



ARKANSAS
Department of Environmental Quality

March 31, 2014

Mark Yardley, Public Works Director
City of Alma
811 Fayetteville Ave.
Alma, AR 72921

Re: Compliance Inspections (Crawford Co)

AFIN: 17-00059

NPDES Permit No.: AR0021466

ARR000321

State No-Discharge: 5068-W

Dear Mr. Yardley:

On March 25, 2014, I performed routine compliance inspections at the wastewater 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. This inspection revealed the following:

AR0021466

1. Facility currently conveys treated effluent to the Arkansas River through two separate pipes. One is a gravity line which was installed originally during plant construction. The other is a force main which was installed in 1999. These two discharge pipes are located in a wet well which is downstream of the totalizer, final treatment, and the sample location. Prior to the next permit renewal (April 2018), please contact the ADEQ Permits Branch to include this information with your permit. No further action is required at this time.
2. Early signs of erosion were observed along the east bank of cell 2; efforts should be taken to prevent potential damage to the integrity of the bank levee. Please provide a response to these findings.

ARR000321

At the time of the inspection, the facility was in compliance with the requirements for the No-Exposure Certification.

5068-W

At the time of the inspection, the facility was in compliance with the terms and conditions of the permit.

The above item for **AR0021466** requires your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain 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 necessary documentation (i.e. photos) is due by **April 14, 2014.**

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

Sincerely,



Jeff Tyler
District 4 Field Inspector
Water Division

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	2	1	4	6	6	11	12	1	4	0	3	2	5	17	18	C	19	S	20	1	
Remarks																													
A F I N 1 7 - 0 0 0 5 9																													
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																	
67				69	70	3	71	N	72	N	73		74	75															80

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>) City of Alma POTW 2500 Orrick Road Alma, AR 72921	Entry Time/Date 0905 / March 25, 2014	Permit Effective Date May 1, 2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tony Maxwell / Chief Operator / 479-632-2267 / cell / 479-670-3003	Exit Time/Date 1215 / March 25, 2014	Permit Expiration Date April 30, 2018
Name, Address of Responsible Official/Title/Phone and Fax Number Mark Yardley / Public Works Director / 479-632-2254 / fax 479-632-5136 811 Fayetteville Ave. Alma, AR 72921	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data Outfall 001 N 35°26'43.2" W 94°09'33.6" PDS# 077006

Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	M	Operations & Maintenance	N	Sample Inspection Procedures
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	SWPPP
S	Facility Site Review	S	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)

Early signs of erosion were observed on the east-side of the bank on Cell 2. Facility plans to stabilize with rip-rap as money becomes available.

Inspection revealed that facility utilizes two lines when conveying treated effluent to the Arkansas River. One is a gravity line; the other is a force main. These pipes are located in a wet well after final treatment; downstream of the totalizer and the sample location.

The 2013 November DMR was reviewed along with chain of custody reports, facility spread sheets, and lab reports. It was noted that the monthly average and the 7-day average for BOD was exceeded. This excursion was reported to the Department. There have been no other permit limit violations since November 2013.

Name(s) and Signature(s) of Inspector(s) Jeff Tyler 	Agency/Office/Telephone/Fax ADEQ-Ft. Smith/ 479-424-0325 / fax / 479-424-0330	Date March 27, 2014
Signature of Reviewer Kerri McCabe 	Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642	Date March 31, 2014

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

DETAILS:

- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
- 4. ALL DISCHARGES ARE PERMITTED: Y N NA 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: Y N NA NE
- 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
 - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
 - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
 - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
 - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
 - e. RESULTS OF CALIBRATIONS: Y N NA NE
 - f. RESULTS OF ANALYSES: Y N NA NE
 - g. DATES AND TIMES OF ANALYSES: Y N NA NE
 - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N 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: Y N NA NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS: Signs of early erosion were observed on the east side of the bank at Cell 2.

