DIVISION OF ENVIRONMENTAL QUALITY

Sarah Huckabee Sanders
GOVERNOR
Shane E. Khoury
SECRETARY

May 1, 2025

Gary L. Smith, Executive Director
City of Texarkana
P.O Box 2008
Texarkana, TX 75504
Email Address: Gsmith@txkusa.org

RE: City of Texarkana-North WWTP Inspection- PDS# 133183
AFIN: 46-00237 Permit No.: AR0048691

Dear Mr. Smith:

On March 19th, 2025, I performed a Compliance Evaluation 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 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. 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 **May 16, 2025**.

If I can be of any assistance please contact me at Elizabeth.Givens@arkansas.gov or 501-607-7310.

Sincerely,

Elizabeth Givens
Inspector, Office of Water Quality

ENVIRONMENTAL QUALITY

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: **46-00237**	PERMIT #: **AR0048691**	DATE: **3/19/2025**
COUNTY: **46 Miller**	PDS #: **133183**	MEDIA: **WN**
GPS LAT: **33.5030** LONG: **-94.0116** LOCATION: **Entrance**		

FACILITY INFORMATION

NAME:
City of Texarkana-North WWTP
LOCATION:
8301 Sanderson Lane
CITY:
Texarkana

RESPONSIBLE OFFICIAL

NAME: / TITLE
Gary L. Smith / Executive Director
COMPANY:
City of Texarkana
MAILING ADDRESS:
P.O Box 2008
CITY, STATE, ZIP:
Texarkana TX 75504
PHONE & EXT: / FAX:
903-793-0610 /
EMAIL:
Gsmith@txkusa.org

CONTACTED DURING INSPECTION: **Yes**

INSPECTION INFORMATION

FACILITY TYPE: **1 - Municipal**
INSPECTOR ID#: **148393 S - State**
FACILITY EVALUATION RATING: **3 - Satisfactory**
INSPECTION TYPE: **Compliance Evaluation**
DATE(S): **3/19/2025**
ENTRY TIME: **10:00**
EXIT TIME: **11:57**
PERMIT EFFECTIVE DATE: **11/1/2020**
PERMIT EXPIRATION DATE: **10/31/2025**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Brandon Tidwell: Operator, Lic # 013887
Randal Critttendon: WasteWater Superintendent

AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

S	PERMIT	**S**	FLOW MEASUREMENT	**S**	STORMWATER
S	RECORDS/REPORTS	**N**	LABORATORY	**S**	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	**S**	EFFLUENT/RECEIVING WATER	**S**	SELF-MONITORING PROGRAM
S	SAMPLING	**S**	SLUDGE HANDLING/DISPOSAL	**S**	PRETREATMENT
******	OTHER:				

SUMMARY OF FINDINGS

A NetDMR review revealed that in May of 2024, there was an exceedance of the monthly average for Sulfates. A NCR was not submitted for this exceedance. The review also revealed that in December of 2024, an exceedance of the 7-day average of flow occurred. An NRC was not submitted for this violation. This is a violation of permit condition Part III. (D)(7).

GENERAL COMMENTS
An inspection was conducted on March 19th, 2025, with the above-mentioned participants at the Texarkana North Wastewater Treatment Plant. A site assessment and records review were performed. **Site assessment:** **Treatment consists of a lift station, bar screen, grit removal, aerated activated sludge, secondary clarification, post aeration, and UV disinfection. Gravity flow combined with lift stations convey untreated influent to the lift station located at the facility (see photos 1-3). From here, municipal wastewater is continued to the aeration basins (see photo 7). After the aeration basin, wastewater continues to a secondary clarification unit (see photos 5,6). The facility has two clarifiers run on an alternate basis as needed. Sludge is wasted from the secondary clarifier to a pump station wet-well and is pumped to the City of Texarkana WWTP in Texas. Sludge is cycled roughly twice per week and allowed to settle, if high it is sampled. Following clarification, wastewater enters a post-aeration basin (see photo 15) and is then routed through UV disinfection (see photos 12,14). The post-aeration basin is cleaned monthly; water is drained and cycled back through the plant allowing for cleaning and any needed maintenance to occur. The vertical UV disinfection system is cleaned once per week. Mr. Tidwell cleans the bulbs by submersing them in a vat of muriatic acid (see photo 13). Treated and disinfected wastewater is then routed through a Parshall flume featuring a secondary totalizer (see photo17) before discharge. A refrigerated composite sampler is located at the sample collection point, collecting 24-hour flow weighted aliquots (see photo 20)** **Of note: The facility has a mechanical grit and bar screen that was not operational at the time of inspection. Approximately three months prior to the date of this inspection the facility switched to manual bar screening removal. The manual bar screen is cleaned two to three times daily as needed (see photos 8-11)** **Records Review:** **Sample analysis is performed by the Texarkana Water Utilities Pollution Control Division Laboratory. Flow weighted 24-hour composite samples are collected every hour for NH3N, TSS, and CBOD parameter analysis; FCB, TDS, and Sulfates are collected via grab samples. Mr. Tidwell performs sample collection at the North WWTP. Records were organized and readily available upon request. A reporting error was noted for the month of November 2024. 7-day average for CBOD was reported as (3.7 mg/L). A review of laboratory analysis documents revealed a 7-day average of (4.46 mg/L). A corrected NetDMR report should be filed for this occurrence. The month of June 2024 showed no discrepancies during the records review.**

INSPECTOR'S SIGNATURE: **Elizabeth Givens**	DATE: **4/16/2025**
SUPERVISOR'S SIGNATURE: **Michael Young**	DATE: **04/24/2025**

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 ☐NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	☐Y ☑N ☐NA ☐NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑Y ☐N ☐NA ☐NE
4. 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 ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	☑S ☐M ☐U ☐NA ☐NE
a. DATES AND TIME(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
b. EXACT LOCATION(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	☑Y ☐N ☐NA ☐NE
d. ANALYTICAL METHODS AND TECHNIQUES:	☑Y ☐N ☐NA ☐NE
e. RESULTS OF CALIBRATIONS:	☑Y ☐N ☐NA ☐NE
f. RESULTS OF ANALYSES:	☑Y ☐N ☐NA ☐NE
g. DATES AND TIMES OF ANALYSES:	☑Y ☐N ☐NA ☐NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	☑S ☐M ☐U ☐NA ☐NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	☑S ☐M ☐U ☐NA ☐NE
5. 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 ☐NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	☑S ☐M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	☑S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	☑Y ☐N ☐NA ☐NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	☑Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	☑Y ☐N ☐NA ☐NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	☐Y ☑N ☐NA ☐NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	☐Y ☐N ☑NA ☐NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	☐Y ☐N ☑NA ☐NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	☐Y ☐N ☑NA ☐NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	☐Y ☐N ☑NA ☐NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y ☐N ☐NA ☐NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	☑Y ☐N ☐NA ☐NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y ☐N ☐NA ☐NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑Y ☐N ☐NA ☐NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	☑Y ☐N ☐NA ☐NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	☑Y ☐N ☐NA ☐NE

SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: **Yes** TYPE OF DEVICE: **Parshall flume**	☑Y ☐N ☐NA ☐NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y ☐N ☐NA ☐NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	☑Y ☐N ☐NA ☐NE
4. CALIBRATION FREQUENCY ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☑Y ☐N ☐NA ☐NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	☑Y ☐N ☐NA ☐NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	☑Y ☐N ☐NA ☐NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☑Y ☐N ☐NA ☐NE
9. HEAD MEASURED AT PROPER LOCATION:	☑Y ☐N ☐NA ☐NE

SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	☑Y ☐N ☐NA ☐NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☑Y ☐N ☐NA ☐NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y ☐N ☐NA ☐NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
7. COMMERCIAL LABORATORY USED:	☐Y ☑N ☐NA ☐NE
a. LAB NAME: **Texarkana Water Utilities Pollution Control Division**	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED: **CBOD, TSS/MLSS, COD, pH, NH3, Fecal Coliform, BOD, Sulfate**	
8. BIOMONITORING PROCEDURES ADEQUATE:	☐Y ☐N ☑NA ☐NE
a. PROPER ORGANISMS USED:	☐Y ☐N ☑NA ☐NE
b. PROPER DILUTION SERIES FOLLOWED:	☐Y ☐N ☑NA ☐NE
c. PROPER TEST METHODS AND DURATION:	☐Y ☐N ☑NA ☐NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	☐Y ☐N ☑NA ☐NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY — ☑S ☐M ☐U ☐NA ☐NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	Clear	--

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS — ☑S ☐M ☐U ☐NA ☐NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☑S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☑S ☐M ☐U ☐NA ☐NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS — ☐S ☐M ☐U ☑NA ☐NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: ☐Y ☐N ☑NA ☐NE
2. TYPE OF SAMPLE: ☐GRAB:__ ☐COMPOSITE:__ METHOD:__ FREQUENCY:
3. SAMPLES PRESERVED: ☐Y ☐N ☑NA ☐NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: ☐Y ☐N ☑NA ☐NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: ☐Y ☐N ☑NA ☐NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: ☐Y ☐N ☑NA ☐NE
7. SAMPLE SPLIT WITH PERMITTEE: ☐Y ☐N ☑NA ☐NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: ☐Y ☐N ☑NA ☐NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: ☐Y ☐N ☑NA ☐NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS — ☐S ☐M ☐U ☑NA ☐NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: ☐Y ☐N ☑NA ☐NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: ☐Y ☐N ☑NA ☐NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: ☐Y ☐N ☑NA ☐NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: ☐Y ☐N ☑NA ☐NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: ☐Y ☐N ☑NA ☐NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: ☐Y ☐N ☑NA ☐NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: ☐Y ☐N ☑NA ☐NE
8. LIST OF STRUCTURAL BMPS: ☐Y ☐N ☑NA ☐NE
9. LIST OF NON-STRUCTURAL BMPS: ☐Y ☐N ☑NA ☐NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: ☐Y ☐N ☑NA ☐NE
11. INSPECTIONS CONDUCTED AS REQUIRED: ☐Y ☐N ☑NA ☐NE

DMR Calculation Check

Reporting Period:	**From**	**2024**	**06**	**01**	**To**	**2024**	**06**	**30**
		Year	**Month**	**Day**		**Year**	**Month**	**Day**

Parameter Checked: **TSS**

	Loading Mass Mo. Avg. - lbs/day	**Concentration Monthly Mo. Avg. - mg/l**	**Concentration Monthly 7-day Avg. - mg/l**
Reported Value:	**17.2**	**4.76**	**8.2**
Calculated Value:	**--**	**4.76**	**8.2**
Permit Value:	**118.8**	**15.0**	**22.5**

If calculated value does not equal reported value, explain:

Equal

DMR Calculation Check

Reporting Period:	**From**	**2024** (Year)	**11** (Month)	**01** (Day)	**To**	**2024** (Year)	**11** (Month)	**30** (Day)

