



ARKANSAS
Department of Environmental Quality

March 31, 2014

Ms. Brenda Gills, Utilities Manager
City of Arkadelphia
PO Box 495
Arkadelphia, AR 71923

RE: Compliance Inspections (Clark Co)
AFIN: 10-00463

NPDES Permit No.: AR0020605
NPDES Permit No.: ARR000190

Dear Ms. Gills:

On March 18, 2014, I performed routine compliance inspections of the wastewater treatment facility NPDES permits 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:

AR0020605

1. Your facility uses a contracted laboratory for analyses. The name and address of the laboratory is not included on the Discharge Monitoring Reports (DMRs) as required by Part III, Section C.5 of the permit.
2. Chain of Custody (COC) forms are not being properly filled out. They do not have a "relinquished by" signature.

ARR000190

No violations were noted for the No-Exposure Certification permit.

Brenda Gills
City of Arkadelphia WWTP
Page 2

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This 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 documentation (i.e. photos) is due by **April 14, 2014.**

If I can be of any assistance, please contact me at (870) 777-7585 ext. 2 or smithron@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink that reads "Red Smith". The signature is written in a cursive style with a large initial "R" and a stylized "S".

Red Smith
District 10 Field Inspector
Water Division

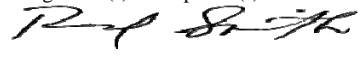
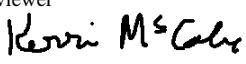
 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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Section A: National Data System Coding																													
Transaction Code			NPDES								Yr/Mo/Day					Inspec. Type		Inspector		Fac. Type									
1	N	2	5	3	A	R	0	0	2	0	6	0	5	11	12	1	4	0	3	1	8	17	18	C	19	S	20	1	
Remarks																													
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----													
67						70	5	71	N	72	N	73			74	75													80

Section B: Facility Data					
Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Arkadelphia WWTP Located east side of 3 rd Street 2 miles south of Arkadelphia	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date 1100 / 3-18-2014</td> <td style="width:50%;">Permit Effective Date June 1, 2012</td> </tr> <tr> <td>Exit Time/Date 1545 / 3-18-2014</td> <td>Permit Expiration Date May 31, 2017</td> </tr> </table>	Entry Time/Date 1100 / 3-18-2014	Permit Effective Date June 1, 2012	Exit Time/Date 1545 / 3-18-2014	Permit Expiration Date May 31, 2017
Entry Time/Date 1100 / 3-18-2014	Permit Effective Date June 1, 2012				
Exit Time/Date 1545 / 3-18-2014	Permit Expiration Date May 31, 2017				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Thomason / WW Superintendent / 870-403-3102 (cell) Christi Daniel / Lab Tech / 870-246-0697	Other Facility Data Major Municipal PDS# 076999				
Name, Address of Responsible Official/Title/Phone and Fax Number Ms. Brenda Gills / Utilities Mgr. / 870-246-5863 700 Clay Street PO Box 495 Arkadelphia, AR 71923	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
U	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	S	Other: Effluent Limits

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)
<p>Violations: (1) The name of the contract lab is not on the DMR as required by the permit.</p> <p>(2) Chain of Custodies do not have "relinquished by signature."</p>

Name(s) and Signature(s) of Inspector(s) Red Smith 	Agency/Office/Telephone/Fax Arkansas Department of Environmental Quality / District 10 / 870-777-7585 ext. 2 / smithron@adeq.state.ar.us	Date March 19, 2014
Signature of Reviewer Kerri McCabe 	Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642	Date March 31, 2014

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 NEDETAILS: **(1) contract lab name not on DMR. (2) No "relinquished by" signature on chain of custodies**

- | | |
|--|---|
| 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:

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input 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

S M U NA 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

S M U NA NE

DETAILS:

- | | |
|---|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>4.125 ft. rectangular weir without 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: <u>Weekly by facility & by company on 3-7-2014</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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

