

ADEQ

ARKANSAS
Department of Environmental Quality

June 24, 2011

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

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

AFIN: 17-00062

NPDES Permit No.: AR0021482

Dear Mr. Smith:

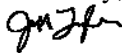
On May 24, 2011, I performed a routine compliance inspection of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violations:

- 1. After reviewing the February 9, 2011, chain of custody it did not confirm that sulfuric acid was being utilized as a preservative for the Nitrite plus Nitrate and the Phosphorous grab sample. This is violation of Part II. Section C.3 of the permit.**
- 2. Excessive standing water located north of the clarifiers is limiting access to sections of the treatment unit. This water should be eliminated in an effort to ensure that proper operation and maintenance of all treatment units can be performed. This is a violation of Part II. Section B. 1 of the permit.**

The above items require your immediate attention. Please submit a written response to these findings to Water Division Enforcement Branch at the address below. The response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible and the written response with all necessary documentations (i.e. picture) is due by July 4, 2011.

If I can be of any assistance, please contact me at 479-424-0325.

Sincerely,



Jeff Tyler
District 4 Field Inspector
Water Division

Cc: Water Division Enforcement Branch
Water Division Permits Branch



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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type						
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="2"/> 11 <input type="text" value="1"/> 12 <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="4"/> 17 18 <input type="text" value="C"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks										
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="2"/>											
Inspection Work Days		Facility Evaluation Rating		BI		QA		-----Reserved-----			
67 <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> 69		70 <input type="text" value="3"/>		71 <input type="text" value="N"/>		72 <input type="text" value="N"/>		73 <input type="text" value=""/> 74 <input type="text" value=""/> 75 <input type="text" value=""/> 80			

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Van Buren POTW (South Plant) 1401 Port Road Van Buren, AR 72956	Entry Time/Date 0915 / May 24, 2011	Permit Effective Date March 1, 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jeff Testerman / Operator / 479-474-0941 / cell / 479-650-3190 Danny Gattis / Operator / 479-474-0941 / cell / 479-459-7610	Exit Time/Date 1515 / May 24, 2011	Permit Expiration Date February 28, 2014
Name, Address of Responsible Official/Title/Phone and Fax Number Gary Smith / Utilities Director / 479-474-5067 / fax / 479-471-8969 P.O. Box 1269 Van Buren, AR 72957	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data Coordinates: Facility N 35°25'09" W 94°20'19"

Section C: Areas Evaluated During Inspection

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

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

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

Section D. 6.b- Chain of custody for the February 9, 2011, grab sample collected for the analysis of Phosphorous and Nitrite plus Nitrate does not indicate that sulfuric acid was utilized for a preservative.

Section C. 2- Excessive standing water north of the clarifiers' present potential issues in accessing the valves that drain the clarifiers and the return junction box. If these locations can't be reached, problems with proper operation and maintenance of all needed treatment units can be expected.

Name(s) and Signature(s) of Inspector(s) Jeff Tyler	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality - / Fort Smith / 479-424-0325 / fax / 479-424-0330	Date June 9, 2011
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Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date
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SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

DETAILS:

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

DETAILS:

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS: Standing water near clarifiers is limiting access to sections of the treatment unit.

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 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>1-Class III and 1 Class I</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/ <u>OVERFLOWS</u> OCCURRED AT THE PLANT OR IN THE <u>COLLECTION SYSTEM</u> IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/ <u>OVERFLOWS</u> : <u>On-going</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: Chain of custody does not indicate that sulfuric acid is utilized with N or P sample.

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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: Magnetic meter does not require calibration; facility does have the certification letter.

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED;_ TYPE OF DEVICE:	<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: <u>(Date of last calibration</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA 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>Data Testing</u>	<u>Bio-monitoring- American Interplex</u>
b. LAB ADDRESS: <u>3434 Country Club Fort Smith</u>	<u>8600 Kanis Road</u>
c. PARAMETERS PERFORMED: <u>TSS,TDS, BOD, Chlorides, Nitrites+ Nitrogen, FC, and P</u>	<u>Little Rock ,AR</u>
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: Receiving waters at Arkansas River not observed.