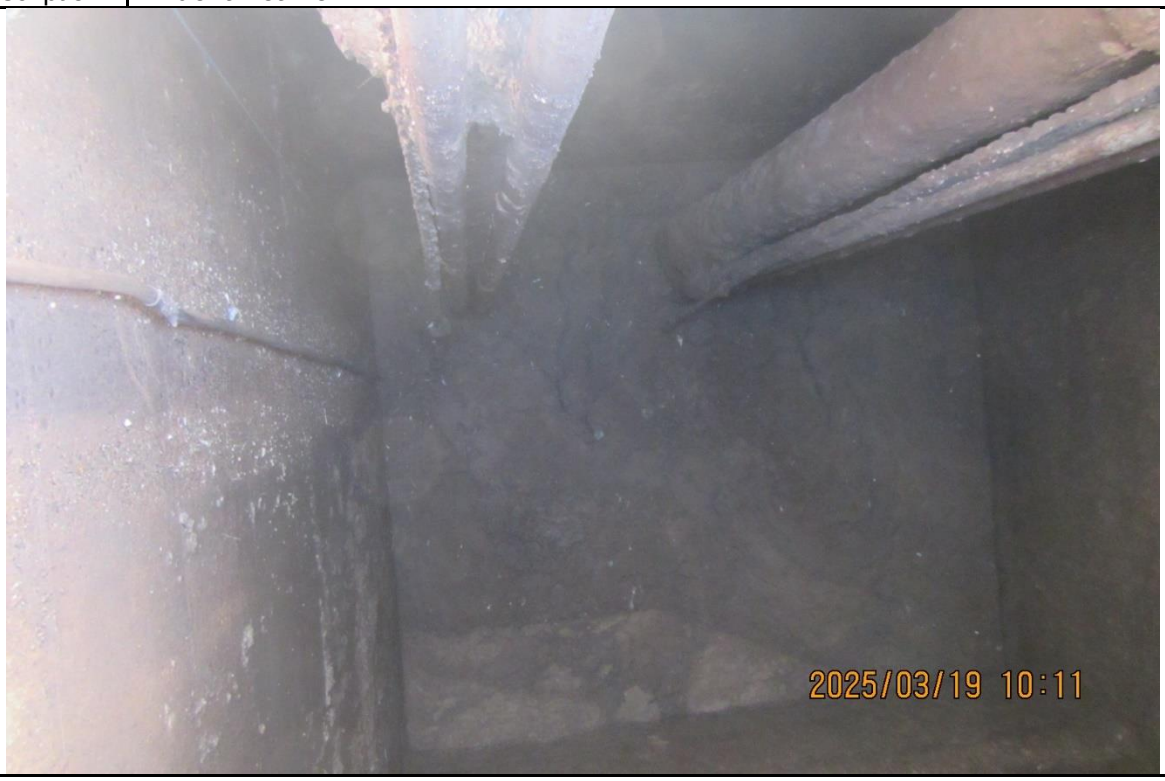
Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Concentration Monthly 7-day Avg. - mg/l
Reported Value:	13.0	2.8	3.7
Calculated Value:	--	2.822	4.46
Permit Value:	79.2	10.0	15.0

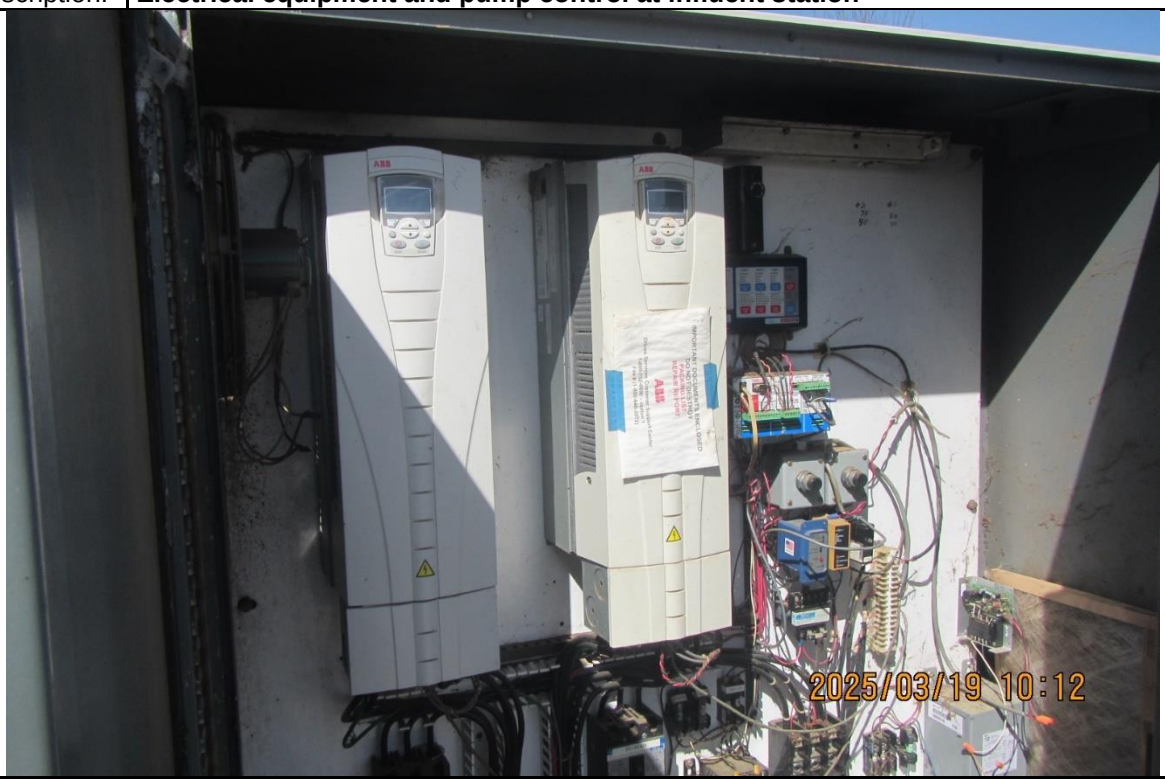
If calculated value does not equal reported value, explain:

Laboratory analysis records reflect a 7-day avg of 4.46.

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:11**
Witness:				Photo #:	**1**
Description:	**Influent wet-well**				

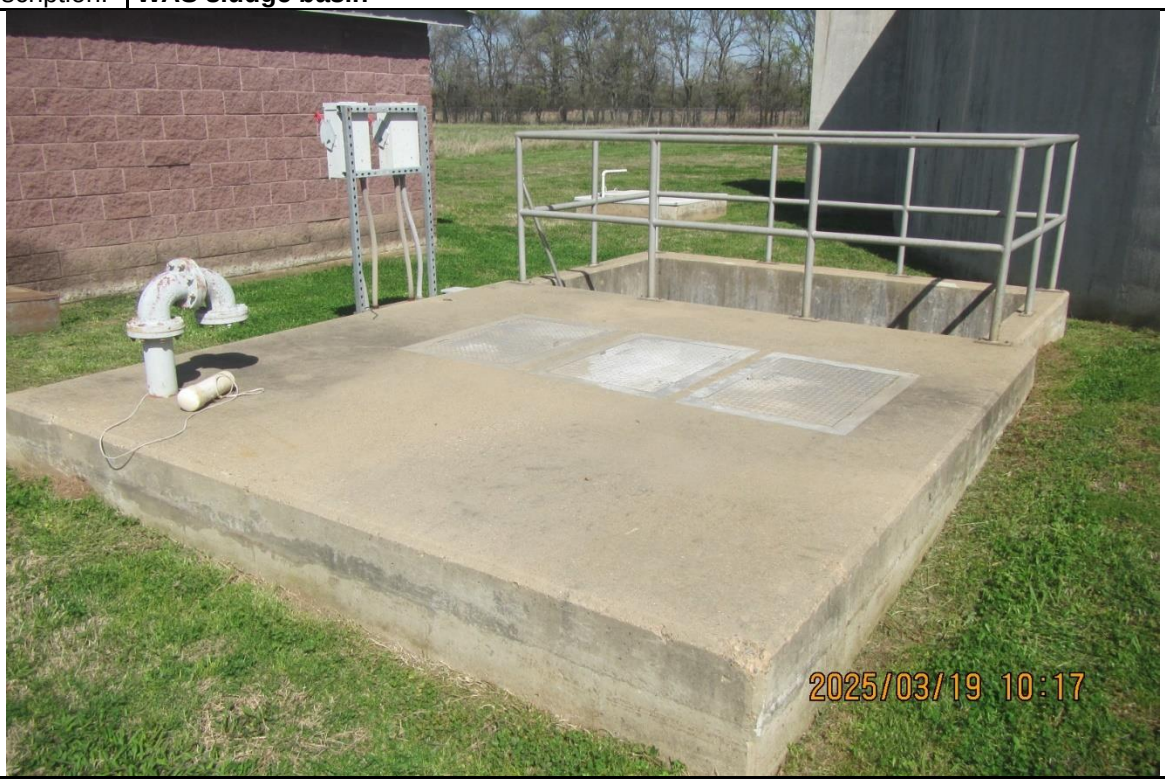


Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:12**
Witness:				Photo #:	**2**
Description:	**Electrical equipment and pump control at influent station**				

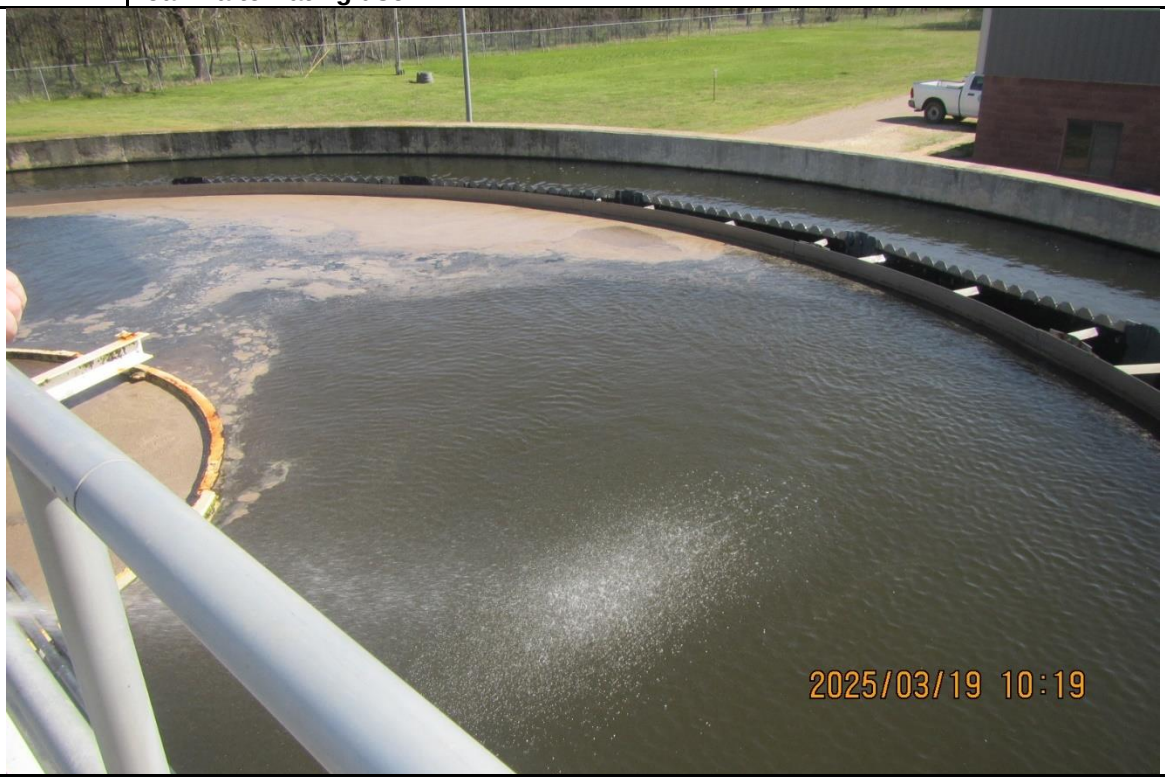


Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:13**
Witness:				Photo #:	**3**
Description:	**Overview of influent pump station**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:17**
Witness:				Photo #:	**4**
Description:	**WAS sludge basin**				

