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<p style="text-align: center;"><b>UNITED STATES ENVIRONMENTAL PROTECTION AGENCY</b> Washington, D.C. 20460 <b>NPDES Compliance Inspection Report</b></p>	Form Approved OMB No. 2040-0003 Approval Expires 7-31-85
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Section A: National Data System Coding																																																																																			
Transaction Code			NPDES								yr/mo/day				Inspec. Type		Inspector		Fac. Type																																																																
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Remarks																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Inspection Work Days</td> <td colspan="4">Facility Evaluation Rating</td> <td colspan="2">BI</td> <td colspan="2">QA</td> <td colspan="16">Reserved</td> </tr> <tr> <td>67</td><td>0</td><td>0</td><td>1</td><td>69</td> <td>70</td><td>3</td> <td>71</td><td>N</td> <td>72</td><td>N</td> <td>73</td><td></td><td>74</td><td>75</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>80</td> </tr> </table>																												Inspection Work Days		Facility Evaluation Rating				BI		QA		Reserved																67	0	0	1	69	70	3	71	N	72	N	73		74	75															80
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Section B: Facility Data					
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>City of Van Buren, POTW South Plant</b> 1401 Port Rd Van Buren, AR 72956	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Entry Time /Date 0940 / 11-13-06</td> <td>Permit Effective Date 12-1-03</td> </tr> <tr> <td>Exit Time/Date 1600 / 11-13-06</td> <td>Permit Expiration Date 11-30-08</td> </tr> </table>	Entry Time /Date 0940 / 11-13-06	Permit Effective Date 12-1-03	Exit Time/Date 1600 / 11-13-06	Permit Expiration Date 11-30-08
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Exit Time/Date 1600 / 11-13-06	Permit Expiration Date 11-30-08				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Kim Redo / Environmental Manager / 479-474-0941 / 479-471-8969	Other Facility Data Outfall 001 N 35 25 03.8 W 94 20 16.8				
Name, Address of Responsible Official/Title/Phone and Fax Number Gary Smith / Utilities Director / 479-474-5067 / 479-471-8969 P.O. Drawer 1269 Van Buren, AR 72957	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Section C: Areas Evaluated During Inspection					
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)					
S	Permit	S	Flow Measurement	M	Operations & Maintenance
S	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment
S	Effluent/Receiving Waters	U	Laboratory	N	Storm Water
					N Multimedia
					N Pollution Prevention
					S Sampling
					N Other:

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

**Section C.2-** During the inspection, it was noted that four aerators in the lagoons were not in operation.

**Section C.8-** The facility was unable to provide the Risk Management Plan in regard to the bulk storage of chlorine.

**Section D.6a-** A thermometer is needed in the unit which contains the composite sampler in order to ensure that the sample is maintained at 4°C or less.

**Section F.1-** The contract lab does not conduct distillation prior to analysis when performing the test on NH3-N, nor were they able to provide a comparative study.

**Section F.1-** The facility lab is currently not following the cited method when performing analysis on TSS. The lab cites Standard Method 2540-D, but it appears they have been conducting the requirements of EPA Method 160.2.

Name(s) and Signature(s) of Inspector(s) Jeff Tyler & David Long, Region 6 EPA 	Agency/Office/Telephone/Fax ADEQ / Fort Smith / 479-452-4822/479-452-4827	Date 12-06-06
Signature of Reviewer ddw	Agency/Office/Phone and Fax Numbers	Date

PERMIT NO. AR0021482

**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  NA
  - 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  NA
- 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.  S  M  U  NA (FURTHER EXPLANATION ATTACHED No. )  
 DETAILS: **On date of inspection four aerators in the lagoons were not in operation No Risk Management Plan for bulk chlorine storage.**

- 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. (Detention and generator)  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. (non 92-500 plant)  S  M  U  NA
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.  Y  N  NA  
 STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED  Y  N  NA  
 PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.  Y  N  NA

**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? (On-going correction)  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 - SAMPLING**

PERMITTEE SAMPLING 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. Thermometer needed in refrigerator for composite sampler.  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 No. )  
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED.  Y  N  NA  
 TYPE OF DEVICE 12" parshall flume
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 02-14-06)  Y  N  NA  
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES.  Y  N  NA  
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. (One per month)  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 MEETS PERMIT REQUIREMENTS  S  M  U  NA (FURTHER EXPLANATION ATTACHED No. )  
 DETAILS: Contract lab is not performing distillation prior to analysis on NH3-N. Facility lab is not following the cited method when conducting TSS analysis.

