



ARKANSAS  
Department of Environmental Quality

February 25, 2011

William G. Daniel, Manager Water and Sewer  
City of Pocahontas  
207 Highway #67 South  
Pocahontas, AR 72455

RE: Compliance Inspection and Complaint Investigation

AFIN: 61-00055

NPDES Permit No.: AR0034835

Dear Mr. Daniel:

On January 18, 2011, I performed an investigation of a complaint alleging a manhole overflowed sewage onto the ground near a private residence. On January 19, 2011, I performed a routine 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 thereunder. The complaint investigation revealed the following violations:

1. Raw sewage was observed on the ground from a manhole that overflowed previously. The sewage had flowed to within approximately 40-50 feet of a private residence located at 1512 Convent Street in Pocahontas, Arkansas. This is a violation of the Arkansas Water and Air Pollution Control Act (8-4-217) a, 2.
2. This overflow was not reported to the Enforcement Branch of the Department. This is a violation of Part II, Item 5, of the permit.

The inspection revealed the following violations:

1. Extensive erosion was observed on the inside of the levees of Cell #1 and the Rock Filter was partially clogged. These items are a violation of Part III, Section B, 1, a, of the permit.
2. Daily flow readings were not being performed as required in the permit. This is a violation of Part I, Section A, of the permit.
3. 3-hour Composite samples were being taken before 10:00 A.M. Some samples were being taken as early as 8:00 A.M. This is a violation by definition of Part IV, Item 23, of the permit.
4. The Secondary Flow Meter exceeded the permit limit of + or - 10% of true discharge rates. 2 readings taken on the meter revealed an average of -24.66%. This is a violation of Part III, Section C, 2, of the permit.

William G. Daniel  
City of Pocahontas  
February 25, 2011  
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The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager of this Department at the address located at the bottom of the first page of this letter. This response should contain detailed documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all documentation (i.e. pictures) is due by March 7, 2011.

For additional information you may contact the Enforcement Branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 870-793-5819.

Sincerely,

A handwritten signature in black ink that reads "Mike Kennedy". The signature is written in a cursive, slightly slanted style.

Mike Kennedy  
District 11 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



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

## NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003

### Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type																				
1 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 3 4 8 3 5</b> 11 12 <b>1 1 0 1 1 9</b> 17 18 <b>C</b> 19 <b>S</b> 20 <b>2</b>	Remarks																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>A</b></td><td style="width:10%;"><b>F</b></td><td style="width:10%;"><b>I</b></td><td style="width:10%;"><b>N</b></td><td style="width:10%;"><b>6</b></td><td style="width:10%;"><b>1</b></td><td style="width:10%;"><b>-</b></td><td style="width:10%;"><b>0</b></td><td style="width:10%;"><b>0</b></td><td style="width:10%;"><b>0</b></td><td style="width:10%;"><b>5</b></td><td style="width:10%;"><b>5</b></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>						<b>A</b>	<b>F</b>	<b>I</b>	<b>N</b>	<b>6</b>	<b>1</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>								
<b>A</b>	<b>F</b>	<b>I</b>	<b>N</b>	<b>6</b>	<b>1</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>														
Inspection Work Days 67	Facility Evaluation Rating 70 <b>1</b>	BI 71 <b>N</b>	QA 72 <b>N</b>	Reserved----- 73 74 75																					

### Section B: Facility Data

Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>Pocahontas Wastewater Treatment Plant</b> <b>2 miles down Swan Cove Road off of Highway #67</b> <b>Pocahontas, Arkansas (Randolph County)</b>	Entry Time/Date <b>1030 / 1-19-11</b>	Permit Effective Date <b>April 1, 2009</b>
	Exit Time/Date <b>1530 / 1-19-11</b>	Permit Expiration Date <b>March 31, 2014</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>William G. Daniel / Manager Water and Sewer / 870-892-3222 Cell 870-378-0051</b>	Other Facility Data <b>N36°15'27.59"</b> <b>W90°58'47.32"</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>William G. Daniel / Manager Water and Sewer / 870-892-3222</b> <b>207 Highway #67 South</b> <b>Pocahontas, AR 72455</b>	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	U	Flow Measurement	U	Operations & Maintenance	U	Sampling
S	Records/Reports	U	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
U	Facility Site Review	S	Compliance Schedules	S	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)