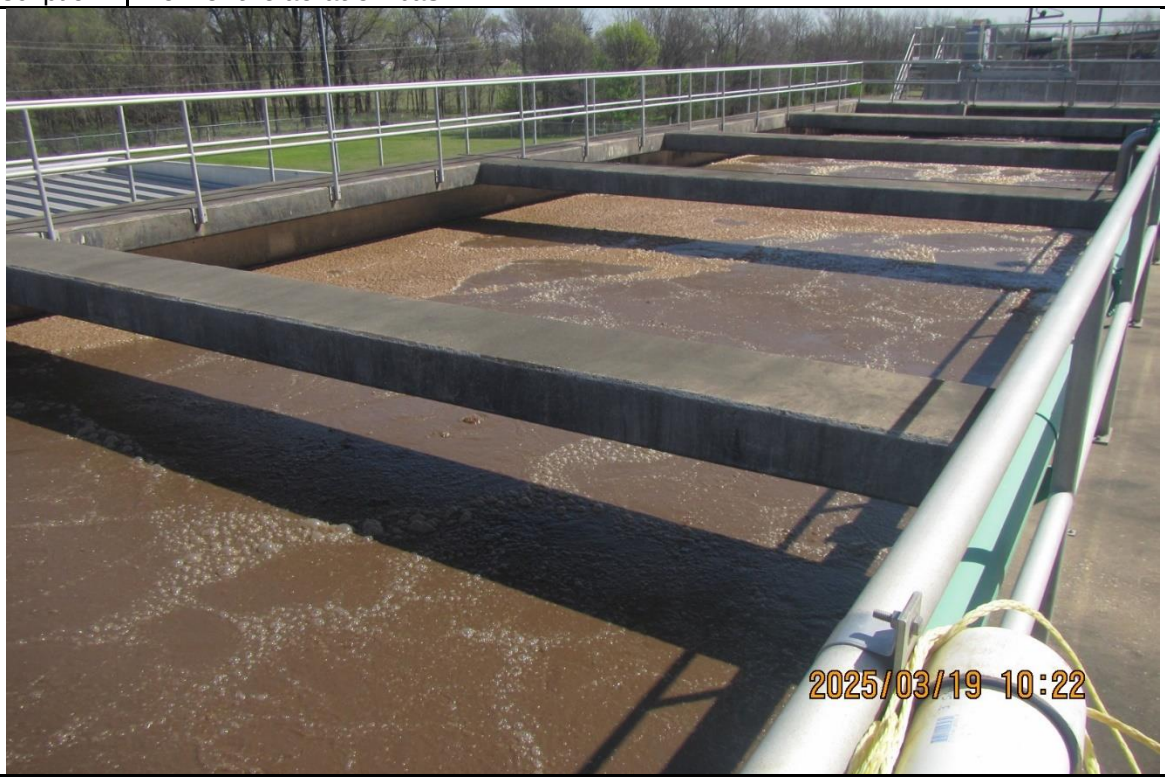


Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:19**
Witness:				Photo #:	**5**
Description:	**View of the Clarifier: water is sprayed across the waters surface to break apart foam: alternating use**				

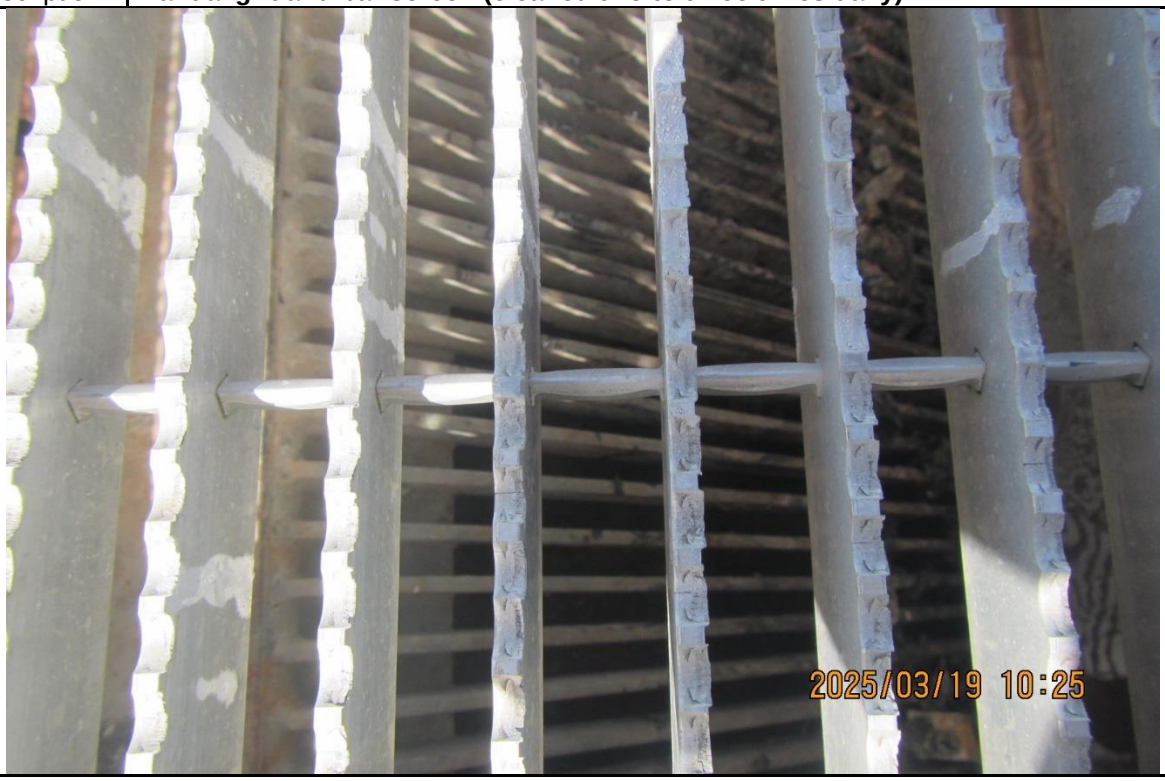


Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:20**
Witness:				Photo #:	**6**
Description:	**View of the empty clarifier: alternating use**				

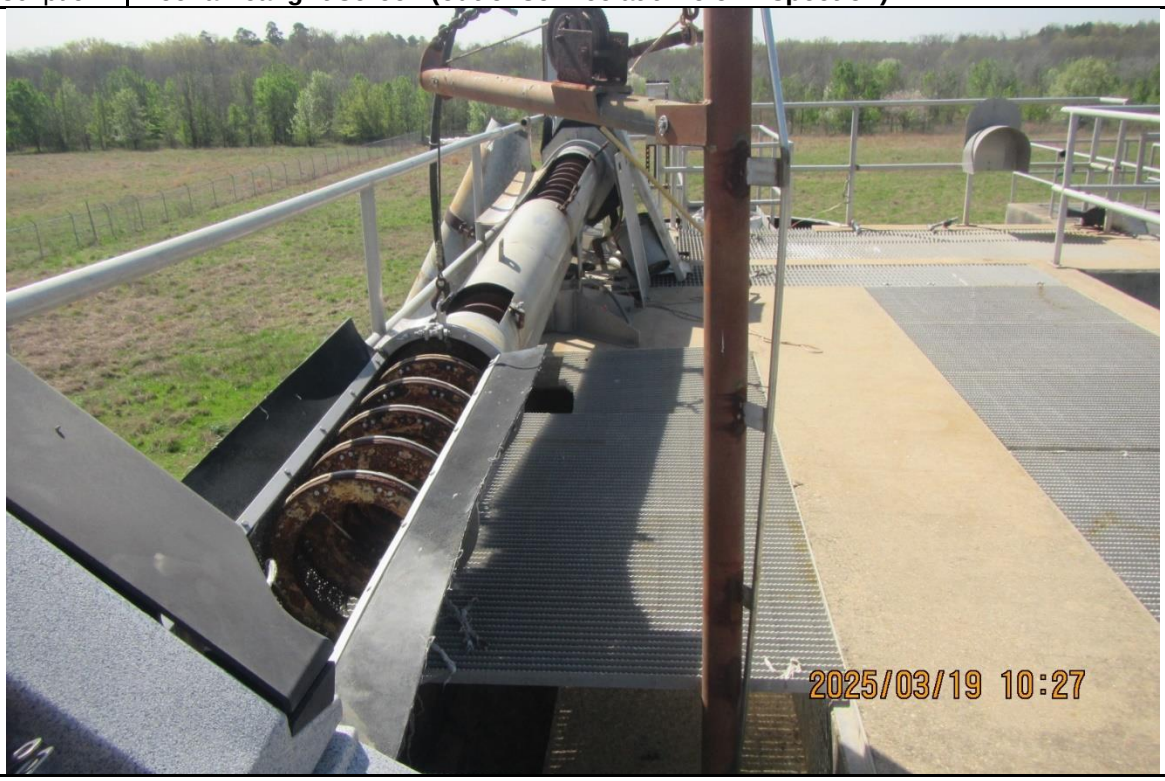
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:22**
Witness:				Photo #:	**7**
Description:	**View of the aeration basin**				



Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:25**
Witness:				Photo #:	**8**
Description:	**Manual grit and bar screen (cleaned two to three times daily)**				



