



ARKANSAS
Department of Environmental Quality

September 19, 2014

W.H. Calvin Murdock, Manager
Forrest City WWTP
303 North Rosser
Forrest City, AR 72336

RE: NPDES Inspection, Forrest City Wastewater Treatment Plant
AFIN: 62-00070 Permit No.: AR0020087

Dear Mr. Murdock:

On August 20, 2014, I performed a compliance evaluation inspection of the above referenced 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. A copy of the inspection report is enclosed for your records.




Please refer to the "Summary of Findings" section of the attached inspection report and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this 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 **October 3, 2014**.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Greenway".

Michael Greenway
District 3 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT							
		AFIN: 62-00070		PERMIT #: AR0020087		DATE: 8/20/2014			
		COUNTY: 62 St. Francis			PDS #: 079815		MEDIA: WN		
		GPS LAT: 34.997413 LONG: -90.835236 LOCATION: Entrance							
FACILITY INFORMATION				INSPECTION INFORMATION					
NAME: Forrest City WWTP LOCATION: Approximately 3 miles west of Forrest City, at the end of SFC 209 CITY: Forrest City, AR				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 86009 S - State			
				FACILITY EVALUATION RATING: 1 - Unsatisfactory		INSPECTION TYPE: Compliance Evaluation			
				DATE(S): 8/20/2014		ENTRY TIME: 10:55		EXIT TIME: 14:10	
								PERMIT EFFECTIVE DATE: 8/1/2012	
RESPONSIBLE OFFICIAL NAME: / TITLE Larry Bryant / Mayor COMPANY: Forrest City WWTP MAILING ADDRESS: P.O. Box 1074 CITY, STATE, ZIP: Forrest City AR 72336 PHONE & EXT: / FAX: 870-261-1424 / EMAIL: N/A				PERMIT EXPIRATION DATE: 7/31/2017					
				FAYETTEVILLE SHALE RELATED: N					
				FAYETTEVILLE SHALE VIOLATIONS: N					
				INSPECTION PARTICIPANTS					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Joel Thetford / Operator / 870-270-0201					
CONTACTED DURING INSPECTION: No									
AREA EVALUATIONS									
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)									
S	PERMIT	S	FLOW MEASUREMENT	**	STORMWATER				
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW				
U	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM				
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT				
**	OTHER:								
SUMMARY OF FINDINGS									
<p>This routine compliance evaluation inspection revealed the following:</p> <ol style="list-style-type: none"> Improper operation and maintenance. This violates Part III, Section B, Item 1A of the Permit. The following items were noted: <ol style="list-style-type: none"> There was a significant amount of erosion on the levees of the North sludge lagoon (Photos 1- 4). The required freeboard (3 feet) was not maintained in the lagoons (photos 1-4). There was evidence of leaks from the walls of the UV treatment unit (photo 5). <p>Tall vegetation on the lagoon levees was also noted during the inspection. The operator stated that the vegetation would be cut soon, and documentation of this was submitted on September 9, 2014 (photos 4-5).</p> <p>The condition of the lagoons was also noted in the previous inspection on April 17, 2014. The permittee submitted a copy of a construction proposal to address those issues. However, it appears that no work has been done to correct the violations. A plan and schedule for correcting the lagoon issues should be submitted with the response to this inspection.</p>									
GENERAL COMMENTS									
A letter will be sent to the cognizant official.									
INSPECTOR'S SIGNATURE: 				Michael Greenway					
DATE: 9/18/2014									
SUPERVISOR'S SIGNATURE: 				Jason Bolenbaugh					
DATE: 9/19/2014									

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

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT ☒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: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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>Erosion of lagoon levees, inadequate freeboard in lagoons, excessive vegetation on lagoon levees,, leaks from UV unit.</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: | <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: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: | <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<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: <u>(TP, and NO2/NO3)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>12" Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input 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>Environmental Services Company</u>	
b. LAB ADDRESS: <u>13715 West Markham St, Little Rock, AR 72211</u>	
c. PARAMETERS PERFORMED: <u>NH3-N, CBOD, FCB, Cu, TSS, TP, NO3+NO2-N</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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
001	None	None	Low	None	None	Clear	--

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 ☐NEDETAILS: Facility has complied with the no exposure exclusion (Permit #ARR000222).

