

ADEQ

ARKANSAS
Department of Environmental Quality

May 26, 2017

William Daniels, Manager
City of Pocahontas
207 Hwy. 67 South
Pocahontas, AR 72455

RE: City of Pocahontas Inspection
AFIN: 61-00055 Permit No.: AR0034835

Dear Mr. Daniels:

On April 20 and 21, 2017, I performed a Compliance Evaluation Inspection and SSO/Collection System 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 reports are 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 **June 12, 2017**.

If I can be of any assistance, please contact me at 870-935-7221 ext.-15 or frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Field Inspector
Water Division



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

WATER DIVISION INSPECTION REPORT

AFIN: 61-00055	PERMIT #: AR0034835	DATE: 4/20/2017
COUNTY: 61 Randolph	PDS #: 097250	MEDIA: WN
GPS LAT: 36.240997 LONG: -90.979810 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Pocahontas LOCATION: ~0.6 miles southwest of Swan Cove CITY: Pocahontas	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation
RESPONSIBLE OFFICIAL NAME / TITLE: William Daniels / Manager COMPANY: City of Pocahontas MAILING ADDRESS: 207 Hwy. 67 South CITY, STATE, ZIP: Pocahontas AR 72455 PHONE & EXT. / FAX: / EMAIL:	DATE(S): ENTRY TIME: EXIT TIME: PERMIT EFFECTIVE DATE: 4/20/2017 09:45 12:26 3/1/2014 4/21/2017 13:24 15:39 PERMIT EXPIRATION DATE: 2/28/2019 FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
CONTACTED DURING INSPECTION: Yes	INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Donnie McGhee/ City of Pocahontas Sewer Employee

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	M	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	M	SELF-MONITORING PROGRAM
S	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS

The following violations were noted at the time of the inspection:

1. Flow measurements have not been collected for the frequency specified in the permit in violation of Part 1, Section A. Flow measurements must be collected once per day according to the permit.
2. Samples are collected by composite sampling for duration of 3 hours in violation of Part I, Section A and Part IV, Definition No. 8 of the permit. Composite sampling is defined as a mixture of grab samples collected at the same sampling point at different times, formed either by continuous sampling or by mixing a minimum of 4 effluent portions collected at equal time intervals.
3. The facility has not performed the influent and effluent once a year 85 percent removal for CBOD and TSS 30 day average percent removal in violation of Part II, Item 2 of the permit.
4. Regular calibration checks were not being performed to ensure the accuracy of the flowmeter installed in violation of Part III, Section C.2 of the permit.
5. Facility reported a TSS mass loading monthly average of 85.4 lbs/day instead of 83.9 lbs/day for the month of March 2016. This is due to the error of the facility not calculating the daily discharge for flow measurements taken on the same day. The operator needs to check calculations provided by the laboratory to ensure accurate results.

GENERAL COMMENTS

Ponds were observed in good condition with well-maintained levees during the inspection. Vegetation must be addressed along pond edge to allow for better airflow and thus for improved oxygen exchange across lagoons.

The rock filter was observed in need of maintenance and had accumulation of vegetation (Photo 1). This task is scheduled for annual maintenance and removal of vegetation once the area dries.



Chlorine contact chamber was observed with accumulation of algae (Photo 2). It is scheduled for an annual cleaning, in which the chamber is pumped down and algae is removed.

Facility has flow measurements exceeding 1 MGD, which is over the design flow of 0.685 MGD for this type of facility as described in the permit. The City of Pocahontas needs to evaluate their facility for the future growth of the city and continuing age of the plant.

On April 29, 2017, a storm producing large amounts of rainfall occurred in southeastern Missouri as well as the surrounding area of Randolph, Lawrence, and Sharp counties in Arkansas causing flash flooding to rivers, Spring River and Current River. The sudden rise in water caused the Black River to reach flood stages in the proceeding days. The area east of the City of Pocahontas was under widespread flooding during this time, with included the Wastewater Treatment Plant. This area was under water for an extended period of time. Bill Daniels called on May 10, 2017 for guidance on how to report the overflow. He informed me that he was assured that the plant would be back in operation soon.

Brent Walker, District 3 Water Inspector, also participated in this inspection.

