



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

December 5, 2014

Steve Mallett, JR, C.O.O  
Russellville City Corporation  
P.O. Box 3186  
Russellville, AR 72802

**RE: Russellville City Corporation Inspections (Pope Co)**  
**AFIN: 58-00105**                      **NPDES Permit No.: AR0021768**  
**AR0021768C**  
**AR0021768C2**  
**ARR000104**  
**State Permit No.: 5126-W**

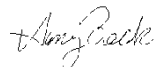
Dear Mr. Mallett:

On November 20 and 21, 2014, District 4 Inspector Dannielle Gray and I performed routine compliance inspections of: (1) the wastewater treatment facility, (2) construction of the dechlorination system, (3) construction of the denitrification system, (4) industrial stormwater permit, and (5) your land application of biosolids permits. These inspections were conducted in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.




**Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto: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 **December 19, 2014**.

If I can be of any assistance, please contact me at [beck@adeq.state.ar.us](mailto:beck@adeq.state.ar.us) or (479) 968-7339 extension 16.

Sincerely,

A handwritten signature in cursive script that reads "Amy Beck".

Amy Beck  
District 5 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>						
		AFIN: 58-00105		PERMIT #: AR0021768		DATE: 11/20/2014		
		COUNTY: 58 Pope			PDS #: 081193		MEDIA: WN	
GPS LAT: 35.249132 LONG: -93.116114 LOCATION: Entrance								
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>				
NAME: <b>Russellville City Corporation</b> LOCATION: <b>404 Jimmy Lile Road</b> CITY: <b>Russellville</b>				FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>36537 S - State</b>		
<b>RESPONSIBLE OFFICIAL</b> NAME / TITLE: <b>Steve Mallett, JR / C.O.O</b> COMPANY: <b>Russellville City Corporation</b> MAILING ADDRESS: <b>P.O. Box 3186</b> CITY, STATE, ZIP: <b>Russellville AR 72802</b> PHONE & EXT. / FAX: <b>479-968-2080 / 479-968-3265</b> EMAIL:				FACILITY EVALUATION RATING: <b>2 - Marginal</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>		
				DATE(S): <b>11/20/2014</b>	ENTRY TIME: <b>09:00</b>	EXIT TIME: <b>04:30</b>	PERMIT EFFECTIVE DATE: <b>10/1/2010</b>	
				DATE(S): <b>11/21/2014</b>	ENTRY TIME: <b>09:00</b>	EXIT TIME: <b>12:00</b>	PERMIT EXPIRATION DATE: <b>9/30/2015</b>	
				FAYETTEVILLE SHALE RELATED: <b>N</b>				
				FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>				
<b>INSPECTION PARTICIPANTS</b>								
NAME/TITLE/PHONE/FAX/EMAIL/ETC.:								
<b>Ches Jackson, Operator;</b> <b>Randy Bradley, Pretreatment Coordinator;</b> <b>Charlotte Petrick, Lab Analyst</b>								
CONTACTED DURING INSPECTION: <b>Yes</b>								
<b>AREA EVALUATIONS</b>								
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER			
<b>S</b>	RECORDS/REPORTS	<b>M</b>	LABORATORY	<b>M</b>	FACILITY SITE REVIEW			
<b>M</b>	OPERATION & MAINTENANCE	<b>M</b>	EFFLUENT/RECEIVING WATER	<b>M</b>	SELF-MONITORING PROGRAM			
<b>S</b>	SAMPLING	<b>U</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT			
<b>**</b>	OTHER:							
<b>SUMMARY OF FINDINGS</b>								
1. DMR review for the past year reveals many exceedances of effluent limitations violating Part I, Section B of your permit. Noncompliance reports have been submitted and no further action is required. 2. Persistent foam was observed in the receiving stream, violating Part I, Section B of your permit. 3. At the time of this inspection, one of the grit removers was not in operation. Additionally, due to the construction of the denitrification system, Clarifier #1 was off line for rehabilitation. All treatment units must be returned to service. 4. Matrix spikes for Ammonia-Nitrogen samples are not performed as required by Part III, Section C 3 of your permit.								
<b>GENERAL COMMENTS</b>								
This facility is under an active CAO LIS 09-146-001. Rehabilitation of the collection system is ongoing. The plant is undergoing a major construction project during this inspection.								
INSPECTOR'S SIGNATURE: 				Amy Beck		DATE: 11/26/2014		
SUPERVISOR'S SIGNATURE: 				Kerri McCabe		DATE: 12/4/2014		

