| | | | | | | | | Form Approved OMB No. 2040-0003 | | | |
|--|---|--------|--|-------------------|---------|--------|--------------------------------------|------------------------------------|--|--|--|
| UNITED STATES ENVIRONMENTAL PROTECTION AGENCY | | | | | | | | Approval Expires 7-31-85 | | | |
| Washington, D.C. 20460 | | | | | | | | | | | |
| <u> </u> | NPDES Compliance Inspection Report | | | | | | | | | | |
| | | | | Section A: Nation | nal Da | ita Sy | vstem Coding | | <u>_</u> | | |
| Tr 1 N | Transaction CodeNPDESyr/mo/dayInspect. TypeInspectorFac Type1N253AR003438011120603071718S19S201 | | | | | | | | | | |
| A F I N 0 1 - 0 0 4 1 Image: Constraint of the second seco | | | | | | | | | | | |
| | Inspection Work Days | 1 | Facility Evaluation R | ating | BI | C | QA | | Reserved | | |
| 6 | 0 0 2 69 | | 70 3 | 71 | N | 72 | N 73 74 75 | | 80 | | |
| | | | | Section 1 | B: Fac | ility | Data | | | | |
| Name | e and Location of Facility Inspected le POTW name and NPDES permit | d (For | r industrial users disc | charging to POT | W, also |) | Entry Time /Date | | Permit Effective Date | | |
| City of | of Stuttgart WWTP | пити |)(1) | | | | ~ 8:30 a.m. 3/7/06 | | February 1, 2004 | | |
| Sectio | Street Extension West on 29, Township 3 South, Ran nsas County, Arkansas | ge 2 | West | | | | Exit Time/Date ~ 3:30 p.m. 3/7/06 | | Permit Expiration Date <i>January 31, 2009</i> | | |
| Tomn Dann | Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Other Facility Data Tommy Lawson, Head Wastewater Operator 870-673-1043 Danny Wilson, Assistant Wastewater Operator 870-673-1043 Marvin Kreimeier, Water Utilities Manager 870-673-3246 | | | | | | | | | | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Contacted Marvin Kreimeier, Water Utilities Manager Contacted City of Stuttgart Yes No Yes No X | | | | | | | | | | | |
| | Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated) | | | | | | | | | | |
| S I | Permit | S | Flow Measuremen | nt | S | Ope | erations & Maintenance | S | S Sampling | | |
| U | Records/Reports | U | Self-Monitoring l | Program | S | Slu | dge Handling/Disposal | S | Pollution Prevention | | |
| S | Facility Site Review | Ν | Compliance Sche | dules | S | Pr | retreatment | S | Multimedia | | |
| Μ | Effluent/Receiving Waters | S | Laboratory | | S | Sto | orm Water | S | Other: Effluent Limits | | |
| | | Se | ction D: Summary | of Findings/Com | ments | s (Att | ach additional sheets if necessar | y) | | | |
| The inspection conducted revealed the following inadequacies: No documentation that the 30-day average percent removal rate for Biochemical Oxygen Demand and Total Suspended Solids are at least eighty-five percent (85%). No documentation of the analysis time, on the Chain of Custody, for DO, pH, and Total Residual Chlorine. The contracted laboratory is not listing, on analytical data reports, which Edition of Standard Methods that are referenced for analytical methodology. The effluent consisted of a distinct visible foam, moderately distributed into the receiving stream. Sample analysis revealed that the City of Stuttgart WWTP was within the permitted parameters of the current permit. Due to laboratory malfunction, the CBOD analysis was voided. | | | | | | | | | | | |
| Name | e(s) and Signature(s) of Inspector | | Agency/Office/Telephone/Fax ADEQ/ Stuttgart/ (870) 673-8846/ (870) 673-7236 | | | | | Date March 13, 2006 | | | |
| | | | | | | | | | | | |
| ddw | | | | | | | | | | | |
| Signa | Signature of Reviewer Agency/Office/Phone and Fax Numbers Date | | | | | | | | | | |

| EPA | Form | 3560-3 | (Rev. 9 | 9-94) | Previous | editions | are | obsolete. |
|-----|------|--------|---------|-------|----------|----------|-----|-----------|
|-----|------|--------|---------|-------|----------|----------|-----|-----------|

| PERMIT NO.: AR0034380 |
|--|
| SECTION A - PERMIT VERIFICATION |
| PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS Solution Statement S M U NA (Further explanation attached <u>No</u>) DETAILS: |
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES Y N N |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT |
| 4. ALL DISCHARGES ARE PERMITTED |
| SECTION B - RECORDKEEPING AND REPORTING EVALUATION |
| RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. S M U NA (FURTHER EXPLANATION ATTACHED NO) DETAILS: |
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs. |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE. |
| a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING analysis time of pH, DO, and TRC not listed Y IN NA |
| b) NAME OF INDIVIDUAL PERFORMING SAMPLING |
| c) ANALYTICAL METHODS AND TECHNIQUES. Not listing which Edition of Standard Methods used for analysis methodology Y IN NA |
| d) RESULTS OF ANALYSES AND CALIBRATIONS. |
| e) DATES AND TIMES OF ANALYSES. |
| f) NAME OF PERSON(S) PERFORMING ANALYSES. ■Y N NA |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE. Contract Laboratory |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR. |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA. |
| SECTION C - OPERATIONS AND MAINTENANCE |
| TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. |
| 1. TREATMENT UNITS PROPERLY OPERATED. |
| 2. TREATMENT UNITS PROPERLY MAINTAINED. |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. ■ S M U NA |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE. |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED. 2 Class IV, 1 Class II, 1 Class I SM UNA |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED. |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE. |
| STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED. |
| PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED. |

