



ARKANSAS  
Department of Environmental Quality

May 8, 2009

Trevor Bowman, Public Works Director  
City of Siloam Springs  
P.O. Box 80  
Siloam Springs, AR 72761

RE: Routine Compliance Evaluation Inspection

AFIN: 04-00106

NPDES Permit Tracking No.: AR0020273

Dear Mr. Bowman:

On April 22, 2009, I performed a routine compliance evaluation 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 there under. This inspection revealed the following violation:

The present methods that the facility is using for dissolved oxygen and total residual chlorine are no longer approved methods. EPA methods 360.1 for dissolved oxygen and 330.5 for total residual chlorine are no longer approved analytical methods in 40 CFR 136. Therefore, you are in violation Part II, Section C, 3 of the Permit.

The above item requires your immediate attention. Please submit a written response to these findings to the Department at the following address:

Cindy Garner, Technical Assistance Manager  
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 item noted. This corrective action should be completed as soon as possible, and the written response is due by May 22, 2009.

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

Trevor Bowman, City of Siloam Springs  
April 29, 2008  
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If I can be of any assistance, please contact me at 479-267-0811 ext. 12 (west@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink that reads "Alison West". The signature is written in a cursive, flowing style.

Alison West  
District 1 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

<p style="text-align: center; font-size: small;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center; margin: 0;">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 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 2 0 2 7 3</b>	11 12 <b>0 9 0 4 2 2</b>	17 18 <b>C</b>	19 <b>S</b> 20 <b>1</b>		
Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 <b>  </b> 69	70 <b>2</b>	71 <b>N</b>	72 <b>N</b>	73 <b>  </b>	74 75 <b>  </b> 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>City of Siloam Springs Pollution Control Plant</b> <b>975 Anderson Ave</b> <b>Siloam Springs, AR 72761</b>	Entry Time/Date <b>1015/4-22-09</b>	Permit Effective Date <b>October 1, 2007</b>
	Exit Time/Date <b>1535/4-22-09</b>	Permit Expiration Date <b>September 30, 2012</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Tom Myers/Wastewater Superintendent/479-524-5623/479-524-4653</b>	Other Facility Data <b>Outfall 001</b> <b>N36.19396</b> <b>W094.56398</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Trevor Bowman/Public Works Director/479-524-5136/479-524-8513</b> <b>City of Siloam Springs</b> <b>P.O. Box 80</b> <b>Siloam Springs, AR 72761</b>	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection  
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	M	Laboratory	N	Storm Water	N	Other:

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

EPA methods 360.1 for dissolved oxygen and 330.5 for total residual chlorine are no longer approved methods in 40 CFR136.

Name(s) and Signature(s) of Inspector(s) Alison West	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811 ext. 12/479-267-0819	Date 4-29-09
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 checked="" type="checkbox"/> S <input 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:  | <input checked="" type="checkbox"/> Y <input 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 NEDETAILS: Primary clarifier #1 was down and the dome cover trickling filter had been removed in order to make modifications to the plant.

- |   |   |
|---|---|
| 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: <u>(Standby generator-manual switch)</u>         | <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: <u>1-IV, 2-III, 1-II</u>                    | <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: <u>Not required-not a 92-500 facility</u>     | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <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:   | <input type="checkbox"/> Y <input checked="" 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:	<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 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 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 NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>5 foot rectangular weir without end contractions</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 checked="" type="checkbox"/> Y <input 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: <u>(1/wk)</u>	<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 NEDETAILS: EPA methods 360.1 for dissolved oxygen and 330.5 for total residual chlorine are no longer approved methods in 40CFR136.

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input checked="" 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>ETG</u>	<u>American Interplex</u>
b. LAB ADDRESS: <u>1702 E. Central Avenue, Bentonville, AR 72712</u>	<u>8600 Kanis Road, Little Rock, AR 72204</u>
c. PARAMETERS PERFORMED: <u>CBOD, TSS, NH3-N, TP, Total Recoverable Copper, Nitrates</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

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

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Sludge is taken to Waste Management Landfill in Tontitown, AR.

- |   |   |
|---|---|
| 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: (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 type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Facility has a no exposure permit.