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

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Most recent sludge removal was performed in 2008.

- | | |
|---|---|
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, <u>AGRICULTURAL</u> , PUBLIC CONTACT SITE): | |

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY: | |
| 3. SAMPLES PRESERVED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Facility has been granted No Exposure Certification, tracked under permit # ARR000413.

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

FLOW CALCULATION SHEET

Date:	NA	Time:	NA	
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Head in Inches:	NA	Feet:	NA	
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Type & Size of Primary Flow Measurement Device:
NA

Name & Model of Secondary Flow Measurement Device:
Krohne Ifcoid

Date of last Calibration of Secondary Flow Device:
NA

Recorded Flow at Date & Time Listed Above:	NA	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:		
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(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition -Table # 13-6)

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

% Error =	$\frac{\quad}{\quad} \%$		
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Comments: **Facility utilizes a magnetic flow meter, certification was available.**

DMR Calculation Check

Reporting Period: From 11 01 01 To 11 01 31
Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>136</u>	<u>8</u>	<u>8</u>
Calculated Value:	<u>136</u>	<u>8</u>	<u>8</u>
Permit Value:	<u>1000.8</u>	<u>30</u>	<u>45</u>

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

DMR Calculation Check

Reporting Period: From 11 02 01 To 11 02 28
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>220</u>	<u>9</u>	<u>18</u>
Calculated Value:	<u>220</u>	<u>9</u>	<u>18</u>
Permit Value:	<u>1000.8</u>	<u>30</u>	<u>45</u>

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

Water Division NPDES Photographic Evidence Sheet							
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Location:	City of Van Buren South POTW						
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Photographer:	Jeff Tyler			Witness:	None		
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Photo #	1	Of	2	Date:	05-24-11	Time:	1006
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Description:	View of treatment units with standing water.						
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Photographer:	Jeff Tyler			Witness:	None		
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Photo #	2	Of	2	Date:	05-24-11	Time:	1024
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Description:	Excessive standing water north of clarifiers, limited access to junction box.						
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VAN BUREN MUNICIPAL UTILITIES

“Providing Water, Sewer, and Sanitation Services”

2806 Bryan Road / P.O. Drawer 1269

Van Buren, Arkansas 72957

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

Gary Smith, Director

June 29, 2009

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

Re: Compliance Evaluation Inspection, May 24, 2011, Van Buren Main Plant,
AFIN: 17-00062 Permit # AR0021482

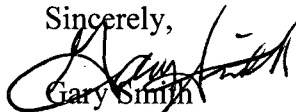
Dear Sirs:

In response to the Compliance Evaluation Inspection performed by Mr. Jeff Tyler on May 24, 2011;

1. The February 9, 2011 chain of custody not being completed was an operator error, sulfuric acid was utilized as a preservative, however; it did not get recorded on the chain of custody. The operator has instructed to review chain of custody forms carefully.
2. The excessive standing water located north of the clarifiers is normally present during, and for a period after, a rain event; the area dries up shortly after. (Pictures attached) While the area is dry, we plan to haul in fill material to build up the area around the control valves and the scum box, so that the area will be accessible during a rain event.

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

Sincerely,


Gary Smith
Utilities Director

Cc: Correspondence file,
Main Plant file,
Steve Dufresne, Operations Superintendent



Pictures taken June 27, 2011



VAN BUREN MUNICIPAL UTILITIES

Providing Water, Sewer and Solid Waste Services

2806 Bryan Road

P.O. DRAWER 1269

VAN BUREN, ARKANSAS 72957



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JUN 30 2011

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

72118+5317



ADEQ

ARKANSAS
Department of Environmental Quality

July 7, 2011

Gary Smith
City of Van Buren
P.O. Drawer 1269
Van Buren, AR 72957

RE: AFIN: 17-00062

NPDES Tracking No.: AR0021482

Dear Mr. Smith:

The Department has received your response to the May 24th 2011 inspection of your facility by our District Field Inspector, Jeff Tyler. 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 contact me at 501-682-0823 or you may e-mail me at suel@adeq.state.ar.us.

Sincerely,



Kevin Suel
Enforcement Analyst
Water Division Enforcement Branch