October 16, 2013

John Barnes, Division Manager
Fort Smith Department of Sanitation
5900 Commerce
Fort Smith, AR 72916

RE: Compliance Evaluation Inspection- Fort Smith Dept of Sanitation (Sebastian Co)
AFIN: 66-00226                                               NPDES Permit No.: ARG160017

Dear Mr. Barnes:

On September 24, 2013, I performed a compliance inspection at the City of Fort Smith Landfill 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 violation:

Facility personnel were unable to provide documentation that the pH meter is being calibrated before each use. Records must be maintained to verify that the required buffers are being utilized during calibration. This is a violation of Part 5.3 of the permit.

The above item requires your immediate attention. Please submit a written response to this finding to the Water Division Inspection Branch. This response should be mailed to the address below, or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations is due by October 30, 2013.

If I can be any assistance, please contact me at 479-424-0325 or by email at tyler@adeq.state.ar.us

Sincerely,

Jeff Tyler
District 4 Field Inspector
Water Division
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 | G | 1 | 6 | 0 | 0 | 1 | 7 | 11 | 12 | 1 | 3 | 0 | 9 | 2 | 4 | 17 | 18 | C | 19 | S | 20 | 2  
Remarks  
Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved  
67 | 69 | 70 | 2 | 71 | N | 72 | N | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 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)  
Fort Smith Department of Sanitation  
5900 Commerce Road  
Fort Smith, AR 72916  
Entry Time/Date | Exit Time/Date | Permit Effective Date | Permit Expiration Date  
---|---|---|---  
Permit Effective Date | Permit Expiration Date  
---|---  
March 1, 2010 | February 28, 2015  
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)  
John Barnes / Division Manager / 479-784-2461 / cell / 479-221-8796  
Other Facility Data  
PDS# 074144  
Minor Municipal  
Name, Address of Responsible Official/Title/Phone and Fax Number  
John Barnes / Division Manager / 479-784-2461 / fax / 479-788-4120  
Contacted  
Yes ☑ No ☐  
Fort Smith Department of Sanitation  
5900 Commerce  
Fort Smith, AR 72916  

Section C: Areas Evaluated During Inspection  
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)  
Permit | Flow Measurement | Operations & Maintenance | Sampling  
---|---|---|---  
S | S | S | S  
Records/Reports | Self-Monitoring Program | Sludge Handling/Disposal | Pollution Prevention  
N | N | N | N  
Facility Site Review | Compliance Schedules | Pretreatment | Multimedia  
S | N | N | N  
Effluent/Receiving Waters | Laboratory | Storm Water | Other:  
M | N | N | N  

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)  
Facility was unable to provide documentation to confirm that the pH meter is being calibrated before each use.  
Name(s) and Signature(s) of Inspector(s)  
Jeff Tyler  
Agency/Office/Telephone/Fax  
ADEQ / Fort Smith / 479-424-0325 / fax / 479-424-0330  
Date  
September 24, 2013  
Signature of Reviewer  
Kerri McCabe  
Agency/Office/Phone and Fax Numbers  
ADEQ / NLR / 501-682-0642  
Date  
October 14, 2013
### SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

**DETAILS:**

1. **CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

2. **NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

3. **NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

4. **ALL DISCHARGES ARE PERMITTED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

### SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

**DETAILS:**

1. **ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

2. **SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   a. **DATES AND TIME(S) OF SAMPLING:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   b. **EXACT LOCATION(S) OF SAMPLING:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   c. **NAME OF INDIVIDUAL PERFORMING SAMPLING:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   d. **ANALYTICAL METHODS AND TECHNIQUES:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   e. **RESULTS OF CALIBRATIONS:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   f. **RESULTS OF ANALYSES:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   g. **DATES AND TIMES OF ANALYSES:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   h. **NAME OF PERSON(S) PERFORMING ANALYSES:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

