



ARKANSAS  
Department of Environmental Quality

May 6, 2009

Craig Noble, General Manager  
RUSSELLVILLE CITY CORPORATION  
P.O. Box 3186  
Russellville, AR 72811

RE: Inspection of RUSSELLVILLE CITY CORPORATION

AFIN: 58-00105

NPDES Permit No.: AR0021768

Dear Mr. Noble:

On 4/22/2009, 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 the time of inspection, the flow meter deviation from the actual flow was greater than 10% error. This is a violation of your Permit as stated in Part II, Section C. 2.
2. Weir plates thicker than  $\frac{1}{4}$  inch need a beveled downstream edge to ensure accurate discharge measurement (ISCO Open Channel Flow Measurement Handbook, Chapter 3). The plant's weir is  $\frac{3}{8}$  inch thick and is not beveled. This is a violation of your Permit as stated in Part II, Section C. 2.
3. Influent samples collected to detect the presence of the toxic pollutants listed in 40 CFR 122 Appendix D (Table II and Table III) are not flow composited. This is a violation of your Permit as stated in Part III, Section 7. C. 1.
4. Annual reports of biosolids and soil analysis do not include pH, as required in your Permit Part III, Section 8. B. 1. a. and b.

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:

Ms. Cindy Garner, Technical Assistance Manager  
Water Division Enforcement Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Craig Noble, RUSSELLVILLE CITY CORPORATION

May 4, 2009

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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 May 22, 2009

Additionally, the following items were noted during the inspection but are not permit violations.

1. A pump in the settle sewage building was observed leaking. The leak is contained by the building but should be repaired.
2. The ring in an intermediate clarifier is buckled and in need of maintenance.
3. Media in the west biotower is broken and needs to be replaced.
4. Material collects in sampler tubing and can result in inconsistent samples. The sampler tubing should be cleaned or replaced at regular intervals.

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

If I can be of any assistance, please contact me at 479-968-7339.

Sincerely,



Amy Beck  
District 5 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch  
Larry Collins, Russellville City Corp - Operations Manager


 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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Section A: National Data System Coding																													
Transaction Code			NPDES								Yr/Mo/Day				Inspec. Type		Inspector		Fac. Type										
1	N	2	5	3	A	R	0	0	2	1	7	6	8	11	12	0	9	0	4	2	2	17	18	C	19	S	20	1	
Remarks																													
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																	
67	0	0	3	69	70	2	71	N	72	N	73		74		75														80

Section B: Facility Data					
Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>RUSSELLVILLE WWTP (CITY CORPORATION)</b> 404 Jimmy Lile Road Russellville, AR 72802	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>0900 / 04-22-2009</b></td> <td style="width:50%;">Permit Effective Date <b>4/1/2005</b></td> </tr> <tr> <td>Exit Time/Date <b>1400 / 04-24-2009</b></td> <td>Permit Expiration Date <b>3/31/2010</b></td> </tr> </table>	Entry Time/Date <b>0900 / 04-22-2009</b>	Permit Effective Date <b>4/1/2005</b>	Exit Time/Date <b>1400 / 04-24-2009</b>	Permit Expiration Date <b>3/31/2010</b>
Entry Time/Date <b>0900 / 04-22-2009</b>	Permit Effective Date <b>4/1/2005</b>				
Exit Time/Date <b>1400 / 04-24-2009</b>	Permit Expiration Date <b>3/31/2010</b>				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Larry Collins/ Operations Manager    Randy Bradley/ Pretreatment Coordinator</b> <b>Scott Ketchum/PCW Lead Operator    Brandy Jennings/ Lab Tech</b>	Other Facility Data <b>35° 14' 57" N, 93° 06' 58" W</b>				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Craig No ble, (479) 968-2080 ext. 113</b> <b>RUSSELLVILLE CITY CORPORATION</b> P.O. Box 3186 Russellville, AR 72811	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	U	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	S	Pretreatment	S	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	S	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)
<p>For soil and sludge analysis, pH is not being reported. All other reports are in compliance.</p> <p>Influent samples are not flow composited.</p> <p>Flow meter error is greater than 10% of actual calculated effluent flow.</p> <p>Weir plates thicker than 1/4 inch need a beveled downstream edge to ensure accurate discharge measurement. The plant's weir is 3/8 inch thick and is not beveled.</p>

Name(s) and Signature(s) of Inspector(s)  <b>Amy Beck</b> 	Agency/Office/Telephone/Fax <b>Arkansas Department of Environmental Quality / Russellville / 479-968-7339 / 479-968-7321</b>	Date <b>May 4, 2009</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NE

