ENVIRONMENTAL QUALITY

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: **46-00237**	PERMIT #: **AR0048691**	DATE: **3/19/2025**
COUNTY: **46 Miller**	PDS #: **133184**	MEDIA: **WN**
GPS LAT: **33.503137** LONG: **-94.017011** LOCATION: **Entrance**		

FACILITY INFORMATION

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

RESPONSIBLE OFFICIAL

NAME: / TITLE
Gary Smith / Executive Director
COMPANY:
City of Texarkana-North WWTP
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: ***

INSPECTION INFORMATION

FACILITY TYPE: **1 - Municipal**
INSPECTOR ID#: **148393 S - State**
FACILITY EVALUATION RATING: **4 - Satisfactory**
INSPECTION TYPE: **SSO/Collection System**
DATE(S): **3/19/2025**
ENTRY TIME: **11:34**
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.:
Scott: Maintenance Supervisor

AREA EVALUATIONS

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

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

SUMMARY OF FINDINGS

A faulty seal on one of the two pumps for Sugar Ridge Lift Station was noted during the inspection. This is a violation of Part III, Section B(1.). Mr. Scott stated during the inspection that maintenance was scheduled to replace the seal. No further response is required.

GENERAL COMMENTS

On March 19, 2025 an SSO Collection System inspection was performed for the City of Texarkana North WWTP. The system consists of gravity-fed piping to ten lift stations located throughout the city. During the inspection I visited three of the ten lift stations. Lift stations are checked daily and Mr. Scott maintains adequate inventory of spare parts should maintenance needs arise.

- **Sugar Ridge Lift Station: One of the two pumps needed maintenance at the time of inspection due to a failing seal that will not allow the pump to hold a prime. Mr. Scott stated that the needed maintenance has already been planned (see photos**
- **Sammy Lane Lift Station: No operation issues noted at the time of inspection**
- **U of A Lift Station: No operation issues noted at the time of inspection**

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

COLLECTION SYSTEM INSPECTION AND OVERALL RATING	**☐S ☑M ☐U ☐NA ☐NE**
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: **Gravity flow > 10 Lift stations > forced main> main lift station > WWTP > sludge pumped to Texas**	
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:	
FEET OF SEWER SYSTEM: **unknown**	
AGE OF SYSTEM: **50+**	
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): **I&I**	**☑Y ☐N ☐NA ☐NE**
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):	**☑Y ☐N ☐NA ☐NE**
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	**☑Y ☐N ☐NA ☐NE**
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	**☐Y ☑N ☐NA ☐NE**

PUMP STATIONS	**☐S ☐M ☐U ☐NA ☐NE**
NUMBER OF PUMP STATIONS IN SYSTEM: **10**	NUMBER WITH BACKUP POWER: **10**
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: **Daily**	
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: **Yes**	
ADEQUATE INVENTORY OF SPARE PARTS: **Yes**	
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): **Auto-dialers**	
BRIEF SUMMARY OF EMERGENCY PROCEDURES: **Generators are available, some have backup generators located onsite**	
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): **3**	

SATELLITE SYSTEMS	**☐S ☐M ☐U NA ☐NE**
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS:	
TYPE(S) OF WASTE WATER RECEIVED: ☐RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐OTHER:	
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:	
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:	
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:	

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	**☑S ☐M ☐U ☐NA**
NAME AND/OR LOCATION OF PUMP STATION: **Sanderson Lane**	
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐OTHER:	
NUMBER OF PUMPS: **2**	NUMBER OPERATIONAL: **2**
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	**☑S ☐M ☐U ☐NA ☐NE**
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	**☐Y ☑N ☐NA ☐NE**
GENERAL OPERATION AND MAINTENANCE	**☑S ☐M ☐U ☐NA**
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	**☑S ☐M ☐U ☐NA ☐NE**
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	**☑S ☐M ☐U ☐NA ☐NE**
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	**☑S ☐M ☐U ☐NA ☐NE**
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	**☑S ☐M ☐U ☐NA ☐NE**
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	**☑S ☐M ☐U ☐NA ☐NE**
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	**☑S ☐M ☐U ☐NA ☐NE**
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	**☐S ☑M ☐U ☐NA ☐NE**
BACKUP POWER AND ALARMS	**☑S ☐M ☐U ☐NA**
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	**☑S ☐M ☐U ☐NA ☐NE**
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	**☑S ☐M ☐U ☐NA ☐NE**
SCADA SYSTEM (LIST PARAMETERS MONITORED): **Power loss and level monitoring**	**☑Y ☐N ☐NA ☐NE**