DMR's reviewed for August, September and November 2010. During the inspection, the following violations of the permit were observed:

1. Extensive erosion was observed on the inside of the levees of Cell #1 and the Rock Filter was partially clogged. These items are a violation of Part III, Section B, 1, a, of the permit.
2. 3-hour Composite samples were being taken before 10:00 A.M. This is a violation by definition of Part IV, Item 23, of the permit.
3. Daily flow readings were not being performed as required in the permit. This is a violation of Part IA, Section A, of the permit.
4. The Secondary Flow Meter exceeded the permit limit of + or - 10% of true discharge rates. 2 readings taken on the meter revealed an average of -24.66%. This is a violation of Part III, Section C, 2, of the permit.

Name(s) and Signature(s) of Inspector(s)  Mike Kennedy	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Batesville 870-793-5819 / 870-793-5814	Date: February 8, 2011
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <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

S M U NA 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: <u>(Contract Laboratory)</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:                     | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA 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: <u>(Cell #1 extensive erosion on insides of levees) (Rock Filter partially clogged)</u> | <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: <u>Backup Generator</u>  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: <u>No alarms, Do have Lights at Lift Stations</u>           | <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: <u>(2-Class III, 2-Class I, 1-Class-I)</u>                                  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:   | <input 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 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 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA 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: <u>3-hour Composite Samples being taken before 10:00 A.M.</u>         | <input type="checkbox"/> Y <input checked="" 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>Not performing daily flow readings as required in permit</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:  | <input 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

S M U NA NE

## DETAILS:

- |   |  |
|---|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>9 inch Parshall Flume</u> TYPE OF DEVICE:  | <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: <u>2 readings performed on the secondary flow meter averaged-24.66%, which exceeds the + or - 10% of true discharge rates.</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibration dated 4-28-10</u>  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 |

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

- |   |  |
|---|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:                                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: <u>Arkansas Testing Laboratories</u>   |  |
| b. LAB ADDRESS: <u>204 East Lincoln Street, Searcy, AR 72143 Phone: 501-268-6431</u>          |  |
| c. PARAMETERS PERFORMED: <b>BOD, TSS, FCB, pH &amp; DO</b>                                    |  |
| 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 S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
101	None	None	Slight	Trace	None	Green	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: No sludge disposed since ponds built

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" 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 S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input 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 S M U NA 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

Date:	<b>January 19, 2011</b>	Time:	<b>1148 &amp; 1152</b>	
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Head in Inches:	<b>4.5 &amp; 4.5</b>	Feet:	<b>.375 &amp; .375</b>	
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Type & Size of Primary Flow Measurement Device: **Float Meter**

Name & Model of Secondary Flow Measurement Device: **Greyline Model SLT 32**

Date of last Calibration of Secondary Flow Device: **4-18-2010**

Recorded Flow at Date & Time Listed Above: **.337 MGD & .335 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **.446 MGD & .446 MGD**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition) (Table 13.5)

	<b>Recorded</b>		<b>Calculated</b>		
% Error =	.337	-	.446	X 100	-24.44%
	.446				

	<b>Calculated</b>				
% Error =	.335	-	.446	X 100	-24.88%
	.446				

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

% Error =		%	
-----------	--	---	--

**Comments: 2 readings taken, the readings averaged -24.66% (Out of Compliance)  
Each reading exceeded the permit limit of + or - 10% from true discharge rates**

