

ADEQ

ARKANSAS
Department of Environmental Quality

April 27, 2011

Jonathan Buff, WWTP Manager
City of Benton
616 W. Hazel
Benton, AR 72015

AFIN: 63-00063

NPDES Permit No.: AR0036498

Dear Mr. Buff:

On April 13, 2011, 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. The flow calculation check revealed a percentage difference of -23.73%. This is a violation of Part III Section C.2. of the permit. It is possible that the manual measuring device was not properly positioned.
2. You are in violation of the no exposure certification of the stormwater permit. See pictures 1-6 for examples. When the permit is reviewed it will be encouraged that you get an industrial stormwater permit due to violations of the no exposure certification.

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Enforcement Branch Manager of the Water Division of this Department to the address at the bottom of the 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 May 9, 2011.

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

Sincerely,



Lindsay Stoker
District 9 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch
Terry McKinney, Director of Benton Utilities
1827 Dale Street
Benton, AR 72015



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

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

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	1	1	0	4	1	3	17	18	C	19	S	20	1	
Remarks																												
Inspection Work Days				Facility Evaluation Rating								BI	QA	-----Reserved-----														
67			69	70	4	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 10:00 am on 4/13/2011	Permit Effective Date 10/1/2008
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jonathan Buff, plant manager and Angela Freeman, Laboratory	Exit Time/Date 12:00 on 4/13/2011	Permit Expiration Date 9/30/2013
Name, Address of Responsible Official/Title/Phone and Fax Number Jonathan Buff City of Benton 616 W. Hazel Benton, AR 72015 (501) 776-5984	Other Facility Data Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection

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

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

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

- The flow calculation check revealed a percentage difference of -23.73%. This is a violation of Part III Section C.2. of the permit. It is possible that the manual measuring device was not properly positioned.**
- You are in violation of the no exposure certification of the stormwater permit. See pictures 1-6 for examples. When the permit is reviewed it will be encouraged that you get an industrial stormwater permit due to violations of the no exposure certification.**

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 4/13/2011
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> S <input 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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>equipment malfunction caused the plant to not divert flow to the eq basin</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
The problem has been fixed. Once noted plant staff manually diverted flow and SCADA reps fixed their issue the next day.	

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 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 N 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 N NA NE
- 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: Y N NA NE

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: 36" Parshall Flume Y N NA NE
- 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: Y N NA NE
- 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: isco ultrasonic Y N NA NE
- 4. CALIBRATION FREQUENCY ADEQUATE: twice a year Y N NA NE
- 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: Y N NA NE
- 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: monthly checks Y N NA NE
- 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: Y N NA NE
- 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: Y N NA NE
- 9. HEAD MEASURED AT PROPER LOCATION: Y N NA NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : Y N NA NE
- 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: Y N NA NE
- 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: American Interplex
 - b. LAB ADDRESS: 8600 Kanis Road Little Rock, AR 72204
 - c. PARAMETERS PERFORMED: Total Phosphorus, N + N, Hardness
- 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

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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>no exposure certification. Stormwater permit recommended next cycle</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: 4/13/2011 Time: 11:00Head in Inches: _____ Feet: .75Type & Size of Primary Flow Measurement Device:
36" Parshall FlumeName & Model of Secondary Flow Measurement Device:
Isco Ultrasonic Vantage 2210Recorded Flow at Date & Time Listed Above: 3.77 MGD (Facility Flow Meter)Calculated Flow at Date & Time Listed Above: 4.943 MGD
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-6th Edition)

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

$$\% \text{ Error} = \frac{3.77 - 4.943}{4.943} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{-23.73}{\quad} \%$$

Comments: **It is possible the staff gauge was not properly positioned.**

DMR Calculation Check

Reporting Period: From 2011 02 01 To 2011 02 28
Year Month Day Year Month Day

Parameter Checked: Fecal coliform

	Concentration	
	Monthly (#/100mL)	
	30 day geo mean	7-day geo mean
Reported Value:	<u>10</u>	<u>62</u>
Calculated Value:	<u>10</u>	<u>62.14</u>
Permit Value:	<u>1000</u>	<u>2000</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2011 02 01 To 2011 02 28
 Year Month Day Year Month Day

Parameter Checked: pH, s.u.

