



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

June 22, 2009

Terry McKinney, Director of Benton Utilities
City of Benton
P.O. Box 607
Benton, AR 72018

AFIN: 63-00063 NPDES Permit No.: AR0036498

Dear Mr. McKinney:

On June 18, 2009, Dennis Benson and 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. Proper Operations and Maintenance:
 - a. Weirs on the clarifier need to be cleaned of algae (see picture 1) which is a violation of Part III Section B.1.a of your permit.
 - b. Floatables in the chlorine contact chamber need to be removed (see picture 2) which is also a violation of Part III Section B.1.a of your permit.
2. The permit has requirements for a 7-day average on some parameters which may require laboratory data from the previous month to do those calculations. DMR calculations check revealed that this data was also used to calculate monthly loading and monthly averages. This is a violation of Part III Section C.5. of your permit. Please resubmit the January 2009 DMR with the corrected values.

An SSO inspection was also performed and no issues or violations were noted during that inspection.

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Technical Assistance Manager of the Water Division Enforcement Branch of this Department to the address at the bottom of this page. This response should contain 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 July 2, 2009.

Terry McKinney, Director of Benton Utilities

June 22, 2009

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If I can be any assistance, please contact me at stoker@adeq.state.ar.us or 501-682-0657.

Sincerely,

A handwritten signature in cursive script that reads "Lindsay Stoker".

Lindsay Stoker
District 9 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



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

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

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 3 6 4 9 8 11 12 0 9 0 6 1 8 17 18 C 19 S 20 1					
Remarks					
S A L I N E C O U N T Y					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70 3	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 Benton POTW Located at the south end of Hazel Street in Benton AR.	Entry Time/Date 0915 on 6/18/2009	Permit Effective Date 10/1/2008
	Exit Time/Date 1400 on 6/18/2009	Permit Expiration Date 9/30/2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Terry McClennahan-plant manager 501-776-5982 , Angela Freeman-chemist 501-776-5944	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Terry McKinney City of Benton P.O. Box 607 Benton, AR 72018 (501) 776-5984	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	M	Operations & Maintenance	N	Sampling
M	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	S	Laboratory	S	Storm Water		Other:

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

Section B. 1. Data reported on DMRs included data necessary for 7-day averages only.
Section C. 2. Final Clarifier weirs need to be cleaned of algae build up following the activated sludge.
Section C. 2. Floatables were seen in the chlorine contact chamber and should be removed.

Name(s) and Signature(s) of Inspector(s) Lindsay Stoker	Agency/Office/Telephone/Fax ADEQ/ North Little Rock/ 501-682-0657/ 501 682-0910 (Fax)	Date 6/18/2009
Signature of Reviewer 	Agency/Office/Phone and Fax Numbers ADEQ/ North Little Rock/ 501-683-0827/ 501 682-0910 (Fax)	Date 06/23/09

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>Data used for 7-day averages also used for other calcs.</u>	<input type="checkbox"/> Y <input checked="" 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	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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: <u>Clarifier weirs need cleaning. floatables in chlorine contact chamber</u>	<input type="checkbox"/> S <input checked="" 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>a Class IV operator is always on duty</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/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 type="checkbox"/> Y <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>36" Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input 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:	<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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex</u>	
b. LAB ADDRESS: <u>8600 Kanis Rd Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>hardness, phosphorus, nitrite/nitrate, phenols, cyanide, 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							<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	Clear	

SECTION H: SLUDGE DISPOSAL	
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>dried sludge land applied by local farmers</u>	

SECTION I: SAMPLING INSPECTION PROCEDURES	
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input 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 type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN	
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>nonexposure certification-no violations noted</u>	
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___	<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

FLOW CALCULATION SHEET

Date: 6/18/2009 Time: 1015

Head in Inches: _____ Feet: .85

Type & Size of Primary Flow Measurement Device: 36" parshall flume

Name & Model of Secondary Flow Measurement Device: Ultrasonic Vantage 2210

Recorded Flow at Date & Time Listed Above: 6.1 MGD (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 6.013
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-6th Edition)