## DETAILS:

- |  |  |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:                            | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> 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:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:  | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES: <u>For soil and sludge analysis, pH is not being reported. All other satisfactory.</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:                                 | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:                           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NE

## DETAILS:

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <u>Feb. 2008 lift station</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>TSS</u>  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

- |   |  |
|---|--|
| 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: <u>Influent samples are not flow composited.</u> | <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Y <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

- |  |  |
|--|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>5 ft rectangular weir with end constrictions, not beveled.</u> | <input type="checkbox"/> Y <input checked="" 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: <u>&gt;10% error</u>  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE:   | <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 checked="" type="checkbox"/> Y <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED: <u>Yes, for soil samples, sludge samples, and biomonitoring</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: <u>EEG, Inc.</u>  | <u>Hurther and Associates, Inc.</u>  |
| b. LAB ADDRESS: <u>220 N. Knoxville, Russellville, AR 72801</u>                                | <u>1156 N. Bonnie Brae, Denton, Texas 76201</u>  |
| c. PARAMETERS PERFORMED: <u>soil and sludge samples</u>  | <u>Biomonitoring</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: No sludge deposits observed in receiving stream.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	no	no	no	not persistent	no	light brown	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- |   |   |
|---|---|
| 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: <u>hay field</u> |   |

**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 no exposure certification at this time.

- |  |  |
|--|--|
| 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:	<b>4-22-2009</b>	Time:	<b>10:20 a</b>	
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Head in Inches:	<b>9.36</b>	Feet:	<b>0.78</b>	
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Type & Size of Primary Flow Measurement Device: **5 ft weir with end contractions**

Name & Model of Secondary Flow Measurement Device:	<b>Eastech Badger Vantage 2210 flow meter</b>
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Date of last Calibration of Secondary Flow Device: **01-26-2009**

Recorded Flow at Date & Time Listed Above:	<b>6.37</b>	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	<b>7.181</b>	
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(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

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

% Error =	7.181	-	6.37	X 100	
	7.181				

% Error =	0.811	X 100	
	7.181		

% Error =	0.113	X 100	
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% Error =	<b>11.3</b>	%	
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Comments:	<b><u>See permit Part II Section C. 2.</u></b>
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**DMR Calculation Check**

**Reporting Period:** From 08 11 01 To 08 11 30  
  Year    Month    Day                   Year    Month    Day

**Parameter Checked:** CBOD5

	<b>Loading</b>	<b>Concentration</b>	
	<b>Mass</b>	<b>Monthly</b>	
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>95</u>	<u>2.4</u>	<u>2.9</u>
<b>Calculated Value:</b>	<u>95</u>	<u>2.4</u>	<u>2.9</u>
<b>Permit Value:</b>	<u>913</u>	<u>15</u>	<u>23</u>

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



### DMR Calculation Check

Reporting Period: From 09 02 01 To 09 02 28  
Year Month Day Year Month Day

Parameter Checked: TSS

	<b>Loading Mass</b>	<b>Concentration</b>	
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>1470</u>	<u>28.9</u>	<u>30</u>
Calculated Value:	<u>1470</u>	<u>27.1</u>	<u>30</u>
Permit Value:	<u>1217</u>	<u>20</u>	<u>30</u>

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

The monthly NPDES report supplied shows that TSS samples were taken more often than required by the permit. All samples for the month should be used in calculating the monthly average. By omitting the 3 weekend samples in February, the monthly average concentration is 28.19 mg/l.

I am not certain how the reported value was calculated.



# CITY CORPORATION

Russellville Water and Sewer System

205 West 3rd Place PO Box 3186 Russellville, AR 72811-3186

Phone (479) 968-2105  
FAX (479) 968-3265

May 21, 2009

Cindy Garner, Technical Assistance Manager  
Water Division Enforcement Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock Arkansas 72118-5317

RE: AFIN: 58-00105

NPDES Permit No: AR0021768

Dear Ms. Garner:

On April 22, 2009, Ms Amy Beck ADEQ District 5 Field Inspector, Mr. Greg Kremers ADEQ District 5 Field Inspector and Mr. Dale Washam ADEQ Pollution Control Inspector Supervisor, inspected City Corporation's wastewater treatment facilities. Below are City Corporation's response to the violations as noted in Ms. Beck's letter dated May 6, 2009.

1. **Violation:** The flow meter deviation from the actual flow was greater than 10% error. This is a violation of Part II.C.2 of the permit.

**Response:** To ensure compliance City Corporation has contacted OIC, from Little Rock Arkansas to calibrate the effluent flow meter. This calibration was completed May 19, 2009.