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	**☐S ☑M ☐U ☐NA**
NAME AND/OR LOCATION OF PUMP STATION: **Sugar Ridge**	
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐OTHER:	
NUMBER OF PUMPS: **2**	NUMBER OPERATIONAL: **1**
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	**☐S ☑M ☐U ☐NA ☐NE**
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	**☐Y ☑N ☐NA ☐NE**
GENERAL OPERATION AND MAINTENANCE	**☑S ☐M ☐U ☐NA**
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	**☑S ☐M ☐U ☐NA ☐NE**
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	**☑S ☐M ☐U ☐NA ☐NE**
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	**☑S ☐M ☐U ☐NA ☐NE**
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	**☑S ☐M ☐U ☐NA ☐NE**
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	**☑S ☐M ☐U ☐NA ☐NE**
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	**☐S ☑M ☐U ☐NA ☐NE**
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	**☑S ☐M ☐U ☐NA ☐NE**
BACKUP POWER AND ALARMS	**☑S ☐M ☐U ☐NA**
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	**☑S ☐M ☐U ☐NA ☐NE**
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	**☑S ☐M ☐U ☐NA ☐NE**
SCADA SYSTEM (LIST PARAMETERS MONITORED):	**☑Y ☐N ☐NA ☐NE**

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	**☑S ☐M ☐U ☐NA**
NAME AND/OR LOCATION OF PUMP STATION: **U of A**	
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL ☑COMMERCIAL ☑INDUSTRIAL ☐OTHER:	
NUMBER OF PUMPS: **2**	NUMBER OPERATIONAL: **2**
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	**☑S ☐M ☐U ☐NA ☐NE**
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	**☐Y ☑N ☐NA ☐NE**
GENERAL OPERATION AND MAINTENANCE	**☑S ☐M ☐U ☐NA**
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	**☑S ☐M ☐U ☐NA ☐NE**
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	**☑S ☐M ☐U ☐NA ☐NE**
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	**☑S ☐M ☐U ☐NA ☐NE**
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	**☑S ☐M ☐U ☐NA ☐NE**
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	**☑S ☐M ☐U ☐NA ☐NE**
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	**☑S ☐M ☐U ☐NA ☐NE**
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	**☑S ☐M ☐U ☐NA ☐NE**
BACKUP POWER AND ALARMS	**☑S ☐M ☐U ☐NA**
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	**☑S ☐M ☐U ☐NA ☐NE**
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	**☑S ☐M ☐U ☐NA ☐NE**
SCADA SYSTEM (LIST PARAMETERS MONITORED): **Power loss and level monitoring**	**☑Y ☐N ☐NA ☐NE**

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:34**
Witness:				Photo #:	**1**
Description:	**Sanderson Lane wet-well**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	
Witness:				Photo #:	**2**
Description:	**Sanderson Lane electrical components and pumps**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:35**
Witness:				Photo #:	**3**
Description:	**View of pump run hours for Sanderson Lane**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:36**
Witness:				Photo #:	**4**
Description:	**Overview of Sanderson Lane Lift Station**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:45**
Witness:				Photo #:	**5**
Description:	**Sugar Ridge Lift Station: Electrical components and pumps: One pump in need of seal replacement**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:45**
Witness:				Photo #:	**6**
Description:	**Wet-well for Sugar Ridge Lift Station**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:45**
Witness:				Photo #:	**7**
Description:	**Pump run hours for Sugar Ridge**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:53**
Witness:				Photo #:	**8**
Description:	**Electrical components for U of A Lift Station**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Texarkana-North WWTP**				
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:53**
Witness:				Photo #:	**9**
Description:	**Pump run hours for U of A Station**				

Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:55**
Witness:				Photo #:	**10**
Description:	**Wet-well for U of A Lift Station**				

Office of Water Quality Photographic Evidence Sheet					
Photographer:	**Elizabeth Givens**	Date:	**3/19/2025**	Time:	**11:57**
Witness:				Photo #:	**11**
Description:	**Overview of U of A Lift Station**				

From: TWU-Smith, Gary <gsmith@txkusa.org>
Sent: Monday, May 12, 2025 11:46 AM
To: Water-Inspection-Report@adeq.state.ar.us
Subject: Response to Inspection Reports 133183-INSP and 133184-INSP
Attachments: 133183-INSP.pdf; 133184-INSP.pdf; Arkansas Insp Response 05 12 2025.doc; NTWWTP 2024 Inspection Response Paperwork.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Please find attached documentation requested per the above inspections. Thank you

Gary Smith, P.E.
Executive Director
Texarkana Water Utilities

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.

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 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

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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 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