\$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													
Transaction Code NPDES yr/mo/day Inspec. Type Inspector Fac							Fac Type							
1	N 2 5 3 A R 0	2 5 3 A R 0 0 2 1 7 5 0 11 12 0 6 1 1 1 6 17 1			8 o	19	T 20	1						
•	Remarks													
	A F I N 6	(6 - 0 0	2 2 6										
	Inspection Work Days]	Facility Evaluation F	Rating	BI		QA				Reserve	ed		
	67 0 0 1 69 70 2 71 N 72 N 73 74 75 80							80						
				Section	n B: Fa	cility	Data							
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Fort Smith-Massard POTW 1609 North 9th Entry Time /Date 0845 / 11-16-06 9-1-03														
	ling, AR 72923						Exit Tim 1200 / 1					nit Expira 31-08	tion Date	
Da ^o Gei	Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Shelly / Chief Operator / 479-452-2735 / cell-479-462-6290 Gerald Plank / Supervisor / 479-784-2333 Other Facility Data Outfall 001 N 35 20' 31.7"													
Ste 39	Name, Address of Responsible Official/Title/Phone and Fax Number Steve Parke / Director of Utilities / 479-784-2231 3900 Kelly Hwy Fort Smith, AR 72904 W 94 18' 31.1" Contacted Yes X No													
Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)														
S	Permit	S	Flow Measureme	ent	U	Op	erations &	Main	tenance	N	CSO/S	sso		
M	Records/Reports	M	Self-Monitoring	g Program S Sludge Handling/Disposal N Pollution Prevention										
s	Facility Site Review	s	Compliance Sch	edules	dules N Pretreatment			N	Multi	Multimedia				
S	Effluent/Receiving Waters	U	Laboratory		N	Storm Water S			s	Samp	Sampling			
Section D: Summary of Findings/Comments (Attach additional sheets if necessary)														
 Operators at the facility should indicate the time that the pH meter is calibrated. Staff members at the facility must be identified by name rather than initials on documents used for permit compliance. The thermometer in the refrigerator at the facility lab should be calibrated annually. Personnel at the City lab are not performing distillation prior to analysis when conducting tests on Ammonia-Nitrogen nor do they have a comparative study in regard to the analysis. The facility operators were advised to indicate time received and time opened on pH buffers. Sewer relief overflow pipes are still in existence within the collection system throughout the city. 														
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 Ext. 11/ 452-4827 Date 12-20-06														
gnzt						_								
Signature of Reviewer Agency/Office/Phone and Fax				d Fax Num	bers			Date	e					

	PERMIT NO. AR0021750
SECTION A - PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS DETAILS: B S M U NA (F	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. □ S ■ M □ U □ NA (FUDETAILS: Facility operators should indicate time pH calibration was performed.	URTHER EXPLANATION ATTACHED \underline{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. Individual should be identified by name rather than initial	s on documents. ☐ 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. DETAILS: Numerous sewer relief overflow pipes still exist within the collection system.	HER EXPLANATION ATTACHED <u>No</u>)
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. Dual feed on electricity	■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 □NA
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.	■ Y □ N □ NA ■ Y □ N □ NA
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.	■ Y □ N □ NA

	PERMIT NO. AR0021750
SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)	
9. HAVE BYPASSES/ <u>OVERFLOWS</u> OCCURRED AT THE PLANT OR IN THE <u>COLLECTION SYSTEM</u> IN THE LAST YEAR? IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? (On-going)	■ 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 - SELF-MONITORING	
PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. \blacksquare S \square M \square U \square NA (further explanation details:	N ATTACHED <u>No</u>).
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 in facility refrigerator should be calibrated	annually. ■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. DETAILS:	EXPLANATION ATTACHED No)
PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE 24" Parshall Flume	■ 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) 08-08-06 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. One per month	■ Y □ N □ NA ■Y □ N □ NA ■ 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 EDETAILS: Facility lab not performing distillation prior to analysis when conducting NH3-N tests.	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES)	■ Y □ N □ NA

						PERMIT	NO. AR0021750		
SECTION F - LABORATORY (CONT'D)									
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED							□Y□N ■ NA		
							U □ NA		
4. QUALITY CONTRO	DL PROCEDURES ADI	EQUATE.				■ S□ M□	IU □ NA		
5. DUPLICATE SAMPLES ARE ANALYZED 10 % OF THE TIME.									
6. SPIKED SAMPLES	6. SPIKED SAMPLES ARE ANALYZED 10 % OF THE TIME.								
7. COMMERCIAL LAE	BORATORY USED.					■ Y	□ N □ NA		
LAB NAME Pace Analytical Services LAB ADDRESS 9608 Loiret Blvd. Lenexa, KS 66219 PARAMETERS PERFORMED Chronic Biomonitoring									
SECTION G - EFFLU	ENT/RECEIVING WAT	ERS OBSERVATIONS	S.	■ S □ M □ U [□ NA (FURTHER EXPLAI	NATION ATTACH	ED <u>no</u>).		
Based on visual	observations or	nly.							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER		
001	None	None	Slight	None	None	Light Brown			
Comments: Facility discharges to the Arkansas River.									
SECTION H - SLUDG	SE DISPOSAL								
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. BES M UN NA (FURTHER EXPLANATION ATTACHED No). DETAILS: Class A sludge is produced by the facility.									
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: Landfill (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 <u>N/A</u> COMPOSITE SAMPLE N/A METHOD N/A 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								

FLOW CALCULATION SHEET

Field Data: Date- 11-16-06 Time: 0935

Head in feet = 2.20 ft

Type & Size of Primary Flow Measurement Device 24" Parshall Flume Name & Model of Secondary Flow Measurement Device Milltronics OCM III

Recorded Flow at date & time listed above: 17.54 mgd

Flows are calculated from flow charts taken from the <u>ISCO Open Channel Flow Measurement Handbook 5th Edition see Table # 13-8</u>

2.22 ft = 17.80 mgd

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

% error = 17.54-17.80 x 100 17.80

% error = 0.014 x 100

% error = 1.4 %

DMR Calculation Check

Reporting Period: From June 01, 2006 – June 30, 2006

Parameter Checked: <u>CBOD</u>

	Loading Mass	Concentration Monthly			
	Monthly Avg. (lbs/day)	AvgMg/l	7-day AvgMg/ l		
Reported Value:	218	4	4		
Calculated Value:	218	4	4		
Permit Value:	2085	25	38		

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



December 27, 2006

Steve Parke, Director of Utilities City of Fort Smith, Massard POTW 3900 Kelly Hwy. Fort Smith, AR 72904

Re: AFIN: No. 66-00226 NPDES Permit No. AR0021750

Dear Mr. Parke:

On November 16, 2006, David Long, Environmental Scientist with Region 6 EPA and I performed a routine permit compliance 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. The City lab does not perform distillation prior to analysis when conducting Ammonia-Nitrogen analyses nor were they able to provide a comparative study in regard to the test.
- 2. Operators at the facility should indicate the time pH calibration is performed.
- 3. Facility personnel should be identified by names rather than initials on all documents utilized for permit compliance.
- 4. Annual calibration is required on the thermometer in the facility refrigerator due to effluent samples being maintained in this unit until pick up.
- 5. Buffers used for pH calibration should be marked with date received and date opened.
- 6. The City of Fort Smith utilizes numerous sewer relief overflow pipes at various locations throughout the collection system.

The aforementioned 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 in regard to this inspection, please contact me at 479-452-4822 ext. 11

Sincerely,

Jeff Tyler

District Field Inspector

Water Division

cc: NPDES Enforcement Branch