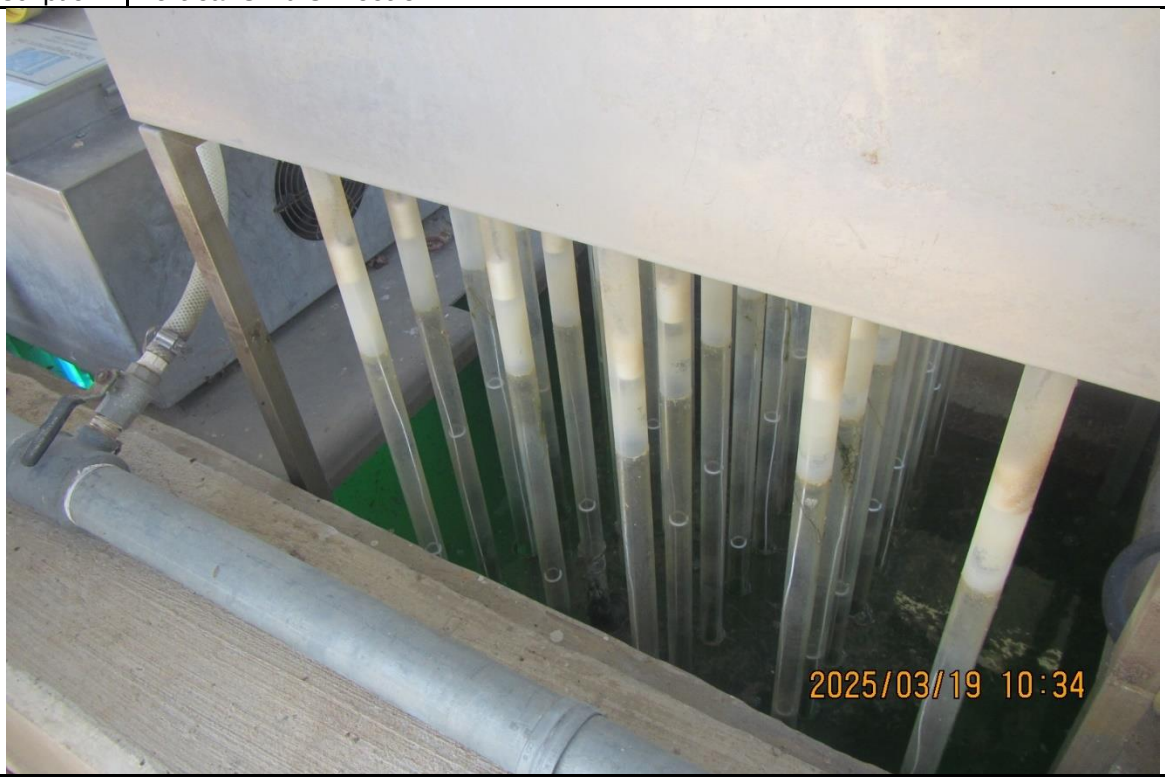
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:27**
Witness:				Photo #:	**9**
Description:	**Mechanical grit screen (out of service at time of inspection)**				



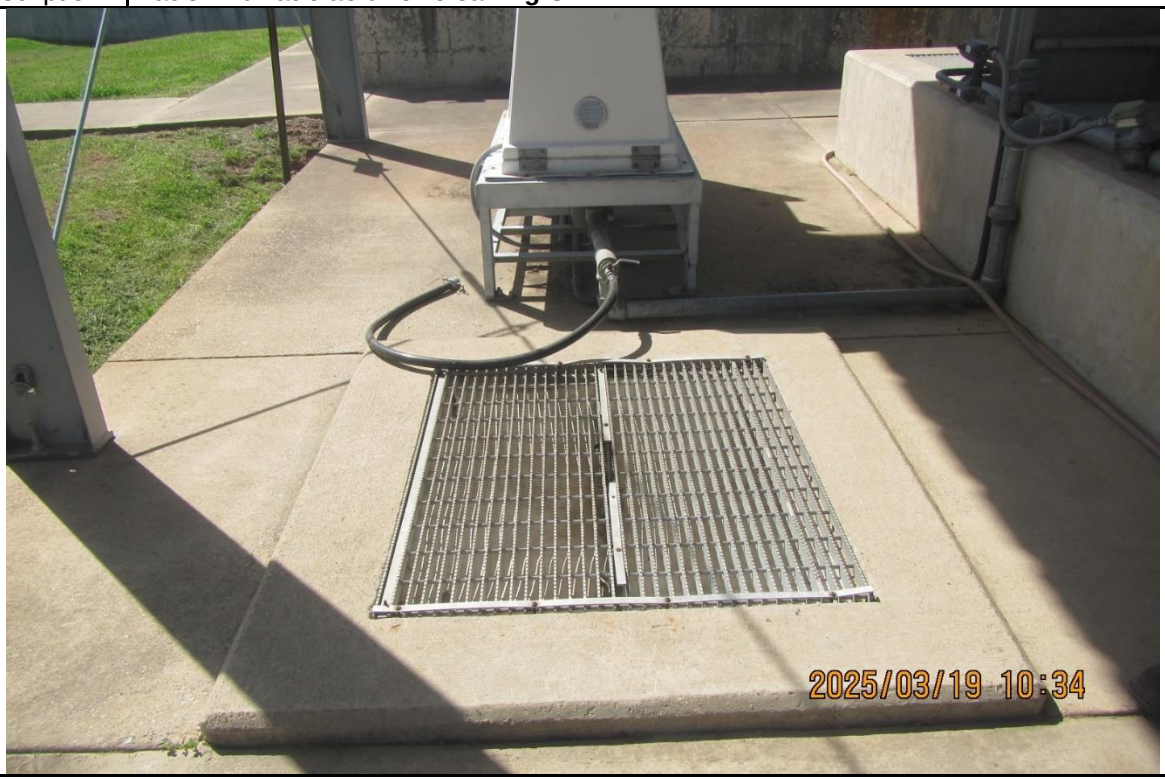
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:28**
Witness:				Photo #:	**10**
Description:	**Influent pipe to bar screen**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:30**
Witness:				Photo #:	**11**
Description:	**Dumpster is used to store removed debris from screening until disposal**				

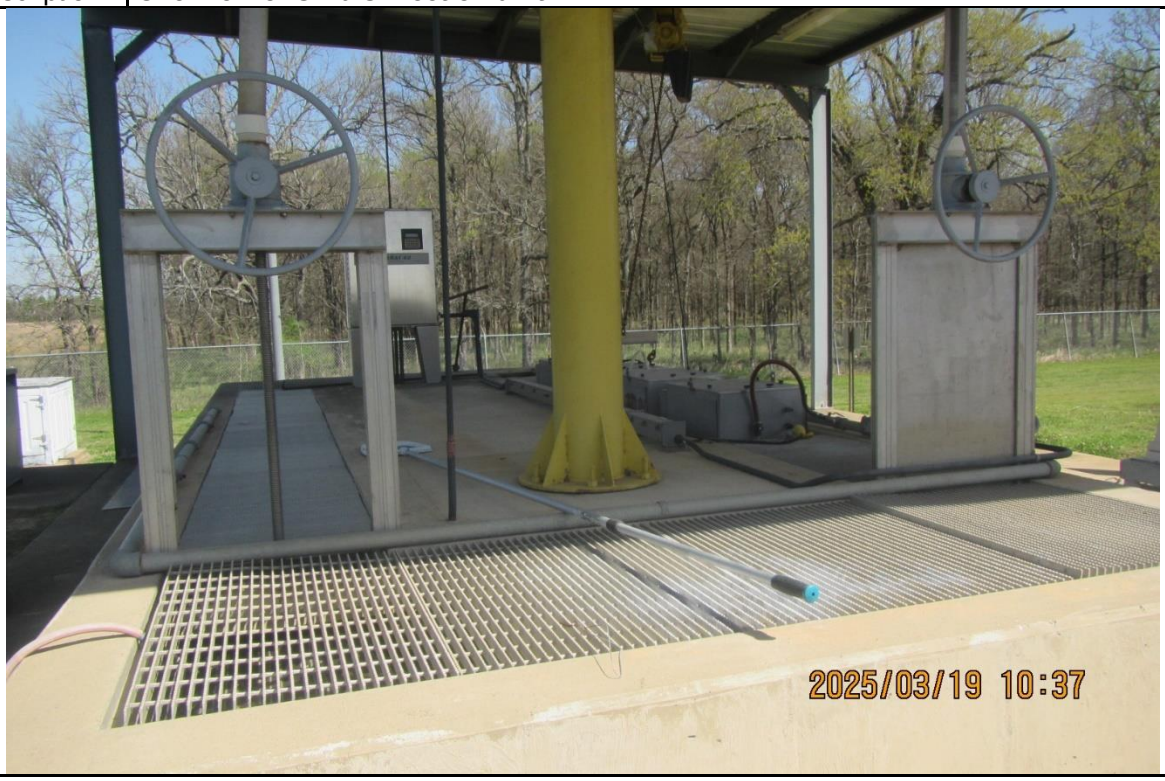
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:34**
Witness:				Photo #:	**12**
Description:	**Vertical UV disinfection**				



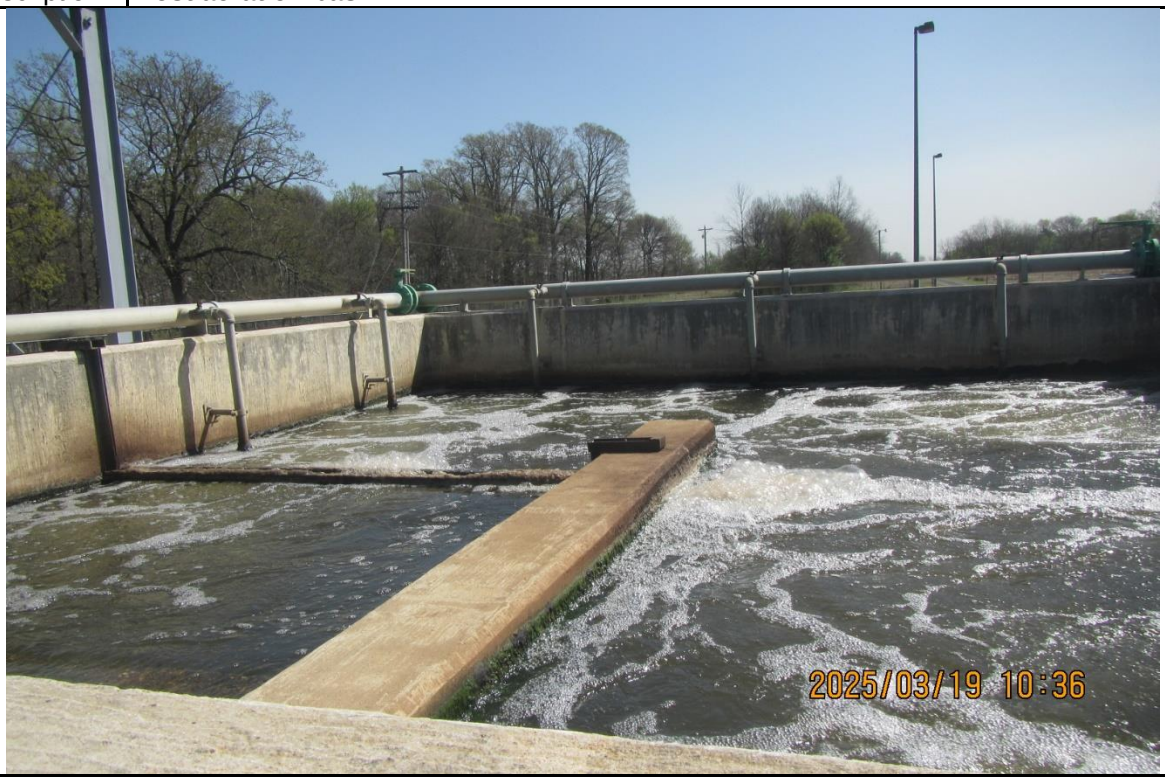
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:34**
Witness:				Photo #:	**13**
Description:	**Vat of muriatic acid for cleaning UV**				