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

## FLOW CALCULATION SHEET

Date:	<b>4-22-09</b>	Time:	<b>11:18 a.m.</b>	
-------	----------------	-------	-------------------	--

Head in Inches:		Feet:	<b>.606</b>	
-----------------	--	-------	-------------	--

Type & Size of Primary Flow Measurement Device: **5 Foot Rectangular Weir w/o End Contractions**

Name & Model of Secondary Flow Measurement Device: **ISCO Bubble Flow Meter, Model 3230**

Date of last Calibration of Secondary Flow Device: **June 11, 2008**

Recorded Flow at Date & Time Listed Above:	<b>3256 GPM</b>	(Facility Flow Meter)
--	-----------------	-----------------------

Calculated Flow at Date & Time Listed Above:	<b>3560 GPM</b>	
--	-----------------	--

(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 =	3256	-	3560	X 100	
	3560				

% Error =		X 100		
-----------	--	-------	--	--

% Error =		X 100		
-----------	--	-------	--	--

% Error =	<b>-8.5</b>	%		
-----------	-------------	---	--	--

Comments: **OK**

**DMR Calculation Check**

**Reporting Period:** From 08 12 01 To 08 12 31  
Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>134.7</u>	<u>5.84</u>	<u>7.60</u>
<b>Calculated Value:</b>	<u>134.7</u>	<u>5.85</u>	<u>7.60</u>
<b>Permit Value:</b>	<u>734</u>	<u>20</u>	<u>30</u>

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



-----Original Message-----

**From:** David Cameron [mailto:[dcaeron@siloomsprings.com](mailto:dcaeron@siloomsprings.com)]

**Sent:** Tuesday, June 02, 2009 9:26 AM

**To:** Garner, Cindy

**Cc:** Judy Toler; Tom Myers

**Subject:** Inspection Response

Cindy:

I apologize for our tardy reply. We have made a personnel change in the water and wastewater department and we missed the Friday deadline. Your patience is appreciated.

Regards,

David Cameron, City Administrator



June 2, 2009

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

RE: Siloam Springs NPDES  
AFIN: 04-00106 NPDES Permit No. AR0020273

Dear Ms. Garner:

Please allow this letter to serve as response to the Routine Compliance Evaluation, Pretreatment Compliance and Sanitary Overflow Inspection Letters dated May 8, 2009, and received May 15, 2009. The letter resulted from an ADEQ inspection conducted on April 22<sup>nd</sup> and 23<sup>rd</sup> by Ms. Alison West.

#### **COMPLIANCE EVALUATION INSPECTION**

A violation was cited which stated that the method which the City of Siloam Springs had been using for the determination of dissolved oxygen and total residual chlorine is no longer acceptable. The City of Siloam Springs is now utilizing Standard methods number 4500-O G, Oxygen dissolved Electrode and 4500-Cl G for Chlorine-Total residual Spectrophotometric, DPD methods.

#### **PRETREATMENT COMPLIANCE INSPECTION**

Inspection of the pretreatment program found that chain of custody forms were not properly filled out by the lab contracted to run tests last year. City staff had already discovered that these forms were not submitted properly, and had requested Environmental Testing Group, Inc. to make all necessary corrections. This information was shown to Ms. West at the time of the inspection. Attached please find Exhibit "A", which illustrates the incorrect way to complete the form, and Exhibit "B", which shows the correct way.

#### **SANITARY OVERFLOW INSPECTION**

Emergency contact information should be posted at the lift stations. The City has ordered signs made which will contain emergency contact information, and will be placed at each lift station.

The City of Siloam Springs takes our compliance with ADEQ seriously. We have taken necessary steps to comply with Ms. West's report.

If you have questions regarding these matters, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read 'David Cameron', written over the word 'Sincerely,'.

David Cameron  
City Administrator

cc: Peggy Woody, City Clerk (w/attachments)  
Tom Myers, Wastewater Superintendent (w/attachments)  
Alison West, District Field Inspector (w/attachments)

Exhibit "A"

Environmental Testing Group, Inc  
 1702 East Central Avenue  
 Bentonville, AR 72712  
 Ph. (479) 271-7996 FX. (479) 271-8394

CHAIN OF CUSTODY RECORD AND ANALYSIS REQUEST

Project Manager: Dan Cole  
 Phone #: 479-549-6053  
 Address: Cobb - Vantrass  
 FAX #: 479-549-6053  
 Address: PO Box 1030  
 Project Name: Steam Springs, AR 72761  
 Project Number: 1915  
 Project Location: 1915  
 Effluent Sampler: X

Sample ID (Lab use only)	Grab	Composite	Water	Soil	Sludge	Other (Specify)	Method Preserved				Date Sampled	Time Sampled	TSS, BOD	Cu	Total P, NH3-N	Oil & Grease, pH, Cyanide
							H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	Ice	Non preserved						
AB82007-01		X	X				X	X	X		2/19-20/08	1140-1140	X	X	X	
Effluent Grab		X	X				X	X	X		2/20/08	1205			X	

Refiniquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Refiniquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_

Refiniquished By: Joshua Hlavstad Date: 2/20/08 Time: 1250 Received By: Deanne Blavansis

Receipt of sa is by Environmental Testing Group, Inc. acknowledges acceptance of standard Terms and Conditions on the reverse side.