	Concentration	
	Monthly	
	Minimum	Maximum
Reported Value:	<u>6.78</u>	<u>7.07</u>
Calculated Value:	<u>6.78</u>	<u>7.07</u>
Permit Value:	<u>6</u>	<u>9</u>

If calculated value does not equal reported value, explain:

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Department of Environmental Quality

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Dennis Benson			Witness:	Lindsay Stoker		
Photo #	1	Of	6	Date:	4/13/2011	Time:	10:18 am
Description:	Oil spills and sludge exposed to stormwater.						
							
Photographer:	Dennis Benson			Witness:	Lindsay Stoker		
Photo #	2	Of	6	Date:	4/13/2011	Time:	10:19 am
Description:	Sludge not in basin; therefore, exposed to stormwater.						
							

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Department of Environmental Quality

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Dennis Benson			Witness:	Lindsay Stoker		
Photo #	3	Of	6	Date:	4/13/2011	Time:	10:30 am
Description:	Exposed to stormwater.						



Photographer:	Dennis Benson			Witness:	Lindsay Stoker		
Photo #	4	Of	6	Date:	4/13/2011	Time:	10:32 am
Description:	Items exposed to stormwater.						



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Department of Environmental Quality

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Dennis Benson			Witness:	Lindsay Stoker		
Photo #	5	Of	6	Date:	4/13/2011	Time:	10:32 am
Description:	Grease on an old pump exposed to stormwater.						



Photographer:	Dennis Benson			Witness:	Lindsay Stoker		
Photo #	6	Of	6	Date:	4/13/2011	Time:	10:32 am
Description:	Item within containment are technically not exposed to stormwater.						





BENTON UTILITIES

BENTON, ARKANSAS

May 1, 2011

ADEQ
NPDES Enforcement Section
Water Division
5301 Northshore Drive
North Little Rock, AR. 72118

RE: AFIN: 63-00063

NPDES: AR0036498

Attention: Cindy Garner, Enforcement Branch Manager

Dear Ms. Garner

This letter is a response to the routine compliance inspection performed by Dennis Benson and Lindsay Stoker, on April 13, 2011, of the City of Benton Wastewater Treatment Plant. The inspection revealed the following violations:

1. The flow calculation check revealed a percentage difference of -23.73%. This is a violation of Part III Section C.2. of the permit. It is possible that the manual measuring device was not properly positioned.
2. You are in violation of the no exposure certification of the stormwater permit. See pictures 1-6 for examples. When the permit is reviewed it will be encouraged that you get an industrial stormwater permit due to violations of the no exposure certification.


With regards to violation one above I feel, the statement by your inspectors is correct, that it was possible the manual measuring device was not properly positioned, therefore resulting in the percentage difference. The flow meter is calibrated, by Arkansas Instrument Supply Company, every 6 months and on an as needed basis. As of the inspection date, their most recent flow calibration check was January 7, 2011. Enclosed you will find a copy of the Calibration Certificate. I realize though there may be an issue with the manual measuring device being positioned properly. I have addressed this by having operators attached staff gauge directly to parshall flume, which will facilitate an easier reading of staff gauge. In addition, I had Arkansas Instrument Supply come back out May 3, 2011 to recheck flow meter, enclosed is a copy of that Calibration Certificate. Finally, all operators are being trained to perform a check of the flow meter. Operators are currently performing a monthly flow comparison between flume and meter.

The inspection report Section E: Flow Measurement reads satisfactory. However, we will continually strive to do what may be necessary so as to comply with Part III Section C.2. of the permit. See pictures 1 and 2 of photos.

