

ADEQ

ARKANSAS
Department of Environmental Quality

February 20, 2015

Jonathan Buff, Wastewater Manager
Benton Utilities
616 W. Hazel Street
Benton, AR 72015

RE: City of Benton Inspection
AFIN: 63-00063 Permit No.: AR0036498

Dear Mr. Buff:

On February 11, 2015, I performed a Compliance Evaluation Inspection and Collection System Inspection of the above referenced facility 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 the attached inspection report 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. 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 **March 7, 2015**.

If I can be of any assistance, please contact me at bakerclark@adeq.state.ar.us or (501) 682-0657.

Sincerely,



Clark Baker
District 9 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 63-00063		PERMIT #: AR0036498		DATE: 2/11/2015	
		COUNTY: 63 Saline			PDS #: 082533		MEDIA: W
		GPS LAT: 34.551667 LONG: -92.593333 LOCATION: Outfall					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: City of Benton LOCATION: 616 West Hazel CITY: Benton			FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 80397 S - State		
			FACILITY EVALUATION RATING: 4 - Satisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 2/11/2015	ENTRY TIME: 09:10	EXIT TIME: 13:00	PERMIT EFFECTIVE DATE: 10/1/2008	
					PERMIT EXPIRATION DATE: 9/30/2018		
RESPONSIBLE OFFICIAL			FAYETTEVILLE SHALE RELATED: N				
NAME / TITLE: Jonathan Buff / Wastewater Manager COMPANY: Benton Utilities MAILING ADDRESS: 616 W. Hazel Street CITY, STATE, ZIP: Benton AR 72015 PHONE & EXT. / FAX: 501-776-5982 / EMAIL: jbuff@bentonar.org			FAYETTEVILLE SHALE VIOLATIONS: N				
CONTACTED DURING INSPECTION: Yes			INSPECTION PARTICIPANTS				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Clark Baker/ADEQ Water Inspector/(501)682-0657				
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER		
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW		
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM		
U	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
N	OTHER:						
SUMMARY OF FINDINGS							
<ul style="list-style-type: none"> • Failure to chill composite samples to ≤6°C during collection in violation of Part II, 9.4.d.iii of the permit. • A leak in the piping of non-potable water for a sprayer in a sludge thickener is a failure to properly operate and maintain all facility and systems of treatment control (and related appurtenances) in violation of Part III, Section B.1.a. of the permit. 							
GENERAL COMMENTS							
According to Part II, 9.4.d.iii of the permit and page 29808 of 40 CFR 136 (Vol. 77) state that composite samples must be kept at ≤ 6°C during collection. A thermometer must be used to insure that this temperature is met. While it is not a requirement, it is considered best management practices to keep the thermometer in a container of water to get a more accurate reading than is accomplished by ambient readings. The automated sampler belongs to the independent lab, but the facility is responsible for insuring the quality of the samples and the accuracy of the analytical data submitted to the department.							
INSPECTOR'S SIGNATURE:  Clark Baker				DATE: 2/19/2015			
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 2/20/2015			

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: <u>There is a significant amount of growth on the inside of the clarifiers' weirs because their design makes cleaning the inside of the weirs difficult and dangerous. However, the facility's TSS levels remain within it's permit limits.</u>	
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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING: <u>Samples have not been refrigerated until transportation to the lab</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED: <u>No thermometer in the ISCO 6700 composite sampler</u>	<input type="checkbox"/> Y <input checked="" 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>36" Parshall Flume</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: <u>ISCO Ultrasonic Vantage 2210</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Twice a year</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	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>Daily</u>	<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: <u>Weekly</u>	<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>American Interplex</u>	
b. LAB ADDRESS: <u>8600 Kanis Rd, Little Rock</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring, Total Nitrate + Nitrite Nitrogen (as N), Sludge Testing</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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Pin to golf ball sized flocculent</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001					X		--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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. 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 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):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
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 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 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						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
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: **2/11/2015** Time: **12:11**

Head in Inches: **9^{27/32}"** Feet: **0.82'**

Type & Size of Primary Flow Measurement Device:
36" Parshall Flume

Name & Model of Secondary Flow Measurement Device: **ISCO Ultrasonic Vantage 2210**

Date of last Calibration of Secondary Flow Device: **9/8/2014**

Recorded Flow at Date & Time Listed Above: **5.7 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **5.684 MGD**
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

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

% Error =	5.7	-	5.684	X 100	
	5.684				

% Error =	0.016	X 100	
	5.684		

% Error =	0.00281492	X 100	
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% Error =	0.28	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2014 12 01 To 2014 12 31
 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>156.6</u>	<u>4.2</u>	<u>4.5</u>
Calculated Value:	<u>156.6</u>	<u>4.23</u>	<u>4.5</u>
Permit Value:	<u>1038</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2014 11 01 To 2014 11 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>150</u>	<u>4.5</u>	<u>5.5</u>
Calculated Value:	<u>150.025</u>	<u>4.54</u>	<u>5.5</u>
Permit Value:	<u>1038</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet

Location:	City of Benton		
Photographer:	Clark Baker	Date:	2/11/2015
Witness:	Jonathan Buff	Time:	12:15
		Photo #:	1
Description:	Effluent composite sampler		



Photographer:	Clark Baker	Date:	2/11/2015
Witness:	Jonathan Buff	Time:	12:17
		Photo #:	2

