input type="checkbox"/> : <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> - <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 5 | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69 | 70 <input type="checkbox"/> N | 71 <input type="checkbox"/> N | 72 <input type="checkbox"/> N | 73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 74 75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 80 | |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 0855 2/9/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 0920 2/9/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) None | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|----------------------------|---------------------------|----------------------------|-------------------------|----------------------------|--------------------------|----------------------------|----------------------|
| <input type="checkbox"/> N | Permit | <input type="checkbox"/> N | Flow Measurement | <input type="checkbox"/> U | Operations & Maintenance | <input type="checkbox"/> N | Sampling |
| <input type="checkbox"/> N | Records/Reports | <input type="checkbox"/> N | Self-Monitoring Program | <input type="checkbox"/> N | Sludge Handling/Disposal | <input type="checkbox"/> U | Pollution Prevention |
| <input type="checkbox"/> U | Facility Site Review | <input type="checkbox"/> N | Compliance Schedules | <input type="checkbox"/> N | Pretreatment | <input type="checkbox"/> N | Multimedia |
| <input type="checkbox"/> N | Effluent/Receiving Waters | <input type="checkbox"/> N | Laboratory | <input type="checkbox"/> N | Storm Water | <input type="checkbox"/> N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This reconnaissance inspection was conducted as a follow-up to monitor the status of stopping the overflow from lagoon 1 and bringing the water level in lagoons 1 & 2 back down to normal operating levels.

The facility had set a 4" pump on the levee between lagoons 2 & 3 to bypass the partially obstructed pipe thus lowering the water level in the first two lagoons.

As this is part of an ongoing incident, no letter will be sent.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|----------------------|-----------------------------|-----------|---|-----------------|----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 4 | Date: | 2/9/2007 | Time: | 0907 |
| Description: | Pump between lagoons 2 & 3. | | | | | | |





| | | | | | | | |
|----------------------|------------------------------------|-----------|---|-----------------|----------|--------------|------|
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 4 | Date: | 2/9/2007 | Time: | 0907 |
| Description: | Discharge from pump into lagoon 3. | | | | | | |



ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | | |
|--|---|---|---|--------------|-----------------|----------|--------------|------|
| Location: | | Pocahontas WWTP | | | | | | |
| Photographer: | | Brent Walker | | | Witness: | | None | |
| Photo # | 3 | Of | 4 | Date: | | 2/9/2007 | Time: | 0908 |
| Description: | | Marker post in lagoon #2 showing ~2" drop in water level from previous afternoon. | | | | | | |
|  | | | | | | | | |
| Photographer: | | Brent Walker | | | Witness: | | None | |
| Photo # | 4 | Of | 4 | Date: | | 2/9/2007 | Time: | 0913 |
| Description: | | Site of previous overflow from first lagoon. | | | | | | |
|  | | | | | | | | |



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

April 26, 2007

William Daniel, Plant Manager
Pocahontas Water and Sewer Systems
207 Hwy. 67 South
Pocahontas, AR 72455

RE: Waste Water Treatment Plant

NPDES Permit No.: AR0034835

AFIN: 61-00055

Dear Mr. Daniel:

On February 7 and 8, 2007, in response to a complaint, I performed a compliance inspection of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated there under. The complainant alleged the main sewer lagoon was overflowing. This inspection revealed the following violations:

- 1. Improper operation and maintenance; this violates Part II Section B:1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. The following items were noted:**
 - a. The first lagoon was overflowing in two locations. There was evidence indicating the lagoon had been overflowing for a long period of time and as well as evidence indicating a previous overflow at a third location. These are unpermitted discharges and thus are violations of the Arkansas Water and Air Pollution Control Act.**
 - b. The rock filter was operating in a submerged condition.**
 - c. The chlorination equipment was in need of repair/replacement/maintenance.**
 - i. There were 6 bottles in use, but only two were sitting on a scale.**
 - ii. Half of the double scale used for the chlorine bottles had rusted out allowing the bottle to rest on the floor thus making the scale useless.**
 - iii. The ventilation fan in the chlorine room was inoperable.**
 - d. The recirculation pump for the manhole behind the chlorination and flow measurement building was not functioning properly thus resulting in an overflowing manhole. This is also an unpermitted discharge in violation of the Arkansas Water and Air Pollution Control Act.**