3. **LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

4. **PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

5. **EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

### SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

**DETAILS:**

1. **TREATMENT UNITS PROPERLY OPERATED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

2. **TREATMENT UNITS PROPERLY MAINTAINED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

3. **STANDBY POWER OR OTHER EQUIVALENT PROVIDED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

4. **ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

5. **ALL NEEDED TREATMENT UNITS IN SERVICE:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

6. **ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE
   - **One Basic Industrial**

7. **SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

8. **OPERATION AND MAINTENANCE MANUAL AVAILABLE:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

9. **STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:**
   - [ ] S
   - [ ] M
   - [ ] U
   - [ ] NA
   - [ ] NE

10. **PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:**
    - [ ] S
    - [ ] M
    - [ ] U
    - [ ] NA
    - [ ] NE

11. **HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:**
    - [ ] S
    - [ ] M
    - [ ] U
    - [ ] NA
    - [ ] NE

12. **IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:**
    - [ ] S
    - [ ] M
    - [ ] U
    - [ ] NA
    - [ ] NE

13. **HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:**
    - [ ] S
    - [ ] M
    - [ ] U
    - [ ] NA
    - [ ] NE

14. **HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:**
    - [ ] S
    - [ ] M
    - [ ] U
    - [ ] NA
    - [ ] NE

15. **IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:**
    - [ ] S
    - [ ] M
    - [ ] U
    - [ ] NA
    - [ ] NE
### SECTION D: SAMPLING

**PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS**

**DETAILS:**

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

6. SAMPLE COLLECTION PROCEDURES ADEQUATE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE
   a. SAMPLES REFRIGERATED DURING COMPOSITING:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE
   b. PROPER PRESERVATION TECHNIQUES USED:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE
   c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE

7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

### SECTION E: FLOW MEASUREMENT

**PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS**

**DETAILS:**

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED; TYPE OF DEVICE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE
   - **Weir**

2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

4. CALIBRATION FREQUENCY ADEQUATE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

9. HEAD MEASURED AT PROPER LOCATION:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

### SECTION F: LABORATORY

**PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS**

**DETAILS:**  
Facility personnel did not have documentation to confirm pH meter is being calibrated before each use.

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES):  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

4. QUALITY CONTROL PROCEDURES ADEQUATE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

5. DUPLICATE SAMPLES ARE ANALYZED >10% OF THE TIME:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

6. SPIKED SAMPLES ARE ANALYZED >10% OF THE TIME:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE

7. COMMERCIAL LABORATORY USED:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE
   a. LAB NAME:  
      - **City of Fort Smith Environmental Lab**
   b. LAB ADDRESS:  
      - **Kelly Highway-Fort Smith**
   c. PARAMETERS PERFORMED:  
      - **CBOD, TSS, Oil & Grease**

8. BIOMONITORING PROCEDURES ADEQUATE:  
   - [ ] Y  [ ] N  [ ] NA  [ ] NE
   a. PROPER ORGANISMS USED:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE
   b. PROPER DILUTION SERIES FOLLOWED:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE
   c. PROPER TEST METHODS AND DURATION:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE
   d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:  
      - [ ] Y  [ ] N  [ ] NA  [ ] NE
### SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

**BASED ON VISUAL OBSERVATIONS ONLY**

<table>
<thead>
<tr>
<th>OUTFALL #</th>
<th>OIL SHEEN</th>
<th>GREASE</th>
<th>TURBIDITY</th>
<th>VISIBLE FOAM</th>
<th>FLOATING SOLIDS</th>
<th>COLOR</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Light</td>
<td>Clear</td>
<td></td>
</tr>
</tbody>
</table>

### DETAILS: Very minimal flow at time of inspection

### SECTION H: SLUDGE DISPOSAL

**SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS**

**DETAILS:**

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503
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**