<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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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: <u>ongoing collection system rehab</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>5 ft. 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 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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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 type="checkbox"/> Y <input checked="" 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>American Interplex via EEG</u>	
b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>TP, NO3-N, Zn, Cu, Hg</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Huther and Associates (TX) – WET testing</u>	<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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>persistent foam observed</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	no	no	yes	yes	yes	greenish	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge disposal addressed by State permit 5126-W.</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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, AGRICULTURAL, PUBLIC CONTACT SITE): <u>mixed pasture</u>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <u>Stormwater addressed by NPDES permit ARR000104.</u>							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: **11-20-2014** Time: **11:15**

Head in Inches:                      Feet: **0.56**

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

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

Date of last Calibration of Secondary Flow Device: 09/03/2014

Recorded Flow at Date & Time Listed Above: **4.54** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **4.408**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

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

% Error =	4.54	-	4.408	X 100	
	4.408				

% Error =	0.132	X 100	
	4.408		

% Error =	0.030	X 100	
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% Error =	<b>3.0</b>	%	
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Comments:

**DMR Calculation Check**

Reporting Period: From 2014 08 01 To 2014 08 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>831.5</u>	<u>20.2</u>	<u>31.7</u>
Calculated Value:	<u>831.5</u>	<u>20.2</u>	<u>31.7</u>
Permit Value:	<u>608.8</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:



**DMR Calculation Check**

Reporting Period: From 2014 02 01 To 2014 02 28  
 Year Month Day Year Month Day

Parameter Checked: pH

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Minimum - S.U.</b>	<b>Maximum - S.U.</b>
Reported Value:	_____	<u>6.6</u>	<u>7.1</u>
Calculated Value:	_____	<u>6.6</u>	<u>7.1</u>
Permit Value:	_____	<u>6</u>	<u>9</u>

If calculated value does not equal reported value, explain:

**Water Division Photographic Evidence Sheet**

Location:	<b>Russellville City Corporation</b>		
Photographer:	<b>Amy Beck</b>	Date:	<b>11/20/14</b>
Witness:	<b>Dannielle Gray, Ches Jackson</b>	Time:	<b>1151</b>
		Photo #:	<b>1</b>
Description:	<b>Foam from outfall visible downstream of the bridge; approximately 250 feet downstream of Outfall 001.</b>		



Photographer:	<b>Amy Beck</b>	Date:	<b>11/20/14</b>
Witness:	<b>Dannielle Gray, Ches Jackson</b>	Time:	<b>934</b>
		Photo #:	<b>2</b>
Description:	<b>East grit remover is not in operation.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Russellville City Corporation</b>				
Photographer:	<b>Amy Beck</b>	Date:	<b>11/20/14</b>	Time:	<b>1105</b>
Witness:	<b>Dannielle Gray, Ches Jackson</b>			Photo #:	<b>3</b>
Description:	<b>Clarifier #1 offline for rehabilitation.</b>				



**From:** [Steve Mallett](#)  
**To:** [Water-Inspection-Report](#)  
**Cc:** [Randy Bradley](#); [Larry Collins](#); [Lance Bartlett](#); [Beck, Amy](#)  
**Subject:** City Corporation of Russellville - Response to Routine Compliance Inspection  
**Date:** Tuesday, January 06, 2015 3:19:56 PM  
**Attachments:** [image001.png](#)  
[ADEQ 2014 inspection response Letter.pdf](#)

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Please find attached a pdf version of our response to the inspection report dated December 5, 2014 pursuant to an inspection performed at our facilities on November 20 and 21, 2014. We apologize for the delay in submitting our response. If you need any additional information, please feel free to contact me at 479-968-2080 ext. 113.

Original letter to follow by mail.

Thanks.

Steve Mallett, Jr., P.E.  
General Manager

City Corporation  
Russellville Water & Sewer System  
205 West Third Place  
Russellville, AR 72811  
[www.citycorporation.com](http://www.citycorporation.com)  
Phone 479.968.2080 Ext. 113  
Fax 479.968.3265







## CITY CORPORATION

Russellville Water and Sewer System

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

Office (479) 968-2105  
Fax (479) 968-3265

January 5, 2015

Arkansas Department of Environmental Quality  
ATTN: Water Division Inspection Branch  
5301 Northshore Dr  
North Little Rock, Arkansas 72118-5317

RE: NPDES Permit No. AR0021768, AR0021768C, AR0021768C2, ARR000104,  
State Permit: 5126-W, AFIN 58-00105

Dear Ms. Beck:

This letter shall serve as written response to address the findings from the routine compliance inspection at our wastewater treatment plant on November 20 and 21, 2014.

