

December 17, 2010

Steve Parke, Director of Utilities City of Fort Smith 3900 Kelley Highway Fort Smith, AR 72904

Re: Compliance Evaluation Inspection of City of Fort Smith POTW- (Massard Plant)

AFIN: 66-00226 NPDES Permit No.: AR0021750

Dear Mr. Parke:

On December 1, 2010, 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 personnel are collecting effluent samples utilized for permit compliance in a metal container. A container which meets approved sampling methods must be utilized. This is violation of Part III. Section C of the permit.
- 2. Records reviewed at the POTW lab did not cite the method which is utilized for performing the dissolved oxygen analysis. This is violation of Part III. Section C of the permit.

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager. The response should be mailed to the address below. This 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 documentation is due by December 27, 2010.

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																																
												pec. T	уре	Ir 19	spect	Fac	Type																
			A	F	I	N			6	6		-]	0	0	2	2	1	mar 6	ks														
	Inspection Work Days 67											<u></u>	Reser	ved			80)															
	Section B: Facility Data																																
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Fort Smith POTW (Massard Plant) Entry Time/Date 1340 / December 01, 2010												Permit Effective Date February 1, 2009																					
1601 9 th Street Barling, AR 72923 Exit Time/Date 1520/ December 01, 2010												Permit Expiration Date January 31, 2014																					
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mitch Sparkman / Operator / 479-452-2735										Other Facility Data																							
Name, Address of Responsible Official/Title/Phone and Fax Number Steve Parke / Utilities Director / 479-784-2231 / fax / 479-784-2404 3900 Kelly Highway Fort Smith , AR 72904 Contacted Yes No																																	
										(S	= Sa	ıtisf	Sect factory	ion (', M =	C: Ar = Ma	eas E rgina	E val l, U	uate = U	e d D i Insati	ıring sfacto	Inspe ry, N	ection = No	t Eva	lua	ted)								
S	Per	mit						5	3	Flow	Mea	asu	remen	t				S	Op	perations & Maintenance M				Sampling									
M	Rec	ords/	Repo	rts				5	S	Self-	Mon	itoı	ring P	rogra	am			S	Slu	dge H	andli	ing/D	ispos	sal			N	Pollution Prevention					
S	Fac	ility S	ite R	eview	7			5	3	Com	pliar	ıce	Sched	lules			Ŀ	N	Pre	treat	nent						N	Mul	ltimed	lia			
S	Effl	uent/	Recei	ving	Wate	rs		5		Labo		•				.~		N		rm W							N	Other:					
									Sec	ion L): Su	mn	nary o	f Fin	ding	s/Co	mm	ents	s (At	ach a	dditio	onal s	heet	sif	nece	essar	y)						
<u>Se</u>	Section B- Facility personnel at the POTW are not citing the method utilized for the dissolved oxygen analysis. Section D- At time of inspection the facility was collecting effluent samples for permit compliance in a metal container.																																
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Nar Jeff	ne(s) Tyle	and S r	gnati #~	ıre(s)	of Ins	specto	or(s)						Agency/Office/Telephone/Fax AR Dept. of Environmental Quality- / Fort Smith / 479-452-4822 ext. 11 / fax / 479-452-4827							Date December 10, 2010												
Sign	ature	of Re	eview	er										Ag	ency/	Offic	e/Pl	hone	e and	Fax N	lumbe	ers						Da	te				

ADEQ Water NPDES Inspection	AFIN: 66-00226	Permit #: AR0021750

SECTION A: PERMIT VERIFICATION					
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	₫s	□м		<u> AN</u>	
DETAILS:					
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:			ØY □N	□NA	□NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:				ØNA	□NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:			ØY □N	□NA	□NE
4. ALL DISCHARGES ARE PERMITTED:			ØY □N	□NA	□NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION					
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	□s	☑M	□u [ANC	
DETAILS:					
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:			ØY □N	□NA	□NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:		Øs		□NA	□NE
a. DATES AND TIME(S) OF SAMPLING:			ØY □N	□NA	□NE
b. EXACT LOCATION(S) OF SAMPLING:			ØY □N	□NA	□NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:			ØY □N	□NA	□NE
d. ANALYTICAL METHODS AND TECHNIQUES: Facility is not citing the method utilized for dissolved oxygen analysis	<u>s.</u>			□NA	□NE
e. RESULTS OF CALIBRATIONS:			ØY □N	□NA	□NE
f. RESULTS OF ANALYSES:			ØY □N	□NA	□NE
g. DATES AND TIMES OF ANALYSES:			ØY □N	□NA	□NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:			ØY □N	□NA	□NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:		Øs	□м □∪	□NA	□NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:		Øs	□м □∪	□NA	□NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:			ØY □N	□NA	□NE
SECTION C: OPERATIONS AND MAINTENANCE					
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	₫s	□м		ANC	□NE
DETAILS:					
1. TREATMENT UNITS PROPERLY OPERATED:		Øs	□M □U	□NA	□NE
2. TREATMENT UNITS PROPERLY MAINTAINED:		Øs	□M □U	□NA	□NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: (Dual feed electricity)		Øs	□м □∪	□NA	□NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:		Øs	□м □∪	□NA	□NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:		Øs	□м □∪	□NA	□NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:		Øs	□м □∪	□NA	□NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:		⊠s	□м □∪	□NA	□NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:			Øy □N	□NA	□NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:			ØY □N	□NA	□NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:			Øy □N	□NA	□NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:			Øy □N	□NA	□NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:			Øy □N	□NA	□NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: On-going			Øy □N	□NA	□NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:			□Y ØN		
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:				ØNA	□NE