WATER DIVISION

- 2. Flow was not being measured once per day; this violates Part I Section A. of the permit. Flow shall be measured once/day using a totalizing meter. The flow over the weekends was being calculated by taking the average of the Friday and Monday measurements.**

- 3. Flow entering the Parshall Flume was not evenly distributed, this is most likely due to the exceedance of the designed treatment capacity; this violates Part II Section C:2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/- 10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.**

The above items require your immediate attention. Please submit a written response to these findings to the Enforcement Section of this Department. This response should contain documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by May 21, 2007.

If I can be any assistance, please contact me at walker@adeq.state.ar.us or 870-935-7221 ext.-12.

Sincerely,



Brent L. Walker
District 3 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

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|---|----------------------------|-----------|--------------|-----------|-----------|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 N 2 5 3 A R 0 0 3 4 8 3 5 11 12 0 7 0 2 0 8 17 18 C 19 S 20 1 | | | | | |
| Remarks | | | | | |
| A F I N : 6 1 - 0 0 0 5 5 | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 69 | 70 1 | 71 N | 72 N | 73 | 74 75 80 |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 0850 2/8/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 1200 2/8/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) William Daniel/Manager/870-892-3222 | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit | M | Flow Measurement | U | Operations & Maintenance | M | Sampling |
| S | Records/Reports | U | Self-Monitoring Program | S | Sludge Handling/Disposal | U | Pollution Prevention |
| U | Facility Site Review | N | Compliance Schedules | N | Pretreatment | N | Multimedia |
| S | Effluent/Receiving Waters | S | Laboratory | N | Storm Water | N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

See attached page for a Summary of Findings/Comments

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

| 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: | |
| 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 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: <u>Lagoon #1 was overflowing due to a partial blockage between lagoons #2 & #3</u> | |
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| SECTION D: SAMPLING | |
|---|---|
| PERMITTEE SAMPLING 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. 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: <u>Flow not measured on weekends – using average between Friday and Monday</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: <u>Composite sample started before 10:00 AM</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

| SECTION E: FLOW MEASUREMENT | |
|---|---|
| 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: <u>Flow does not appear to be well distributed when entering the flume</u> | |
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>9" Parshall Flume</u> | <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 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 checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: | <input type="checkbox"/> Y <input checked="" 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 |

| 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: | |
| 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 ≥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 ≥10% OF THE TIME: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 Lab, Inc.</u> | |
| b. LAB ADDRESS: <u>204 E. Lincoln, Searcy, AR 72143</u> | |
| c. PARAMETERS PERFORMED: <u>BOD, TSS, FCB, pH</u> | |
| 8. BIOMONITORING PROCEDURES ADEQUATE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 | | | | | | <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 | Slight | None | None | Lt. Green | -- |
| | | | | | | | |
| | | | | | | | |

| 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 remains in lagoons</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): | |

| 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 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

A flow calibration check was not performed b/c the flow measuring device did not appear to be capable of measuring flow within +/- 10% of the actual discharge.

Date: _____ Time: _____

Head in Inches: _____ Feet: _____

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device:

Recorded Flow at Date & Time Listed Above: _____ (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: _____
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{\quad - \quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \%$$

Comments:

DMR Calculation Check

Reporting Period: From 06 12 01 To 06 12 31
 Year Month Day Year Month Day

Parameter Checked: TSS

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|--------------------------|--|--|--------------------------|
| Reported Value: | <u>36.1</u> | <u>7</u> | <u>7</u> |
| Calculated Value: | <u>36.1</u> | <u>6.71</u> | <u>7</u> |
| Permit Value: | <u>514</u> | <u>90</u> | <u>135</u> |

If calculated value does not equal reported value, explain: Equal w/ rounding

DMR Calculation Check

Reporting Period: From 06 12 01 To 06 12 31
Year Month Day Year Month Day

Parameter Checked: BOD

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|--------------------------|--|--|--------------------------|
| Reported Value: | <u>10.8</u> | <u>2</u> | <u>2</u> |
| Calculated Value: | <u>10.8</u> | <u>2</u> | <u>2</u> |
| Permit Value: | <u>171</u> | <u>30</u> | <u>45</u> |