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>Sorrells Research</u> | |
| b. LAB ADDRESS: <u>8002 Stanton Road Little Rock, AR</u> | |
| c. PARAMETERS PERFORMED: <u>Chronic Wet Testing, TP, NO3 + NO2-N</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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	none	none	Very Slight	none	None	green	na

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input 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 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: See inspection for ARR000190 dated 3-18-2014; "No-Exposure Certification"

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:	3-18-2014	Time:	1534	
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Head in Inches:	3.9	Feet:	.325	
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Type & Size of Primary Flow Measurement Device: 4.125 ft. Rectangular Weir without End Contractions

Name & Model of Secondary Flow Measurement Device:	Milltronics Ultrasonic Flow Meter
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Date of last Calibration of Secondary Flow Device: 3-7-2014

Recorded Flow at Date & Time Listed Above:	1.61 mgd	(Facility Flow Meter)
--	-----------------	-----------------------

Calculated Flow at Date & Time Listed Above:	1.64 mgd	
--	-----------------	--

(Flow is calculated using : Individual calculation formula for a 4.125 FT. Rectangular Weir without End Contractions (Page 40 Isco Open Channel Flow Measurement Handbook 5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	1.61 mgd	-	1.64mgd	X 100	
	1.64				

% Error =	.018	X 100	
-----------	------	-------	--

% Error =		X 100	
-----------	--	-------	--

% Error =	1.8	%	
-----------	------------	---	--

Comments:

DMR Calculation Check

Reporting Period: From 2013 5 01 To 2013 5 31
 Year Month Day Year Month Day

Parameter Checked: BOD5

**Loading
Mass**

Mo. Avg. - lbs/day

**Concentration
Monthly**

Mo. Avg. - mg/l

7-day Avg. - mg/l

Reported Value: 204.0

16.6

18.1

Calculated Value: 204.0

16.6

18.1

Permit Value: 751

30

45

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

From: [Brenda Gills](#)
To: [Water-Inspection-Report](#)
Subject: AR0020605
Date: Thursday, April 10, 2014 11:36:15 AM
Attachments: [ADEQ Inspection Answer.pdf](#)

Please find attached my response to ADEQ's letter of March 31 regarding our inspection violations. I am mailing you the original of this letter today.

Thank you.
Brenda Gills



700 Clay Street
P. O. Box 495
Arkadelphia, AR 71923
Phone (870) 246-5863
Fax (870) 246-9546

April 10, 2014

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

RE: Compliance Inspection
AFIN: 10-00463
AR0020605

Dear Sir:

I have received the letter of March 31 detailing our violations as found in the recent inspection of our above-referenced permit. This letter is my response to the findings.

1. We use Sorrells Research in Little Rock for our analyses. We will begin including the labs name and address on our DMR's. For the record, the lab is Sorrells Research, 8100 National Drive, Little Rock, AR 72209.
2. Sorrells Research employees pull the required samples. David Thomason, our Wastewater Superintendent, has talked with Cecil Sorrells to insure the Chain of Custody forms will be properly completed. Their employee that takes the samples and brings them to the lab in Little Rock will begin completing the "relinquished by" portion of the COC form.

I appreciate the inspection. Please contact me if there are additional questions or problems.

Sincerely,

A handwritten signature in blue ink that reads "Brenda Gills".

Brenda Gills
Utilities Manager

ADEQ

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

April 25, 2014

Ms. Brenda Gills, Utilities Mgr.
City of Arkadelphia
PO Box 495
Arkadelphia, AR 71923

RE: Response to Inspection (Clark Co)
AFIN: 10-00463 **NPDES Permit No.: AR0020605**

Dear Ms. Gills:

I have reviewed the response pertaining to my March 18, 2014 inspection of the City of Arkadelphia POTW. 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 (870) 777-7585 ext. 2 or you may e-mail me at smithron@adeq.state.ar.us.

Sincerely,



Red Smith
District 10 Field Inspector
Water Division