**DETAILS:**

1. SAMPLES OBTAINED THIS INSPECTION
2. TYPE OF SAMPLE: GRAB, COMPOSITE
3. SAMPLES PRESERVED
4. FLOW PROPORTIONED SAMPLES OBTAINED
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE
7. SAMPLE SPLIT WITH PERMITTEE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT

### SECTION J: STORM WATER POLLUTION PREVENTION PLAN

**STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS**

**DETAILS:**

1. SWPPP UPDATED AS NEEDED: DATE OF LAST UPDATE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS
3. POLLUTION PREVENTION TEAM IDENTIFIED
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED
5. LIST OF POTENTIAL POLLUTANT SOURCES
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED
8. LIST OF STRUCTURAL BMPS
9. LIST OF NON-STRUCTURAL BMPS
10. BMPS PROPERLY OPERATED AND MAINTAINED
11. INSPECTIONS CONDUCTED AS REQUIRED
**FLOW CALCULATION SHEET**

Date: **09-24-13** 
Time: **1340**

Head in Inches: **NA** 
Feet: **NA**

**Type & Size of Primary Flow Measurement Device:** 2' Rectangular Weir w/ end contractions

**Name & Model of Secondary Flow Measurement Device:** **NA**

**Date of last Calibration of Secondary Flow Device:** **Unknown**

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

**Calculated Flow at Date & Time Listed Above:** **NA**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition -Table # 13-5)

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

% Error = \[
\frac{-}{\text{Calculated Value}} \times 100
\]

% Error = \[
\frac{X}{100}
\]

% Error = \[
\frac{X}{100}
\]

% Error = \[
\%
\]

**Comments:** Flow check not conducted.
# DMR Calculation Check

**Reporting Period:** From 13-03-01 To 13-03-31

<table>
<thead>
<tr>
<th>Parameter Checked:</th>
<th>TSS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Quantity/Loading</th>
<th>Concentration Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Value</td>
<td>NA</td>
<td>&lt;5.0</td>
</tr>
<tr>
<td>Calculated Value</td>
<td>NA</td>
<td>&lt;5.0</td>
</tr>
<tr>
<td>Permit Value</td>
<td>NA</td>
<td>100</td>
</tr>
</tbody>
</table>

If calculated value does not equal reported value, explain: **Equal**
<table>
<thead>
<tr>
<th>Location:</th>
<th>City of Fort Smith Department of Sanitation located at 5900 Commerce Road.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographer:</td>
<td>Jeff Tyler</td>
</tr>
<tr>
<td>Witness:</td>
<td>None</td>
</tr>
<tr>
<td>Photo #</td>
<td>1 Of 4</td>
</tr>
<tr>
<td>Date:</td>
<td>09-24-13</td>
</tr>
<tr>
<td>Time:</td>
<td>1402</td>
</tr>
<tr>
<td>Description:</td>
<td>View of the sedimentation pond looking to the south.</td>
</tr>
</tbody>
</table>

<p>| Photographer: | Jeff Tyler |
| Witness: | None |
| Photo # | 2 Of 4 |
| Date: | 09-24-13 |
| Time: | 1404 |
| Description: | View of the sedimentation pond looking to the west. |</p>
<table>
<thead>
<tr>
<th>Location:</th>
<th>City of Fort Smith Department of Sanitation located at 5900 Commerce Road.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographer:</td>
<td>Jeff Tyler</td>
</tr>
<tr>
<td>Photo #:</td>
<td>3 Of 4</td>
</tr>
<tr>
<td>Description:</td>
<td>View of the polishing pond.</td>
</tr>
</tbody>
</table>

| Photographer: | Jeff Tyler | Witness: | None |
| Photo #: | 4 Of 4 | Date: | 09-24-13 | Time: | 1429 |
| Description: | Outfall structure and sample location. |
Can you attach this with the appropriate inspection?

Thanks

Mr. Tyler

Please see the attached response.