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

$$\% \text{ Error} = \frac{6.1 - 6.013}{6.013} \times 100$$

$$\% \text{ Error} = \frac{.087}{6.013} \times 100$$

$$\% \text{ Error} = \frac{.01447}{6.013} \times 100$$

$$\% \text{ Error} = \frac{1.45}{100} \%$$

Comments: Within allowed 10% error range

DMR Calculation Check

Reporting Period: From 2009 01 01 To 2009 01 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass	Concentration Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>636.78</u>	<u>11.86</u>	<u>13.67</u>
Calculated Value:	<u>641.31</u>	<u>11.96</u>	<u>13.67</u>
Permit Value:	<u>788</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

The differences between the monthly averages for loading are due to the inclusion of December 29th and 30th values in the reported value which were only needed for the calculations of the 7-day averages.

Unsure what caused the differences in the concentration monthly averages.

DMR Calculation Check

Reporting Period: From 2009 01 01 To 2009 01 31
Year Month Day Year Month Day

Parameter Checked: pH, s.u.

	Concentration	
	Monthly	
	Minimum	Maximum
Reported Value:	<u>6.69</u>	<u>7.04</u>
Calculated Value:	<u>6.71</u>	<u>7.04</u>
Permit Value:	<u>6</u>	<u>9</u>

If calculated value does not equal reported value, explain:

The minimum value was from December 30th which was a date used to calculate 7-day avgs.

Location:	City of Benton						
Photographer:	Lindsay Stoker			Witness:	Dennis Benson		
Photo #	1	Of	2	Date:	6/18/2009	Time:	1001
Description:	Algae on clarifier weirs						



Photographer:	Lindsay Stoker			Witness:	Dennis Benson		
Photo #	2	Of	2	Date:	6/18/2009	Time:	1004
Description:	Floatables in chlorine contact chamber						





BENTON UTILITIES

BENTON, ARKANSAS

June 29, 2009

Ms. Lindsay Stoker
ADEQ
5301 Northshore Drive
North Little Rock, AR. 72118-5317

AFIN: 63-00063 NPDES Permit No. AR0036498

Dear Ms. Stokes:

In response to issues observed while you and your team were here for the June 18, 2009 inspection of the Benton Wastewater Treatment Plant. I will address and show remedy for each issue. I will enclosed proper documentation and pictures where appropriate.

1. Proper Operations and Maintenance:
 - a. I have enclosed pictures showing both #1 and #2 Clarifiers and that the weirs and baffles of these units have been cleaned and are now in good condition. We had by-passed flow to the Equalization Basin for the most part of two twenty four hour shifts and had only just brought all clarifiers back up to level the prior evening late. We had to shut power off completely to be able to disassemble an automatic transfer switch damaged on 12-25-08 and install a new switch in order to have automatic transfer of back up power to the plant.
 - b. The floatables were from the Max Foote Construction employees who had sat their foam drinking cups on the upper wall and the wind had blown them into the chlorine contact chamber they were netted and removed as the chlorine chamber pictures shows.
2. I have addressed the requirements for the 7-day average and have instructed my Chief Chemist, as you will see, to institute an additional spread sheet to tract the 7-day average issue and to conform to the proper procedures as listed in our NPDES Permit Part III Section C. 5, even though we were told earlier by prior inspectors that we were following proper procedure this correction per your request is now understood and in effect and I am enclosing an amended DMR for

January 2009 along with the 7-day average and the 30 day average spread sheets.

I hope this action addresses your concerns and shows our intent to follow proper procedures as directed by our NPDES Permit. I also ask patience in that our facility is under heavy construction and I can not control the construction group only ask they try and watch their handling of litter and construction parts and equipment used by their employees. I will make sure my people pick up debris on our grounds as we try to maintain this facility as this construction process continues.