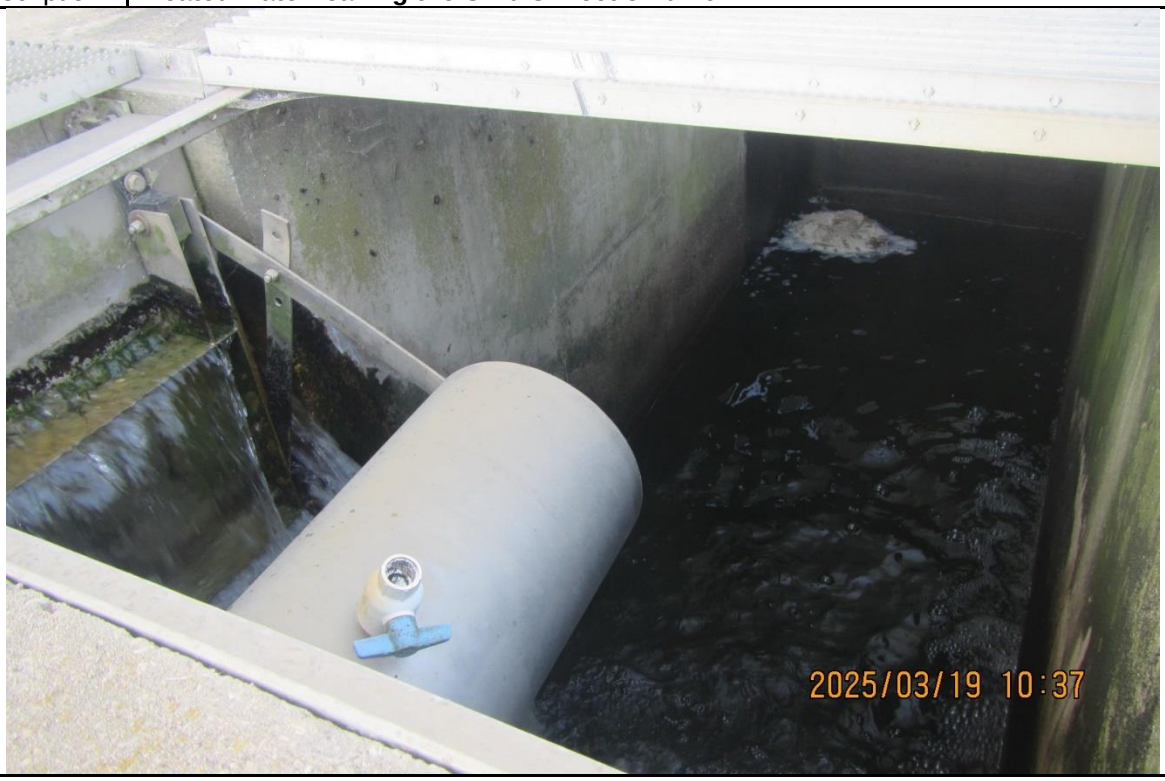
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:37**
Witness:				Photo #:	**14**
Description:	**Overview of UV disinfection unit**				



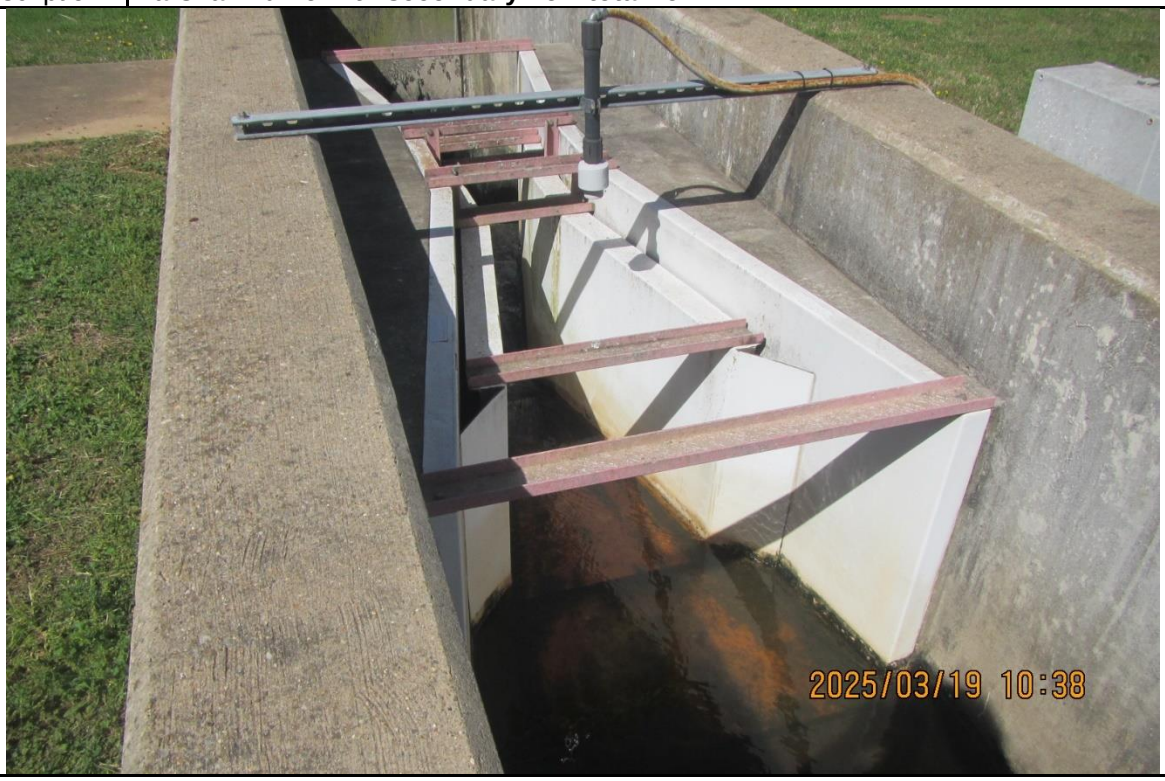
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:36**
Witness:				Photo #:	**15**
Description:	**Post aeration basin**				



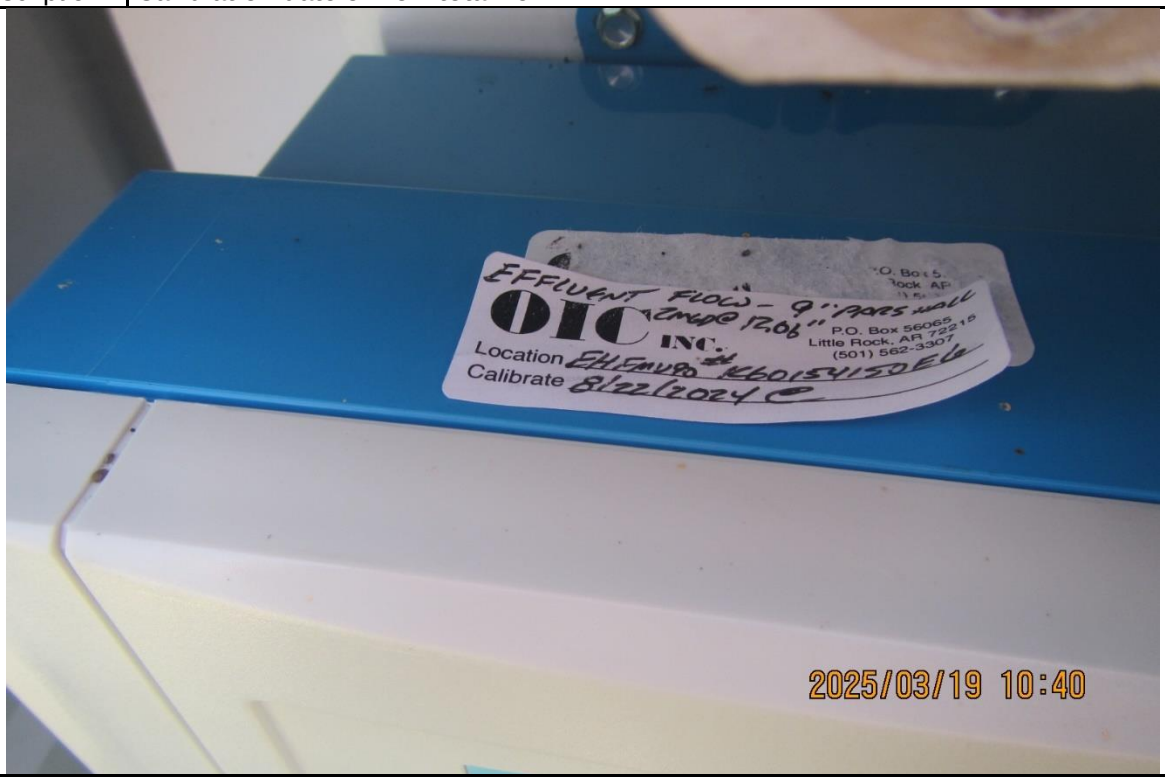
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:37**
Witness:				Photo #:	**16**
Description:	**Treated water leaving the UV disinfection unit**				



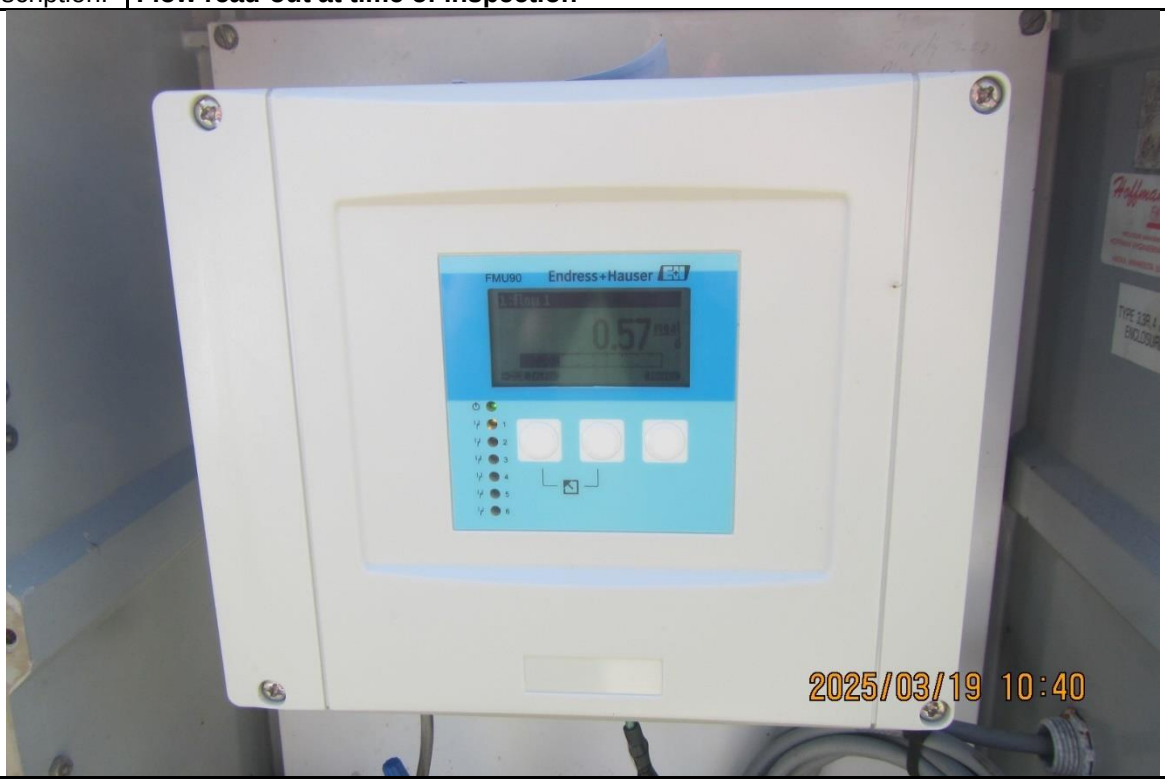
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:38**
Witness:				Photo #:	**17**
Description:	**Parshall flume with secondary flow totalizer**				



