ADEQ

ARKANSAS
Department of Environmental Quality

September 19, 2005

Mr. Glen Holmes, General Manager
El Dorado Water Utilities
P.O. Box 1587
El Dorado, AR 71731

Re: NPDES Permit No. AR0033723

Dear Mr. Holmes:

On July 25, 2005, I performed a routine compliance sampling inspection of the El Dorado South Wastewater Treatment 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. These inspections revealed that you are in compliance with terms of your permit.

If I can be of any assistance, please contact me at 870-862-5941.

Sincerely,

John W. Lamb
District Field Inspector
Water Division

cc: NPDES Branch

NPDES COMPLIANCE FILES
NPDES # 33723
____ DMR'S
____ NCR
_✓_ CORRESPONDENCE
____ CRAS

WATER DIVISION
8001 NATIONAL DRIVE / POST OFFICE BOX 8913 / LITTLE ROCK, ARKANSAS 72219-8913 / TELEPHONE 501-682-2199 / FAX 501-682-0910
www.adeq.state.ar.us

EPA

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

1	Transaction Code	NPDES	yr/mo/day	Inspec. Type	Inspector	Fac Type
	N	25 3 ARK0033723 11	12 050725 17	18 S	19 S 20	1

Remarks: 70-00341 Union

Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved
67 69	70 4	71 N 72	N 73 74	75 80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*
City of El Dorado
South Wastewater Treatment Plant
South west Ave
El Dorado, AR

Entry Time /Date
10:22/ 07/25/05

Exit Time/Date
10:10 07/27/05

Permit Effective Date
01 November 2002

Permit Expiration Date
31 October 2007

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Harold Baker, Treatment Superintendent/870-862-6451

Name, Address of Responsible Official/Title/Phone and Fax Number
Glen Holmes, General Manager/870-862-6451
P.O. Box 1547
El Dorado, AR 71731

Contacted: Yes [ ] No [X]

Other Facility Data

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The facility appears well operated and maintained. No problems were noted. The facility does not have a primary flow measuring device, which was the way the plant was approved, so no flow check could be done. The facility must pump the effluent which can only be a set rate. Mr. Baker checks the flow meter run time of the pumps to insure the meter is reading correctly.

The facility is not distilling ammonia samples, the facility has comparable data onsite as required.

All samples were within permitted limits

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
John Wesley Lamb	ADEQ/El Doraod/870862-5941/870-862-3509	01 September 2005
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

	PERMIT NO. AR0033723

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS DETAILS:	■ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	■ Y ☐ N ☐ NA
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES	☐ Y ☐ N ■ NA
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT	■ Y ☐ N ☐ NA
4. ALL DISCHARGES ARE PERMITTED	■ Y ☐ N ☐ NA

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. DETAILS:	■ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED ***no***)
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.	■ Y ☐ N ☐ NA
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.	■ S ☐ M ☐ U ☐ NA
a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING	■ Y ☐ N ☐ NA
b) NAME OF INDIVIDUAL PERFORMING SAMPLING	■ Y ☐ N ☐ N
c) ANALYTICAL METHODS AND TECHNIQUES.	■ Y ☐ N ☐ NA
d) RESULTS OF ANALYSES AND CALIBRATIONS.	■ Y ☐ N ☐ NA
e) DATES AND TIMES OF ANALYSES.	■ Y ☐ N ☐ NA
f) NAME OF PERSON(S) PERFORMING ANALYSES.	■ Y ☐ N ☐ NA
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.	■ S ☐ M ☐ U ☐ NA
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.	■ S ☐ M ☐ U ☐ NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.	■ Y ☐ N ☐ NA

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. DETAILS:	■ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED ***no***)
1. TREATMENT UNITS PROPERLY OPERATED.	■ S ☐ M ☐ U ☐ NA
2. TREATMENT UNITS PROPERLY MAINTAINED..	■ S ☐ M ☐ U ☐ NA
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.	■ S ☐ M ☐ U ☐ NA
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	■ S ☐ M ☐ U ☐ NA
5. ALL NEEDED TREATMENT UNITS IN SERVICE.	■ S ☐ M ☐ U ☐ NA
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.	■ S ☐ M ☐ U ☐ NA
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.	■ S ☐ M ☐ U ☐ NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.	■ Y ☐ N ☐ NA
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.	■ Y ☐ N ☐ NE

PERMIT NO. AR0033723

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR?	☐Y ■N ☐NA
IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED?	☐Y ☐N ■NA
HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS?	☐Y ☐N ■NA
10.HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT?	☐Y ■N ☐NA
IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT?	☐Y ☐N ■NA

SECTION D - SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. ■S ☐M ☐U ☐NA (FURTHER EXPLANATION ATTACHED **no**).
DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.	■Y ☐N ☐NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	■Y ☐N ☐NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.	☐Y ☐N ■NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.	■Y ☐N ☐NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.	■Y ☐N ☐NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE	■Y ☐N ☐NA
a) SAMPLES REFRIGERATED DURING COMPOSITING.	■Y ☐N ☐NA
b) PROPER PRESERVATION TECHNIQUES USED.	■Y ☐N ☐NA
c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136	■Y ☐N ☐NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT?	■Y ☐N ☐NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. ■S ☐M ☐U ☐NA (FURTHER EXPLANATION ATTACHED **yes**)
DETAILS: see page one

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE NONE	☐Y ☐N ■NA
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.	■Y ☐N ☐NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.	■Y ☐N ☐NA
4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION _)	■Y ☐N ☐NA
RECORDS MAINTAINED OF CALIBRATION PROCEDURES.	■Y ☐N ☐NE
CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. .	■Y ☐N ☐NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE.	■Y ☐N ☐NA
6. HEAD MEASURED AT PROPER LOCATION.	■Y ☐N ☐NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.	■Y ☐N ☐NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. ■S ☐M ☐U ☐NA (FURTHER EXPLANATION ATTACHED **no**)
DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES)	■Y ☐N ☐NA