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

**NPDES Compliance Inspection Report
Further Explanation**

- 1. Improper operation and maintenance; this violates Part II Section B:1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit. The following items were noted:**
 - a. The first lagoon was overflowing in two locations. There was evidence indicating the lagoon had been overflowing for a long period of time and as well as evidence indicating a previous overflow at a third location. These are unpermitted discharges and thus are violations of the Arkansas Water and Air Pollution Control Act.**
 - b. The rock filter was operating in a submerged condition.**
 - c. The chlorination equipment was in need of repair/replacement/maintenance.**
 - i. There were 6 bottles in use, but only two were sitting on a scale.**
 - ii. Half of the double scale used for the chlorine bottles had rusted out allowing the bottle to rest on the floor thus making the scale useless.**
 - iii. The ventilation fan in the chlorine room was inoperable.**
 - d. The recirculation pump for the manhole behind the chlorination and flow measurement building was not functioning properly thus resulting in an overflowing manhole. This is also an unpermitted discharge in violation of the Arkansas Water and Air Pollution Control Act.**
- 2. Flow was not being measured once per day; this violates Part I Section A. of the permit. Flow shall be measured once/day using a totalizing meter. The flow over the weekends was being calculated by taking the average of the Friday and Monday measurements.**
- 3. Flow entering the Parshall Flume was not evenly distributed, this is most likely due to the exceedance of designed treatment capacity; this violates Part II Section C:2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/- 10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.**

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ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|----------------------|-----------------------|-----------|---|-----------------|----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 6 | Date: | 2/8/2007 | Time: | 0854 |
| Description: | #1 Lagoon Overflowing | | | | | | |




| | | | | | | | |
|----------------------|--|-----------|---|-----------------|----------|--------------|------|
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 6 | Date: | 2/8/2007 | Time: | 0854 |
| Description: | Evidence of persistent overflow from lagoon. | | | | | | |



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ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|--|--|-----------|---|-----------------|----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 3 | Of | 6 | Date: | 2/8/2007 | Time: | 0857 |
| Description: | Evidence of persistent overflow from lagoon. | | | | | | |
|  | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 4 | Of | 6 | Date: | 2/8/2007 | Time: | 0906 |
| Description: | Second location of overflow from Lagoon #1 | | | | | | |
|  | | | | | | | |

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Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|----------------------|-----------------------|-----------|---|--------------|-----------------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | | Witness: | None | |
| Photo # | 5 | Of | 6 | Date: | 2/8/2007 | Time: | 0928 |
| Description: | Submerged rock filter | | | | | | |



| | | | | | | | |
|----------------------|---|-----------|---|--------------|-----------------|--------------|------|
| Photographer: | Brent Walker | | | | Witness: | None | |
| Photo # | 6 | Of | 6 | Date: | 2/8/2007 | Time: | 1041 |
| Description: | Chlorine room in need of maintenance/repair/remodel | | | | | | |





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

Water Division Complaint Report

| COMPLAINT INFORMATION | | | |
|--|--------------------------|---|--------------------------|
| GPS LOCATION: | | AFIN: 16-00055 PERMIT#: AR0034835 | |
| DATE RECEIVED: February 7, 2007 | | COUNTY: Randolph | |
| COMPLAINANT NAME: Ben Milburn | | COMPLAINT AGAINST: Pocahontas Water & Sewer Systems | |
| ADDRESS: 9664 N. Hwy. 65, St. Joe, AR 72675 | | ADDRESS: 207 Hwy. 67 South, Pocahontas, AR 72455 | |
| PHONE: 870-390-1204 | | PHONE: 870-892-3222 | |
| TRACKING & REFERRAL INFORMATION | | | |
| PERSON RECEIVING REPORT: Dale Washam | DATE: 2/7/2007 | SUPERVISOR REFERRAL: Dale Washam | DATE: 2/8/2007 |
| INSPECTOR REFERRAL: | DATE: | MEDIA SUPERVISOR REFERRAL: | DATE: |
| PHONE REFERRAL CONTACT: | DATE: | RECEIVING INSPECTOR: | DATE: 2/8/2007 |
| DETAILED DESCRIPTION | | | |
| <p>Complainant stated the Pocahontas Waste Water Treatment Facility is leaking sewage into the slough to the east of the facility. This slough discharges into Black River just south of the city of Pocahontas.</p> | | | |
| LOCATION | | | |
| <p>East side of Pocahontas Waste Water Treatment Facility</p> | | | |
| PREVIOUS COMPLAINT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATES: | | | |
| DISCHARGE TO STREAM: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAME OF STREAM: Slough off of Black River | | | |
| COMPLAINT RECEIVED BY: <input type="checkbox"/> PHONE <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input checked="" type="checkbox"/> INTERNET <input type="checkbox"/> EMAIL | | | |