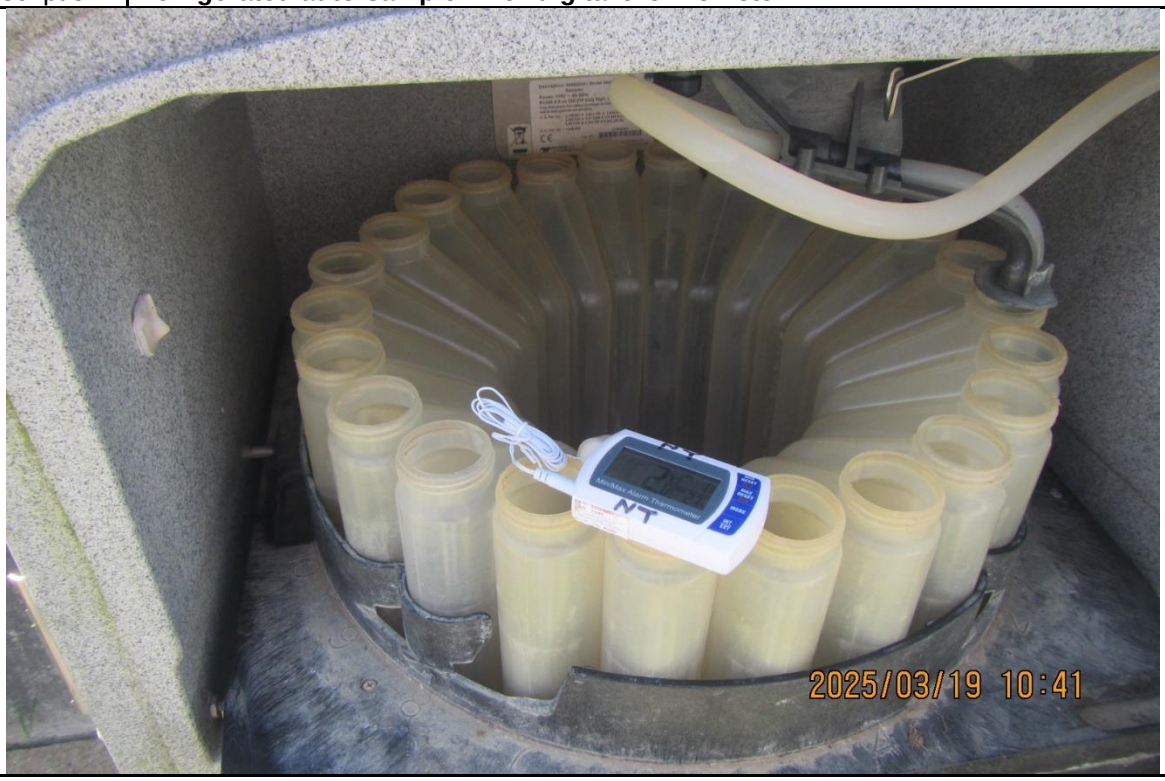
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:40**
Witness:				Photo #:	**18**
Description:	**Calibration date of flow totalizer**				



Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:40**
Witness:				Photo #:	**19**
Description:	**Flow read-out at time of inspection**				

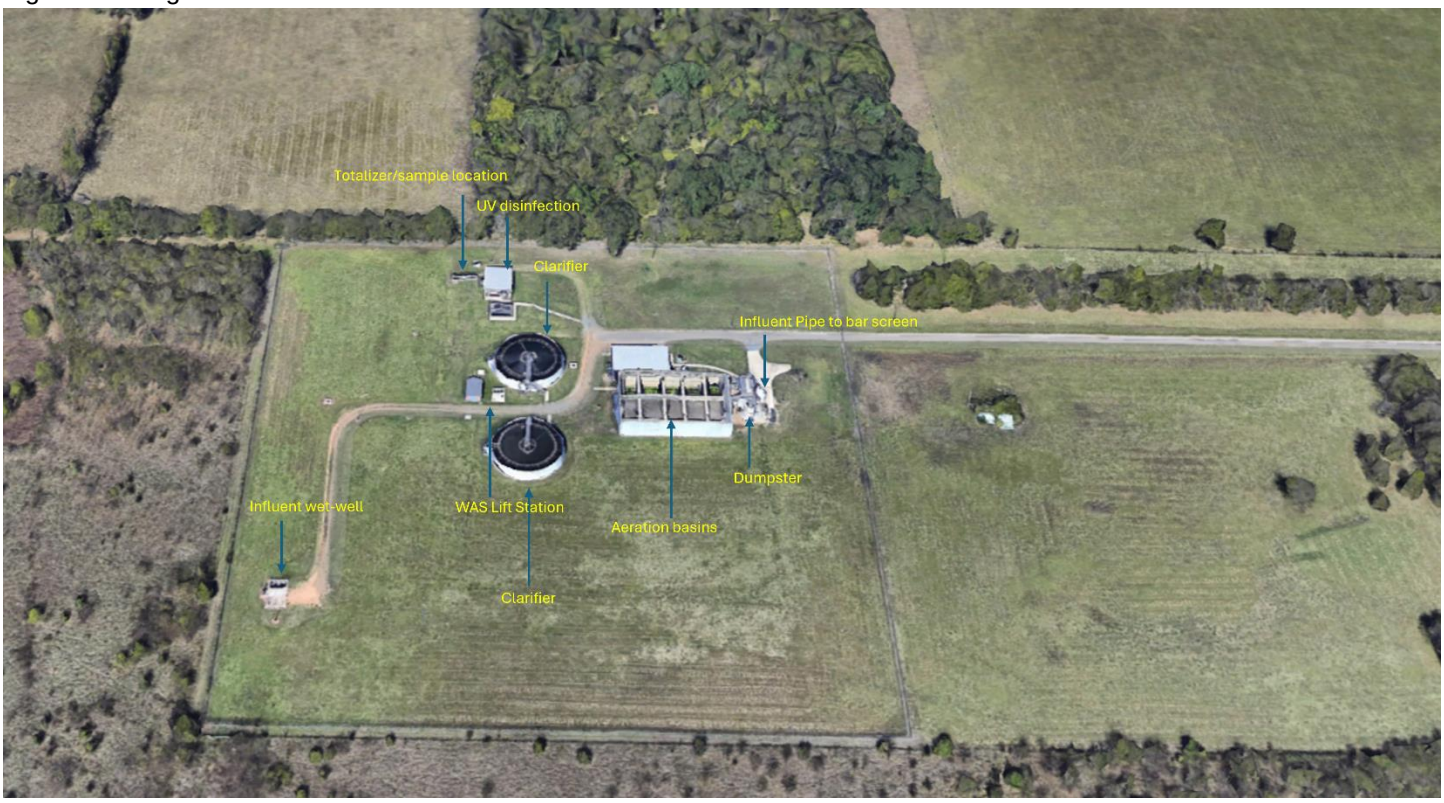


Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:41**
Witness:				Photo #:	**20**
Description:	**Refrigerated auto-sampler with digital thermometer**				



Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**10:45**
Witness:				Photo #:	**21**
Description:	**Aeration blowers**				

Figure 1: Google Earth Overview



From: TWU-Smith, Gary <Gsmith@txkusa.org>
Sent: Monday, May 12, 2025 11:50 AM
To: Uniqika Marshall (adpce.ad)
Cc: Elizabeth Givens; Michael Young (adpce.ad); TWU-Key, Sandra; TWU-Crittenden, Donnie
Subject: RE: City of Texarkana-North WWTP Inspection- PDS# 133183
Attachments: NTWWTP 2024 Inspection Response Paperwork.pdf; 133183-INSP.pdf; 133184-INSP.pdf; Ark Insp Response 05 12 2025.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Ms. Givens,

I emailed everything to the address below but, I wanted to attach to this email as a back-up in case I did not send it correctly. If there is anything else you need or if you have any questions, please do not hesitate to contact me. Thank you

Gary Smith, P.E.
Executive Director
Texarkana Water Utilities
(903) 798-3821

From: Uniqika Marshall (adpce.ad) <Uniqika.Marshall@arkansas.gov>
Sent: Thursday, May 1, 2025 2:41 PM
To: TWU-Smith, Gary <Gsmith@txkusa.org>
Cc: Elizabeth Givens <Elizabeth.Givens@arkansas.gov>; Michael Young (adpce.ad) <Michael.Young@arkansas.gov>
Subject: City of Texarkana-North WWTP Inspection- PDS# 133183
Importance: High

Mr. Smith,

The Office of Water Quality is sending the attached correspondence to you via email only. If you would like a physical copy, please reply to this email. A copy of the correspondence will be sent to the address on file. Please send your Inspection response to Water-Inspection-Report@adeq.state.ar.us

Thank you,

Uniqika Marshall | Administrative Analyst
Division of Environmental Quality | Office of Water Quality | Permits Branch
5301 Northshore Drive | North Little Rock, AR 72118
t: 501.682.0972 | e: Uniqika.Marshall@adeq.state.ar.us

ARKANSAS
ENERGY & ENVIRONMENT

Texarkana Water Utilities

801 Wood Street, P.O. Box 2008, Texarkana, Texas 75504

(903) 798-3800 Phone
711 TTY
(903) 791-0724 Fax

May 12, 2025

Arkansas Department of Energy and Environment
Attn: Office of Water Quality Compliance Branch
Elizabeth Givens, Inspector
5301 Northshore Drive
North Little Rock, AR 72218

RE: City of Texarkana-North WWTP Inspection- PDS#133183 & PDS#133184
AFIN: 46-00237 Permit No.: AR0048691

Dear Ms. Givens,

After reviewing the "Summary of Findings" the following was addressed.

- NCR was completed for May 2024 and submitted
- NCR was completed for December 2024 and submitted
- November 2024 CBOD Calculation check was performed. It was found to be a clerical error in our WIMS program and has been corrected on the DMR. Supporting documentation is attached.
- The repair was completed on the lift station and photographs are attached.