### AR0021768

1. No action required.
2. *Persistent foam was observed in the receiving stream, violating Part I, Section B of your permit*
  - a. Plant staff has determined that the foam is caused by excess nutrients and TSS in our effluent at this time. We expect the foaming to not be a issue once plant construction is completed and plant begins working as designed
3. *At the time of this inspection, one of the grit removers was not in operation. Additionally, due to the construction of the denitrification system, clarifier #1 was off line for rehabilitation. All treatment units must be returned to service.*
  - a. East grit removal has been repaired and on line as of 12/31/2014. The local area experienced a heavy rain event over the weekend and this caused excessive flow to the plant. Once flow returns to normal the West grit removal unit will be repaired. Repairs are expected to take 3 days for completion.
4. *Matrix spikes for ammonia-nitrogen samples are not performed as required by Part III, Section C 3 of your permit.*
  - a. Lab personnel have started performing matrix spikes for all ammonia-nitrogen samples. Due to the extremely high ammonia level in the effluent at this time the spikes are not recorded due to results being above the

maximum limit of the analysis unit. Once plant returns to proper operation these matrix spikes will be performed and recorded as required.

**AR0021768C**

1. *Construction of the dechlorination system has not been certified as required by Condition 2 of your permit.*
  - a. The certification is being completed by contract engineer, CDM Smith. Once completed the certification will be forwarded as required.
2. *A complete O&M Manual has not been developed as required by Condition 4 of your permit.*
  - a. The O&M Manuals have been delivered to City Corporation and plant staff has filed them with other O&M manuals.

**AR0021768C2**

1. *Biotower media observed on the ground.*
  - a. This media has been removed and disposed of with other bio media.

**State Permit #5126-W**

2. *Submit to the Department your proposed solution for the increase volume of sludge including an estimated of the new volume.*
  - a. McGoodwin, Williams and Yates Engineering firm was hired to study cost effective alternatives for to sludge processing and disposal. During this study, they determined we could expect to produce approximately 9,405 dry lbs/day. We are currently examining cost for land fill in a nearby facility and/or composting at a facility in North Little Rock. These alternatives are for short term only and further studies will need to be accomplished before a long term solution can be determined. City Corporation will submit plans of any plant modifications for approval by your agency.

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

Sincerely,



Steve Mallett  
General Manager

cc: Larry Collins  
Randy Bradley  
File



ARKANSAS  
Department of Environmental Quality

January 8, 2015

Steve Mallett, JR, C.O.O  
Russellville City Corporation  
P.O. Box 3186  
Russellville, AR 72802

**RE: Response to Inspection (Pope Co)**  
**AFIN: 58-00105**      **Permit No.: AR0021768**  
**AR0021768C**  
**AR0021768C2**  
**5126-W**

Dear Mr. Mallett:

I have reviewed the responses pertaining to my November 20-21, 2014 inspections 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 ext. 16 or you may e-mail me at [beck@adeq.state.ar.us](mailto:beck@adeq.state.ar.us).

Sincerely,

A handwritten signature in cursive script that reads "Amy Beck". The signature is written in black ink and is positioned above the printed name and title.

Amy Beck  
District 5 Field Inspector  
Water Division



# CITY CORPORATION

Russellville Water and Sewer System

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

Office (479) 968-2105  
Fax (479) 968-3265

January 5, 2015

Arkansas Department of Environmental Quality  
ATTN: Water Division Inspection Branch  
5301 Northshore Dr  
North Little Rock, Arkansas 72118-5317

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Sincerely,



Steve Mallett  
General Manager

cc: Larry Collins  
Randy Bradley  
File



P.O. BOX 3186 • 205 WEST THIRD PLACE  
RUSSELLVILLE, ARKANSAS 72811-3186

LITTLE ROCK AR 722

13 JAN 2015 PM 4:11

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01/13/2015  
US POSTAGE \$00.49



ZIP, 72801  
041L11235277

Arkansas Dept. of Environmental Quality  
Attn: Water Division Inspection Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

72118531799

