



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

Page 2

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 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	Inspection 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 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 Corporation - Russellville Water and Sewer System 404 Jimmy Lile Road, Russellville, AR 72802	Entry Time/Date 12:30 / 12-17-2012	Permit Effective Date October 1, 2010
	Exit Time/Date 2:00 / 12-18-2012	Permit Expiration Date September 30, 2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Ricky Biffle/Maintenance Crew Lead; Randy Bradley/Pretreatment Coordinator; Charlotte Petrick/Lab Analyst; Larry Collins/Operations Manager	Other Facility Data 35° 14' 56" N, 93° 06' 58" W	
Name, Address of Responsible Official/Title/Phone and Fax Number Steve Mallet P.O. Box 3186 Russellville, AR 72811 (479) 968-2080 ext. 113	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> Amy Beck	Agency/Office/Telephone/Fax Arkansas Dept. of Environmental Quality- Russellville Field Office (479) 968-7339/(479) 968-7321 (Fax)	Date January 3, 2013
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: <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

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <u>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
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE: <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

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

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-5th Edition)

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

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

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

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

$$\% \text{ Error} = \frac{-1.31}{100} \%$$

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

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

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

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



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



ADEQ

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

Photographic Evidence Sheet

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



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





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

CERTIFIED MAIL: 91 7199 9991 7030 4906 0416

January 28, 2013

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

RE: Failure to Respond to Inspection; AFIN: 58-00105
NPDES Permit No: AR0021768
NPDES Permit No: AR0021768C
NPDES Permit No: ARR000104
State Permit No: 5126-W

Dear Mr. Mallet:

A letter dated January 4, 2013 was sent by ADEQ to you. The letter outlined the findings of my December 17 and 18, 2012 inspection of the above referenced facility. The letter requested that a written response be submitted to the Water Division Inspection Branch of this Department by January 18, 2013. To date, no response has been received.

Please submit a written response by February 11, 2013. A copy of the inspection report has been included for your convenience.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 479-968-7339 or you may e-mail me at beck@adeq.state.ar.us.

Sincerely,

Amy Beck
Inspector
Water Division

cc: Enforcement Branch



CITY CORPORATION

Russellville Water and Sewer System

205 West 3rd Place PO Box 3186 Russellville, AR 72811-3186

Phone (479) 968-2105
FAX (479) 968-3265

January 30, 2013

Mr. Alan Anderson
Enforcement Analyst
Water Division/Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Dr.
North Little Rock, Arkansas 72118

RE: NPDES Permit No. AR0021768, AFIN 58-00105

Dear Mr. Anderson:

This letter shall serve as written response to address the findings from the routine compliance inspection at our wastewater treatment plant on December 17 and 18, 2012 by ADEQ field inspector Amy Beck.

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
 - a. Plant staff has started monitoring the outfall for foam each day during routine plant checks. Staff also continues to investigate the actual cause and will contact environmental scientist for assistance in correcting this issue.
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
 - a. Laboratory staff has reviewed our lab information software and determined that the control limits are established within this system. Staff has implemented these limits into the lab SOP's as of January 28, 2013.
3. It was noted one of the clarifiers had a significant amount of algae growth. The algae should be removed from the weir plates.
 - a. Algae from the clarifier have been removed and weekly cleaning of clarifiers has been started to ensure minimum algae growth.

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.
 - a. Skimmer arm noted has been repaired by City Corporation maintenance staff. City Corporation will start new construction at our plant to address nutrient removal; during this phase of construction the final clarifiers will be refurbished with new skimmer mechanisms to improve sludge handling and removal.

Should you have any questions or need other info please contact Larry Collins, Operations Manager at 479-968-2080 ext 222.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Mallett", written in a cursive style.

Steve Mallett
General Manager

cc: Larry Collins
Randy Bradley
Ricky Biffle
File

ADEQ

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

February 1, 2013

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

RE: Response to Inspection
AFIN: 58-00105, Permit No.: AR0021768, AR0021768C, ARR000104, 5126-W

Dear Mr. Mallet:

I have reviewed the response pertaining to my December 17-18, 2012 inspection of the wastewater treatment facility. The information provided sufficiently addresses the violations referenced in my inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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 479-968-7339 or you may e-mail me at beck@adeq.state.ar.us.

Sincerely,



Amy Beck
District 5 Field Inspector
Water Division