If you need anything else or have any questions, please do not hesitate to contact me. Thank you

Gary L. Smith
Executive Director
Texarkana Water Utilities

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Permit #:	**AR0048691**	Permittee:	TEXARKANA, CITY OF-NORTH WWTP	Facility:	TEXARKANA, CITY OF-NORTH WWTP
Major:	No	Permittee Address:	801 WOOD STREET TEXARKANA, AR 75501	Facility Location:	8301 SANDERSON LANE TEXARKANA, AR 71854
Permitted Feature:	001 External Outfall	Discharge:	**001-A** 001-MONTHLY-TRTD MUNICIPAL WW		

Report Dates & Status

Monitoring Period:	**From 05/01/24 to 05/31/24**	DMR Due Date:	**06/25/24**	Status:	**NetDMR Validated**

Considerations for Form Completion

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0", if no overflows during the entire month. See Part II, 6. (SSO Condition). 46-00237

Principal Executive Officer

First Name:	Gary	Title:	Executive Director	Telephone:	970-798-3800
Last Name:	Smith				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	**Oxygen, dissolved [DO]**	1 - Effluent Gross	0	–	Sample						=	8.6					19 - mg/L		03/30 - Three Per Month	GR - Grab
					Permit Req.						>=	5.0 INST MIN					19 - mg/L	0	03/30 - Three Per Month	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	–	Sample						=	7.59			=	7.99	12 - SU		03/30 - Three Per Month	GR - Grab
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU	0	03/30 - Three Per Month	GR - Grab
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample	=	28.1			26 - lb/d			=	7.04	=	12.0	19 - mg/L		03/30 - Three Per Month	CP - Composite
					Permit Req.	<=	118.8 MO AVG			26 - lb/d			<=	15.0 MO AVG	<=	22.5 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - Composite
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	0	–	Sample	=	0.21			26 - lb/d			=	0.042	=	0.07	19 - mg/L		03/30 - Three Per Month	CP - Composite
					Permit Req.	<=	31.7 MO AVG			26 - lb/d			<=	4.0 MO AVG	<=	6.0 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - Composite
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	–	Sample	=	0.569	=	0.683	03 - MGD									01/01 - Daily	TM - Totalizer
					Permit Req.		Req Mon MO AVG	<=	0.95 DAILY MX	03 - MGD								0	01/01 - Daily	TM - Totalizer
					Value NODI															
70295	**Solids, total dissolved**	1 - Effluent Gross	0	–	Sample	=	1251.0			26 - lb/d			=	1251.0	=	1251.0	19 - mg/L		01/30 - Monthly	GR - Grab
					Permit Req.	<=	3800.0 MO AVG			26 - lb/d				Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - Grab
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	Sample								=	44.4	=	196.0	13 - #/100mL		03/30 - Three Per Month	GR - Grab
					Permit Req.								<=	200.0 30DA GEO	<=	400.0 7 DA GEO	13 - #/100mL	0	03/30 - Three Per Month	GR - Grab
					Value NODI															
74062	**Overflows**	S - See Comments	0	–	Sample	=	0.0			93 - occur/mo									999 - See Comments	999 - See Comments
					Permit Req.		Req Mon MO TOTAL			93 - occur/mo								0	999 - See Comments	999 - See Comments
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	S - See Comments	0	–	Sample	=	0.0			57 - gal									999 - See Comments	999 - See Comments
					Permit Req.		Req Mon MO TOTAL			57 - gal								0	999 - See Comments	999 - See Comments
					Value NODI															
					Sample	=	15.2			26 - lb/d			=	3.5	=	5.4	19 - mg/L		03/30 - Three Per Month	CP - Composite

80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	–	Permit Req.	<=	79.2 MO AVG	26 - lb/d	<=	10.0 MO AVG	<=	15.0 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - Composite
					Value NODI											
					Sample	=	270.2	26 - lb/d	=	270.2	=	270.2	19 - mg/L		01/30 - Monthly	GR - Grab
81020	**Sulfate**	1 - Effluent Gross	0	–	Permit Req.	<=	480.0 MO AVG	26 - lb/d		Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - Grab
					Value NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Corrected DMR to reflect lab results for Sulfates and TDS loading re-calculated using instantaneous flow for the grab sample calculations.

Attachments

Name	Type	Size
May2024NTWWTPNCRSigned.pdf	pdf	401044.0
MaysignedSSO.pdf	pdf	3353466.0

Report Last Saved By

TEXARKANA, CITY OF-NORTH WWTP

User:	SANDRA.KEY@TXKUSA.ORG
Name:	Sandra Key
E-Mail:	sandra.key@txkusa.org
Date/Time:	2025-05-12 10:20 (Time Zone: -05:00)

Report Last Signed By

User:	GSMITH@TXKUSA.ORG
Name:	Gary Smith
E-Mail:	gsmith@txkusa.org
Date/Time:	2025-05-12 10:36 (Time Zone: -05:00)

NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality
Office of Water Quality – Enforcement Branch
5301 Northshore Drive
North Little Rock, AR 72118

RE: Permit No: AR0048691 **Discharge Number:** 001-A

Facility: Texarkana, CITY OF-NORTH WWTP

Address: 8301 Sanderson Lane

City: Texarkana **State:** AR **Zip:** 71854

Contact: Gary Smith, Executive Director **Phone:** 903-798-3821

Date of Non-Compliance	Parameter Exceeded	Quantity or Loading	Quality or Concentration	Permit Limits
05-04-2024	Sulfate (MO AVG, lb/d)	493.59	MO AVG	<=480.0 MO AVG

We feel this problem was due to:

Grab sample was calculated with 24hour flow rate and not flow at the time of Grab.

We plan on correcting the problem in this manner:

After speaking with ADEQ.Grab sample will be calculated with Flow at the time sample was taken.

Time estimated that it will take to correct problem:

Immediate Correction

Sincerely,

Submitted By: **Date** 5-12-2025

☐ **Submitted electronically via NetDMR**

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit

Permit #:	**AR0048691**	Permittee:	TEXARKANA, CITY OF-NORTH WWTP	Facility:	TEXARKANA, CITY OF-NORTH WWTP
Major:	No	Permittee Address:	801 WOOD STREET TEXARKANA, AR 75501	Facility Location:	8301 SANDERSON LANE TEXARKANA, AR 71854
Permitted Feature:	001 External Outfall	Discharge:	**001-A** 001-MONTHLY-TRTD MUNICIPAL WW		

Report Dates & Status

Monitoring Period:	**From 10/01/24 to 10/31/24**	DMR Due Date:	**11/25/24**	Status:	**NetDMR Validated**

Considerations for Form Completion

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0", if no overflows during the entire month. See Part II, 6, (SSO Condition). 46-00237

Principal Executive Officer

First Name:	Gary	Title:	Executive Director	Telephone:	970-798-3800
Last Name:	Smith				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	**Oxygen, dissolved [DO]**	1 - Effluent Gross	0	–	Sample						=	7.3					19 - mg/L		03/30 - Three Per Month	GR - GRAB
					Permit Req.						>=	5.0 INST MIN					19 - mg/L	0	03/30 - Three Per Month	GR - GRAB
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	–	Sample						=	6.03			=	6.49	12 - SU		03/30 - Three Per Month	GR - GRAB
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU	0	03/30 - Three Per Month	GR - GRAB
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample	=	22.3			26 - lb/d			=	5.94	=	9.2	19 - mg/L		03/30 - Three Per Month	CP - COMPOS
					Permit Req.	<=	118.8 MO AVG			26 - lb/d			<=	15.0 MO AVG	<=	22.5 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - COMPOS
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	0	–	Sample	=	3.07			26 - lb/d			=	0.818	=	1.22	19 - mg/L		03/30 - Three Per Month	CP - COMPOS
					Permit Req.	<=	31.7 MO AVG			26 - lb/d			<=	4.0 MO AVG	<=	6.0 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - COMPOS
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	–	Sample	=	0.484	=	0.518	03 - MGD									01/01 - Daily	TM - TOTALZ
					Permit Req.		Req Mon MO AVG	<=	0.95 DAILY MX	03 - MGD								0	01/01 - Daily	TM - TOTALZ
					Value NODI															
70295	**Solids, total dissolved**	1 - Effluent Gross	0	–	Sample	=	375.0			26 - lb/d			=	150.0	=	150.0	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.	<=	3800.0 MO AVG			26 - lb/d				Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	1	–	Sample								=	4.0	=	91.0	13 - #/100mL		03/30 - Three Per Month	GR - GRAB
					Permit Req.								<=	1000.0 30DA GEO	<=	2000.0 7 DA GEO	13 - #/100mL	0	03/30 - Three Per Month	GR - GRAB
					Value NODI															
74062	**Overflows**	S - See Comments	0	–	Sample	=	0.0			93 - occur/mo									999 - See Comments	999 - See Comments
					Permit Req.		Req Mon MO TOTAL			93 - occur/mo								0	999 - See Comments	999 - See Comments
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	S - See Comments	0	–	Sample	=	0.0			57 - gal									999 - See Comments	999 - See Comments
					Permit Req.		Req Mon MO TOTAL			57 - gal								0	999 - See Comments	999 - See Comments
					Value NODI															
					Sample	=	10.3			26 - lb/d			=	3.2	=	6.3	19 - mg/L		03/30 - Three Per Month	CP - COMPOS

80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	–	Permit Req.	<=	79.2 MO AVG	26 - lb/d	<=	10.0 MO AVG	<=	15.0 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - COMPOS
					Value NODI											
81020	**Sulfate**	1 - Effluent Gross	0	–	Sample	=	100.1	26 - lb/d	=	40.0	=	40.0	19 - mg/L		01/30 - Monthly	GR - GRAB
					Permit Req.	<=	480.0 MO AVG	26 - lb/d		Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Value NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

Name	Type	Size
October2024SSO.pdf	pdf	237298.0

Report Last Saved By

TEXARKANA, CITY OF-NORTH WWTP

User:	SANDRA.KEY@TXKUSA.ORG
Name:	Sandra Key
E-Mail:	sandra.key@txkusa.org
Date/Time:	2024-11-14 13:19 (Time Zone: -06:00)

Report Last Signed By

User:	GSMITH@TXKUSA.ORG
Name:	Gary Smith
E-Mail:	gsmith@txkusa.org
Date/Time:	2024-11-18 15:51 (Time Zone: -06:00)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(l)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Permit #:	**AR0048691**	Permittee:	TEXARKANA, CITY OF-NORTH WWTP	Facility:	TEXARKANA, CITY OF-NORTH WWTP
Major:	No	Permittee Address:	801 WOOD STREET TEXARKANA, AR 75501	Facility Location:	8301 SANDERSON LANE TEXARKANA, AR 71854
Permitted Feature:	001 External Outfall	Discharge:	**001-A** 001-MONTHLY-TRTD MUNICIPAL WW		

Report Dates & Status

Monitoring Period:	**From 12/01/24 to 12/31/24**	DMR Due Date:	**01/25/25**	Status:	**NetDMR Validated**

Considerations for Form Completion

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0", if no overflows during the entire month. See Part II. 6. (SSO Condition). 46-00237