Sincerely,



Terry D. McClennahan
Manager, Wastewater Treatment
Benton, AR. 72018-0607

CC: Mr. Terry McKinney, General Manager, Benton Utilities
Angela Freeman, Chief Chemist, Benton Utilities

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BENTON, CITY OF
ADDRESS: WASTEWATER TREATMENT FACILITY
BENTON, AR 72015
FACILITY: BENTON, CITY OF
LOCATION: 614 W HAZEL
BENTON, AR 72015
ATTN: TERRY D. MCCLENNAHAN, MGR.

AR0036498	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72015
MAJOR \$

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/09	TO 01/31/09

001-MONTHLY-TRTD MUNICIPAL WW-6.3 MGD
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	8.11	*****	*****		0	3/7	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7.5 INST MIN	*****	*****	mg/L		Three Per Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.71	*****	7.04		0	3/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Three Per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	64.31	*****	*****	12.35	13.67			0	3/7	COMP 24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	788 MO AVG	*****	lb/d	15 MO AVG	23 7.00 AVG		mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	113.85	*****	*****	2.19	4.26			0	3/7	COMP 24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	210 MO AVG	*****	lb/d	4 MO AVG	6 7 DA AVG		mg/L		Three Per Week	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	7.37	7.30			0	MONTHLY	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon MO AVG	Req. Mon. 7 DA AVG		mg/L		MONTHLY	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	0.87	0.85			0	MONTHLY	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon MO AVG	Req. Mon. 7 DA AVG		mg/L		MONTHLY	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	52	*****			0	MONTHLY	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	41 INST MIN	*****	*****	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Terry D. McClellanahan</i> Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 501 776-5982	DATE 06-26-09

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DESIGN FLOW = 6.3 MGD; REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). DO MUST EQUAL OR EXCEED PERMIT LIMITS AT ALL TIMES (INSTANTANEOUS MINIMUM). SEE CONDITIONS # 2 OF PART II. 63-00063

Amended as directed per June 22, 2009 inspection.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BENTON, CITY OF
ADDRESS: WASTEWATER TREATMENT FACILITY
BENTON, AR 72015
FACILITY: BENTON, CITY OF
LOCATION: 614 W HAZEL
BENTON, AR 72015
ATTN: TERRY D. MCCLLENNAHAN, MGR.

AR0036498	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72015
MAJOR \$

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/09	TO 01/31/09

001-MONTHLY-TRTD MUNICIPAL WW-6.3 MGD
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.11	*****	*****		0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	7.5 INST MIN	*****	*****	mg/L		Three Per Week	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.71	*****	7.04		0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		Three Per Week	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	641.31	*****	*****	*****	12.35	13.67		0	3/7	COMP 24
	PERMIT REQUIREMENT	788 MO AVG	*****	lb/d	*****	15 MO AVG	23 7 DA AVG	mg/L		Three Per Week	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	113.85	*****	*****	*****	2.19	4.26		0	3/7	COMP 24
	PERMIT REQUIREMENT	280 MG AVG	*****	lb/d	*****	4 MO AVG	6 7 DA AVG	mg/L		Three Per Week	COMP24
Nitrite plus nitrate total 1 det. (as N) 00630 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.37	7.39		0	MONTHLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. 7 DA AVG	mg/L		MONTHLY	GRAB
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.87	0.85		0	MONTHLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. 7 DA AVG	mg/L		MONTHLY	GRAB
Hardness, total (as CaCO3) 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	52	*****	*****		0	MONTHLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	41 INST MIN	*****	*****	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Terry D. McClennahan</i> MANAGER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		501 776-5982		06-26-09
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Terry D. McClennahan</i>		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DESIGN FLOW = 6.3 MGD; REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). DO MUST EQUAL OR EXCEED PERMIT LIMITS AT ALL TIMES (INSTANTANEOUS MINIMUM). SEE CONDITIONS # 2 OF PART II. 63-00083

** Amended as directed per June 28, 2009 inspection*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BENTON, CITY OF
ADDRESS: WASTEWATER TREATMENT FACILITY
BENTON, AR 72015
FACILITY: BENTON, CITY OF
LOCATION: 614 W HAZEL
BENTON, AR 72015
ATTN: TERRY D. MCCLENNAHAN, MGR.

