



**DIVISION OF  
ENVIRONMENTAL  
QUALITY**

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

February 10, 2025

Blake Marotti, General Manager  
Wynne Water Utilities  
121 E. Merriman  
Wynne, AR 72396  
Email Address: [bmarotti@wynnewater.com](mailto:bmarotti@wynnewater.com)

RE: Wynne Water Utilities Inspection -PDS# 131741 & 131934 (Cross Co.)  
AFIN: 19-00071 Permit No.: AR0021903

Dear Mr. Marotti:

On August 28, 2024, 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 attached inspection reports for any comments regarding these inspections.


If I can be of any assistance, please contact me at [Sarah.Frasher@arkansas.gov](mailto:Sarah.Frasher@arkansas.gov) or 870-935-7221 ext.-15.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Frasher".

Sarah Frasher  
Inspector, Office of Water Quality

Cc: Richard Healey, E&E: DEQ, OWQ Enforcement Branch, [Richard.Healey@arkansas.gov](mailto:Richard.Healey@arkansas.gov)

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>				
	AFIN: 19-00071		PERMIT #: AR0021903		DATE: 8/28/2024
	COUNTY: 19 Cross		PDS #: 131741		MEDIA: WN
	GPS LAT: 35.224121 LONG: -90.793967 LOCATION: Entrance				
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>		
NAME: <b>Wynne Water Utilities</b> LOCATION: <b>706 W. Martin Drive</b> CITY: <b>Wynne</b>			FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>112347 S - State</b>		
			FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>8/28/2024</b> ENTRY TIME: <b>10:00</b> EXIT TIME: <b>10:39</b> PERMIT EFFECTIVE DATE: <b>2/1/2024</b> PERMIT EXPIRATION DATE: <b>1/31/2029</b>		
<b>RESPONSIBLE OFFICIAL</b>					
NAME: / TITLE <b>Blake Marotti / General Manager</b> COMPANY: <b>Wynne Water Utilities</b> MAILING ADDRESS: <b>121 E. Merriman</b> CITY, STATE, ZIP: <b>Wynne AR 72396</b> PHONE & EXT: / FAX:  EMAIL: <b>bmarotti@wynnewater.com</b>			FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>		
CONTACTED DURING INSPECTION: <b>No</b>			<b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Josh Weaver/ Wastewater Treatment Supervisor</b>		
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>U</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>N</b>	RECORDS/REPORTS	<b>N</b>	LABORATORY	<b>M</b>	FACILITY SITE REVIEW
<b>M</b>	OPERATION & MAINTENANCE	<b>M</b>	EFFLUENT/RECEIVING WATER	<b>U</b>	SELF-MONITORING PROGRAM
<b>N</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				

**SUMMARY OF FINDINGS**

This facility received extensive damage during a severe weather event resulting in an EF3 tornado on March 31, 2023. The DEQ issued Emergency Order LIS 23-028 which allows the equalization basin to be used as a temporary treatment facility. On November 21, 2024, the DEQ executed Consent Administrative Order (CAO) LIS 24-162 which will become effective on January 7, 2025, and close the Emergency Order.

The following items were noted at the time of the inspection and must be corrected as soon as possible with a written update regarding the corrective action taken included in the first quarterly progress report required by CAO LIS 24-162:

1. The newly installed influent pipe is discharging onto the slope of the equalization basin levee (Photos 2-3). This has the potential to cause erosion and compromise the integrity of the levee.
2. The facility was not making any formal efforts to disinfect the wastewater prior to discharge as required by Item 2.d. of the Emergency Order. (Photos 9-10).
3. The facility was not making reasonable efforts to measure flow volume of the discharge as required by Item 2.f of the Emergency Order.

**GENERAL COMMENTS**

Both the Emergency Order and the CAO require monthly reporting of the status of emergency treatment and sample results.

A Reconnaissance Inspection (PDS# 131934) was performed on 9/11/2024 in response to a complaint (PDS# 033381). Please see the separate report for details.

Walter Kincade, DEQ Inspector, also participated in this inspection.

INSPECTOR'S SIGNATURE:



**Sarah Frasher**

DATE: **12/6/2024**

SUPERVISOR'S SIGNATURE:



**Brent L. Walker**

DATE: **12/9/2024**

## 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 checked="" type="checkbox"/> N <input 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: Laboratory results are sent to DEQ.