PERMIT NO. AR0033723

SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED ■Y □N □NA

3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ■S □M □U □NA

4. QUALITY CONTROL PROCEDURES ADEQUATE. ■S □M □U □NA

5. DUPLICATE SAMPLES ARE ANALYZED.10__ % OF THE TIME. ■Y □N □NA

6. SPIKED SAMPLES ARE ANALYZED.10 % OF THE TIME. ■Y □N □NA

7. COMMERCIAL LABORATORY USED. ■Y □N □NA

LAB NAME American Interplex
LAB ADDRESS Kanis Road, Little Rock, AR
PARAMETERS PERFORMED CBOD

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. ■S □M □U □NA (FURTHER EXPLANATION ATTACHED no).

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	none	none	Slight	none	none	Lt green	

Comments:

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. □S □M □U ■NA (FURTHER EXPLANATION ATTACHED no).
DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. □S □M □U ■NA

2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. □S □M □U ■NA

3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO:__ (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED no).

1. SAMPLES OBTAINED THIS INSPECTION. ■Y □N □NA

2. TYPE OF SAMPLE OBTAINED

GRAB _____ COMPOSITE SAMPLE _____ METHOD _____ FREQUENCY

3. SAMPLES PRESERVED. ■Y □N ■NA

4. FLOW PROPORTIONED SAMPLES OBTAINED. □Y □N ■NA

5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. ■Y □N □NA

6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE. ■Y □N □NA

7. SAMPLE SPLIT WITH PERMITTEE. ■Y □N □NA

8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. ■Y □N □NA

9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. ■Y □N □NA

AR0033723

Attachment # 1

DMR Calculation Check

Reporting Period: From 2005 (Year) June (Month) 01 (Day) **To** 2005 (Year) June (Month) 30 (Day)

Parameter Checked: TSS

	Loading Mass Monthly Avg. (lbs/ day)	Concentration Monthly Avg.-Mg/l	Concentration 7-Day Avg. or Daily Max- Mg/l
Reported Value:	482	12	20
Calculated Value:	472	12	20
Permit Value:	876	15	23

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

Attachment 2

Report Date: *10-Aug-05*

- CERTIFICATE OF ANALYSIS -

AR0033723

Attn: **Phone:**
Our Lab#: 2005-2066 **FAX:**

Your Sample ID: OUTFALL001
Description: ELDORADO SOUTH CSI
Sample Type: Compliance Sampling Inspection Sample **Sample** Water

CBOD5				
	Carbonaceous biochemical oxygen demand	1.07	mg/L	7/27/2005
TSS				
	Total suspended solids	3.00	mg/L	7/27/2005
NH3-N-ISE				
	Ammonia as nitrogen	1.40	mg/L	8/8/2005
TKN/TKP				
	Total phosphorus as phosphorus	0.088	mg/L	7/29/2005
FC-MF				
	Fecal coliform by membrane filter	3	cfu/100 ml	7/27/2005

Field pH 6.1 S.U
Field Dissolved Oxygen 7.4 mg/l
Mass loading
Concentration x flow x 8.34
TSS
3.0 x 7.11 x 8.34 = 177 lbs
CBOD
1.07 x 7.11 x 8.34 = 63 lbs
Ammonia –N
1.40 x 7.11 x 8.34 = 83 lbs
Phosphorus
0.088 x 7.11 x 8.34 = 5 lbs

AMERICAN INTERPLEX CORPORATION

June 29, 2005
Control No. 91264

SUMMARY REPORTING FORMS
CHRONIC BIOMONITORING
Ceriodaphnia dubia
SURVIVAL AND REPRODUCTION

Permittee: El Dorado Water Utilites NPDES No.: AR0033723

		Time	Date		Time	Date
Composite 1	Collected From:	0930	6/19/05	To	0930	6/20/05
Composite 2	Collected From:	0930	6/21/05	To	0930	6/22/05
Composite 3	Collected From:	0940	6/23/05	To	0940	6/24/05

Date and Time Test Initiated: 6/21/05 1605
Date and Time Test Terminated: 6/28/05 1605
Dilution water used: Soft

PERCENT SURVIVAL

Time of reading	Control	Percent Effluent 32%	42%	56%	75%	100%
24 hour	100	100	100	100	100	100
48 hour	100	100	100	100	100	100
7 day	100	100	100	90.0	90.0	100

NUMBER OF YOUNG PRODUCED PER FEMALE @ 7 DAYS

Replicates	Control	Percent Effluent 32%	42%	56%	75%	100%
A	5	24	0	11	19	2
B	13	38	32	33	37	12
C	14	15	22	14	6	15
D	26	23	15	10	8	10
E	23	13	21	21	18	15
F	22	15	20	18	11	7
G	21	30	22	19	21	19
H	25	22	20	17	3	9
I	15	19	19	12	21	12
J	21	22	23	17	25	16
mean per adult	18.5	22.1	19.4	17.2	16.9	11.7
mean per surviving adult	18.5	22.1	19.4	18.0	17.6	11.7
CV %	35.5	34.2	41.5	36.1	60.3	42.3

CV = Coefficient of variation = standard deviation X 100 / mean
(calculated based on young produced by surviving females)

C1

*Please see
Sarah Clem
for Complete Report

NPDES COMPLIANCE FILES
NPDES # 33723
___ DMR'S
___ NCR
✓ CORRESPONDENCE
___ CRAS