



ARKANSAS  
Department of Environmental Quality

January 4, 2013

Steve Mallet, General Manager  
City Corporation - Russellville Water and Sewer System  
P.O. Box 3186  
Russellville, AR 72811

RE: Routine Compliance Inspections  
AFIN: 58-00105, NPDES Permit No: AR0021768  
NPDES Permit No: AR0021768C  
NPDES Permit No: ARR000104  
State Permit No: 5126-W

Dear Mr. Mallet:

On December 17 and 18, 2012, I performed a routine compliance inspection of the waste water treatment facility, an inspection of your dechlorination system construction, a stormwater inspection, and an inspection of your land application permit. These were conducted in accordance with the above referenced permits, the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The inspection revealed the following:

**AR0021768**

1. Persistent foam was observed in the receiving stream approximately 250 feet downstream of outfall 001 in violation of Part I, Section A of the permit.
2. Laboratory control limits have not been established in accordance with 40 CFR Part 136, as required by your permit in Part III Section C. 3.
3. It was noted one of the clarifiers had a significant amount of algae growth. The algae should be removed from the weir plates.
4. It was noted a piece of one of the skimmer arms had recently broken. The skimmer arm should be repaired. At the time of this inspection, the skimmer was functioning and did not appear to be severely affecting the quality of the effluent.

**AR0021768C**

At the time of this inspection, construction had not begun on the dechlorination system. No issues noted.

**ARR000104**

1. On the first day of the inspection I observed a broken used oil container outside the fabrication shop. The container had been removed from the premises on the second day

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

Steve Mallet, City Corporation – Russellville Water and Sewer System

January 3, 2013

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of the inspection. No further action is needed. However, please be advised if any industrial materials are exposed to stormwater, you will not qualify for the No Exposure Certification for this permit.

**5126-W**

At the time of this inspection you were in compliance with the permit. Your annual report and 40 CFR 503 certification for 2012 are due by May 1, 2013.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department. 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 **January 18, 2013**.

If I can be any assistance, please contact me at [beck@adeq.state.ar.us](mailto:beck@adeq.state.ar.us) or 479-968-7339.

Sincerely,



Amy Beck  
District 5 Field Inspector  
Water Division



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

# NPDES Compliance Inspection Report

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

## Section A: National Data System Coding

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

## 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> ) <b>City Corporation - Russellville Water and Sewer System</b> <b>404 Jimmy Lile Road, Russellville, AR 72802</b>	Entry Time/Date <b>12:30 / 12-17-2012</b>	Permit Effective Date <b>October 1, 2010</b>
	Exit Time/Date <b>2:00 / 12-18-2012</b>	Permit Expiration Date <b>September 30, 2012</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Ricky Biffle/Maintenance Crew Lead; Randy Bradley/Pretreatment Coordinator; Charlotte Petrick/Lab Analyst; Larry Collins/Operations Manager</b>	Other Facility Data <b>35° 14' 56" N, 93° 06' 58" W</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Steve Mallet</b> <b>P.O. Box 3186</b> <b>Russellville, AR 72811</b> <b>(479) 968-2080 ext. 113</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PDS# 069485		

## 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	S	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	S	Pretreatment	N	Multimedia
M	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

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

- Persistent foam was observed in the receiving stream, approximately 250 feet downstream of outfall 001.
- Laboratory control limits must be established in accordance with 40 CFR Part 136.
- It was noted one of the clarifiers had a significant amount of algae growth. The algae should be removed from the weir plates.
- It was noted a piece of one of the skimmer arms had recently broken. The skimmer arm should be repaired. At the time of this inspection, the skimmer was functioning and did not appear to be severely affecting the quality of the effluent.

Name(s) and Signature(s) of Inspector(s) <i>Amy Beck</i> <b>Amy Beck</b>	Agency/Office/Telephone/Fax <b>Arkansas Dept. of Environmental Quality-</b> <b>Russellville Field Office</b> <b>(479) 968-7339/(479) 968-7321 (Fax)</b>	Date <b>January 3, 2013</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<b>SECTION A: PERMIT VERIFICATION</b>	
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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
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: <u>collection system</u>	<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: <u>ongoing improvements</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 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

<b>SECTION D: SAMPLING</b>	
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
<b>SECTION E: FLOW MEASUREMENT</b>	
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>5' rectangular weir with end contractions</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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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
<b>SECTION F: LABORATORY</b>	
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: <u>Need to establish control limits for duplicate analysis.</u>	<input type="checkbox"/> Y <input checked="" 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>EEG, Inc.</u>	
b. LAB ADDRESS: <u>220 N. Knoxville, Russellville, AR 72801</u>	
c. PARAMETERS PERFORMED: <u>Soil, biosolids, TP, Zn, Cu, Hg</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	Slight	Yes	No	Light Brown	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Sludge disposal and land application addressed in permit 5126-W

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 S M U NA NE

DETAILS:

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

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Stormwater addressed in permit ARR000104

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: 12/17/12 Time: 2:00

Head in Inches: \_\_\_\_\_ Feet: 0.65

Type & Size of Primary Flow Measurement Device:  
**5 foot rectangle weir with end contractions**

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Name & Model of Secondary Flow Measurement Device:  
**Eastech Badger Vantage 2210**

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Recorded Flow at Date & Time Listed Above: 5.42 MGD (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 5.492 MGD  
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

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

$$\% \text{ Error} = \frac{5.42 - 5.492}{5.492} \times 100$$

$$\% \text{ Error} = \frac{-0.072}{5.492} \times 100$$

$$\% \text{ Error} = \frac{-0.013}{5.492} \times 100$$

$$\% \text{ Error} = \frac{-0.013}{5.492} \times 100 = \underline{-1.31} \%$$

Comments: Secondary flow device shows calibration on 11/14/12.