With regards to violation two above, yes we were in violation of the no exposure certification of the storm water permit. This is just another issue inherited from previous manager and operator, Dennis even made mention to that fact. I conduct weekly meetings with my operators to keep communication lines open for concerns, issues, and problems that need to be discussed. The operators under my charge are now well informed about the no exposure certification and what it means in this facility and it becomes everyone's job to ensure compliance. The old drying beds will be used as a containment location for all material located outside of a building. Other discussion topics include handling spills, clean up procedures, and housekeeping, etc. Enclosed are examples that your inspector's findings have been addressed. See pictures 3 through 8 of photos.

I accepted the responsibilities as manager of this facility and will work to diligently communicate and train operators of this facility so that there will be a greater understanding of their responsibilities. I hope, I have addressed your concerns raised during this inspection and if you have further questions please contact my office 1-501-776-5982.

Sincerely,



Jonathan W. Buff
Manager, Wastewater Treatment
Benton Utilities
616 Hazel Street
Benton, AR. 72015

CC: Terry McKinney, General Manager, Benton Utilities



CALIBRATION CERTIFICATE

Arkansas Instrument Service Company

6704 FAIT ROAD BENTON, AR. 72019

PHONE: 501-794-0026 FAX: 501-794-3255

COMPANY BENTON, W.W.T.P	SITE BENTON, AR
MANUFACTURE EASTECH BADGER	TAG or ID EFFLUENT Flow TRANSMITTER
MODEL # 2210 VANTAGE	SERIAL# 11460

Calibrated Range/Span

	SPAN	ENG.UNIT	% ACCURACY	+/- TOLERANCE	ENG.UNIT
INPUT	0	21.97	INCHES	.5%	.110
OUTPUT	0	20.0	MGD	1%	.200
OUTPUT					INCHES
					MGD

Calibration Data

AS FOUND					AS LEFT	
INPUT	OUTPUT			OUTPUT		
%	Actual	Desired	Actual	+/- Error	Actual	+/- Error
0.0	### INCHES	MGD	MGD			
25.0	7.80 = 0.65	3.951	3.95	-		
50.0						
75.0	7.94 = 0.66	4.046	4.04	-		
100.0						
75.0						
50.0						
25.0						
0.0						

Measuring & Test Equipment

Type	Name	Model #	Serial #	Calb. Due Date
Published Standard	- ISCO OPEN CHANNEL Flow MEASUREMENT handbook.			

Special Conditions or Comments

36" PARASHALL Flume (3') Ft
AMBIENT TEMPERATURE:

Certification

Calibration Frequency	Calibration Date	Inspector Signature
6-Months	1-7-11	Scott Zums
<p>This document certifies the above named equipment has been inspected and tested against the listed field standards. This document conforms to MIL-STD-1839B and ANSI/NCSL Z540-2-1997. All standards are Certified and Traceable to the National Institute of Standards & Technology.</p> <p>Copies of field Standards Certifications will be supplied upon request.</p>		



CALIBRATION CERTIFICATE

Arkansas Instrument Service Company

6704 FAIT ROAD BENTON, AR. 72019

PHONE: 501-794-0026 FAX: 501-794-3255

COMPANY <u>BENTON W.W.T.P</u>	SITE <u>BENTON, AR</u>
MANUFACTURE <u>EASTECK BADGER</u>	TAG or ID <u>EFFLUENT FLOW TRANSMITTER</u>
MODEL # <u>2210 VANTAGE</u>	SERIAL# <u>1141e0</u>

Calibrated Range/Span

	SPAN	ENG.UNIT	% ACCURACY	+/- TOLERANCE	ENG.UNIT	
INPUT	0	21.97	INCHES	1.5%	.110	INCHES
OUTPUT	0	20.0	MGD	1%	.200	MGD
OUTPUT						

Calibration Data

AS FOUND					AS LEFT	
INPUT		OUTPUT			OUTPUT	
%	Actual	Desired	Actual	+/- Error	Actual	+/- Error
0.0	<u>Head</u>	<u>MGD</u>	<u>MGD</u>	<u>—</u>		
25.0	<u>.92</u>	<u>6.807</u>	<u>6.81</u>	<u>—</u>		
50.0						
75.0	<u>1.00</u>	<u>7.756</u>	<u>7.76</u>	<u>—</u>		
100.0						
75.0	1.04	8.247	8.25	—	SAME	
50.0						
25.0						
0.0						