- 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: Equalization pond and portable generator 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: 1 Class III and 1 Class I S M U NA NE
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
- 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
- 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
- 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
- 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Monthly SSO report Y N NA NE
- 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
- 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
- 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA 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:	<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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<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: TYPE OF DEVICE: <u>3' rect. Weir w/ end contr.</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: <u>Date of last calibration (July 13, 2013)</u>	<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: <u>one per month</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

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 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 \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>Data Testing</u>	<u>American Interplex</u>
b. LAB ADDRESS: <u>3434 Country Club Ave. Ft. Smith</u>	<u>8600 Kanis Road Little Rock</u>
c. PARAMETERS PERFORMED: <u>TSS, BOD, FCB, TP, and NO3 +NO2</u>	<u>Bio-monitoring</u>
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: **Two discharge pipes were observed at the river, a 18" diameter force main and a gravity line**

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

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA 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: Y N NA NE
2. TYPE OF SAMPLE: GRAB:___ COMPOSITE:___ METHOD:___ FREQUENCY:___
3. SAMPLES PRESERVED: Y N NA NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **Facility was granted No-Exposure Certification in July 2010; tracked under # ARR000321.**

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

FLOW CALCULATION SHEET

Date:	03-25-14	Time:	1154	
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Head in Inches:	NA	Feet:	.38	
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Type & Size of Primary Flow Measurement Device:
3' Rectangular weir with end contractions

Name & Model of Secondary Flow Measurement Device:
Milltronics OCM III

Date of last Calibration of Secondary Flow Device: **July 13, 2013**

Recorded Flow at Date & Time Listed Above:	1.469 mgd	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	1.474 mgd	
<small>(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition, Table # 10-5</u>)</small>		

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	1.469	-	1.474	X 100	
	1.474				

% Error =	-0.005		X 100	
	1.474			

% Error =	-0.003		X 100	
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% Error =	-0.34		%	
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Comments: **OK, within +/- 10%**

DMR Calculation Check

Reporting Period: From 2013 Nov 01 To 2013 Nov 30
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>114.3</u>	<u>16</u>	<u>20</u>
Calculated Value:	<u>114.3</u>	<u>16</u>	<u>20</u>
Permit Value:	<u>437.9</u>	<u>30</u>	<u>45</u>

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

DMR Calculation Check

Reporting Period: From 2013 Nov 01 To 2013 Nov 30
 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>319.9</u>	<u>44.3</u>	<u>46.3</u>
Calculated Value:	<u>319.9</u>	<u>44.3</u>	<u>46.3</u>
Permit Value:	<u>437.9</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain: Equal, effluent limitation for monthly average and 7-day average was exceeded for BOD; this excursion was reported to the Department.

Water Division NPDES Photographic Evidence Sheet

Location: City of Alma POTW located in Crawford County.

Photographer: Jeff Tyler **Witness:** None

Photo # 1 **Of** 6 **Date:** 03-25-14 **Time:** 1137

Description: Erosion issues evolving on east side of bank at Cell 2.



Photographer: Jeff Tyler **Witness:** None

Photo # 2 **Of** 6 **Date:** 03-25-14 **Time:** 1158

Description: Location where flow is monitored just upstream of rectangular weir.