| | PERMIT NO.: AR0034380 |
|---|----------------------------------|
| SECTION C - OPERATIONS AND MAINTENANCE (CONT'D) | |
| 9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? | Y ■ N NA Y N ■ NA Y N ■ NA |
| 10.HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? | Y ■ N NA Y N ■NA |
| SECTION D - SAMPLING | |
| PERMITTEE Sampling MEETS PERMIT REQUIREMENTS. | XPLANATION ATTACHED <u>NO</u>). |
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. | ∎YNNA |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. | Y N NA |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. | ∎YNNA |
| 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. | EXPLANATION ATTACHED NO |
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE <u>8' Rectangular Weir w/end contractions</u> | ■ 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 (6/20/05) RECORDS MAINTAINED OF CALIBRATION PROCEDURES. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. | ■YNNA ■YNNA ■YNNA |
| 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. | R EXPLANATION ATTACHED NO |
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) | ■Y N NA PAGE 3 OF 4 |

| | | | | | | PERMIT | NO.: AR0034380 | | | |
|---|--|--------------------|----------------------|---------------------|-----------------------|--------------------|----------------|--|--|--|
| SECTION F - LABORATORY (CONT'D) | | | | | | | | | | |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED Y N NA | | | | | | | | | | |
| 3. SATISFACTORY C | ■S M U NA | | | | | | | | | |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE. | | | | | | | | | | |
| 5. DUPLICATE SAMP | 5. DUPLICATE SAMPLES ARE ANALYZED% OF THE TIME | | | | | | | | | |
| 6. SPIKED SAMPLES ARE ANALYZED% OF THE TIME. ■Y N NA | | | | | | | | | | |
| 7. COMMERCIAL LAE | BORATORY USED. | | | | | ∎Y N | I NA | | | |
| LAB NAME <u>McClelland Consulting Laboratories</u> LAB ADDRESS <u>900 West Markham Street, Little Rock, Arkansas 72201</u> PARAMETERS PERFORMED <u>CBOD5, TSS, NH3-N, DO, FCB, TRC, pH, Chronic Biomonitoring</u> | | | | | | | | | | |
| SECTION G - (EFFLU | JENT)/RECEIVING W | ATERS OBSERVATION | NS. | S∎M U NA | (FURTHER EXPLANATION | ATTACHED |). | | | |
| Based on visual | observations or | nly. | | | | | | | | |
| OUTFALL NO. | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOAT SOL. | COLOR | OTHER | | | |
| 001 | None | None | None | Moderate | None | Lt. Green | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Comments: | | | | | | | | | | |
| SECTION H - SLUDG | GE DISPOSAL | | | | | | | | | |
| SLUDGE DISPOSAL DETAILS: | MEETS PERMIT REQ | QUIREMENTS. | | S M U NA (| FURTHER EXPLANATION | ATTACHED NO |). | | | |
| 1. SLUDGE MANAGE | EMENT ADEQUATE T | O MAINTAIN EFFLUEN | IT QUALITY. | | | ∎S M U | NA | | | |
| 2. SLUDGE RECORE | OS MAINTAINED AS R | EQUIRED BY 40 CFR | 503. | | | ∎S M U | NA | | | |
| 3. FOR LAND APPLIE | ED SLUDGE, TYPE OI | F LAND APPLIED TO: | _ (e.g., FOREST, AGR | ICULTURAL, PUBLIC C | ONTACT SITE) | | | | | |
| SECTION I - SAMPLI | ING INSPECTION PRO | OCEDURES | | (FL | JRTHER EXPLANATION AT | TACHED NO | _) | | | |
| 1. SAMPLES OBTAIN | NED THIS INSPECTIO | N. | | | | | I NA | | | |
| 2. TYPE OF SAMPLE | OBTAINED - N/A | | | | | | | | | |
| GRAB X COMPOSITE SAMPLE X METHOD 24-Hour Composite FREQUENCY | | | | | | | | | | |
| 3. SAMPLES PRESERVED I V N NA | | | | | | | | | | |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED. | | | | | | | | | | |
| 5. SAMPLE OBTAINE | ED FROM FACILITY'S | SAMPLING DEVICE. | | | | Y∎N | I □NA | | | |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE. | | | | | | | | | | |
| 7. SAMPLE SPLIT W | 7. SAMPLE SPLIT WITH PERMITTEE. Y IN ONA | | | | | | | | | |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. | | | | | | | | | | |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. | | | | | | | | | | |

Attachment #1 AR0034380

FLOW CALCULATION SHEET

Field Data: Date: March 7, 2006 Time: 2:30 p.m.