John Barnes
Landfill Manager
Department Of Sanitation
479.784.2461 Office
October 29, 2013

Mr. Jeff Tyler
Arkansas Department of Environmental Quality
Water Division
5301 Northshore drive
North Little Rock, AR 72118-5317

RE: Fort Smith Landfill Inspection, Permit #ARG160017   AFIN 66-00226

Dear Mr. Tyler:

In response to the allegations stemming from the inspection on September 24, 2013, the Department of Sanitation proposed the following remedies to the discrepancies noted:

- Part 5.3 regarding facility personnel were unable to provide documentation that the pH meter is being calibrated before each use. Records must be maintained to verify that the required buffers are being utilized during calibration. This violation has since been remedied and records have been started.

If I can be of further assistance, please feel free to contact me at (479)784-2461.

Sincerely,

John Barnes
Landfill Manager
October 16, 2013

John Barnes, Division Manager
Fort Smith Department of Sanitation
5900 Commerce
Fort Smith, AR 72916

RE: Compliance Evaluation Inspection- Fort Smith Dept of Sanitation (Sebastian Co)
AFIN: 66-00226
NPDES Permit No.: ARG160017

Dear Mr. Barnes:

On September 24, 2013, I performed a compliance inspection at the City of Fort Smith Landfill 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 violation:

Facility personnel were unable to provide documentation that the pH meter is being calibrated before each use. Records must be maintained to verify that the required buffers are being utilized during calibration. This is a violation of Part 5.3 of the permit.

The above item requires your immediate attention. Please submit a written response to this finding to the Water Division Inspection Branch. This response should be mailed to the address below, or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations is due by October 30, 2013.

If I can be any assistance, please contact me at 479-424-0325 or by email at tyler@adeq.state.ar.us

Sincerely,

Jeff Tyler
District 4 Field Inspector
Water Division
## Section A: National Data System Coding

<table>
<thead>
<tr>
<th>Transaction Code</th>
<th>NPDES</th>
<th>Yr/Mo/Day</th>
<th>Inspect. Type</th>
<th>Inspector</th>
<th>Fac. Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 5 3 ARG 1 6 0 1 7</td>
<td>11 12 1 3 0 9 2 4</td>
<td>17 18 C</td>
<td>19 S</td>
<td>20 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Inspection Work Days</th>
<th>Facility Evaluation Rating</th>
<th>BI</th>
<th>QA</th>
</tr>
</thead>
<tbody>
<tr>
<td>67 69</td>
<td>70 2</td>
<td>N 72</td>
<td>N 73</td>
</tr>
</tbody>
</table>

## Section B: Facility Data

### Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

**Fort Smith Department of Sanitation**

5900 Commerce Road  
Fort Smith, AR 72916

### Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

John Barnes / Division Manager / 479-784-2461 / cell / 479-221-8796

### Name, Address of Responsible Official/Title/Phone and Fax Number

John Barnes / Division Manager / 479-784-2461 / fax / 479-788-4120  
Fort Smith Department of Sanitation  
5900 Commerce  
Fort Smith, AR 72916

## Section C: Areas Evaluated During Inspection

- S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated

### Facility was unable to provide documentation to confirm that the pH meter is being calibrated before each use.

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

Facility was unable to provide documentation to confirm that the pH meter is being calibrated before each use.

### Name(s) and Signature(s) of Inspector(s)

**Jeff Tyler**

**Signature of Reviewer**

**Kerri McCabe**

### Agency/Office/Telephone/Fax

ADEQ / Fort Smith / 479-424-0325 / fax / 479-424-0330  
ADEQ / NLR / 501-682-0642

### Date

September 24, 2013  
October 14, 2013
**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORIZY ADDRESSES OBSERVATIONS

<table>
<thead>
<tr>
<th>Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CORRECT NAME AND Mailing ADDRESS OF PERMITTEE:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>4. ALL DISCHARGES ARE PERMITTED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
</tbody>
</table>