1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___ ☐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:	8/20/2014	Time:	11:18	
Head in Inches:	12.12	Feet:	1.01	
Type & Size of Primary Flow Measurement Device: 12" Parshall Flume				
Name & Model of Secondary Flow Measurement Device: Greyline SLT32				
Date of last Calibration of Secondary Flow Device: 8/12/2014				
Recorded Flow at Date & Time Listed Above: 2.534 MGD (Facility Flow Meter)				
Calculated Flow at Date & Time Listed Above: 2.624 MGD				
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)				
% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			
% Error =	2.534	-	2.624	X 100
	2.624			
% Error =	-.09	X 100		
	2.624			
% Error =	-.03	X 100		
% Error =	3	%		
Comments: <u>The flow meter appeared to be adequately calibrated and maintained.</u>				

DMR Calculation Check

Reporting Period: From 2014 06 01 To 2014 06 30
Year Month Day Year Month Day

Parameter Checked: D.O.

Concentration

Inst. Min. - mg/l

Reported Value: 7.2

Calculated Value: 7.2

Permit Value: 5

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

DMR Calculation Check

Reporting Period:	From	<u>2014</u>	<u>06</u>	<u>01</u>	To	<u>2014</u>	<u>06</u>	<u>30</u>
		Year	Month	Day		Year	Month	Day



Parameter Checked: T.P.

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	23.8	1.7	1.9
Calculated Value:	23.80	1.69	1.87
Permit Value:	report	report	report

If calculated value does not equal reported value, explain:

Equal when rounded to the nearest tenth.

Water Division Photographic Evidence Sheet					
Location:	Forrest City WWTP				
Photographer:	Michael Greenway	Date:	8/20/2014	Time:	11:51
Witness:	None			Photo #:	1
Description:	View of the east levee of the north lagoon. Note the lack of freeboard and how narrow the top of the levee is.				
					
Photographer:	Michael Greenway	Date:	8/20/2014	Time:	11:52
Witness:	None			Photo #:	2
Description:	View of the east levee of the north lagoon. Note how the water has cut under the vegetation and the lack of freeboard.				
					

Water Division Photographic Evidence Sheet					
Location:	Forrest City WWTP				
Photographer:	N/A	Date:	N/A	Time:	N/A
Witness:	None			Photo #:	3
Description:	Photo submitted by the operator documenting that vegetation on the levee was trimmed. Note the lack of freeboard and the erosion on the inside of levee.				
					
Photographer:	N/A	Date:	N/A	Time:	N/A
Witness:	None			Photo #:	4
Description:	Photo submitted by the operator documenting that vegetation on the levee was trimmed. Note the lack of freeboard.				
					

Water Division Photographic Evidence Sheet					
Location:	Forrest City WWTP				
Photographer:	Michael Greenway	Date:	8/20/2014	Time:	13:59
Witness:	None			Photo #:	5
Description:	View of the outside wall of the UV unit. Note the cracks and evidence of leaks.				



Photographer:	Michael Greenway	Date:	8/20/2014	Time:	13:59
Witness:	None			Photo #:	6
Description:	Closer view of the wall shown in photo #5.				





ARKANSAS
Department of Environmental Quality

CERTIFIED MAIL: 91 7199 9991 7030 4936 8659

October 14, 2014

W.H. Calvin Murdock, Manager
Forrest City WWTP
303 North Rosser
Forrest City, AR 72336

RE: NPDES Inspection, Forrest City Wastewater Treatment Plant
AFIN: 62-00070 Permit No.: AR0020087

Dear Mr. Murdock:

A letter dated September 19, 2014, was sent by the ADEQ to you. The letter outlined the findings of my August 20, 2014, inspection of the above referenced facility. The letter requested that a written response be submitted to the Water Division Inspection Branch of this Department by October 3, 2014. To date, no response has been received.