Measuring & Test Equipment

Type	Name	Model #	Serial #	Calb. Due Date
<u>Published Standard</u>	<u>ISCO OPEN CHANNEL FLOW MEASUREMENT HANDBOOK.</u>			

Special Conditions or Comments

<u>36" PARASHALL FLUME (3' FT)</u>
AMBIENT TEMPERATURE:

Certification

Calibration Frequency	Calibration Date	Inspector Signature
<u>6 - Months</u>	<u>5-3-11</u>	<u>Scott Jumo</u>

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BENTON UTILITIES

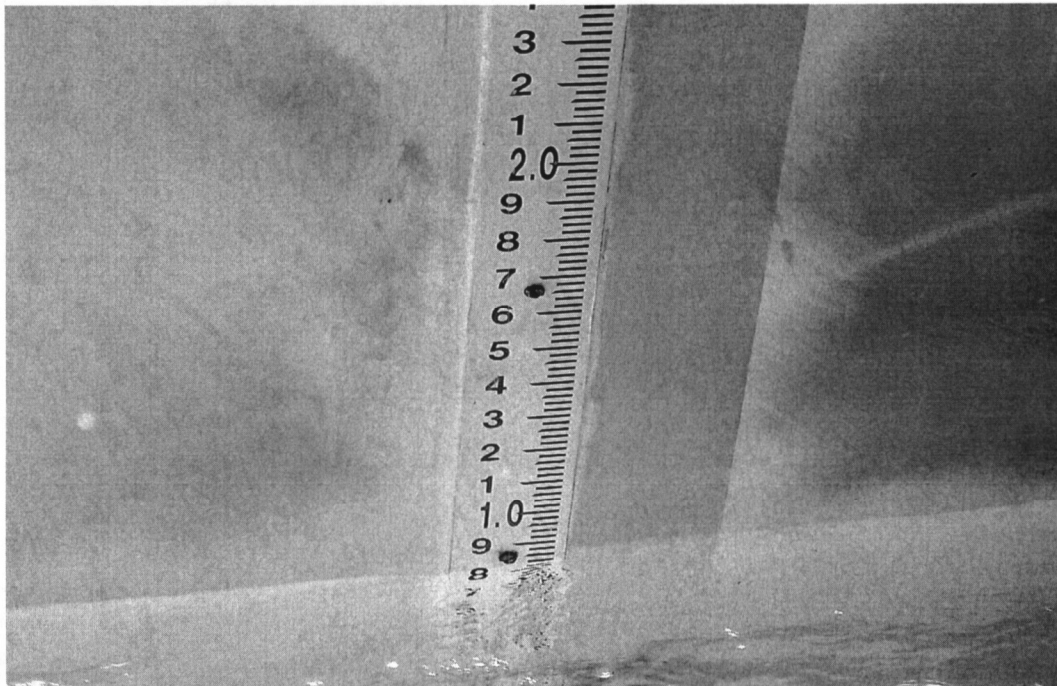
City Of Benton
Wastewater Treatment Plant

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Steve Nelson			Witness:	Brian Lindsey		
Photo #	1	Of	8	Date:	4/29/2011	Time:	2:30 PM
Description:	Staff gauge manual device that was used for measuring flow						



Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	2	Of	8	Date:	4/29/2011	Time:	12:15 PM
Description:	Staff gauge permanently attached to side of parshall flume						