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

<table>
<thead>
<tr>
<th>Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>a. DATES AND TIME(S) OF SAMPLING:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>b. EXACT LOCATION(S) OF SAMPLING:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>c. NAME OF INDIVIDUAL PERFORMING SAMPLING:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>d. ANALYTICAL METHODS AND TECHNIQUES:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>e. RESULTS OF CALIBRATIONS:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>f. RESULTS OF ANALYSES:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>g. DATES AND TIMES OF ANALYSES:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>h. NAME OF PERSON(S) PERFORMING ANALYSES:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
</tbody>
</table>

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

<table>
<thead>
<tr>
<th>Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TREATMENT UNITS PROPERLY OPERATED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>2. TREATMENT UNITS PROPERLY MAINTAINED</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>5. ALL NEEDED TREATMENT UNITS IN SERVICE:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <strong>One Basic Industrial</strong></td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
<tr>
<td>15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:</td>
<td>☑️ ☐ ☒ ☒</td>
</tr>
</tbody>
</table>
### SECTION D: SAMPLING

**PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS**

<table>
<thead>
<tr>
<th>Details</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>6. SAMPLE COLLECTION PROCEDURES ADEQUATE:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>a. SAMPLES REFRIGERATED DURING COMPOSITING:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b. PROPER PRESERVATION TECHNIQUES USED:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

### SECTION E: FLOW MEASUREMENT

**PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS**

<table>
<thead>
<tr>
<th>Details</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED; TYPE OF DEVICE: Weir</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>4. CALIBRATION FREQUENCY ADEQUATE:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>9. HEAD MEASURED AT PROPER LOCATION:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

### SECTION F: LABORATORY

**PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS**

<table>
<thead>
<tr>
<th>Details</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(8) FOR SLUDGES):</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>4. QUALITY CONTROL PROCEDURES ADEQUATE:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>5. DUPLICATE SAMPLES ARE ANALYZED &gt;10% OF THE TIME:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>6. SPIKED SAMPLES ARE ANALYZED &gt;10% OF THE TIME:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>7. COMMERCIAL LABORATORY USED:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>a. LAB NAME: City of Fort Smith Environmental Lab</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b. LAB ADDRESS: Kelly Highway-Fort Smith</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>c. PARAMETERS PERFORMED: CBOD, TSS, Oil &amp; Grease</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>8. BIOMONITORING PROCEDURES ADEQUATE:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>a. PROPER ORGANISMS USED:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b. PROPER DILUTION SERIES FOLLOWED:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>c. PROPER TEST METHODS AND DURATION:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:</td>
<td>☑️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>
**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

Based on visual observations only

<table>
<thead>
<tr>
<th>OUTFALL #:</th>
<th>OIL SHEEN</th>
<th>GREASE</th>
<th>TURBIDITY</th>
<th>VISIBLE FOAM</th>
<th>FLOATING SOLIDS</th>
<th>COLOR</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Light</td>
<td>Clear</td>
<td>None</td>
</tr>
</tbody>
</table>

**Details:** Very minimal flow at time of inspection

---

**SECTION H: SLUDGE DISPOSAL**

Sludge disposal meets permit requirements

Details:

1. Sludge management adequate to maintain effluent quality.
2. Sludge records maintained as required by 40 CFR 503.
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

Details:

1. Samples obtained this inspection:
2. Type of sample: ■ Grab, □ Composite, □ Method □ Frequency:
3. Samples preserved:
4. Flow proportioned samples obtained:
5. Sample obtained from facility's sampling device:
6. Sample representative of volume and nature of discharge:
7. Sample split with permittee:
8. Chain-of-custody procedures employed:
9. Samples collected in accordance with permit:

---

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

Storm water management meets permit requirements

Details:

