



ARKANSAS
Department of Environmental Quality

June 2, 2008

Gary Smith, Utilities Director
City of Van Buren
P.O. Drawer 1269
Van Buren, AR 72957

AFIN: 17-00062

NPDES Permit No.: AR0021482

Dear Mr. Smith:

On April 15, 2008, I performed a routine compliance 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. At time inspection, three aerators in cell one were not in operation. Past inspections have shown that these units continue to be a maintenance problem within the plant. All needed treatment units should be in operation to ensure that the quality of the effluent can meet permit requirements.
2. Flow checks conducted on the totalizer at the time of inspection revealed a > 10% error. Efforts must be made to have the totalizer calibrated to ensure the accuracy of the meter.
3. Facility operator was unable to provide documentation to confirm that monthly flow checks of the totalizer are being performed.
4. Hose on composite sampler located at the facility must be cleaned or replaced. Existing condition of the hose may lead to inadequate quality of the effluent.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department at the following address:

Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

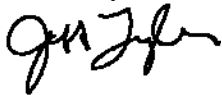
This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by June 25, 2008.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

Smith, City of Van Buren
June 2, 2008
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If I can be of any assistance, please contact me at 479-452-4822 ext. 11

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Tyler".

Jeff Tyler
District 4 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

DETAILS:

- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
- 4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

DETAILS:

- 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: Y N NA NE
- 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
 - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
 - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
 - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
 - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
 - e. RESULTS OF CALIBRATIONS: Y N NA NE
 - f. RESULTS OF ANALYSES: Y N NA NE
 - g. DATES AND TIMES OF ANALYSES: Y N NA NE
 - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
- 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
- 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
- 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS: Three aerators were not in operation in cell one at time of inspection.

- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
- 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
- 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: (Detention and generator) S M U NA NE
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
- 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
- 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
- 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
- 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
- 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
- 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
- 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: Hose on composite sampler must be cleaned or replaced.

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: Facility unable to provide record of monthly calibration check on totalizer, flow checks performed revealed > 10% error.

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <u>12" parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: (Date of last calibration <u>June 8, 2007</u>)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex</u>	
b. LAB ADDRESS: <u>8600 Kanis Road- Little Rock</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring and NH3-N</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: Receiving waters at Arkansas River not observed.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	Trace	Clear	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: No recent sludge removal has been performed

- | | |
|---|---|
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): | |

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY: | |
| 3. SAMPLES PRESERVED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Facility has been granted a "No exposure certification" by the Department.

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|--|--|
| 1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

FLOW CALCULATION SHEET

Date:	04-15-08	Time:	1005	
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Head in Inches:	NA	Feet:	0.62	
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Type & Size of Primary Flow Measurement Device: **12" Parshall flume**

Name & Model of Secondary Flow Measurement Device: **Milltronics PDS-360**

Date of last Calibration of Secondary Flow Device: **June 8, 2007**

Recorded Flow at Date & Time Listed Above:	3.52	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	3.11	
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(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition -Table # 13-6)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	3.52	-	3.11	X 100	
	3.11				

% Error =	.041	X 100	
	3.11		

% Error =	0.131	X 100	
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% Error =	13.2	%	
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Comments: **Not within +/- 10%, unit must be calibrated.**

FLOW CALCULATION SHEET

Date: **04-15-08** Time: **1130**

Head in Inches: **NA** Feet: **1.14**

Type & Size of Primary Flow Measurement Device: **12" Parshall flume**

Name & Model of Secondary Flow Measurement Device: **Milltronics PDS-360**

Date of last Calibration of Secondary Flow Device: **June 8, 2007**

Recorded Flow at Date & Time Listed Above: **3.48** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.12**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition -Table # 13-6)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	3.48	-	3.12	X 100	
	3.12				

% Error =	.036	X 100	
	3.11		

% Error =	0.1157	X 100	
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% Error =	11.5	%	
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Comments: **Not within +/- 10%, unit must be calibrated.**

Water Division NPDES Photographic Evidence Sheet							
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Location:	City of Van Buren POTW South Plant						
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Photographer:	Jeff Tyler			Witness:	None		
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Photo #	1	Of	2	Date:	04-15-08	Time:	1000
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Description:	Two aerators in cell one that were not in operation at time of inspection.						
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Photographer:	Jeff Tyler			Witness:	None		
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Photo #	2	Of	2	Date:	04-15-08	Time:	1006
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Description:	Aerator not in operation in cell one on at time of inspection.						
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VAN BUREN MUNICIPAL UTILITIES

“Providing Water, Sewer, and Sanitation Services”
2806 Bryan Road / P.O. Drawer 1269
Van Buren, Arkansas 72957
479-474-5067 / Fax 479-471-8969



June 19, 2008

Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, Arkansas 72218-5317

Re: NPDES Permit No. AR0021482
Permit Compliance Inspection dated April 15, 2008

Mr. Tyler:




Please find below our response to the compliance inspection for the above referenced permit;

- Item 1. The aerators were back in operation on April 28, 2008. Although aerator problems are ongoing, the Plant has experienced no excursion during 2008 that were attributed to aerator malfunction.
- Item 2. The totalizer on the effluent flow meter was calibrated on April 16, 2008 by Instrument and Supply Inc.
- Item 3. The operator added a page in the log book to record monthly flow checks of the effluent totalizer.
- Item 4. The tubing on the effluent sampler was replaced on April 17, 2008. Standard procedure is to replace tubing before Quarterly Biomonitoring or as soon as needed.

If you need additional information or have any questions please feel free to contact Steve Dufresne or myself at 479-474-5068.

Respectfully,


Gary Smith
Director of Utilities

Cc: Steve Dufresne, Operations Superintendent,
file