**⊕**EPA

Form Approved OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington D.C. 20460

| NPDES Compliance Inspection Report   |                         |                               |                      |                       |                                |   |          |                                 |                          |                                  |  |   |   |  |  |
|--|-------------------------|-------------------------------|----------------------|-----------------------|--------------------------------|---|----------|---------------------------------|--------------------------|----------------------------------|--|---|---|--|--|
| Section A: National Data System Coding   |                         |                               |                      |                       |                                |   |          |                                 |                          |                                  |  |   |   |  |  |
| Image: constraint of the | 1   3  <br>QA           | Yr/Mo/Day 1<br>3 0 8 1 6 17 1 |                      |                       |                                |   |          | Inspec. Type                    |                          |                                  |  |   |   |  |  |
| 67 69 70 N   | 71                      | N 7                           | 72 <b>N</b>          | 73                    |                                | 7 | 4 75     |                                 | Reserve                  |                                  |  | 8 | 0 |  |  |
| Section B: Facility Data   |                         |                               |                      |                       |                                |   |          |                                 |                          |                                  |  |   |   |  |  |
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)  City of Ft. Smith –Massard WWTP  |                         |                               |                      |                       | Entry Time/Date 8:55/8-16-2013 |   |          |                                 |                          | Permit Effective Date 2/01/2009  |  |   |   |  |  |
| 1601 9 <sup>th</sup> Street<br>Barling, AR   |                         |                               |                      |                       | Exit Time/Date 11:02/8-16-2013 |   |          |                                 |                          | Permit Expiration Date 1/31/2014 |  |   |   |  |  |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)  Steve Floyd, Superintendent, 479-784-2231   |                         |                               |                      |                       |                                |   |          | Other Facility Data PDS# 074276 |                          |                                  |  |   |   |  |  |
| Name, Address of Responsible Official/Title/Phone and Fax Number Steve Park, Utilities Director, 479-784-2231 3100 Kelly Highway Ft. Smith, AR 72904   |                         |                               |                      |                       | Contacted Yes □ No ☑           |   |          |                                 |                          |                                  |  |   |   |  |  |
| Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)   |                         |                               |                      |                       |                                |   |          |                                 |                          |                                  |  |   |   |  |  |
| —  | N Flow Measurement S Op |                               |                      |                       |                                |   |          |                                 | N Sampling               |                                  |  |   |   |  |  |
| - Records/Reports  |                         |                               | Sludge H             | auge Handing/Disposar |                                |   |          |                                 | Pollution Prevention     |                                  |  |   |   |  |  |
| G N  | N                       |                               |                      |                       |                                |   |          |                                 | Multimedia               |                                  |  |   |   |  |  |
| S Effluent/Receiving Waters N Laboratory N Storm Water Section D: Summary of Findings/Comments (Attach additional sheets   |                         |                               |                      |                       |                                |   | 1ecessa1 | N<br>v)                         | Other                    | ::                               |  |   |   |  |  |
| A reconnaissance inspection was performed with the NPDES permit writer to gather and provide information to be used for the renewal of the above-referenced NPDES permit. A facility site tour was performed and found the plant to be well-maintained and in good operating condition. Plant effluent appeared to be of good quality. The recent Ammonia Nitrogen violations were discussed. The plant was not originally designed for the Ammonia removal. The permittee is in the process of upgrading the treatment system. The trickling filters will be replaced by an additional activated sludge unit. Several proposed minor changes to the permit were discussed.  |                         |                               |                      |                       |                                |   |          |                                 |                          |                                  |  |   |   |  |  |
| Name(s) and Signature(s) of Inspector(s)  Agency/Office/Telephone  Ark. Dept. of Environm  PHONE# (870) 446-617  |                         | mental Q                      | ental Quality-Jasper |                       |                                |   |          |                                 | Date<br>October 17, 2013 |                                  |  |   |   |  |  |
|  |                         |                               |                      |                       |                                |   |          |                                 |                          |                                  |  |   |   |  |  |
| Signature of Reviewer  Agency/Office/Phone and I  ADEQ/NLR/501-682-06  Kerri McCabe  |                         |                               |                      |                       |                                |   |          |                                 |                          | Date<br>October 22, 2013         |  |   |   |  |  |



Headworks



Grit removal



Primary clarifier



Trickling filter



Activated sludge basin



Secondary clarifier



**UV** Disinfection



Plant effluent