1. SWPPP updated as needed: ■ Date of last update:
2. Site map including all discharges and surface waters:
3. Pollution prevention team identified:
4. Pollution prevention team properly trained:
5. List of potential pollutant sources:
6. List of potential sources and past spills and leaks:
7. All non-storm water discharges are authorized:
8. List of structural BMPs:
9. List of non-structural BMPs:
10. BMPs properly operated and maintained:
11. Inspections conducted as required:
**FLOW CALCULATION SHEET**

Date: 09-24-13  |  Time: 1340

Head in Inches: NA  |  Feet: NA

Type & Size of Primary Flow Measurement Device: 2' Rectangular Weir w/ end contractions

Name & Model of Secondary Flow Measurement Device: NA

Date of last Calibration of Secondary Flow Device: Unknown

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

Calculated Flow at Date & Time Listed Above: NA

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition -Table # 13-5)

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

\[
\text{% Error} = \frac{\text{Calculated Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100
\]

\[
\text{% Error} = \text{Calculated Value} \times 100
\]

\[
\text{% Error} = \text{Calculated Value} \times 100
\]

\[
\text{% Error} = \%
\]

Comments: Flow check not conducted.
DMR Calculation Check

<table>
<thead>
<tr>
<th>Reporting Period:</th>
<th>From 13</th>
<th>03</th>
<th>01</th>
<th>To 13</th>
<th>03</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

Parameter Checked: __TSS__

<table>
<thead>
<tr>
<th>Quantity/Loading</th>
<th>Concentration Maximum</th>
<th>Mg/l</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported Value</td>
<td>NA</td>
<td>&lt;5.0</td>
</tr>
<tr>
<td>Calculated Value</td>
<td>NA</td>
<td>&lt;5.0</td>
</tr>
<tr>
<td>Permit Value</td>
<td>NA</td>
<td>100</td>
</tr>
</tbody>
</table>

If calculated value does not equal reported value, explain: __Equal__
<table>
<thead>
<tr>
<th>Location:</th>
<th>City of Fort Smith Department of Sanitation located at 5900 Commerce Road.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographer:</td>
<td>Jeff Tyler</td>
</tr>
<tr>
<td>Photo #</td>
<td>1</td>
</tr>
<tr>
<td>Description:</td>
<td>View of the sedimentation pond looking to the south.</td>
</tr>
</tbody>
</table>

<p>| Photographer: | Jeff Tyler | Witness: | None |
| Photo # | 2 | Of | 4 | Date: | 09-24-13 | Time: | 1404 |
| Description: | View of the sedimentation pond looking to the west. |</p>
<table>
<thead>
<tr>
<th>Location:</th>
<th>City of Fort Smith Department of Sanitation located at 5900 Commerce Road.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographer:</td>
<td>Jeff Tyler</td>
</tr>
<tr>
<td>Witness:</td>
<td>None</td>
</tr>
<tr>
<td>Photo #</td>
<td>3 Of 4</td>
</tr>
<tr>
<td>Date:</td>
<td>09-24-13</td>
</tr>
<tr>
<td>Time:</td>
<td>1410</td>
</tr>
<tr>
<td>Description:</td>
<td>View of the polishing pond.</td>
</tr>
</tbody>
</table>

| Photo #                         | 4 Of 4                                                                  |
| Date:                           | 09-24-13                                                                |
| Time:                           | 1429                                                                    |
| Description:                    | Outfall structure and sample location.                                  |
November 13, 2013

John Barnes, Division Manager
Fort Smith Department of Sanitation
5900 Commerce
Fort Smith, AR 72916

RE: Response to Inspection (Sebastian Co)
AFIN: 66-00226                                               NPDES Permit No.: ARG160017

Dear Mr. Barnes:

I have reviewed the response pertaining to my September 24, 2013 compliance inspection at the City of Fort Smith Landfill in Sebastian Co. The information provided sufficiently addresses the violation referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 479-424-0325 or you may e-mail me at tyler@adeq.state.ar.us.

Sincerely,

Jeff Tyler
District 4 Field Inspector
Water Division