**DMR Calculation Check**

**Reporting Period:** From 12 06 01 To 12 06 30  
Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>207.9</u>	<u>6.1</u>	<u>8.1</u>
<b>Calculated Value:</b>	<u>207.9</u>	<u>6.1</u>	<u>8.1</u>
<b>Permit Value:</b>	<u>913.2</u>	<u>15</u>	<u>22.5</u>

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



**DMR Calculation Check**

**Reporting Period:** From 12 07 01 To 12 07 31  
Year Month Day Year Month Day

**Parameter Checked:** Total Recoverable Copper

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - ug/l</b>	<b>7-day Avg. - ug/l</b>
<b>Reported Value:</b>	<u>0.27</u>	<u>8.0</u>	<u>8.0</u>
<b>Calculated Value:</b>	<u>0.27</u>	<u>8.0</u>	<u>8.0</u>
<b>Permit Value:</b>	<u>0.45</u>	<u>9.2</u>	<u>18.5</u>

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

# ADEQ

ARKANSAS  
Department of Environmental Quality

## Photographic Evidence Sheet

<b>Location:</b>	City Corporation - Russellville Water and Sewer System						
<b>Photographer:</b>	Amy Beck			<b>Witness:</b>	None		
<b>Photo #</b>	1	<b>Of</b>	4	<b>Date:</b>	12/17/2012	<b>Time:</b>	1347
<b>Description:</b>	Algae observed in the clarifier should be maintained.						



<b>Photographer:</b>	Amy Beck			<b>Witness:</b>	None		
<b>Photo #</b>	2	<b>Of</b>	4	<b>Date:</b>	12/17/2012	<b>Time:</b>	1350
<b>Description:</b>	Metal plate broken off the skimmer arm on the secondary clarifier.						

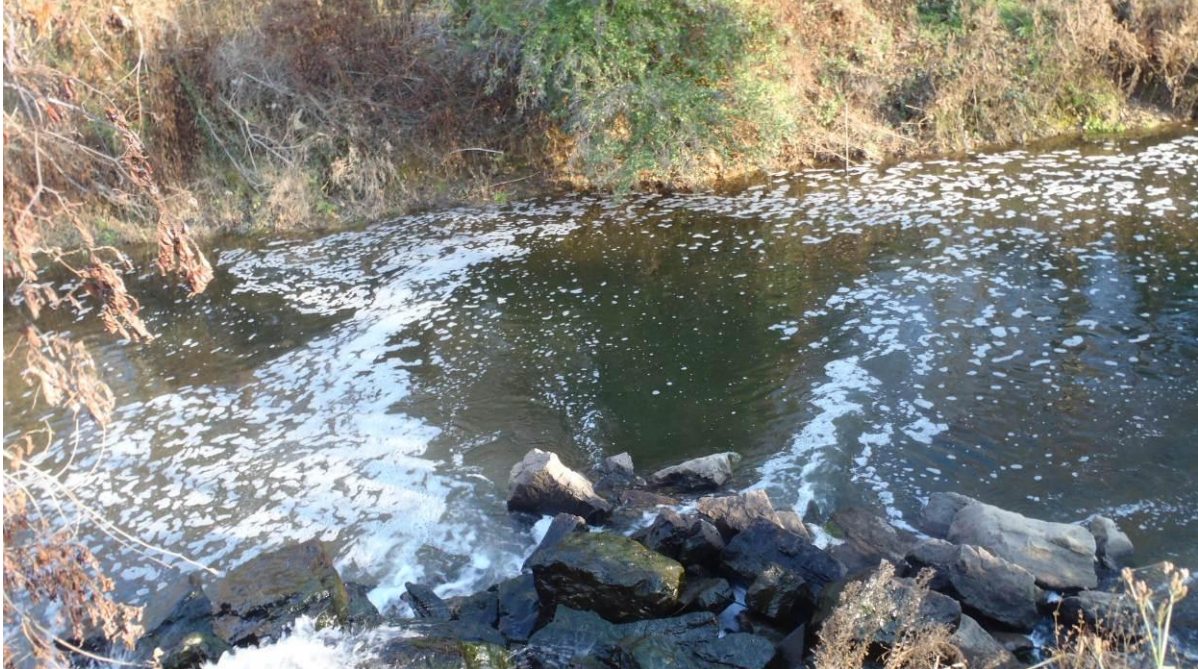


# ADEQ

ARKANSAS  
Department of Environmental Quality

## Photographic Evidence Sheet

<b>Location:</b>	City Corporation - Russellville Water and Sewer System						
<b>Photographer:</b>	Amy Beck			<b>Witness:</b>	None		
<b>Photo #</b>	3	<b>Of</b>	4	<b>Date:</b>	12/17/2012	<b>Time:</b>	1542
<b>Description:</b>	Foam at the outfall.						



<b>Photographer:</b>	Amy Beck			<b>Witness:</b>	None		
<b>Photo #</b>	4	<b>Of</b>	4	<b>Date:</b>	12/17/2012	<b>Time:</b>	1545
<b>Description:</b>	Foam from outfall visible downstream of the bridge, approximately 250 feet downstream of the outfall.						