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SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	□S ☑M □U □NA □NE
DETAILS: Facility is using a metal container for collecting effluent samples util	lized for permit compliance.
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	☑Y □N □NA □NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y □N □NA □NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	☑Y □N □NA □NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	☑Y □N □NA □NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	☑Y □N □NA □NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	□y Øn □na □ne
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y □N □NA □NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑Y □N □NA □NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	□y Øn □na □ne
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON 1	THE DMR:
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREME	NTS ØS OM OU ONA ONE
DETAILS:	-
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DE	EVICE: 24" parshall flume
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	 ✓Y □N □NA □NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MA	INTAINED:
4. CALIBRATION FREQUENCY ADEQUATE: (Date of last calibration February 2010)	⊠y □n □na □ne
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	⊠y □n □na □ne
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: once per month	⊠y □n □na □ne
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULEN	NCE:
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES	S: Øy On Ona One
9. HEAD MEASURED AT PROPER LOCATION:	☑Y □N □NA □NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIP	REMENTS ØS OM OU ONA ONE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SL	UDGES):
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAIN	NED: DY ON MA ONE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y □N □NA □NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☑y □n □na □ne
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑y □n □na □ne
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑y □n □na □ne
7. COMMERCIAL LABORATORY USED:	☑y □n □na □ne
a. LAB NAME: Pace Analytical Services	
b. LAB ADDRESS: 9608 Loiret Blvd. Lenexa, KS66219	
c. Parameters Performed: Biomonitoring	
8. BIOMONITORING PROCEDURES ADEQUATE:	☑y □n □na □ne
a. PROPER ORGANISMS USED:	☑y □n □na □ne
b. PROPER DILUTION SERIES FOLLOWED:	☑Y □N □NA □NE
c. PROPER TEST METHODS AND DURATION:	⊠y □n □na □ne
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	□y □n ☑na □ne

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SECTION	G: EFFLUEI	NT/RECEIVIN	IG WATERS	OBSERVATION	ONS										
	BASED ON VISUAL OBSERVATIONS ONLY S														
				outfall is located	l below the surface										
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER								
001	001 None None None Trace C														
	1000 1000														
SECTION H: SLUDGE DISPOSAL															
SLUDGE [⊠s □m □	U □NA □NE													
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS DETAILS: Class A sludge is produced and transported to Fort Smith landfill for disposal.															
_															
2. SLUDGE R	RECORDS MAINTAINED	O AS REQUIRED BY 40) CFR 503:			⊠s □m	□u □na □ne								
3. FOR LAND	APPLIED SLUDGE, TY	PE OF LAND APPLIE	TO: (E.G., FOREST,	AGRICULTURAL, PUE	BLIC CONTACT SITE):										
SECTION	II: SAMPLIN	G INSPECTION	N PROCEDI	JRES											
SAMPLE F	RESULTS WITH	IIN PERMIT R	EQUIREMENT	S		□s □m □	U ⊠NA □NE								
DETAILS:															
1. SAMPLES															
2. TYPE OF S	SAMPLE: GRAB:_	□COMPOSITE:_ N	METHOD: FREQUE	NCY:											
3. SAMPLES PRESERVED:															
4. FLOW PRO	□Y	□n ☑na □ne													
5. SAMPLE C	BTAINED FROM FACIL	LITY'S SAMPLING DEV	/ICE:			□Y	□N ☑NA □NE								
6. SAMPLE R	EPRESENTATIVE OF	VOLUME AND NATUR	E OF DISCHARGE:			□Y	□N ☑NA □NE								
7. SAMPLE S	PLIT WITH PERMITTER	E:				□Y	□N ☑NA □NE								
8. CHAIN-OF	-CUSTODY PROCEDUI	RES EMPLOYED:				□Y	□N ☑NA □NE								
9. SAMPLES	COLLECTED IN ACCO	RDANCE WITH PERM	IT:			□Y	□N ☑NA □NE								
	J: STORM V														
STORM W	ATER MANAG	EMENT MEET	S PERMIT RE	QUIREMENTS		□s □m □	U ⊠NA □NE								
DETAILS:	No exposure ce	ertification gran	ted by the Department	<u>artment. Tracki</u>	ng No.ARR00041										
1. SWPPP UP	PDATED AS NEEDED:_	_ DATE OF LAST UP	DATE:				□N ☑NA □NE								
2. SITE MAP	INCLUDING ALL DISCH	HARGES AND SURFAC	CE WATERS:				□N ☑NA □NE								
3. POLLUTIO	N PREVENTION TEAM	IDENTIFIED:					□N ☑NA □NE								
4. POLLUTIO	N PREVENTION TEAM	PROPERLY TRAINED):				□N ☑NA □NE								
5. LIST OF PO	OTENTIAL POLLUTANT	T SOURCES:					□N ☑NA □NE								
	OTENTIAL SOURCES A						□N ☑NA □NE								
7. ALL NON-S	STORM WATER DISCH	ARGES ARE AUTHOR	IZED:				□N ☑NA □NE								
8. LIST OF S	TRUCTURAL BMPS:						□N ☑NA □NE								
9. LIST OF N	ON-STRUCTURAL BMF	PS:					□N ☑NA □NE								
	OPERLY OPERATED A						□N ☑NA □NE								
11. INSPECTION	11. INSPECTIONS CONDUCTED AS REQUIRED: □Y □N ☑NA □NE														