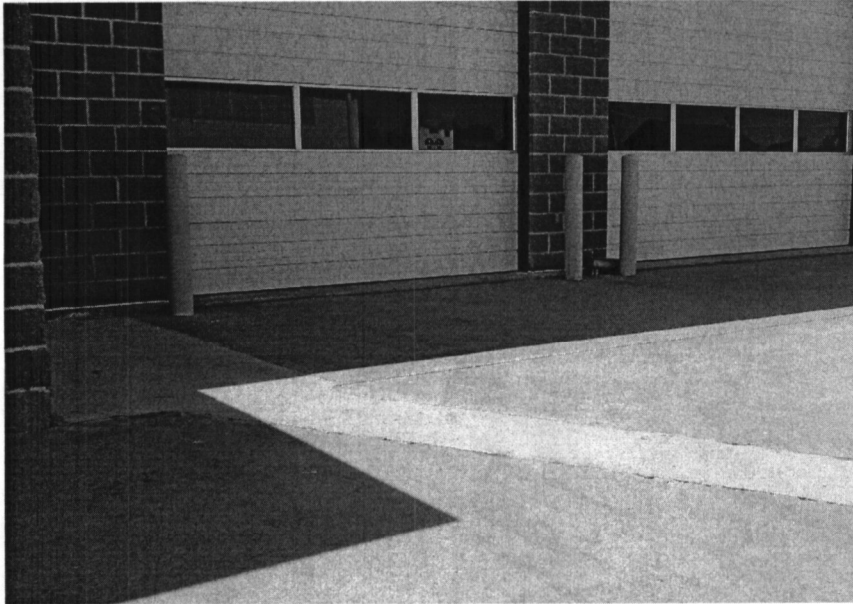


BENTON UTILITIES

City Of Benton
Wastewater Treatment Plant

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	3	Of	8	Date:	5/5/2011	Time:	12:47 PM
Description:	Oil spills and sludge cleaned			Reference inspection photo 1 of 6			



Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	4	Of	8	Date:	5/5/2011	Time:	12:39 PM
Description:	Sludge not in basin cleaned			Reference inspection photo 2 of 6			



BENTON UTILITIES

City Of Benton
Wastewater Treatment Plant

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	5	Of	8	Date:	5/5/2011	Time:	11:23 AM
Description:	Items exposed removed, sold as scrap iron (see photo 7 also) Reference inspection photo 3 of 6						



Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	6	Of	8	Date:	5/5/2011	Time:	12:45 PM
Description:	Items removed and sold as scap iron or stored in drying bed Reference inspection photo 6 of 6						



BENTON UTILITIES

City Of Benton
Wastewater Treatment Plant

Photographic Evidence Sheet

Location:	City of Benton						
Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	7	Of	8	Date:	5/5/2011	Time:	11:22 AM
Description:	All pumps, pipes, and scrap that was exposed now hauled away from plant						



Photographer:	Jonathan Buff			Witness:	Steve Nelson		
Photo #	8		8	Date:	5/5/2011	Time:	12:42 PM
Description:	Oil dry being used to clean up oil spill						

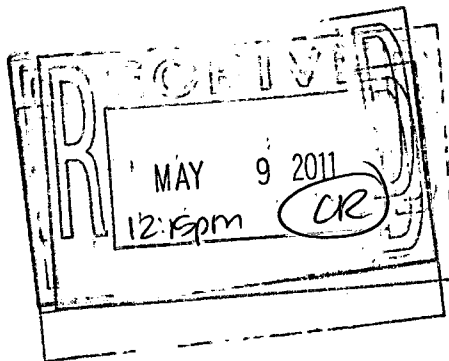


ADEQ

Front Desk Hand Delivery Receipt

Documents Received:

Date:



ADEQ

ARKANSAS
Department of Environmental Quality

May 16, 2011

Mr. Jonathan Buff, WWTP Manager
City of Benton
616 W. Hazel
Benton, AR 72015

RE: AFIN: 63-00063 NPDES Permit No.: AR0036498

Dear Mr. Buff:

The Department has received your response to the April 13, 2011 inspection of your facility by our District Field Inspectors, Dennis Benson and Lindsay Stoker. Your letter appears to adequately address the discrepancies identified during the visit. The Department expects that 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 call 501-682-0631 or you may e-mail meints@adeq.state.ar.us.

Sincerely,



Rene' Meints
Enforcement Analyst
Water Division Enforcement Branch