



**DIVISION OF  
ENVIRONMENTAL  
QUALITY**

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

June 26, 2024

Mr. Richard Cooper, Asst. Director  
Arkansas Department of Corrections- North Central Unit  
PO Box 8707  
Pine Bluff, AR 71603  
Email Address: [richard.cooper@arkansas.gov](mailto:richard.cooper@arkansas.gov)

RE: Arkansas Dept. of Correction North Central Inspection (Izard County) – PDS# 130669  
AFIN: 33-00036 Permit No.: AR0044016

Dear Mr. Cooper:

On June 6, 2024, I performed a Compliance Evaluation Inspection and Construction Modification 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 inspection report and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **July 10, 2024**.


If I can be of any assistance, please contact me at [travis.harmon@adeq.state.ar.us](mailto:travis.harmon@adeq.state.ar.us) or (501) 837-2070.

Sincerely,

A handwritten signature in cursive script that reads "Travis Harmon".

Inspector, Office of Water Quality

CC via email: [chris.ashcraft@arkansas.gov](mailto:chris.ashcraft@arkansas.gov) [lisa.ellison@arkansas.gov](mailto:lisa.ellison@arkansas.gov) [ronald.riley@arkansas.gov](mailto:ronald.riley@arkansas.gov)

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>				
	AFIN: 33-00036		PERMIT #: AR0044016		DATE: 6/6/2024
	COUNTY: 33 Izard		PDS #: 130669		MEDIA: WN
	GPS LAT: 36.166551 LONG: -92.152031 LOCATION: General Area				
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>		
NAME: <b>Arkansas Dept. of Correction North Central</b> LOCATION: <b>10 Prison Circle</b> CITY: <b>Calico Rock, AR 72519</b>			FACILITY TYPE: <b>2 - Industrial</b> INSPECTOR ID#: <b>34689 S - State</b>		
			FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>6/6/2024</b> ENTRY TIME: <b>11:00</b> EXIT TIME: <b>12:00</b> PERMIT EFFECTIVE DATE: <b>6/1/2021</b>		
			PERMIT EXPIRATION DATE: <b>5/31/2026</b>		
<b>RESPONSIBLE OFFICIAL</b>					
NAME / TITLE: <b>Mr. Richard Cooper / Asst. Director</b> COMPANY: <b>Arkansas Department of Corrections- North Central Unit</b> MAILING ADDRESS: <b>PO Box 8707</b> CITY, STATE, ZIP: <b>Pine Bluff AR 71603</b> PHONE & EXT: / FAX: <b>870-267-6620 /</b> EMAIL: <b>richard.cooper@arkansas.gov</b>			FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>		
CONTACTED DURING INSPECTION: <b>Yes</b>			<b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Chris Ashcraft/ chris.ashcraft@arkansas.gov</b> <b>Lisa Ellison/ lisa.ellison@arkansas.gov</b> <b>Ronald Riley/ ronald.riley@arkansas.gov</b>		
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>N</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
I found no new permit violations at the time of inspection. The facility has previously reported exceedances from November 2023 through April 2024 in monthly DMR.					

**GENERAL COMMENTS**

**Introduction**

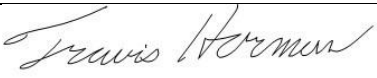

I inspected June 6, 2024. The inspection was scheduled and Mr. Chris Ashcraft and Mr. Ronald Riley, Operators, represented the facility. ADC operates a WWTP at the North Central Unit, designed to treat 0.09 MGD.

**WWTP Inspection**

I inspected the WWTP from influent to final effluent. Stages of treatment include a recently installed mechanical bar screen, a second barscreen, a third barscreen, an oxidation ditch, two secondary clarifiers in series, and UV disinfection. All systems of treatment appeared to be properly maintained at the time of inspection and RAS appeared the appropriate color. There was some foaming in the oxidation ditch, presumably biological in nature. The foam remained in a portion of the oxidation ditch. The effluent flow meter was calibrated by an outside source in April 2024. The facility also operates covered sludge drying beds for land application under 5124-WR-2.

**Records Review**

I reviewed monthly DMR from May 2023 through April 2024. During this time period, the facility reported exceedances of NO3+NO2-N in November through April, FCB in February and April, and CBOD in March. These exceedances were properly reported in monthly DMR. Ms. Lisa Ellison, Administrative Specialist, provided the April 2024 sample collection and custody sheet, associated lab analysis, and monthly flow records for review. Samples are analyzed by Arkansas Analytical, Inc.