AR0036498	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72015
MAJOR \$

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/09	TO 01/31/09

001-MONTHLY-TRTD MUNICIPAL WW-6.3 MGD
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.225	9.260		*****	*****	*****	*****	0	DAILY	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MAX	Mgal/d	*****	*****	*****	*****		Daily	TOTALZ
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03		0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 INST MAX	mg/L		Three Per Week	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.569	16.77		0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7DA GEO	#/100mL		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	492.16	*****	*****	*****	9.48	10.54		0	3/7	COMP 24
	PERMIT REQUIREMENT	1500 MO AVG	*****	lb/d	*****	15 MO AVG	23 7 DA AVG	mg/L		Three Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Terry D. McClennahan</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Terry D. McClennahan</i>	TELEPHONE	DATE
			501-776-5982	06-26-09
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DESIGN FLOW = 6.3 MGD; REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). DO MUST EQUAL OR EXCEED PERMIT LIMITS AT ALL TIMES (INSTANTANEOUS MINIMUM). SEE CONDITIONS # 2 OF PART II. 63-00063

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BENTON, CITY OF
ADDRESS: WASTEWATER TREATMENT FACILITY
BENTON, AR 72015
FACILITY: BENTON, CITY OF
LOCATION: 814 W HAZEL
BENTON, AR 72015
ATTN: TERRY D. MCCLENNAHAN, MGR.

AR0036498
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72015
MAJOR \$

001-MONTHLY-TRTD MUNICIPAL WW-6.3 MGI
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/09 TO 01/31/09

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.225	9.260		*****	*****	*****	*****	0	DAILY	TOTALZ
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Daily	TOTALZ
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03		0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	mg/L		Three Per Week	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.569	16.77		0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7DA GEO	#/100mL		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	492.16	*****		*****	4.48	10.54		0	3/7	COMP 24
	PERMIT REQUIREMENT	782 MO AVG	*****	lb/d	*****	15 MO AVG	33 7DA AVG	mg/L		Three Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Terry D. McClellanahan</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Terry D. McClellanahan</i>	TELEPHONE	DATE
			501-776-5982	06-26-09
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

DESIGN FLOW = 6.3 MGD: REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). DO MUST EQUAL OREXCEED PERMIT LIMITS AT ALL TIMES (INSTANTANEOUS MINIMUM). SEE CONDITIONS # 2 OF PART II. 63-00063

**Amended as directed per June 2009 Inspection*



Issue 1. A. #2 Clarifier - weirs & baffles cleaned.



Issue 1. A. #1 Clarifier - weirs & baffles cleaned



Issue 1. B. Chlorine Contact Chamber no floatables.

Weekly															
Composite Sample	Sample	BOD	BOD	AMMONIA	AMMONIA	TSS	TSS	MFC	MFC	MFC	Sample	total phos	nitrate/Nitrite		
Day Flow, MGD	Date	DAILY AVG, mg/l	WKLY AVG	DAILY AVG mg/l	WKLY AVG mg/l	DAILY mg/l	WEEKLY AVG mg/l	Count	log	WEEKLY AVG	Date	DAILY mg/l	WEEKLY AVG	DAILY mg/l	WEEKLY AVG
7.045	12/29	7.45		0.66		10.00		5.00	1.609		12/29	0.80		7.00	
6.835	12/30	5.34	6.71	0.86	0.92	11.00	10.67	6.00	1.792	6.69	12/30	0.70	0.82	6.70	6.70
6.132	01/01	7.33		1.23		11.00		10.00	2.303		01/01	0.97		6.40	
9.260	01/05	7.28		1.67		11.50		11.00	2.398		01/05	0.88		6.00	
8.697	01/06	8.73	7.53	1.69	1.60	16.00	12.67	15.00	2.708	6.91	01/06	0.86		4.90	5.53
7.079	01/08	6.57		1.44		10.50		2.00	0.693		01/08	0.55	0.76	5.70	
5.809	01/13	6.19		1.13		11.00		24.00	3.178		01/13	0.81		5.70	
5.585	01/14	8.83	9.40	1.24	1.39	13.50	12.17	4.00	1.386	7.83	01/14	0.90	0.90	8.20	7.03
5.351	01/15	13.17		1.80		12.00		5.00	1.609		01/15	0.98		7.20	
5.183	01/20	7.10		3.92		9.00		11.00	2.398		01/20	1.10		9.30	
5.155	01/21	13.12	10.54	3.93	4.26	9.50	9.67	11.00	2.398	16.77	01/21	0.99	0.98	8.70	8.83
5.028	01/22	11.39		4.94		10.50		39.00	3.664		01/22	0.86		8.50	
5.191	01/26	10.46		2.99		16.00		12.00	2.485		01/26	0.84		9.80	
7.351	01/27	7.96	10.51	2.42	2.18	12.50	13.67	16.00	2.773	13.21	01/27	0.92	0.79	10.00	8.40
6.829	01/29	13.12		1.13		12.50		12.00	2.485		01/29	0.62		5.40	