			FLO\	N CA	LCUL	ATIO	N SH	EET					
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Date: NA	4		Time:	NA									
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Head in In	cnes: r	NA	<u> </u>	eet:	NA								
Tupo 9 Ci-	o of Drin	man, El	014 14000	uron	oot C	Novioo:	24"5	orobe	all floor				
Type & Siz	e oi Pili	nary Fr	ow ivieas	uren	ieni L	evice.	. 24 p	ai Si i	ali iluli	ile .			
Name & Model of Secondary Flow Measurement Device: Milltronics OCM III													
TTAITIO & IVI	Name & Model of Secondary Flow Measurement Device: Milltronics OCM III												
Date of last Calibration of Secondary Flow Device: February 2010													
Recorded	Flow at [Date &	Time Lis	ted A	bove	: N	A			(Facility Flow Meter)			
										-			
Calculated													
(Flow is calcula	ated using fl	ow charts	in: <u>ISCO C</u>	pen Ch	nannel F	low Mea	sureme	nt Hand	lbook-5 th	Edition -Table # 13-8)			
	Popor	dod Va	aluo	Calculated Value									
% Error =	Kecoi	Recorded Valu		lue - Calculated Value alculated Value				100					
			alculated	ulaleu value									
			-										
% Error =							$\neg \mid X$	100					
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Comments						k due	to sta	ff ga	uge no	ot properly			
cleaned a	<u>nd numl</u>	bers w	ere not l	egib	<u>le.</u>								

DMR Calculation Check

Reporting Period: From 10 10 01 To 10 10 31

Year Month Day Year Month Day

Parameter Checked: TSS

Loading **Concentration** Mass **Monthly** Mo. Avg. - lbs/day 7-day Avg. - mg/l Mo. Avg. - mg/l **Reported Value:** 272 6 272 **Calculated Value:** 6 2502 **30 Permit Value:** 45

If calculated value does not equal reported value, explain: <u>Equal</u>





December 21, 2010

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

Re: NPDES Permit No. AR0021750 AFIN: 66-00226

Dear Ms. Garner:

The following comments are in reference to Jeff Tyler's findings during his inspection of the above referenced facility on December 1, 2010.

- 1. The metal container utilized for sample collection is being replaced with a polyethylene container as per EPA's Handbook for Sampling and Sample Preservation of Water and Wastewater.
- 2. The method utilized for the dissolved oxygen analysis is Standard Methods 4500-0 (G). The method will be noted on the appropriate analysis sheet at the facility.

Should you have questions, please advise.

Sincerely,

Steve Floyd Superintendent

Water/Wastewater Operations

City of Fort Smith Utility Department

pc: Steve Parke, Director of Utilities
NPDES Enforcement Branch, Region 6

Gerald Plank, Supervisor



January 13, 2011

Steve Floyd, Superintendent City of Fort Smith 3900 Kelley Highway Fort Smith, AR 72904

Re: NPDES Permit No: AR0021750 AFIN: 66-00226

Response to Inspection

Dear Mr. Floyd:

The Department has received your response to the December 1, 2010 routine compliance inspection of your facility by our District Field Inspector, Jeff Tyler. Your letter appears to adequately address the discrepancies identified during the inspection. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0635 or you may e-mail me at anderson@adeq.state.ar.us.

Sincerely,

Alan Anderson

Enforcement Analyst

Water Division Enforcement Branch

Alan anderson