Head in Inches <u>2.9</u> = <u>.240</u>

Type & Size of Primary Flow Measurement Device **8' Rectangular Weir w/end contractions** Name & Model of Secondary Flow Measurement Device **Greyline SLT 32**

Recorded Flow at date & time listed above: 1.366 mgd

Flows are calculated from flow charts taken from the <u>ISCO Open Channel Flow Measurement Handbook-5th</u> <u>Edition</u>

% error = <u>(recorded value - calculated value)</u> x 100 calculated value

% error = 1.366 - 1.42 x 100 1.42

% error = **-3.80**

DMR Calculation Check

| Reporting Period: From | <u>05</u> | <u>12</u> | <u>01</u> | То | <u>05</u> | <u>12</u> | <u>31</u> | | | |
|-------------------------------|-----------------|------------|-----------|----|-----------|-----------|--------------------------|---------------|--|--|
| | Year | Month | Day | | Year | Month | Day | | | |
| | | | | | | | | | | |
| Parameter Checked:TSS | | | | | | | | | | |
| | Loading Mass | | | | | | Concentration Monthly | | | |
| | | Mo. Avg. · | ·lbs/ day | | | | Mo. Avgmg/l | 7-day Avgmg/l | | |
| Reported Value: | | 25 | 5.9 | | | | 2.6 | 4.0 | | |
| Calculated Value: | | 25 | 5.9 | | | | 2.6 | 4.0 | | |
| Permit Value: | | 43 | 8 | | | | 15 | 23 | | |

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

NPDES Compliance Inspection Report Further Explanation

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Section _____

Detail _____

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Detail _____

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Section _____

Detail _____



March 22, 2006

Marvin Kreimeier, Manager Stuttgart Municipal Waterworks P.O. Box 130 Stuttgart, Arkansas 72160

RE: AFIN: 01-00041 NPDES Permit No.: AR0034380

Dear Mr. Kreimeier:

On March 7, 2006, I conducted a compliance sampling inspection of the waste water 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. This inspection revealed the following violations:

- 1. No documentation that the 30-day average percent removal rate for Biochemical Oxygen Demand and Total Suspended Solids are at least eighty-five percent (85%).
- 2. No documentation of the analysis time, on the Chain of Custody, for DO, pH, and Total Residual Chlorine.
- 3. The contracted laboratory is not listing, on analytical data reports, which Edition of Standard Methods that are referenced for analytical methodology.
- 4. The effluent consisted of a distinct visible foam, moderately distributed into the receiving stream.

The above items require your immediate attention. Please submit a written response to these findings to the NPDES Enforcement Section of this Department when the violations have been corrected. This response should contain documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by April 20, 2006.

If I can be any assistance, please contact me at (870) 673-8846.

Sincerely,

Steven L. Henderson District 6 Inspector Water Division

cc: NPDES Branch

503 SLUDGE INSPECTION CHECKLIST - LAND APPLICATION

FACILITY: City of Stuttgart PERMIT #: AR0034380 INSPECTION DATE: March 7, 2006

- 1. What is the quantity of sludge land applied per year (dry weight basis) 238.4 Metric Tons per year
- 2. What is the required frequency of monitoring for pollutants, pathogen densities, and vector attraction reduction? (See table 2-7, p. 43) <u>once per quarter (4 times per year)</u>
- 3. Is monitoring being conducted at the required frequency? Yes, 4/year
- 4. Which set of metals limits is being met? (pollutant concentration limits or ceiling concentration limits See Table 2-1, p. 29) <u>Table 3</u>
- 5. Which Pathogen Reduction Requirement alternative is being used? (See Table 2-5., p. 37) <u>Alternative 1: Thermally Treated Biosolids</u> Are the requirements for the alternative being met? <u>Yes</u>
- Which Vector Attraction Reduction option is being used? (See Table 2-6, p. 37)
 Options 1 and 8 Are the requirements for the selected option being met? Yes

GO TO FLOW CHART, DETERMINE SLUDGE TYPE, RESULTING REQUIREMENTS

- 7. What is the sludge type? (EQ, PC, CPLR, or APLR) EQ
- Are site restrictions required?
 <u>NO</u>
 Are they being met? (See Fig. 2-4, p. 38)
 NA
- 9. Are management practices required? <u>No</u> Are they being met? (See Fig. 2-9, p. 45) NA
- 10. Do the general requirements apply? <u>No</u> Are they being met? (See Fig. 2-8, p. 44) NA
- 11. Is the facility subject to loading rate limits? Yes

Are they being met? (See Table 2-1, p. 29) Yes

NOTE: TABLES AND PAGE NUMBERS REFERENCED ABOVE ARE FROM EPA'S <u>A PLAIN ENGLISH GUIDE TO THE EPA PART 503 BIOSOLIDS RULE</u>, September 1994.