



June 10, 2009

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

RE: Compliance Evaluation Inspection on City of Van Buren POTW (South Plant)

AFIN: 17-00062

NPDES Permit No.: AR0021482

Dear Mr. Smith:

On May 19, 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:

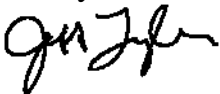
1. Facility operator is not conducting monthly flow checks on the electronic magnetic meter, which is utilized to measure the discharge flow. The permit requires that this device must be capable of measuring the flow with a maximum deviation of +/- 10%. At time of inspection, the operator was unable to provide any certification for the meter.
2. In regard to the dissolved oxygen analysis performed by the operator, facility records did not indicate the analytical method utilized for this test or that duplicate analyses are being performed.
3. According to March 2009 chain of custody and contract lab reports, composite samples were collected and analyzed for Total Dissolved Solids, Chlorides, Nitrite + Nitrate Nitrogen, and Total Phosphorus. The permit requires that grab samples be collected for these parameters.

It was also noted during the inspection after reviewing the March 2009 Discharge Monitoring Report, that the plant experienced a permit excursion in regard to the monthly loading average and the monthly concentration for BOD. The DMR indicated that the monthly loading average was 802 lb/d and the permit limit is 776 lb/d. The monthly average concentration was 37 mg/l and the permit limit is 30 mg/l. Facility records did confirm that the Department was notified about this excursion in a letter dated April 14, 2009.

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager of this Department. The 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 with all necessary documentations (i.e. picture) is due by June 25, 2009.

If I can be of any assistance, please contact me at 479-452-4822 ext. 11

Sincerely,



Jeff Tyler
District 4 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

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 4 8 2 11 12 0 9 0 5 1 9 17 18 C 19 S 20 1	Remarks																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">F</td> <td style="text-align: center;">I</td> <td style="text-align: center;">N</td> <td style="text-align: center;">1</td> <td style="text-align: center;">7</td> <td style="text-align: center;">-</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">6</td> <td style="text-align: center;">2</td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table>																										A	F	I	N	1	7	-	0	0	0	6	2									
A	F	I	N	1	7	-	0	0	0	6	2																																			
Inspection Work Days		Facility Evaluation Rating		BI	QA	-----Reserved-----																																								
67 0 0 1 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>) City of Van Buren POTW (South Plant) 1401 Port Road Van Buren, AR 72956	Entry Time/Date 0830 / May 19 2009	Permit Effective Date March 1, 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Kim Redo / Environmental Coordinator / 479-474-0941	Exit Time/Date 1215 / May 19, 2009	Permit Expiration Date February 28, 2014
Name, Address of Responsible Official/Title/Phone and Fax Number Gary Smith / Utilities Director / 479-474-5067 / fax / 479-471-8969 P.O. Box 1269 Van Buren , AR 72957	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data Coordinates: Facility N 35°25'09" W 94°20'19"

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	U	Flow Measurement	S	Operations & Maintenance	U	Sampling
M	Records/Reports	U	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	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)

Section B- Facility records do not indicate the analytical method utilized for the dissolved oxygen analysis.

Section D- March 2009 chain of custody and lab reports indicate that composite samples were collected and analyzed for Chlorides, Nitrate + Nitrogen, Total Dissolved Solids, and Total Phosphorus. Permit requires a grab sample for these parameters.

Section E- Facility now utilizes an electronic magnetic meter to measure the discharge flow. At time of inspection, the facility was unable to provide the certification for the meter. Flow checks are not being conducted to ensure the accuracy of the meter is within + or - 10%.

Section F- Lab records reviewed at the facility do not indicate that the operator is performing a duplicate analysis on dissolved oxygen. Permit excursion was noted in March 2009 for the monthly loading average and the monthly concentration average for BOD. The Department was notified in writing of this excursion in a letter dated April 14, 2009.

Problems with standing water were observed over the clarifier collection box. According to the operator, the manhole in this location is sealed.

Name(s) and Signature(s) of Inspector(s) Jeff Tyler	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality- / Fort Smith / 479-452-4822 ext. 11 / fax / 479-452-4827	Date June 9, 2009
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 NEDETAILS: Facility records do not reference the analytical method for dissolved oxygen.

- | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 type="checkbox"/> Y <input checked="" 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 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: <u>1-Class III</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: | <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/ <u>OVERFLOWS</u> OCCURRED AT THE PLANT OR IN THE <u>COLLECTION SYSTEM</u> 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/ <u>OVERFLOWS</u> : <u>On-going</u> | <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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: **March 2009 COC and lab reports indicate that TDS, Chlorides, Phosphorus, and Nitrite + Nitrogen were collected by composite rather than grab.**

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 certification on the magnetic flow meter.**

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED; TYPE OF DEVICE:	<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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: (Date of last calibration)	<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 NEDETAILS: **VB lab records do not indicate that duplicates on being run on Dissolved Oxygen**

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 type="checkbox"/> Y <input checked="" 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: Data Testing	Biomonitoring, Phosphorus – American Interplex
b. LAB ADDRESS: 3434 Country Club Fort Smith	8600 Kanis Road
c. PARAMETERS PERFORMED: TSS, TDS, BOD, Chlorides, Nitrites+ Nitrogen	Little Rock ,AR
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: 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: Records indicate that 915 metric tons were removed and land applied in 2008.

- | | |
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| 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, <u>AGRICULTURAL</u> , 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 checked="" 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 No Exposure Certification, tracked under permit # ARR00413.

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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:	05-19-09	Time:	NA	
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Head in Inches:	NA	Feet:	NA	
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Type & Size of Primary Flow Measurement Device:
NA

Name & Model of Secondary Flow Measurement Device:
Krohne Ifcoid

Date of last Calibration of Secondary Flow Device:
NA

Recorded Flow at Date & Time Listed Above:	2.010	(Facility Flow Meter)
--------------------------------------------	--------------	-----------------------

Calculated Flow at Date & Time Listed Above:		
----------------------------------------------	--	--

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

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
-----------	-----------------------------------------------------------------------------------	-------	--

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

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

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

% Error =		%	
-----------	--	---	--

Comments: **Facility utilizes a magnetic flow meter and a flow check was unable to be performed. Facility was unable to provide the certification on the meter.**

DMR Calculation Check

Reporting Period: From 09 03 01 To 09 03 31
Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>802</u>	<u>37</u>	<u>43</u>
Calculated Value:	<u>802</u>	<u>37</u>	<u>43</u>
Permit Value:	<u>776</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain: Equal-permit excursion was Noted. City of Van Buren reported this to the Department on April 14, 2009.

VAN BUREN MUNICIPAL UTILITIES

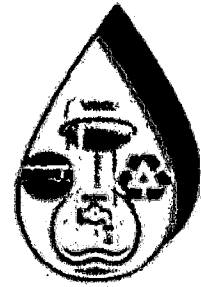
"Providing Water, Sewer, and Sanitation Services"

2806 Bryan Road / P.O. Drawer 1269

Van Buren, Arkansas 72957

479-474-5067 / Fax 479-471-8969

Gary Smith, Director



June 19, 2009

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

Re: Compliance Evaluation Inspection, May 19, 2009, Van Buren Main Plant,
AFIN: 17-00062 Permit # AR0021482

Dear Ms. Garner:

In response to the Compliance Evaluation Inspection performed by Mr. Jeff Tyler on May 19, 2009;

1. We have obtained a Calibration Certificate from the manufacturer. (Copy attached) We have also obtained a recommended schedule for a certification cycle for the Khrona magnetic inductive flow meter (Copy attached). At this time, we would like to request that the monthly flow check requirement be changed to once every twelve (12) months as recommended by the manufacturer.
2. In regard to the dissolved oxygen analysis, the operator is now indicating the analytical method and performing the required duplicate analyses.
3. The March 2009 chain of custody was filled out incorrectly, grab samples were actually collected and analyzed for Total Dissolved Solids, Chlorides, Nitrate + Nitrite Nitrogen, and Total Phosphorus, the operator has corrected the chain of custody forms.

If you have any questions or require further information please contact me.

Sincerely,

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

Steve Dufresne
Operations Superintendent

Cc: Correspondence file, Main Plant file

Customer / Kunde / Client : BAUMAN INSTRUMENT CORPORATION
Customer Order / Bestellnummer / Commande Client : 24932
Product / Produkt / Produit :
Type / Typ / Type : OPTIFLUX 2000 DN 400 mm/ 16 inch
Sales Order / VK-Auftrag / Commande de vente : 270000268 70 1
Serial Number / Seriennummer / Numéro de série : A08 64865
Tag Number / Tagnummer / Repère : FE/FIT-205

Calibration Method / Kalibriermethode / Méthode d'étalonnage

The flow sensor has been calibrated against a fixed-volume tank. The calibration certificate of this tank registers the traceability to national standards, which establishes the physical units of measurements according to the International System of Units (SI).

Die Prüfung des Durchflussmessgeräts erfolgt im Vergleich zu einem Messbehälter. Die Kalibrierung des Messbehälters ist rückführbar auf Nationale Standards. Die physikalischen Einheiten sind nach dem SI-System definiert.

