

February 5, 2010

Ted Suhl Rolling Hills Investments, Inc. 1033 Old Burr Road Warm Springs, AR 72478-9077

RE: Sunset Bay AFIN: 04-00464 Permit No.: 4543-W

Dear Mr. Suhl:

On January 22, 2010, I performed a routine compliance inspection of the waste treatment and disposal facility in accordance with the provisions of the Arkansas Water and Air Pollution Control Act and the regulations promulgated there under. This inspection revealed the following violation:

Facility has been operating under an expired permit since September 6, 2003. This is in violation of Condition 24 of the permit. **2nd Repeat Violation.** According to the Benton County Assessor's Office, it appears that you became owner of this property during November 2008.

The above item requires your immediate attention. Please submit a written response to this finding to Cindy Garner, Water Division Enforcement Branch Manager. This response should be mailed to the address below. This response should contain documentation describing the course of action planned to correct/address the item noted. This corrective action should be completed as soon as possible, and the written response is due by February 16, 2010.

For additional information you may contact the enforcement section by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 479-267-0811, ext. 12 (<u>west@adeq.state.ar.us</u>). Sincerely,

alison West

Alison West District 1 Field Inspector Water Division

cc: Water Division Enforcement Branch Water Division Permits Branch

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ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

STATE SANITARY TREATMENT SYSTEM INSPECTION FORM

AFIN	: 04-00464	Log No.:	
Permi	t No.: 4543-W	Inspection Date: January 22, 2010	
Media	a: Water	Inspector: Alison West	
		Compliance Status: OUT	
1A.	Name of Facility: <u>Sunset Bay</u>	Subdivision	
2A.	Location: Old Prairie Creek Road, ~1 mile from Hwy 12E on the left		
3A.	Telephone: 870-930-8500 cell or 870-647-2541 business County: Benton		
4A.	Name of On-Site Representative: NA		
5A.	Name of Responsible Official: Ted Suhl, Rolling Hills Investments, LLC		
	Mailing Address: <u>1033 Old B</u> Warm Springs, AR 72478-90		
6A.	Operators Name: <u>Mike Whit</u>		
- 7A.	Licensed Operator? Yes X	No N/A Class of License _ II	
8A.	Date of Last Inspection: September 29, 2009		
9A.	Principal Type of Waste Received: Domestic Sewage		
10A.	Are there any additions, corrections or repairs to the facility since the last inspection? <u>N/A</u>		
11A.		nt, list type, manufacturer's name and address and approx. ecirculating Sand Filter, Orenco, ~8 years.	

12A. What is the appearance of effluent? <u>N/A</u>

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		Pa	ge 2 of 3
13A.	Is there any visible effect on receiving stream? <u>N/A</u>		
14A.	Are there any complaints against this facility? Yes \underline{X} Normality Normality Normality Normality Normality Normality Superior Normality Superio		
	Operation and Maintenance		
1B. 2B. 3B. 4B. 5B. 6B. 7B.	Are odors a problem at the plant? Is industrial waste a problem? Is infiltration a problem? Does plant have a flow meter? Is flow measuring device properly operated? Flow measuring device being properly calibrated? Are all treatment units in service? If no, what units are out and why? <u>Recirculating Sand Filte</u> <u>Recirculating sand filter #1, 2, 4, and 5 are not being used</u>		N/AX N/A N/A N/A X N/A X N/A X N/A
8B.	Is overall maintenance satisfactory? If no, list areas for improvement: <u>There are areas where the liner is torn at recirc sand filter</u>	Yes No <u>X</u> #3.	N/A
9B.	Are operating records kept? If yes, describe:	Yes No	N/A <u>X</u>
10 B .	Are maintenance records kept? If yes, describe:	Yes No	N/A <u>X</u>
11 B .	Are samples routinely taken?	Yes No <u>X</u>	_ N/A
12B.	Are sampling techniques adequate?	Yes No	N/A <u>X</u>
13B.	Are lab records adequate?	Yes No	N/A <u>X</u>

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14B.	What laboratory does the facility use? N/A			
	Address:	_Telephon	e:	
15B.	Are solids or sludge's disposed of ?	Yes	No	N/A <u>X</u>
16B.	Are Solids or sludge's disposed of adequately? Explain (including destination): <u>According to Mr. White</u> owners are responsible for septic tanks at the residence.			N/A <u>X</u> 008, property
17B.	Are all treatment units operational	Yes	No X	N/A

18B. In the space below, furnish a simplified diagram or the flow diagram or a written description of the separate plant units in flow sequence. Include whether flow to the plant is pump or gravity.

SUMMARY OF FINDINGS/COMMENTS

The permit has been operating without a permit since September 28, 2003. Recirculating sand filter 5 was collapsed at time of inspection and is not being used at this time. Unable to determine if complete records were being maintained and current of all activities related to the removal of waste materials accumulated in the septic tanks and other vessels or components of the waste disposal system. Grab samples are not being obtained at the peak loading period from each individual recirculating sand filter. According to the Department's records, Mr. Whitehead has received a Class II wastewater operator's license. Complete biannual operational reports covering May-October and November through April are not being submitted to the Department. According to Mr. Whitehead on August 8, 2008, the two force main lines at the hair pin near the corner of lot 8 were intercepted and a manifold was installed to transport sewage to recirculating sand filter #3. According to Mr. Whitehead on August 8, 2008, the tank broke at Lot 56 due to settling. The tank was fiber glassed in approximately April of 2008. According to Mr. Whitehead during the August 8, 2008, inspection, the high level alarms are activated after a substantial rain event. The recirculating sand filter liner was torn at the #3 recirc sand filter. At the time of inspection, I was unable to determine if there is any surfacing at the leach fields due to the height of vegetation. Unable to determine if inspection ports were installed at the end of each lateral lines and in the middle as indicated in drawings. This inspection is being referred to Water Division Enforcement Branch.

Inspector Signature: On Alison West	_Date of Report: <u>2-3-2010</u>
Signature of Reviewer: Dele D. Washam	Date of Review: February 4, 2010