ARKANSAS
Department of Environmental Quality

Water Division Complaint Report

| COMPLAINT INVESTIGATION | |
|--|---|
| COMPLAINT#: | AFIN: 16-00055 PERMIT#: AR0034835 |
| INSPECTOR: Brent Walker | DATE: February 8, 2007 |
| ACTION TAKEN: Onsite investigation/inspection | PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>On the morning of February 8, 2007 I performed a full NPDES Compliance Inspection of the facility noting several violations including but not limited to two overflows from the first lagoon. See the NPDES inspection form and letter for details.</p> | |
| <p>FURTHER ACTION: Referred to Enforcement</p> <p>The matter has been referred to enforcement and is still being monitored.</p> | |
| INSPECTOR SIGNATURE: <i>Brent L. Walker</i> Brent L. Walker | DATE: April 23, 2007 |



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | |
|--|--|--|--|---|--|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 <input type="checkbox"/> N <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> R <input type="checkbox"/> 19 <input type="checkbox"/> S <input type="checkbox"/> 20 <input type="checkbox"/> 1 <input type="checkbox"/> | | | | | |
| Remarks | | | | | |
| <input type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> N <input type="checkbox"/> : <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> - <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 69 | 70 <input type="checkbox"/> N <input type="checkbox"/> | 71 <input type="checkbox"/> N <input type="checkbox"/> | 72 <input type="checkbox"/> N <input type="checkbox"/> | 73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 80 |

Section B: Facility Data

| | | |
|--|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Pocahontas WWTP ~1 mile south of Black River Bridge off Old County Rd. Pocahontas, AR Randolph County | Entry Time/Date 1735 2/7/2007 | Permit Effective Date February 1, 2004 |
| | Exit Time/Date 1820 2/7/2007 | Permit Expiration Date January 31, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) None | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number William Daniel/Manager/870-892-3222 Pocahontas Water and Sewer Systems 207 Hwy 67 South Pocahontas, AR 72455 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|----------------------------|---------------------------|----------------------------|-------------------------|----------------------------|--------------------------|----------------------------|----------------------|
| <input type="checkbox"/> N | Permit | <input type="checkbox"/> N | Flow Measurement | <input type="checkbox"/> U | Operations & Maintenance | <input type="checkbox"/> N | Sampling |
| <input type="checkbox"/> N | Records/Reports | <input type="checkbox"/> N | Self-Monitoring Program | <input type="checkbox"/> N | Sludge Handling/Disposal | <input type="checkbox"/> U | Pollution Prevention |
| <input type="checkbox"/> U | Facility Site Review | <input type="checkbox"/> N | Compliance Schedules | <input type="checkbox"/> N | Pretreatment | <input type="checkbox"/> N | Multimedia |
| <input type="checkbox"/> N | Effluent/Receiving Waters | <input type="checkbox"/> N | Laboratory | <input type="checkbox"/> N | Storm Water | <input type="checkbox"/> N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

This inspection was conducted in response to an anonymous complaint alleging the facility's lagoons were overflowing.