### DMR Calculation Check

**Reporting Period:** From 2010 Nov. 1 To 2010 Nov. 30  
Year Month Day Year Month Day

**Parameter Checked:** Fecal Coliform

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7 Day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>N/A</u>	<u>8</u> Colonies/100 ml	<u>76</u> Colonies/100 ml
<b>Calculated Value:</b>	<u>N/A</u>	<u>7.70</u> Colonies/100 ml	<u>76</u> Colonies/100 ml
<b>Permit Value:</b>	<u>N/A</u>	<u>1000</u> Colonies/100 ml	<u>2000</u> Colonies/100 ml

**If calculated value does not equal reported value, explain:**  
OK (Difference probably due to rounding off.)



## NPDES Compliance Inspection Report Further Explanation

Section C, Item 2: Extensive erosion on insides of levees of Cell #1, Rock Filter partially clogged. This is a violation of Part III, Section B, 1, a, of the permit.

Section D, Item 3: 3-hour Composite samples were being taken before 10:00 A.M. This is a violation by definition of Part IV, Item 23, of the permit.

Section D, Item 5: Not performing daily flow readings as required in permit. This is a violation of Part IA, Section A, of the permit.

Section E, Item 3: The Secondary Flow Meter exceeded the permit limit of + or – 10% of true discharge rates. 2 readings taken on the meter revealed an average of -24.66%. This is a violation of Part III, Section C, 2, of the permit.

The complaint investigation revealed the following violations:

1. Raw sewage was observed on the ground from a manhole that overflowed previously. The sewage had flowed to within approximately 40-50 feet of a private residence located at 1512 Convent Street in Pocahontas, Arkansas. This is a violation of the Arkansas Water and Air Pollution Control Act (8-4-217) a, 2.
2. This overflow was not reported to the Enforcement Section of the Department. This is a violation of Part II, Item 5, of the permit.

**Water Division NPDES Photographic Evidence Sheet**

**Location:** At 1512 Convent Street in Pocahontas, Arkansas (Randolph Co.)

**Photographer:** Mike Kennedy **Witness:** None

**Photo #** 1 **Of** 6 **Date:** 1-18-11 **Time:** 1308

**Description:** A view of the manhole that overflowed toward Mr. Tarantino's residence located approx. 60-80 feet southwest.



**Photographer:** Mike Kennedy **Witness:** None

**Photo #** 2 **Of** 6 **Date:** 1-18-11 **Time:** 1309

**Description:** A view of the sewage that flowed approx. 60 feet from the manhole. The manhole was not flowing on this date.



**Water Division NPDES Photographic Evidence Sheet**

**Location:** At 1512 Convent Street in Pocahontas, Arkansas (Randolph Co.)

**Photographer:** Mike Kennedy      **Witness:** None

**Photo #** 3    **Of** 6      **Date:** 1-18-11      **Time:** 1306

**Description:** Another view of the sewage a little farther south from picture #2 above.



**Photographer:** Mike Kennedy      **Witness:** None

**Photo #** 4    **Of** 6      **Date:** 1-18-11      **Time:** 1306

**Description:** The sewage flowed to within approx. 20 feet of Mr. Tarantino's storage shed shown.



**Water Division NPDES Photographic Evidence Sheet**

**Location:** On Swan Cove Road approx. 2 miles off Highway #67 near Pocahontas, Arkansas (Randolph Co.)

**Photographer:** Mike Kennedy      **Witness:** William Daniel

**Photo #** 5    **Of** 6      **Date:** 1-19-11      **Time:** 1131

**Description:** A view of Cell #1. There was extensive erosion of the insides of the levees.



**Photographer:** Mike Kennedy      **Witness:** William Daniel

**Photo #** 6    **Of** 6      **Date:** 1-19-11      **Time:** 1132

**Description:** A view of the Rock Filter. The filter was partially clogged and vegetation was covering part of the filter.



# ADEQ

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

August 8, 2011

Certified: 91 7199 9991 7030 4903 7296

Honorable Frank Bigger  
City of Pocahontas  
P.O. Box 896  
Pocahontas, AR 72455

Re: NPDES Permit No.: AR0034835, AFIN: 61-00055, Failure to Respond

Dear Mayor Bigger:

Two letters dated February 25, 2011 were sent to the City of Pocahontas. The letters outlined the findings of a January 18, 2011 investigation alleging that raw sewage had overflowed from a manhole, and a January 19, 2011 inspection of the city's wastewater collection system.