INSPECTOR'S SIGNATURE:  Travis Harmon	DATE: 6/17/2024
SUPERVISOR'S SIGNATURE:  Amy Huneycutt	DATE: 6/17/2024

**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 ☐NE2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: ☐Y ☐N ☒NA ☐NE3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: ☒Y ☐N ☐NA ☐NE4. 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 ☐NE2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: ☒S ☐M ☐U ☐NA ☐NEa. DATES AND TIME(S) OF SAMPLING: ☒Y ☐N ☐NA ☐NEb. EXACT LOCATION(S) OF SAMPLING: ☒Y ☐N ☐NA ☐NEc. NAME OF INDIVIDUAL PERFORMING SAMPLING: ☒Y ☐N ☐NA ☐NEd. ANALYTICAL METHODS AND TECHNIQUES: ☒Y ☐N ☐NA ☐NEe. RESULTS OF CALIBRATIONS: ☐Y ☐N ☐NA ☒NEf. RESULTS OF ANALYSES: ☒Y ☐N ☐NA ☐NEg. DATES AND TIMES OF ANALYSES: ☒Y ☐N ☐NA ☐NEh. NAME OF PERSON(S) PERFORMING ANALYSES: ☒Y ☐N ☐NA ☐NE3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: ☐S ☐M ☐U ☐NA ☒NE4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: ☐S ☐M ☐U ☐NA ☒NE5. 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:

1. TREATMENT UNITS PROPERLY OPERATED: ☒S ☐M ☐U ☐NA ☐NE2. TREATMENT UNITS PROPERLY MAINTAINED: ☒S ☐M ☐U ☐NA ☐NE3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: ☒S ☐M ☐U ☐NA ☐NE4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: ☐S ☐M ☐U ☒NA ☐NE5. ALL NEEDED TREATMENT UNITS IN SERVICE: ☒S ☐M ☐U ☐NA ☐NE6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: ☒S ☐M ☐U ☐NA ☐NE7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: ☒S ☐M ☐U ☐NA ☐NE8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: ☒Y ☐N ☐NA ☐NE9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: ☒Y ☐N ☐NA ☐NE10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: ☒Y ☐N ☐NA ☐NE11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: ☐Y ☒N ☐NA ☐NE12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: ☐Y ☐N ☒NA ☐NE13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: ☐Y ☐N ☒NA ☐NE14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: ☐Y ☒N ☐NA ☐NE15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: ☐Y ☐N ☒NA ☐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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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	<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:___ TYPE OF DEVICE: <u>45 degree v-notch weir</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>Calibrated April 2024</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: <u>Contractor sticker</u>	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 Analytical, Inc.</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>All</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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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: <u>Viewed at weir</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	none	none	clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL 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. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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): <u>Agricultural- 5124-WR-2</u>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
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	<u>2024</u>	<u>04</u>	<u>01</u>	To	<u>2024</u>	<u>04</u>	<u>30</u>
		Year	Month	Day		Year	Month	Day

**Parameter Checked:** TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Daily Max. - mg/l
Reported Value:	3.9	5.5	5.5
Calculated Value:	3.898	5.5	5.5
Permit Value:	11.3	15.0	22.5

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

### DMR Calculation Check

Reporting Period:	From	<u>2024</u>	<u>04</u>	<u>01</u>	To	<u>2024</u>	<u>04</u>	<u>30</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: CBOD



	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	Daily Max. - mg/l
Reported Value:	<u>1.42</u>	<u>2.0</u>	<u>2.0</u>
Calculated Value:	<u>1.417</u>	<u>2.0</u>	<u>2.0</u>
Permit Value:	7.5	10	15

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



Office of Water Quality Photographic Evidence Sheet				
Location: <b>Arkansas Dept. of Correction North Cent</b>				
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>	Time: <b>1115</b>	
Witness: <b>None- no other regulatory personnel</b>			Photo #: <b>1</b>	
Description: <b>New mechanical bar screen- AR0044016C</b>				
				
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>	Time: <b>1115</b>	
Witness: <b>None</b>			Photo #: <b>2</b>	
Description: <b>New mechanical barscreen</b>				
				



Office of Water Quality Photographic Evidence Sheet				
Location: <b>Arkansas Dept. of Correction North Cent</b>				
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>	Time: <b>1115</b>	
Witness: <b>None</b>		Photo #: <b>3</b>		
Description: <b>Barscreen downstream of mechanical barscreen</b>				
				
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>	Time: <b>1115</b>	
Witness: <b>None</b>		Photo #: <b>4</b>		
Description: <b>Additional barscreen prior to the oxidation ditch</b>				
				




Office of Water Quality Photographic Evidence Sheet					
Location: <b>Arkansas Dept. of Correction North Cent</b>					
Photographer:	<b>Travis Harmon</b>	Date:	<b>June 6, 2024</b>	Time:	<b>1118</b>
Witness:	<b>None</b>			Photo #:	<b>5</b>
Description: <b>Oxidation ditch</b>					
					
Photographer: <b>Travis Harmon</b>					
Date: <b>June 6, 2024</b>		Time: <b>1119</b>			
Witness: <b>None</b>		Photo #: <b>6</b>			
Description: <b>RAS</b>					
					



Office of Water Quality Photographic Evidence Sheet				
Location: <b>Arkansas Dept. of Correction North Cent</b>				
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>	Time: <b>1119</b>	
Witness: <b>None</b>			Photo #: <b>7</b>	
Description: <b>Biological caused foam in the oxidation ditch. Remains in oxidation ditch.</b>				
				
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>	Time: <b>1120</b>	
Witness: <b>None</b>			Photo #: <b>8</b>	
Description: <b>Two secondary clarifiers in series</b>				
				