Principal Executive Officer

First Name:	Gary	Title:	Executive Director	Telephone:	970-798-3800
Last Name:	Smith				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	**Oxygen, dissolved [DO]**	1 - Effluent Gross	1	–	Sample						=	9.2					19 - mg/L		03/30 - Three Per Month	GR - Grab
					Permit Req.						>=	7.0 INST MIN					19 - mg/L	0	03/30 - Three Per Month	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	–	Sample						=	6.49			=	8.08	12 - SU		03/30 - Three Per Month	GR - Grab
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU	0	03/30 - Three Per Month	GR - Grab
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample	=	34.6			26 - lb/d			=	4.9	=	6.2	19 - mg/L		03/30 - Three Per Month	CP - Composite
					Permit Req.	<=	118.8 MO AVG			26 - lb/d			<=	15.0 MO AVG	<=	22.5 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - Composite
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	1	–	Sample	=	0.54			26 - lb/d			=	0.071	=	0.11	19 - mg/L		**03/30 - Three Per Month**	**CP - Composite**
					Permit Req.	<=	47.5 MO AVG			26 - lb/d			<=	6.0 MO AVG	<=	9.0 7 DA AVG	19 - mg/L	0	**03/30 - Three Per Month**	**CP - Composite**
					Value NODI															
X 50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	–	Sample	=	0.761	=	1.046	03 - MGD									01/01 - Daily	TM - Totalizer
					Permit Req.		Req Mon MO AVG	<=	0.95 DAILY MX	03 - MGD								1	01/01 - Daily	TM - Totalizer
					Value NODI															
70295	**Solids, total dissolved**	1 - Effluent Gross	0	–	Sample	=	1197.0			26 - lb/d			=	410.0	=	410.0	19 - mg/L		01/30 - Monthly	GR - Grab
					Permit Req.	<=	3800.0 MO AVG			26 - lb/d				Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - Grab
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	1	–	Sample								=	12.2	=	1000.0	13 - #/100mL		03/30 - Three Per Month	GR - Grab
					Permit Req.								<=	1000.0 30DA GEO	<=	2000.0 7 DA GEO	13 - #/100mL	0	03/30 - Three Per Month	GR - Grab
					Value NODI															
74062	**Overflows**	S - See Comments	0	–	Sample	=	0.0			93 - occur/mo									**999 - See Comments**	**999 - See Comments**
					Permit Req.		Req Mon MO TOTAL			93 - occur/mo								0	**999 - See Comments**	**999 - See Comments**
					Value NODI															
74063	**Overflow volume [SS0 volume, CSO volume]**	S - See Comments	0	–	Sample	=	0.0			57 - gal									999 - See Comments	999 - See Comments
					Permit Req.		Req Mon MO TOTAL			57 - gal								0	999 - See Comments	999 - See Comments
					Value NODI															
					Sample	=	14.9			26 - lb/d			=	2.2	=	3.1	19 - mg/L		03/30 - Three Per Month	CP - Composite

80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	–	Permit Req	<=	79.2 MO AVG		26 - lb/d	<=	10.0 MO AVG	<=	15.0 7 DA AVG	19 - mg/L	0	03/30 - Three Per Month	CP - Composite
					Value NODI												
					Sample	=	256.9		26 - lb/d	=	88.0	=	88.0	19 - mg/L		01/30 - Monthly	GR - Grab
81020	**Sulfate**	1 - Effluent Gross	0	–	Permit Req	<=	480.0 MO AVG		26 - lb/d		Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	0	01/30 - Monthly	GR - Grab
					Value NODI												

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

Failure of Daily maximum flow exceeded due to several days of heavy rainfall.

Attachments

Name	Type	Size
Dec2024NTWWTPNCRSigned.pdf	pdf	370963.0
December2024SignedSSOreportform.pdf	pdf	227043.0

Report Last Saved By

TEXARKANA, CITY OF-NORTH WWTP

User:	SANDRA.KEY@TXKUSA.ORG
Name:	Sandra Key
E-Mail:	sandra.key@txkusa.org
Date/Time:	2025-05-12 10:23 (Time Zone: -05:00)

Report Last Signed By

User:	GSMITH@TXKUSA.ORG
Name:	Gary Smith
E-Mail:	gsmith@txkusa.org
Date/Time:	2025-05-12 10:37 (Time Zone: -05:00)

NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality
Office of Water Quality – Enforcement Branch
5301 Northshore Drive
North Little Rock, AR 72118

RE: Permit No: AR0048691 **Discharge Number:** 001-A

Facility: Texarkana, CITY OF-NORTH WWTP

Address: 8301 Sanderson Lane

City: Texarkana **State:** AR **Zip:** 71854

Contact: Gary Smith, Executive Director **Phone:** 903-798-3821

Date of Non-Compliance	Parameter Exceeded	Quantity or Loading	Quality or Concentration	Permit Limits
December 2024	Flow, in conduit or thru plant	1.046		<=0.95 Daily MX

We feel this problem was due to:

Heavy Rainfall

We plan on correcting the problem in this manner:

N/A

Time estimated that it will take to correct problem:

N/A

Sincerely,

Gary Smith

Submitted By:

5-12-2025

Date

☑ **Submitted electronically via NetDMR**

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)

Sold To:

TEXARKANA WATER
UTILITES
P O BOX 2008
TEXARKANA TX 75501

Ship To:

TEXARKANA WATER
UTILITIES
4000 SOUTH STATE LINE
TEXARKANA TX 75503

Phone: 903-798-3871
Fax:

P.O. # JASON

Terms	Order#/Rel	Cust #	SalesRep	Ship Via	Req-Dt	Reference
Net 30 Days	671450-000	1005799	W.TAYLOR	Deliver	031025	

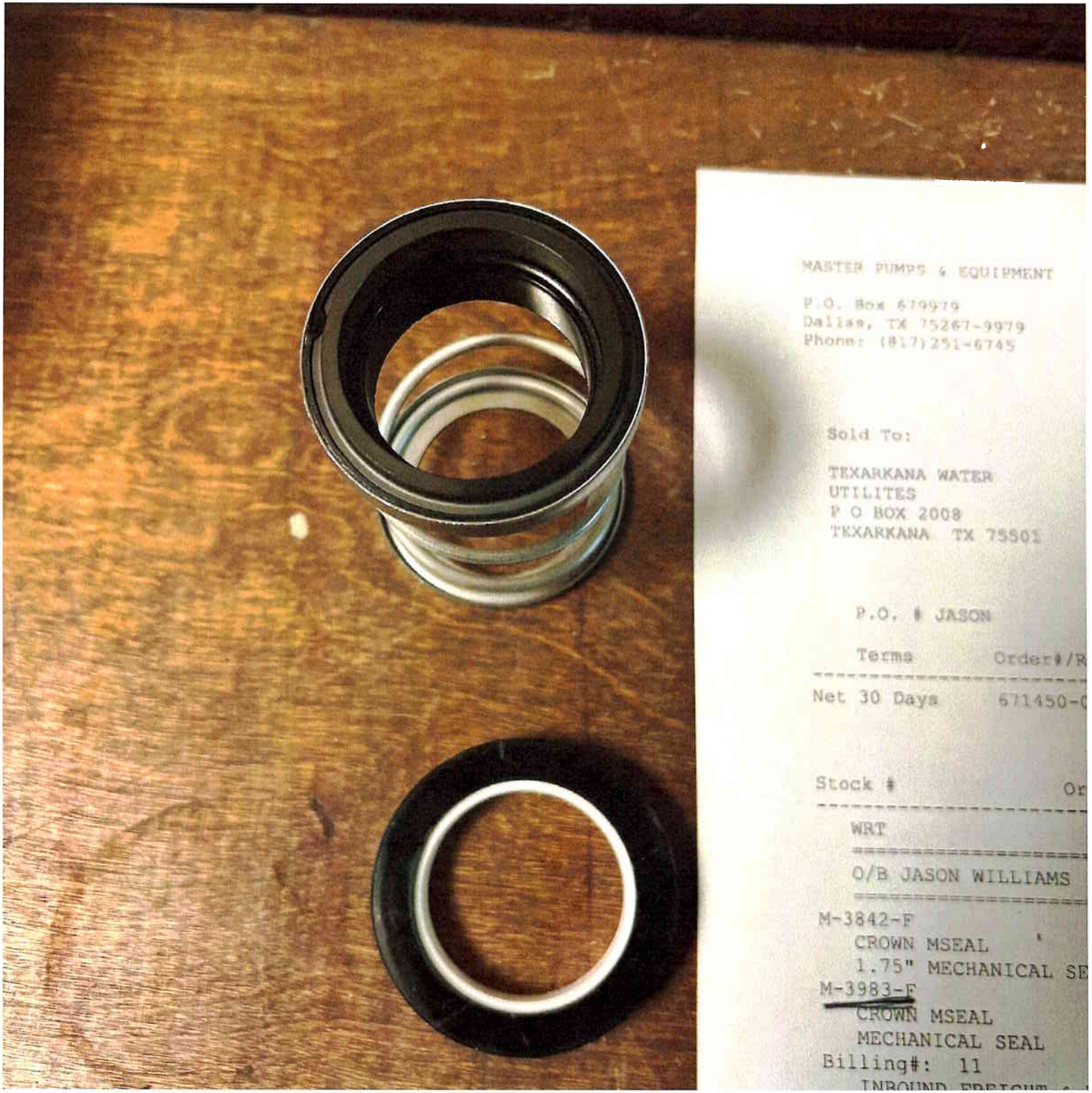
QUOTE ORDER - DO NOT PAY

Stock #	Ordered	Shipped	U/M	Unit Price	Unit Disc	Extension
WRT						
O/B JASON WILLIAMS						
M-3842-F	3	3	EACH	244.80		734.40
CROWN MSEAL 1.75" MECHANICAL SEAL						
M-3983-F	2	2	EACH	225.25		450.50
CROWN MSEAL MECHANICAL SEAL						
Billing#: 11	1	1		50.00		50.00
INBOUND FREIGHT & HANDLING						
Billing#: 100	1	1		.00		.00
THANK YOU FOR YOUR BUSINESS!!!						
Billing#: 101	1	1		.00		.00
MASTER PUMPS -- YOUR ONE STOP PUMP SHOP						

Sub Total	1234.90
TOTAL	1234.90

All orders are subject to our credit policy, terms & conditions of sale, and product availability.

Equipment would like to thank you for giving us the



MASTER PUMPS & EQUIPMENT

P.O. Box 679979
Dallas, TX 75267-9979
Phone: (817)251-6745

Sold To:

TEXARKANA WATER
UTILITES
P O BOX 2008
TEXARKANA TX 75501

P.O. # JASON

Terms	Order#/R
Net 30 Days	671450-C

Stock #	Or
WRT	
O/B JASON WILLIAMS	
M-3842-F	
CROWN MSEAL	
1.75" MECHANICAL SE	
M-3983-F	
CROWN MSEAL	
MECHANICAL SEAL	
Billing#: 11	
INBOUND FREIGHT	

DIVISION OF
ENVIRONMENTAL QUALITY

Sarah Huckabee Sanders
GOVERNOR
Shane E. Khoury
SECRETARY

May 20, 2025

Gary L. Smith, Executive Director
City of Texarkana
P.O Box 2008
Texarkana, TX 75504
Email Address: Gsmith@txkusa.org

RE: Adequate Response to City of Texarkana-North WWTP Inspection- PDS # 133183 & 133184, Miller
AFIN: 46-00237 Permit No.: AR0048691

Dear Mr. Smith

I have reviewed the response pertaining to my inspection of the City of Texarkana-North 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 501-607-7310 or you may email me at Elizabeth.Givens@arkansas.gov

Sincerely,

Elizabeth Givens
Inspector, Office of Water Quality