Test Day Flow MGD		BOD	BOD	AMMONIA	AMMONIA	TSS	TSS	MFC	MFC			phos	nit
		Daily Avg. mg/l	Wkly avg	Daily mg/l	Weekly mg/l	Daily mg/l	Weekly mg/l	Log	Weekly			weekly avg	weekly avg
6.435	min max avg	8.94	10.54	2.07	4.26	11.77	13.67	9.569	16.77	min max avg		0.85	7.30

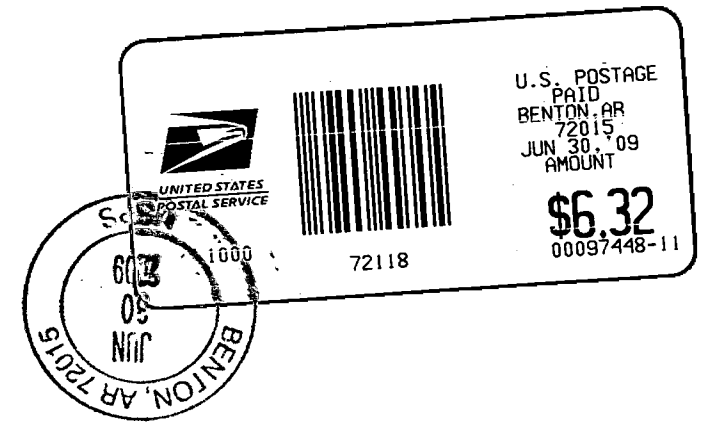
JAN 2009

New SPREAD SHEET

30 Day																					
Date	Daily Flow MGD	Rain	Composite Sample Day Flow MGD	BOD DAILY AVG, mg/l	BOD lbs/day	BOD mg/l / day	AMMONIA DAILY mg/l	AMMONIA lbs/day	AMMONIA mg/l / day	Date	TSS DAILY mg/l	TSS lbs/day	TSS mg/l / day	pH	pH	TRC	Date	MFC Count	MFC log	total phos DAILY mg/l	Nitrate/Nitrite DAILY mg/l
1	6.132		6.132	7.33	374.86	44.95	1.23	62.90	7.54	1	11.00	562.55	67.45	9.05	6.89	0.02	1	10.00	2.303	0.97	6.40
2	6.187		6.187							2							2				
3	5.208		5.208							3							3				
4	5.859	0.200	5.859							4							4				
5	9.260	0.750	9.260	7.28	562.22	67.41	1.67	128.97	15.46	5	11.50	888.13	106.49	8.19	6.85	0.03	5	11.00	2.398	0.88	6.00
6	8.697		8.697	8.73	633.21	75.92	1.69	122.58	14.70	6	16.00	1160.53	139.15	8.88	6.71	0.01	6	15.00	2.708	0.86	4.90
7	7.730		7.730							7							7				
8	7.079		7.079				1.44	85.02	10.19	8	10.50	619.91	74.33	8.91	6.84	0.01	8	2.00	0.693	0.55	5.70
9	6.677		6.677							9							9				
10	6.883	0.100	6.883							10							10				
11	6.393		6.393							11							11				
12	6.260		6.260							12							12				
13	5.809		5.809	6.19	299.89	35.96	1.13	54.75	6.56	13	11.00	532.92	63.90	8.89	6.76	0.02	13	24.00	3.178	0.81	5.7
14	5.585	trace	5.585	8.83	411.29	49.32	1.24	57.76	6.93	14	13.50	628.82	75.40	9.73	6.85	0.02	14	4.00	1.386	0.9	8.2
15	5.351		5.351	13.17	587.74	70.47	1.80	80.33	9.63	15	12.00	535.53	64.21	9.84	6.92	0.00	15	5.00	1.609	0.98	7.2
16	5.673		5.673							16							16				
17	5.819		5.819							17							17				
18	5.520		5.520							18							18				
19	5.598		5.598							19							19				
20	5.183		5.183	7.10	306.91	36.80	3.92	169.45	20.32	20	9.00	389.04	46.65	8.63	7.02	0.03	20	11.00	2.398	1.1	9.3