**Note:** On January 26, 2009 the effluent flow meter was calibrated and certified by Porterfield Inc. of Little Rock, Arkansas. This was the annual certification test as required in the City Corporation Permit. To the best of our knowledge the device was properly calibrated and was certified. As stated previously, OIC has calibrated and made the repairs.

2. **Violation:** Weir plates thicker than  $\frac{1}{4}$  inch need a beveled downstream edge to ensure an accurate discharge measurement (ISCO Open Channel Flow Measurement Handbook, Chapter 3). The plant's weir is  $\frac{3}{8}$  inch thick and is not beveled. This is a violation of your Permit as stated in Part II, Section C.2.

**Response:** During the time of this inspection the flow at the wastewater treatment plant was such that the actual weir plate could not be seen, the side plates are thicker than  $\frac{1}{4}$  inch and it was this plate that the inspectors could see at the time of the inspection. City Corporation staff found the actual weir plate to be  $\frac{1}{4}$  inch; thereby, the need for a bevel plate is not necessary.

3. **Violation:** Influent samples collected to detect the presence of the toxic pollutants listed in 40 CFR 122 Appendix D (Table II and Table III) are not flow composited. This is a violation of your Permit as stated in Part III, Section 7.C.1.

**Response:** City Corporation's engineering staff will determine the necessary changes to the wiring and SCADA to connect the influent flow meter to the composite sampler used to collect the stated samples. This work will be completed by the week of June 1, 2009.

4. **Violation:** Annual report of biosolids and soil analysis do not include pH, as required in your Permit Part III, Section 8.B.1.a. and b.

**Response:** City Corporation's lab analyst did the required analysis of the biosolids and soil. City Corporation did fail to include these analyses with the 2009 annual reports. The annual reports will be corrected and mailed to ADEQ by the week of June 1, 2009.

In addition to the above violation responses, City Corporation offers the following to the noted items as outlined in Ms. Beck's letter:

1. A pump in the settle sewage building was observed leaking. The leak is contained by the building but should be repaired.

**Response:** The above-mentioned pump has been repaired and the area cleaned.

2. The ring in an intermediate clarifier is buckled and in need of repair.

**Response:** City Corporation will hire a contractor to make the necessary repairs to the clarifier; this work will be completed by June 15, 2009.

3. Media in the west biotower is broken and needs repair.

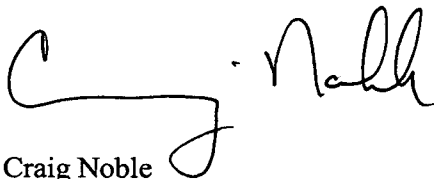
**Response:** City Corporation and our engineering staff are in the process of locating a vendor for media. Once a vendor is determined, new media will be ordered and necessary repairs made.

4. Material collects in sampler tubing and can result in inconsistent samples. The sampler tubing should be cleaned or replaced at regular intervals.

**Response:** A new preventative maintenance ticket has been developed and this tubing will be changed or cleaned once a month.

Should you have any questions please contact Larry Collins, Operations Manager at (479) 968-2080 Ext 132.

Sincerely,

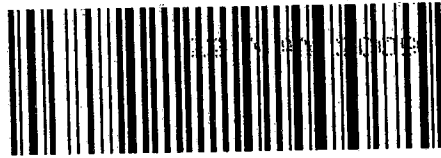


Craig Noble  
General Manager



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

721185317 R01S



# ADEQ

A R K A N S A S  
Department of Environmental Quality

June 16, 2009

Craig Noble, General Manager  
City Corporation  
Russellville Water and Sewer System  
P. O. Box 3186  
Russellville, AR 72118-5317

RE: NPDES Permit AR0021768, AFIN 58-00105  
**Response to Inspection**

Dear Mr. Noble:

ADEQ has received your response to the April 22, 2009 routine compliance inspection of your facility by our District Field Inspector, Amy Beck. Your letter appears to adequately address the discrepancies identified during this inspection.

The Department will keep the inspection and response on file and will consider them as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires ADEQ to consider the past history of your company and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any violations.

Thank you for your attention to this matter. If we need further information, we will contact you. Should you have any questions, feel free to contact me by phone at 501-682-0632 or e-mail at [robertsa@adeq.state.ar.us](mailto:robertsa@adeq.state.ar.us). In any written correspondence to this Department, please refer to NPDES Permit AR0021768 and AFIN 58-00105.

Sincerely,



Anne Roberts  
Enforcement Administrator  
Enforcement Branch  
Water Division