Please submit a written response by **October 30, 2014**. A copy of the inspection report has been included for your convenience.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at greenway@adeq.state.ar.us, or 870-935-7221.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Greenway", is written over a light blue horizontal line.

Michael Greenway
District 3 Field Inspector
Water Division



FORREST CITY WATER UTILITY

303 NORTH ROSSER ST.

FORREST CITY, ARKANSAS 72335

870-633-2921

October 30, 2014

ADEQ

certified mail #7013-3020-0001-6983-4780

5301 Northshore Dr.

North Little Rock, AR. 72118-5317

ATTN: Michael Greenway- District 3 Field Inspector-Water Division

Dear Sir:

RE: Response to Summary of Findings; August 20, 2014 Compliance Inspection

1. Improper operation and maintenance

- a) Erosion of levees- Please be reminded that the ponds have been utilized for the past (15) years for overflow. The current condition of lost freeboard was created by an extreme rain event on June 29th of this year, approximately 14" within twelve hours. Please review your photos of April of this year and there was 18"-24" freeboard. We recognize the problem and we are working very diligently to develop both a short term and long term solution. We are of course now into the rainy season so we don't anticipate being able to perform any work on the ponds until late spring at best.
- b) We are currently discharging approx.. 1.00MGD from the ponds
- c) Please find attached for your records our accepted proposal from Bryan Locke, LLC to perform Chemical injection for the cracks in our UV Structure. This work should be completed by November 20, 2014

Thank you for your continued supports. If there are further questions or concerns please contact me at your earliest opportunity.

Sincerely,

Forrest City Water Utility

A handwritten signature in black ink, appearing to read 'W. H. Calvin Murdock', is written over the typed name.

W. H. Calvin Murdock, Manager

Whcm2@forrestcitywater.com

(870)261-2849 cell

Enclosures

BRYAN LOCKE, LLC

P.O. Box 303
Pittsfield NH 03263


Estimate

Date	Estimate #
10/13/2014	256

Phone #	603-231-1044
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Name / Address
Forrest City Water Utility 303 North russer St. Forrest City Arkansas 72335

Project

Description	Qty	Cost	Total
Polyurethane crack injection is \$45.00 per ft. with a minim of \$3375.00	75	45.00	3,375.00
Mobilization I have not worked this far away before I am planning on driving by the time I ship my tools, equipment, and chemical get flights on a short notice rent a car driving is cheaper and I will have all my tools and about the same amount of time. I normally need a week or so notice depends what I am working on for a job.	1	3,850.00	3,850.00
I am going to add the warrantee on the estimate a 7 year warrantee		0.00	0.00
<div> FORREST CITY WATER UTILITY 3 OCT 13 2014 CASH <input type="checkbox"/> CHECK <input type="checkbox"/></div>			
Total			\$7,225.00

Fax #	E-mail	Web Site
603-269-5265	bryan.basementsolutions@gmail.com	http://basement-solutions-nh-ma.com

[About Us](#)[Our Services](#)

Chemical Grouting

Developed nearly fifty years ago, chemical grouting is the oldest and best method for impeding ground water infiltration into structurally sound sewer systems. Chemical grout is injected through leaking joints, cracks, faults and voids at lateral openings and other areas. The most common points of entrance for ground water infiltration are in manholes at joints and service line connections.



Installed packer

Polyurethane Grout

Polyurethane grout is often used in non-structural water infiltration/inflow related repairs. Our technicians inject polyurethane grout in actively leaking joints, cracks, faults and voids using mechanical packers that are installed by drilling the structure, inserting the packer and tightening. Polyurethane grout is then injected at high pressure. Two types of polyurethane grout are typically used in these applications, hydrophobic and hydrophilic. Hydrophobic grout repels, has

high expansion and cures rigid. Hydrophilic absorbs water, has lower expansion and cures to a flexible foam. Both styles require an actively leaking crack as they are water activated. Polyurethane grouting is a common fix in water treatment plants also were tanks with unconsolidated or aging concrete leak.