Analysis Request: \_\_\_\_\_ Other: \_\_\_\_\_  
**AB82007-01 D**  
 Effluent  
 Sampled: 02/20/08 11:40  
 Water- Work Order Label

Remarks: PH-6.98 @ 1207  
 Dup-6.98 @ 1205  
 taken @ 1205

LABORATORY COMMENTS:  
 In Lab Temp: 22  
 Outbody Seals: Y  
 Bottles Supplied by ETG: N  
 Method of Shipment: Pick up

Exhibit "B"

nelap  
 1702 East Central Avenue  
 Bentonville, AR 72712  
 Ph: (479) 271-7996  
 Fax: (479) 271-8394

**Cobb-Vantress Effluent**  
**CHAIN OF CUSTODY RECORD**

CLIENT INFORMATION		Reporting Information		Bottle Type:		Preservation Codes:												
Cobb - Vantress PO Box 1030 Silcaam Springs, AR 72761		Project Name		A) 1 Liter Poly		1. Cool & Degrees Centigrade Non-preserved												
Customer Number 1915		E-Mail:		B) 500 mL Poly		2. Sulfuric Acid (H <sub>2</sub> SO <sub>4</sub> ), pH < 2												
Project Manager: Dan Cole		Telephone: (479) 549-6053		C) 250 mL Poly		3. Nitric Acid (HNO <sub>3</sub> ), pH < 2												
		Fax:		D) 1 L Amber Glass		4. Thiosulfate for Dechlorination												
		Bill for P.O.#:		E) 330 mL Amber Glass		5. Hydrochloric Acid (HCl)												
				F) 100 mL Snap Cap		6. Sodium Hydroxide (NaOH), pH > 12												
				G) 43 mL VOA		7. H <sub>3</sub> PO <sub>4</sub> , Phosphoric Acid												
				H) 1 L Wide Mouth		TEST PARAMETERS												
				Preservative Code:		1	2	3	2	6								
		Sample(s) Signature: <i>[Signature]</i>		Sample(s) Printed: <i>Toshua Marshall</i>		Bottle Type:	A	B	B	D	A							
LAB ID #		SAMPLE COLLECTION		Number of Grab Comp Bottles		SAMPLE IDENTIFICATION, DESCRIPTION		TSS, BOD, pH		NH <sub>3</sub> -N, Total P		Oil & Grease		Cyanide				
BC90351-01		3/16-17/09 1035-105		1		Effluent		X		X								
BC90351-02		3/17/09 1120		1		Effluent				X		X						
		3/17/09 1120		1		Effluent												

**BC90351-01 D**  
 Effluent  
 Sampled: 03/17/09 10:25  
 Water, Work Order Label  
 Cobb - Vantress

SAMPLE CONDITION UPON RECEIPTS IN LAB

REMARKS / COMMENTS

- 1. CUSTODY SEALS: Yes  No
- 2. CONTAINERS CORRECT: Yes  No
- 3. COC/LABELS AGREE: Yes  No
- 4. PRESERVATION CONFIRMED: Yes  No
- 5. RECEIVED ON ICE: Yes  No
- 6. TEMPERATURE UPON RECEIPT: 3 °C

FOR COMPLETION BY LAB ONLY

FEDEX UPS

Receipt of samples by Environmental Testing Group, Inc. acknowledges acceptance of Standard Terms and Conditions (available upon request).

# ADEQ

ARKANSAS  
Department of Environmental Quality

June 26, 2009

Thomas A. Myers, Water Pollution Control Plant Superintendent  
City of Siloam Springs  
P.O. Box 80  
Siloam Springs, AR 72761

RE: NPDES Permit AR0020273, AFIN 04-00106  
Response to Inspection

Dear Mr. Myers:

ADEQ has received your response to the April 22, 2009 routine compliance evaluation inspection and pretreatment compliance evaluation inspection of your facility by our District Field Inspector, Alison West. Your letter appears to adequately address the discrepancies identified during the visit.

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 AR0020273 and AFIN 04-00106.

Sincerely,



Anne Roberts  
Enforcement Analyst  
Enforcement Branch  
Water Division