The first and second lagoons were observed to be at 100% capacity. The first lagoon was overtopping its levee in two locations and there was evidence of previous overflows from the facility. A full compliance inspection was conducted the following day.

| | | |
|---|---|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax) | Date April 23, 2007 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

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ARKANSAS
Department of Environmental Quality


Photographic Evidence Sheet

| | | | | | | | |
|---|-----------------------------|-----------|---|-----------------|----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 1 | Of | 4 | Date: | 2/7/2007 | Time: | 1749 |
| Description: | Lagoon #1 at 100% capacity. | | | | | | |
|  <p>2/7/2007 / 17:49:32</p> | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 2 | Of | 4 | Date: | 2/7/2007 | Time: | 1749 |
| Description: | Lagoon #1 at 100% capacity. | | | | | | |
|  <p>2/7/2007 / 17:49:38</p> | | | | | | | |

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ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|--|--|-----------|---|-----------------|----------|--------------|------|
| Location: | Pocahontas WWTP | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 3 | Of | 4 | Date: | 2/7/2007 | Time: | 1807 |
| Description: | Overflow from lagoon #1. | | | | | | |
|  2/7/2007 / 18:07:52 | | | | | | | |
| Photographer: | Brent Walker | | | Witness: | None | | |
| Photo # | 4 | Of | 4 | Date: | 2/7/2007 | Time: | 1808 |
| Description: | Evidence of previous overflows from lagoon #1. | | | | | | |
|  2/7/2007 / 18:08:16 | | | | | | | |



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

Water Division Complaint Report

| COMPLAINT INFORMATION | | | |
|--|--------------------------|---|--------------------------|
| GPS LOCATION: | | AFIN: 16-00055 PERMIT#: AR0034835 | |
| DATE RECEIVED: February 7, 2007 | | COUNTY: Randolph | |
| COMPLAINANT NAME: Anonymous | | COMPLAINT AGAINST: Pocahontas Water & Sewer Systems | |
| ADDRESS: | | ADDRESS: 207 Hwy. 67 South, Pocahontas, AR 72455 | |
| PHONE: | | PHONE: 870-892-3222 | |
| TRACKING & REFERRAL INFORMATION | | | |
| PERSON RECEIVING REPORT: Brent Walker | DATE: 2/7/2007 | SUPERVISOR REFERRAL: | DATE: |
| INSPECTOR REFERRAL: | DATE: | MEDIA SUPERVISOR REFERRAL: | DATE: |
| PHONE REFERRAL CONTACT: | DATE: | RECEIVING INSPECTOR: Brent Walker | DATE: 2/7/2007 |
| DETAILED DESCRIPTION | | | |
| <p>Complainant stated the Pocahontas Waste Water Treatment Facility is leaking sewage into the slough to the east of the facility. This slough discharges into Black River just south of the city of Pocahontas.</p> | | | |
| LOCATION | | | |
| <p>East side of Pocahontas Waste Water Treatment Facility</p> | | | |
| PREVIOUS COMPLAINT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATES: | | | |
| DISCHARGE TO STREAM: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NAME OF STREAM: Slough off of Black River | | | |
| COMPLAINT RECEIVED BY: <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> LETTER <input type="checkbox"/> VERBAL <input type="checkbox"/> INTERNET <input type="checkbox"/> EMAIL | | | |



ARKANSAS
Department of Environmental Quality

Water Division Complaint Report

| COMPLAINT INVESTIGATION | |
|--|--------------------------------------|
| COMPLAINT#: | AFIN: 16-00055 PERMIT#: AR0034835 |
| INSPECTOR: Brent Walker | DATE: February 7, 2007 |
| ACTION TAKEN: Onsite investigation/inspection | |
| PHOTOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| <p>On the evening of February 7, 2007 I visited the Pocahontas Waste Water Treatment Facility and observed the first and second lagoons filled to 100% capacity. The first lagoon was overflowing slightly in two locations along its levee.</p> <p>On the morning of February 8, 2007 a full compliance inspection of the facility was conducted noting several violations.</p> | |
| FURTHER ACTION: Referred to Enforcement | |
| The matter has been referred to enforcement and is still being monitored. | |
| INSPECTOR SIGNATURE: <i>Brent L. Walker</i> Brent L. Walker | DATE: April 23, 2007 |