21	5.155		5.155	13.12	564.06	67.63	3.93	168.96	20.26	21	9.50	408.43	48.97	8.38	6.86	0.00	21	11.00	2.398	0.99	8.7
22	5.028		5.028	11.39	477.62	57.27	4.94	207.15	24.84	22	10.50	440.30	52.79	8.11	6.98	0.01	22	39.00	3.664	0.86	8.5
23	5.160		5.160							23							23				
24	5.125		5.125							24							24				
25	5.205		5.205							25							25				
26	5.191	0.100	5.191	10.46	452.84	54.30	2.99	129.45	15.52	26	16.00	692.69	83.06	8.78	6.88	0.01	26	12.00	2.485	0.84	9.8
27	7.351	1.500	7.351	7.96	488.01	58.51	2.42	148.36	17.79	27	12.50	766.34	91.89	8.69	6.89	0.00	27	16.00	2.773	0.92	10
28	8.598		8.598							28							28				
29	6.829		6.829	13.12	747.23	89.60	1.13	64.36	7.72	29	12.5	711.92	85.36	8.63	6.86	0.02	29	12	2.485	0.62	5.4
30	6.302		6.302							30							30				
31	6.116		6.116							31							31				

	Test Day Flow MGD	BOD Daily Avg. mg/l	BOD lbs/day	30 day avg BOD mg/l / day	AMMONIA Daily mg/l	AMMONIA lbs/day	30 day avg AMMONIA mg/l / day	TSS Daily mg/l	TSS lbs/day	30 day avg TSS mg/l / day	DO	pH	TRC	MFC Log	30 day avg	30 day avg	
MIN	5.028										8.11	6.71					
MAX	9.260											7.04					
VG	6.225	6.225	9.56	492.16	9.48	2.27	113.85	2.19	11.96	641.31	12.35		0.03	MIN			
TH	192.963													MAX			
														AVG	10.427	0.87	7.37

Benton Wastewater Treatment
616 W. Hazel Street
Benton, AR. 72018-0607



**RETURN RECEIPT
REQUESTED**

ADEQ
NPDES Enforcement Section
5301 N. Shore
North Little Rock, AR. 72118-5317

ADEQ

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

July 28, 2009

Terry McKinney, Director of Benton Utilities
City of Benton
P.O. Box 607
Benton, AR 72018

RE: NPDES Permit AR0036498, AFIN 63-00063
Response to Inspection

Dear Mr. McKinney:

ADEQ has received your response to the June 18, 2009 routine compliance of your facility by our District Field Inspector, Lindsay Stoker. 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. In any written correspondence to this Department, please refer to NPDES Permit AR0036498 and AFIN 63-00063.

Sincerely,



Anne Roberts
Enforcement Analyst
Enforcement Branch
Water Division