This Compliance Evaluation Inspection was performed in conjunction with a SSO/Collection System Inspection. Please view letter for further details.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 5/19/2017
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 5/25/2017

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: <u>Rainfall from April 29, 2017 caused local flooding</u>	<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 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 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	<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:	<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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Flow not measured once a day	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>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: <u>SLT 5.0 Flow Monitor</u>	<input 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: <u>Calibration checks not performed regularly</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input 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>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>Searcy, AR</u>	
c. PARAMETERS PERFORMED: <u>BOD, TSS, DO, FCB, pH</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	Low	N/A	N/A	Clear/ green	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge stays in lagoon</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2016 03 01 To 2016 03 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>85.4</u>	<u>10.3</u>	<u>16.0</u>
Calculated Value:	<u>83.9</u>	<u>10.3</u>	<u>16.0</u>
Permit Value:	<u>514</u>	<u>90</u>	<u>135</u>

Differences due to not calculating the Daily discharge. See details below.

If calculated value does not equal reported value, explain:

Daily discharge = Laboratory flow + Operator flow/ 2
 Mass loading = Concentration * Flow * 8.34

Samples collected 3/8/2016
 Daily discharge = 0.953876 MGD + 0.9539 MGD/ 2 = 0.95388 MGD
 Mass loading = 16.0 mg/L * 0.95388 MGD * 8.34 = 127.286 lbs/day

Samples collected 3/15/2016
 Daily discharge = 0.927418 MGD + 1.1212 MGD/ 2 = 1.024309 MGD
 Mass loading = 8.0 mg/L * 1.024309 MGD * 8.34 = 68.342 lbs/day

Samples collected 3/16/2016
 Daily discharge = 0.995296 MGD + 0.9274 MGD/ 2 = 0.961348 MGD
 Mass loading = 7.0 mg/L * 0.961348 MGD * 8.34 = 56.123 lbs/day

Monthly Average = 127.286 lbs/day + 68.342 lbs/day + 56.123 lbs/day/ 3 = 83.9 lbs/day

DMR Calculation Check

Reporting Period: From 2016 10 01 To 2016 10 31
 Year Month Day Year Month Day

Parameter Checked: Flow

	Loading Mass Mo. Avg. - lbs/day	Flow Monthly Mo. Avg. - MGD	Flow Monthly Daily Max. - MGD
Reported Value:	<u>N/A</u>	<u>0.887</u>	<u>1.049</u>
Calculated Value:	<u>N/A</u>	<u>0.887</u>	<u>1.049</u>
Permit Value:	<u>N/A</u>	<u>Report</u>	<u>Report</u>

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

Water Division Photographic Evidence Sheet

Location:	City of Pocahontas		
Photographer:	Sarah Frasher	Date:	4/20/2017
Witness:	Brent Walker	Time:	11:09
		Photo #:	1
Description:	View of the rock filter.		



Photographer:	Sarah Frasher	Date:	4/20/2017
Witness:	Brent Walker	Time:	11:03
		Photo #:	2
Description:	View of the chlorine contact chamber. Note the accumulation of algae.		



ADEQ

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

CERTIFIED MAIL: 91 7199 9991 7037 2594 8090

July 14, 2017

William Daniels, Manager
City of Pocahontas
207 Hwy. 67 South
Pocahontas, AR 72445

Re: City of Pocahontas- Failure to Respond to Inspection
AFIN 61-00055 Permit No.: AR0034835

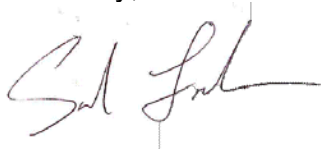
Dear Mr. Daniels:

A letter dated May 26, 2017 was sent by ADEQ. The letter outlined the findings of my April 20 and 21, 2017 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 June 12, 2017. To date, no response has been received.

Please submit a written response by **July 30, 2017**. 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 870-935-7221 ext. -15 or you may e-mail me at frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Water Inspector
Water Division

POCAHONTAS WATER & SEWER SYSTEMS
207 HIWAY 67 SOUTH
POCAHONTAS, AR 72455
OFFICE 870/892/3222 FAX 870/892/3068

July 25, 2017

Sarah Frasher
District 3 Field Inspector
Water Division

RE: NPDES Permit AR0034834

Dear Ms. Frasher

In response to your letter as of July 14, 2017

Items #1: Flow measurements

We have started taking flow measurement every day.

Items #2: SAMPLING

We have started sampling every 15 min. at the same location for three (3) hours on sampling days.

Item #3: Influent and Effluent:

We have been taking sample of both Influent and Effluent for about a year, Will send copies upon request.