Office of Water Quality Photographic Evidence Sheet			
Location: <b>Arkansas Dept. of Correction North Cent</b>			
Photographer:	<b>Travis Harmon</b>	Date:	<b>June 6, 2024</b>
Time:	<b>1121</b>	Witness:	<b>None</b>
Photo #:	<b>9</b>	Description: <b>Second secondary clarifier</b>	



Photographer:	<b>Travis Harmon</b>	Date:	<b>June 6, 2024</b>
Time:	<b>1121</b>	Witness:	<b>None</b>
Photo #:	<b>10</b>	Description: <b>Anthracite filtration</b>	





Office of Water Quality Photographic Evidence Sheet					
Location: <b>Arkansas Dept. of Correction North Cent</b>					
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>		Time: <b>1122</b>	
Witness: <b>None</b>				Photo #: <b>11</b>	
Description: <b>Post aeration</b>					
					
Photographer: <b>Travis Harmon</b>		Date: <b>June 6, 2024</b>		Time: <b>1123</b>	
Witness: <b>None</b>				Photo #: <b>12</b>	
Description: <b>Effluent weir and view of final effluent quality. Suggested they re-locate the hanging bag so it doesn't cause inflated flow readings.</b>					
					



Office of Water Quality Photographic Evidence Sheet						
Location:		Arkansas Dept. of Correction North Cent				
Photographer:		Travis Harmon	Date:	June 6, 2024	Time:	1124
Witness:		None			Photo #:	13
Description:		UV disinfection				
 A photograph showing a person's legs and feet standing next to a long, narrow concrete channel. Inside the channel, there is a metal frame structure, likely for UV disinfection. The ground is gravelly with some grass. A timestamp "06.06.2024 11:24" is visible in the bottom right corner of the photo.						
Photographer:		Travis Harmon	Date:	June 6, 2024	Time:	1130
Witness:		None			Photo #:	14
Description:		Sludge drying beds				
 A photograph showing a large, rectangular concrete basin filled with dark, wet sludge. The basin is covered by a metal roof structure supported by pillars. In the background, there are other industrial structures and a yellow tank. A timestamp "06.06.2024 11:30" is visible in the bottom right corner of the photo.						



**Google Earth:**





**From:** Ben Cobb <bcobb@mce.us.com>  
**Sent:** Thursday, June 27, 2024 2:14 PM  
**To:** Water-Inspection-Report@adeq.state.ar.us  
**Cc:** Jason Temple; Richard Cooper (DOC); Beecher Brodnax (DOC); Ronald Riley (DOC); Chris Ashcraft (DOC); Sandra Jefferson (DOC); James Flannery (DOC); Adam Triche; Tiana.Toups@adeq.state.ar.us  
**Subject:** Response to Inspection conducted 6/6/24 for NCU  
**Attachments:** Response to ADEQ 130669-insp.pdf; Response to ADEQ 130671-insp.pdf  
  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

To whom it may concern,

Please see attached response letters to the inspections conducted for the AR0044016 permit and the AR0044016C permit.

Thanks,



**Benjamin Cobb**  
Intern  
W (501) 371.0272  
C: (903) 826.9727  
7302 Kanis Road  
Little Rock, AR 72204

June 27, 2024

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Mr. Travis Harmon  
Inspector, Office of Water Quality  
5301 Northshore Drive  
North Little Rock, Arkansas 72118

RE: Arkansas Department of Correction-North Central Unit (AR0044016) WWTP  
Inspection 130669

Dear Mr. Harmon,

In regards to the inspection conducted at the Arkansas Department of Correction (ADC) North Central Unit (NCU) wastewater treatment plant (WWTP) on June 6, 2024, McClelland Consulting Engineers (MCE) reviewed the report issued by the Division of Environmental Quality (DEQ), and based on the summary of findings there are no new violations to implement corrective actions towards.

Jason C. Temple, P.E.



**MCE** McCLELLAND  
CONSULTING  
DESIGNED TO SERVE ENGINEERS, INC.

Senior Project Manager MCE-Little Rock  
(501) 371.0272  
[dhernandez@mce.us.com](mailto:dhernandez@mce.us.com)



**DIVISION OF  
ENVIRONMENTAL QUALITY**

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

August 22, 2024

Mr. Richard Cooper, Asst. Director  
Arkansas department of Corrections North Central Unit  
PO Box 8707  
Pine Bluff, AR 71603  
Email Address: Richard.Cooper@arkansas.gov

RE: Adequate Response to ADOC North Central Unit Inspection- PDS# 130669 & 130671  
AFIN: 33-00036 Permit No.: AR0044016 & AR0044016C

Dear Mr. Cooper:

I have reviewed the response pertaining to my inspection of the North Central Unit WWTP. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this inspection. Acceptance of this response by the Division does not preclude any future enforcement action deemed necessary at this site or any other site.

If I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions please contact me at (501) 837-2070 or you may email me [travis.harmon@arkansas.gov](mailto:travis.harmon@arkansas.gov).

Sincerely,

A handwritten signature in cursive script that reads "Travis Harmon".

Travis Harmon  
Inspector, Office of Water Quality