Water Division NPDES Photographic Evidence Sheet							
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Location:	City of Alma POTW located in Crawford County.						
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Photographer:	Jeff Tyler			Witness:	None		
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Photo #	3	Of	6	Date:	03-26-14	Time:	0856
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Description:	View of the two pipes discharging effluent at the Arkansas River.						
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Photographer:	Jeff Tyler			Witness:	None		
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Photo #	4	Of	6	Date:	03-26-14	Time:	0857
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Description:	Gravity line (on left) and the force main (on right) both discharging treated effluent at the Arkansas River.						
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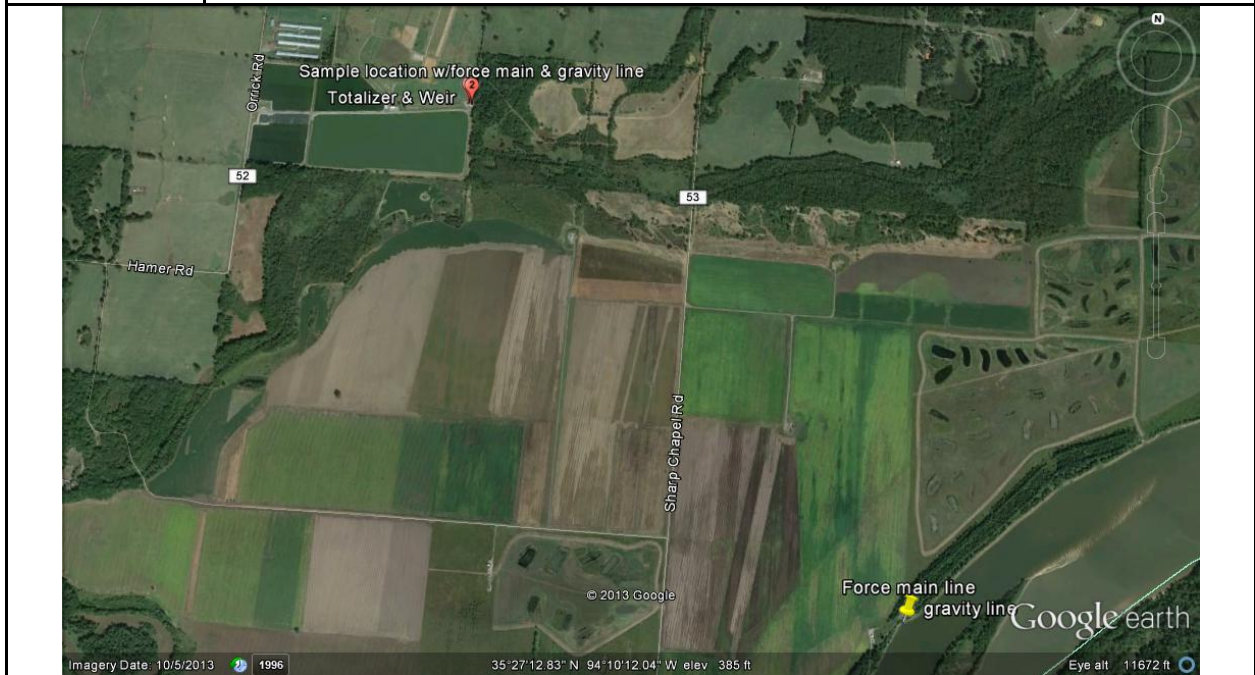
Water Division NPDES Photographic Evidence Sheet

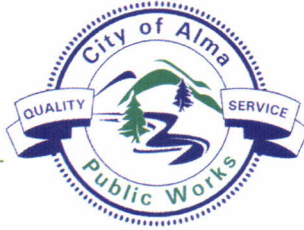
Location:		City of Alma POTW located in Crawford County.						
Photographer:		NA			Witness:		None	
Photo #	5	Of	6	Date:	03-27-14	Time:	NA	
Description:		Aerial view indicating location of flow monitoring and sample location.						



Photographer:		NA			Witness:		None	
Photo #	6	Of	6	Date:	10-02-13	Time:	1230	

Description: Aerial view of POTW and the outfall at the Arkansas River (1.47 miles).





811 Fayetteville Ave.
Alma, Arkansas 72921

(479) 632-2254
Fax (479) 632-5136

April 9, 2014

Arkansas Department of Environmental Quality
Water Division Inspection Branch
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

RE: Response to Compliance Inspection
AFIN: 17-00059 NPDES Permit No: AR0021466

Finding 1: The City of Alma will request inclusion of this information in the next Permit (April 2018).

Finding 2: The City has an ongoing maintenance program that includes the addition of rip-rap along the banks of all 4 lagoons. The east bank of cell 2 is included in that program and will be completed as the process continues.

Thank you for all your support as we strive to improve the quality of water in our community.

Mark Yardley
Public Works Director

ADEQ

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

April 25, 2014

Mark Yardley, Public Works Director
City of Alma
811 Fayetteville Ave.
Alma, AR 72921

Re: Response to Inspection (Crawford Co)
AFIN: 17-00059 **NPDES Permit No.: AR0021466**

Dear Mr. Yardley:

I have reviewed the response pertaining to my March 25, 2014 inspection conducted at the City of Alma POTW. 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