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:                                  | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |

## SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED ☐S ☒M ☐U ☐NA ☐NE

### DETAILS: Influent pipe discharges to slope of levee

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:   | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED:   | <input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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                            |

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <u>Laboratory results sent to DEQ.</u>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>No flow measuring device available at this time.</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
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: <u>Laboratory results are sent to DEQ.</u>	
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 ≥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 ≥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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Water is discharged from effluent pipe directly to outfall with no disinfection.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Low	None	None	Green	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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 the 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):							
<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	

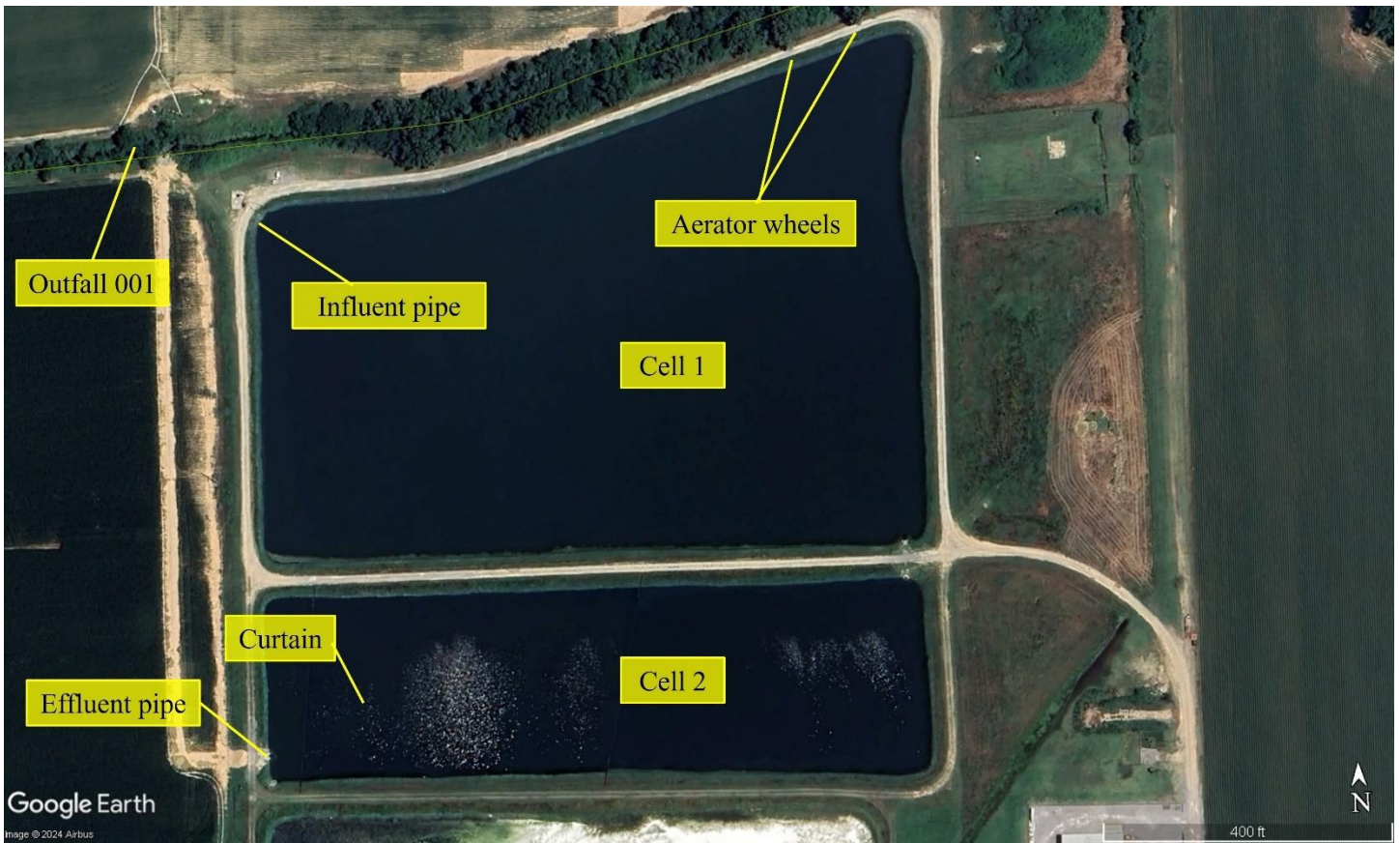






Figure 1. Google Earth map of the Wynne Water Utilities lagoon for Emergency Treatment of wastewater. Labels are placed to highlight the different areas of treatment.







Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Wynne Water Utilities</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Witness:	<b>Walter Kincade</b>	Time:	<b>10:05</b>
		Photo #:	<b>1</b>
Description:	<b>View of cell 1 where influent enters the lagoon.</b>		
			
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Witness:	<b>Walter Kincade</b>	Time:	<b>10:38</b>
		Photo #:	<b>2</b>
Description:	<b>View of the influent pipe. Note the distance from the lagoon.</b>		
			





Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Wynne Water Utilities</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Time:	<b>10:37</b>		
Witness:	<b>Walter Kincade</b>		Photo #:
<b>3</b>			
Description:	<b>View of influent pipe. Note washout/erosion of levee.</b>		
 <p style="color: orange; font-weight: bold; position: absolute; bottom: 10px; right: 10px;">08.28.2024 10:37</p>			
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Time:	<b>10:05</b>		
Witness:	<b>Walter Kincade</b>		Photo #:
<b>4</b>			
Description:	<b>View of cell 2. Note the paddlewheel aerator.</b>		
 <p style="color: orange; font-weight: bold; position: absolute; bottom: 10px; right: 10px;">08.28.2024 10:05</p>			



Office of Water Quality Photographic Evidence Sheet			
Location: <b>Wynne Water Utilities</b>			
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Witness:	<b>Walter Kincade</b>	Time:	<b>10:28</b>
Photo #:		<b>5</b>	
Description: <b>View of the paddlewheel aerator in cell 2.</b>			
			
Photographer:		<b>Sarah Frasher</b>	Date:
Witness:		<b>Walter Kincade</b>	Time:
Photo #:		<b>6</b>	
Description: <b>View of the pump station that was previously used for influent</b>			
			

Office of Water Quality Photographic Evidence Sheet				
Location: <b>Wynne Water Utilities</b>				
Photographer: <b>Sarah Frasher</b>		Date: <b>8/28/2024</b>	Time: <b>10:27</b>	
Witness: <b>Walter Kincade</b>			Photo #: <b>7</b>	
Description: <b>Overview of cell 2.</b>				
				
Photographer: <b>Sarah Frasher</b>		Date: <b>8/28/2024</b>	Time: <b>10:26</b>	
Witness: <b>Walter Kincade</b>			Photo #: <b>8</b>	
Description: <b>View of the curtain of the final cell.</b>				
				



Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Wynne Water Utilities</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Witness:	<b>Walter Kincade</b>	Time:	<b>10:16</b>
Photo #:	<b>9</b>		
Description:	<b>View of the outfall structure.</b>		
			
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2024</b>
Witness:	<b>Walter Kincade</b>	Time:	<b>10:12</b>
Photo #:	<b>10</b>		
Description:	<b>Close-up view of the effluent pipe.</b>		
			

**From:** Blake Marotti <bmarotti@wynnewater.com>  
**Sent:** Monday, February 10, 2025 10:54 AM  
**To:** Water-Inspection-Report@adeq.state.ar.us  
**Cc:** Brent Walker (adpce.ad); Richard Healey (adpce.ad)  
**Subject:** Wynne Water Utilities - Wastewater Inspections 131741 & 131934

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

To Whom It May Concern,

I have received the inspection reports, from Ms. Marshall, for the Temporary Wastewater Lagoons. I am aware of the recent grab sample results, and we have been taking several measures to improve the fecal numbers during the cold weather months (i.e. running all of the aerators 24/7 and currently having a local fabrication shop build a custom riser gate at the effluent pipe to allow for additional holding time).

We are also currently in the process of building a temporary structure to house the hypochlorite tank and chem pump skid. It is important to get this equipment under roof and enclosed so that proper insulation measures can be taken so that the hypo does not freeze. I fully expect to have the chem feed pumps operational and disinfecting wastewater with the disinfection bay of the lagoons this month. Regarding the flow measurement, I have spoken with John Keckler of ISI and he will be installing a temporary battery powered flow measurement device at the outfall this week. Regarding the influent pipe, we will get the slope framed up and concrete poured for a "splash block" within the referenced area to eliminate the possibility of further erosion.

I apologize for these issues, and they will be remedied ASAP. Thank you for your time and If there's any further information that you need, please contact me at your convenience.

Thanks,

Blake Marotti  
General Manager  
(870) 238-2751 | [www.wynnewater.com](http://www.wynnewater.com)



550 N. Falls Blvd. | Wynne, AR 72396