Both letters requested that a written response be submitted to the Department by March 7, 2011. To date, no response has been received at the Department. Please submit a response by August 22, 2011. Copies of the inspection reports have been included for your convenience.

Please be advised that the findings of the above referenced inspections are of an extremely serious nature and have prompted the Department to consider enforcement action in the form of a Consent Administrative Order which would include a civil penalty.

Once submitted, the response will be reviewed in order to determine if the Department will proceed with the enforcement action.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0635 or you may e-mail me at [anderson@adeq.state.ar.us](mailto:anderson@adeq.state.ar.us).

Sincerely,



Alan Anderson  
Enforcement Analyst  
Water Division Enforcement Branch

**POCAHONTAS WATER & SEWER SYSTEMS**  
**207 HIWAY 67 SOUTH**  
**POCAHONTAS, AR. 72455**  
870-892-3222 FAX. 870-892-3068

August 12, 2011

Water Division Enforcement Section  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Re: AFIN: 61-00055

1. Raw sewage overflowing 1512 Convent St. on January 18, 2011

Crew was called to address because sewer running in yard. Crew ran line, though line was clear. Line was not clear had to go back farther upstream to next manhole found where power line, and trees were down over manhole. Had to wait until power line was fixed to cut trees to get to manhole. Fixed problem.

Sewer Ponds

1. Extensive erosion was observed on the inside of the levees of Cell #1, the Rock Filter was partially clogged.

1.a Plans are being made to redo the levees of Pond #1, also plans are for the filter to be redone with larger filter rock.

2. Daily flow reading were not being performed as required.

2.a Daily flow are now being done the days the men work, on weekend and holiday a flow is taken from the charts.

3. 3-hour composite samples were being taken before 10:00 A.M.

3.a sample are now being taken starting at 9:00-10-11  
A new auto sample will be used after ponds are redone.

4. Secondary Flow Meter exceeded the permit.

4.a Flow Meter was calibrated by OSI

## POCAHONTAS WATER AND SEWER COMMISSION

207 HIGHWAY 67 SOUTH  
POCAHONTAS, AR 72455  
PHONE 870-892-3222  
FAX 870-892-3068

John R. Jackson, Chairman  
Richard M. Olvey, Commissioner  
Henry G. McNabb, Commissioner  
Leo Baltz, Commissioner  
Doug Cox, Commissioner

August 17, 2011

Mr. Alan Anderson  
Water Division Enforcement Branch  
Arkansas Dept. of Environmental Quality  
5301 Northshore Drive  
North-Little Rock, AR 72118-5317

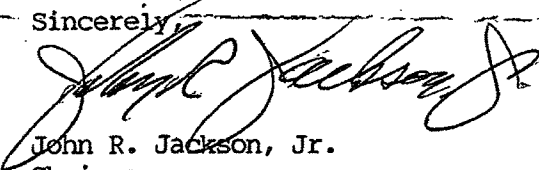
Dear Mr. Anderson:

We are in receipt of your correspondence dated August 8, 2011, which calls attention to our failure to respond to January inspection findings of our waste water collection system. Due to oversight on our part, the required responses were not made, even though corrective action was taken shortly after the inspection. Attached please find our responses to your findings. Also be assured that, in the future, we will respond in a timely manner when requested to do so.

For your information, our City Council has just approved a 25% increase in our water and sewer rates. The sewer part of this increase will be used to finance a major overhaul and upgrade of our waste water treatment facility. This should correct the erosion and rock filter problems mentioned in your February 25, 2011, Inspection Report.

One minor correction is requested in your records, that being the address used on one of your February 25th letters to us. That letter uses a "615 3rd Street" address. Our correct address is "207 Highway 67 South". Thank you for making that correction.

Sincerely,



John R. Jackson, Jr.  
Chairman

Enclosures (2)