Epoxy Grout Injection

Epoxy grout injection is also used in the repair of a wide variety of concrete and other structures. Epoxy injection is a bonding process. The material fills cracks and welds them together structurally. Epoxy grout is also pushed through the crack under high pressure and the bond it forms is stronger than the substrate itself. This repair restores structural strength to the cracked concrete and mitigates concrete spall initiated by cracked concrete. Epoxy injection can be used to prevent the corrosion of reinforced steel and to fill voids in unconsolidated concrete.



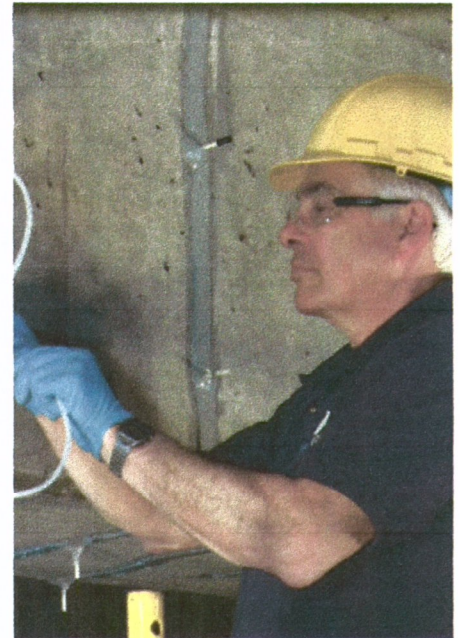
Hydroactive polyurethane grout installed



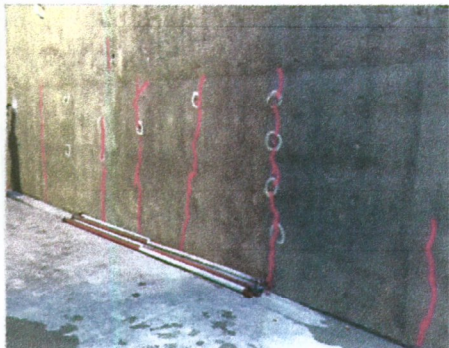
Mechanical packers installed



Drilling and installing packers along a crack line



Thul Specialty Contracting technicians benefit from over 35 years of successful experience in the application of chemical grout in thousands of lineal feet of cracks.



Identifying leaking cracks and marking for drilling



Drilling crack for installation of mechanical packers for polyurethane grout injection

Thul Specialty Contracting technicians benefit from over 35 years of successful experience in the application of chemical grout in thousands of lineal feet of cracks, in various types of structures, to halt inflow and infiltration, restore structural integrity and provide the necessary repair of failing concrete.

Our preferred suppliers are:

Lily Corporation

De Neef Construction Chemicals, Inc.

[Back to all Services](#)

763.576.8790 info@thulspecialtycontracting.com PO Box 322 Elk River MN 55330

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303 N. Rosser Street
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Forrest City, AR 72335

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Arkansas Department of
Environmental Quality
ATT: Michael Greenway -District 3
Field Inspector -Water Division
5301 North Shore Drive
North Little Rock, AR 72118-5317



November 20, 2014

W.H. Calvin Murdock, Manager
Forrest City WWTP
303 North Rosser
Forrest City, AR 72336

RE: Forrest City Wastewater Treatment Plant; Inspection Response
AFIN: 62-00070 Permit No.: AR0020087

Dear Mr. Murdock:

I have reviewed the submitted information pertaining to my August 20, 2014 inspection of the above referenced facility. At this time, the ADEQ Water Division Inspection Branch 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. The Department expects the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit.

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 greenway@adeq.state.ar.us, or 870-935-7221.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael Greenway".

Michael Greenway
District 3 Field Inspector
Water Division