Item #4: Mass loading

Will check calculations for this monthly.

Item #5: Seagraves Pump Station

New wet well being installed this date. Clean up around station will be done shortly.

Item # 6: fences will be put around both stations

Sincerely,



William G. Daniel
Manager
Pocahontas Water & Sewer Systems

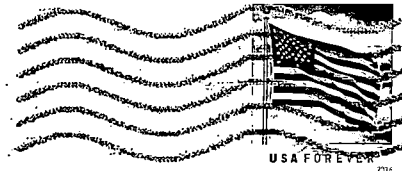
Sorry this is late. Thank up for your help

POCAHONTAS WATER & SEWER SYSTEMS

207 HIGHWAY 67 SOUTH
POCAHONTAS, ARKANSAS 72455
892-3222

MEMPHIS TN 380

26 JUL 2017 PM 4.1



ADEQ
NPDES ENFORCEMENT DIVISION
WATER DIVISION, ENFORCEMENT SECTION. ATTN:
SARAH FRASHER
5301 NORTSHORE DRIVE
NORTH LITTLE ROCK, AR 72118

72118-531799



ADEQ

ARKANSAS
Department of Environmental Quality

September 6, 2017

William Daniels, Manager
City of Pocahontas
207 Hwy. 67 South
Pocahontas, AR 72455

Re: City of Pocahontas - Inspection Response
Permit No.: AR0034835 AFIN: 61-00055

Dear Mr. Daniels:

In your last correspondence dated July 25, 2017, pertaining to my inspection of the above referenced facility.

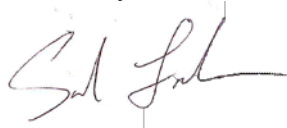
The following items need still to be addressed:

1. A timeline or evidence for completion of the Seagraves Pump Station project still needs to be sent
2. Copies of documents pertaining to the percent removal calculated for last year needs to be sent.
3. Overflow issues of the manholes near the Lakeview Pump Station.
4. Accumulation of solids for both Seagraves Pump Station and Lakeview Pump Station.
5. Working audio/visual alarms need to be placed at all pump stations with the recommendation of additional emergency contact signs.

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 is due by **September 20, 2017**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 870-935-7221 ext.-15 or you may e-mail me at frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Water Inspector
Water Division

From: [chris.cherry](#)
To: [Water-Inspection-Report; Anderson, Alan](#)
Subject: Reference AR0034835
Date: Wednesday, January 24, 2018 7:00:16 AM

Alan,

Here are picture that were requested to prove abatement of deficiencies noted in the onsite inspection report dated April 20-21, 2017. Please feel free to contact me anytime. I have included my cellular phone number should you need to reach me and I am not in the office. I had to send the message from my personal email because the server would not allow the size of the files. my work email is ccherryppww@suddenlinkmail.com.

Thank you,

Christopher J. Cherry

Pocahontas Waterworks Manager
207 Hwy 67 South
Pocahontas Ar, 72455
Office# 8708923222
Cellular# 6158292790

EXT ALARM II

CONERY

MFG INC

NEMA 4X ALARM 
Indoor/Outdoor Use MADE IN USA

WARNING!
ELECTRICAL SHOCK
HAZARD
*Many times your disconnect
switch may be required to de-
energize the equipment
before servicing.*

AVERTISSEMENT!
RISQUE D'ÉLECTROCUTION
*Il est possible que ce panneau de
contrôle soit alimenté par plusieurs
sources. Assurez-vous que toutes les
alimentations sont débranchées
avant l'usage.*















ADEQ

ARKANSAS
Department of Environmental Quality

April 18, 2018

Christopher Cherry, Pocahontas Waterworks Manager
City of Pocahontas
207 Hwy. 67 South
Pocahontas, AR 72455

Re: City of Pocahontas - Inspection Response
Permit No.: AR0034835 AFIN: 61-00055

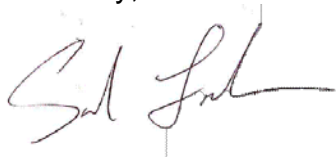
Dear Mr. Cherry:

In your last correspondence dated January 24, 2108, pertaining to my inspection of the above referenced facility pictures were sent of violations that were corrected. I still need a copy of the annual percent removal from last year for BOD and TSS. Please send a copy of this document with your response.

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 is due by **May 2, 2018**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 870-935-7221 ext.-15 or you may e-mail me at frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Water Inspector
Water Division