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

PERMIT NO. AR0021482

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 8600 Kanis Rd Little Rock, AR  
 PARAMETERS PERFORMED Acute Biomonitoring and NH3-N

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS.

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	None	None	Trace	Slight	Trace	Tint green	

S  M  U  NA (FURTHER EXPLANATION ATTACHED No. )

Comments:

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS.  
 DETAILS: **Sludge from ponds has not been land applied since October 2002.**

- 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.  S  M  U  NA (FURTHER EXPLANATION ATTACHED No. )
- 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503.  S  M  U  NA
- 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: NA (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)  S  M  U  NA

SECTION I - SAMPLING INSPECTION PROCEDURES

- 1. SAMPLES OBTAINED THIS INSPECTION.  S  M  U  NA
- 2. TYPE OF SAMPLE OBTAINED  
 GRAB N/A COMPOSITE N/A METHOD N/A FREQUENCY N/A  Y  N  NA
- 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

AR0021482  
12-06-06  
Attachment # 1

## FLOW CALCULATION SHEET

Field Data: Date: 11-13-06 Time: 1050  
Head in Inches: 10 3/4 = .89 ft

Type & Size of Primary Flow Measurement Device: 12" Parshall Flume  
Name & Model of Secondary Flow Measurement Device: Milltronics PDS-360

Recorded Flow at date & time listed above: 2.12 mgd

*Flows are calculated from flow charts taken from the 5<sup>th</sup> Edition ISCO Open Channel Flow Measurement Handbook See Table # 13-6*

$$.89 \text{ ft} = 2.17 \text{ mgd}$$

$$\% \text{ error} = \frac{\text{recorded value} - \text{calculated value}}{\text{calculated value}} \times 100$$

$$\% \text{ error} = \frac{2.12 \text{ mgd} - 2.17 \text{ mgd}}{2.17 \text{ mgd}} \times 100$$

$$\% \text{ error} = 0.023 \times 100$$

$$\% \text{ error} = -2.3 \quad \text{O.K.}$$

### DMR Calculation Check

Reporting Period: From September 01, 2006 – September 31, 2006

Parameter Checked: pH s.u.

	<u>Minimum</u>	<u>Quality or Concentration</u>	<u>Maximum</u>
Reported Value:	6.89		7.44
Calculated Value:	6.89		7.44
Permit Value:	6.0		9.0

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

# ADEQ

ARKANSAS  
Department of Environmental Quality

December 27, 2006

Gary Smith, Utilities Director  
City of Van Buren  
P.O. Drawer 1269  
Van Buren, AR 72956

Re: AFIN: 17-00062      NPDES Permit No. AR0021482

Dear Mr. Smith:

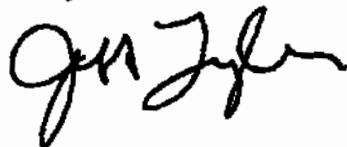
On November 13, 2006, David Long, Environmental Scientist, with Region 6 EPA, and I performed a routine inspection of your facility in accordance with the provisions of the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act and the regulations promulgated thereunder. This inspection revealed the following violations:

1. On date of inspection, four aerators in the lagoons were not in operation. These units are needed to ensure proper treatment of the effluent at the plant in order to meet the conditions of the permit. Problems with aerators appear to be on-going as this violation was also noted during the inspection conducted on March 30, 2006.
2. The facility was unable to provide a copy of the Risk Management Plan. This plan is required due to the fact that the facility maintains storage of gas chlorine greater than one ton.
3. A calibrated thermometer is required in the unit that houses the composite sampler. The unit is required to maintain the samples at 4°C or less.
4. The contract lab is not performing distillation prior to analysis on Ammonia-Nitrogen. They were also unable to provide a comparative study regarding the analysis.
5. Your facility lab is currently not following their cited method in regard to the Total Suspended Solids analysis. The cited method should be corrected or the analytical procedure amended.

These violations require your immediate attention. Please submit a written response to these findings to the NPDES Enforcement Section of this Department. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible and the written response is due by **January 18, 2007**.

If you have any questions regarding the inspection, please contact me at 479-452-4822 ext.11

Sincerely,



Jeff Tyler  
District Field Inspector  
Water Division

cc: NPDES Branch