Le capteur de mesure a été étalonné avec un réservoir à volume fixe. Le certificat d'étalonnage de cet étalon prouve la traçabilité aux étalons nationaux qui utilisent des unités de mesures physiques selon le Système International (SI).

Test Equipment Data / Kalibrierstanddaten / Données du banc d'étalonnage

Serial Number / Seriennummer / Numéro de série : A4
Calibration fluid / Kalibrierflüssigkeit / Fluide d'étalonnage : Water / Wasser / Eau
Uncertainty / Unsicherheit / Incertitude : 0.03 %

Calibration Results / Kalibrier Resultats / Résultats d'étalonnage

Flow Rate Durchflussmenge Débit (%)	Set Flow rate Gewählte Durchfluss Débit réglé (m3/h)	Deviation Abweichung Ecart (%)
94.25	1279.1308	+0.01
20.83	282.6981	-0.01

Calibration Data / Kalibrierdaten / Données d'étalonnage

GK : 3.1053 GK_h :
 GKI : 6.2779 GK070 :

Date / Datum / Date : 2008-12-03

Signature / Unterschrift / Signature: 

KROHNE, Inc. • 7 Dearborn Rd Peabody MA 01960

Richard Lowrie
Water and Wastewater
Industry Manager
Tel: 800.356.9464 x 1213
Fax: 978.826.6953
r.lowrie@krohne-inc.com

June 19, 2009

Mr. Steve Dufresne
Van Buren Municipal Utilities
PO Box 1269
Van Buren AR 72957

Mr Dufresne:

The letter is in response to a request for a recommended schedule for a certification cycle for KROHNE magnetic inductive flow meters.

Magnetic inductive flow meters are designed for years of trouble free service. Certification of most inductive magnetic flow meters is accomplished by 4 standard tests:

1. Resistance check of Electrodes
2. Resistance check of Coils
3. Linearity of outputs
4. ADC check

Numbers 1 and 2 above check the tube for leakage, coating or interconnecting cable breakages or electrical shorts.

Number 3 checks outputs for correct values

Number 4 checks the Analog to Digital conversion of the flow signal.

When performed these checks can certify a magnetic inductive flow meter is within 1% of its condition when originally calibrated.

These measurements are also the basis for a magnetic flow meter's operation.

The only wetted components of a magnetic inductive flow meter are the electrodes and the tube liner. The tube is built out of stainless steel and the liner is over 5mm's in thickness, the electrodes are either stainless steel or hastelloy C as a standard material. A long history of operation shows that these components have a mean time between failures of over 20 years. The IFC010 converter has been in production since the mid 1990's and also has a mean time between failure of over 20 years. For this reason

most customers using KROHNE magnetic inductive flow meters do not recertify their meters unless a fault occurs and a component has been repaired or replaced.

KROHNE realizes the need for certification of flow meters, especially when government regulations are concerned. KROHNE also realizes that to several governmental agencies magnetic flow meters are not a traditional flow measurement method. The methods normally used for flow measurement have been weirs, or other open channels utilizing a level detecting device. The level was converted to flow from tables provided by the channel manufacturer or standard calculations which are widely published. The certification of these devices is accomplished with a check of the level devices accuracy. This check was easily accomplished by placing a target under the level measuring device (if the device measured free space) or placing the sensing element in a bucket of process fluid to the desired levels and then recording output.

A magnetic inductive flow meter obtains flow rates by measuring the velocity of the fluid, the volume of the fluid is derived from the cross sectional area of the measuring tube. Unlike open channels there is very little possibility of failure of the tube. The electrodes are tied to a high impedance circuit which will ignore coatings and the tube if damaged to the point of measurement error will cause a fault in the electronics. Due to the high mean time between failures of the components in KROHNE magnetic inductive flow meters customers who require a certification do so on a 12 to 18 month cycle. Even the Hydraulics Institute recommends 12 months for certification of magnetic inductive flow meters.

Because certification of a magnetic inductive flow meter requires access to the electronics and removal of wiring, KROHNE also recommends this 12 to 18 month cycle to lessen the probability of operator/technician error and possible damage to the electronics. (this is unlikely but must be considered if frequency of testing is increased)

I hope I have addressed your concerns with certification of magnetic inductive flow meters. If you have any other questions please contact me at your convenience.

Respectfully

Richard Lowrie
Water and Waste Water Industry Manager
KROHNE

VAN BUREN MUNICIPAL UTILITIES

P. O. DRAWER 1269
VAN BUREN, AR 72957



Recycle

FIRST CLASS



UNITED STATES POSTAGE



02 1P
0003069898

\$ 001.05⁰

JUN 23 2009

MAILED FROM ZIP CODE 72956

~~POSTAGE DUE~~ *44 refused*

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