Description: **Inside the effluent composite sampler where the sample containers are stored during the 24 hour composite. There is nothing keeping samples at $\leq 6^{\circ}\text{C}$, nor a thermometer to insure the samples remain at an appropriate temperature.**



Water Division Photographic Evidence Sheet

Location:	City of Benton		
Photographer:	Clark Baker	Date:	2/11/2015
Time:	12:33	Witness:	Jonathan Buff
Photo #:	3	Description:	A leak in the piping of non-potable water for a sprayer in a sludge thickener



Photographer:	Clark Baker	Date:	2/11/2015
Time:	12:33	Witness:	Jonathan Buff
Photo #:	4	Description:	A sign labeling the leaking pipe's source as non-potable water



Water Division Photographic Evidence Sheet

Location:	City of Benton				
Photographer:	Clark Baker	Date:	2/11/2015	Time:	11:50
Witness:	Jonathan Buff	Photo #:	5		
Description:	Significant amount of growth on the arm in the clarifier				



Photographer:	Clark Baker	Date:	2/11/2015	Time:	11:52
Witness:	Jonathan Buff	Photo #:	6		
Description:	Significant growth on the weirs in the clarifiers				



Water Division Photographic Evidence Sheet

Location:	City of Benton				
Photographer:	Clark Baker	Date:	2/11/2015	Time:	11:54
Witness:	Jonathan Buff	Photo #:	7		
Description:	Significant amount of growth and solids on the weirs of the clarifiers				



Photographer:	Clark Baker	Date:	2/11/2015	Time:	12:06
Witness:	Jonathan Buff	Photo #:	8		
Description:	Final Outfall 001				



Google Earth image of the facility with the old system that is no longer in use outlined and shaded in orange:



From: [Jonathan W. Buff](#)
To: [Water-Inspection-Report](#)
Cc: [Baker, Clark](#)
Subject: ADEQ Response to Inspection
Date: Friday, March 06, 2015 6:02:20 PM
Attachments: [ADEQInspectionResponse3-6-15.pdf](#)

Mr. J. Bolenbaugh, ADEQ Branch Manager Inspection,

Please find attached a written response to the recent Compliance Evaluation. ADEQ Inspector, Mr. Clark Baker had performed the inspection on February 11, 2015.

If you have any questions or concerns contact me at jwbuff@bentonar.org or my cell number 501-317-6511.

Thanks,

Jonathan Buff

Wastewater Manager
Benton Utilities
616 W Hazel
Benton, AR 72015
Phone: 501-776-5982
Fax: 501-776-5974
jwbuff@bentonar.org

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BENTON UTILITIES

BENTON, ARKANSAS

March 6, 2015

ADEQ
NPDES Inspection Branch
Water Division
5301 Northshore Drive
North Little Rock, AR. 72118

RE: AFIN: 63-00063

NPDES: AR0036498

Attention: Mr. J. Bolenbaugh, ADEQ Inspection Branch Manager

Dear Mr. Baker,

This letter is a response to the routine compliance inspection performed by Mr. Clark Baker on February 11, 2015, of the City of Benton Wastewater Department; both Collection and Treatment Plant. For Wastewater Collection everything was found to be satisfactory. The Treatment Plant was also found to be satisfactory. However, in Mr. Clark's summary the following two issues were revealed in the compliance evaluation;

Quote summary of findings;

1. "Failure to chill composite samples to $\leq 6^{\circ}$ C during collection in violation of Part II, 9.4.d.iii of the permit."
2. "A leak in the piping of non-potable water for a sprayer in a sludge thickener is a failure to properly operate and maintain all facility and systems of treatment control (and related appurtenances) in violation of Part III, Section B.1.a of the permit."

Regarding number 1 above; this was a sampler that belongs to an independent lab that is contracted to do our Chronic Toxicity Testing. To ensure our compliance with permit our lab will do the following we will collect the sample for the independent lab and deliver samples. The collection will be in our refrigerated sampler. See photo. The chemist will use a larger sample container (5 gallons) during the week of biomonitoring and then split sample for the portion required by the contract lab. We will then deliver the samples to the independent lab following proper storage and shipping, including chain of custody. See the additional photos. These are photos showing thermometer in place and the increase size of sample container to be used for collecting samples during week biomonitoring is to be

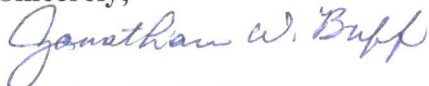
conducted. We will diligently strive to do what is necessary to comply with all conditions of the permit.

Regarding number 2 above; clearly operator's failure to properly operate and maintain facility. I have spoken to operators under my charge reminding them that the facility is equipped with isolation valves. The use of these valves serves a dual purpose such that an operator can make repairs without having to shut down more equipment than is necessary. The other purpose is to shut off until repairs can be made at a later date. The photo of the isolation valve was closed after the inspector left the facility, stopping the leak. Inclement weather has prevented the immediate repairs.

I accept the responsibilities as manager of this facility to communicate and train operator's such so they have a greater understanding of their responsibilities. It is everyone's job to ensure compliance with all conditions as set forth in NPDES permit. I hope, the issues have been addressed that were raised during the inspection of City of Benton Wastewater Facility.

If there are any questions or additional concerns please contact me at jwbuff@bentonar.org or 501-776-5982.

Sincerely,



Jonathan W. Buff
Manager, Wastewater Treatment
Benton Utilities
616 Hazel Street
Benton, AR. 72015

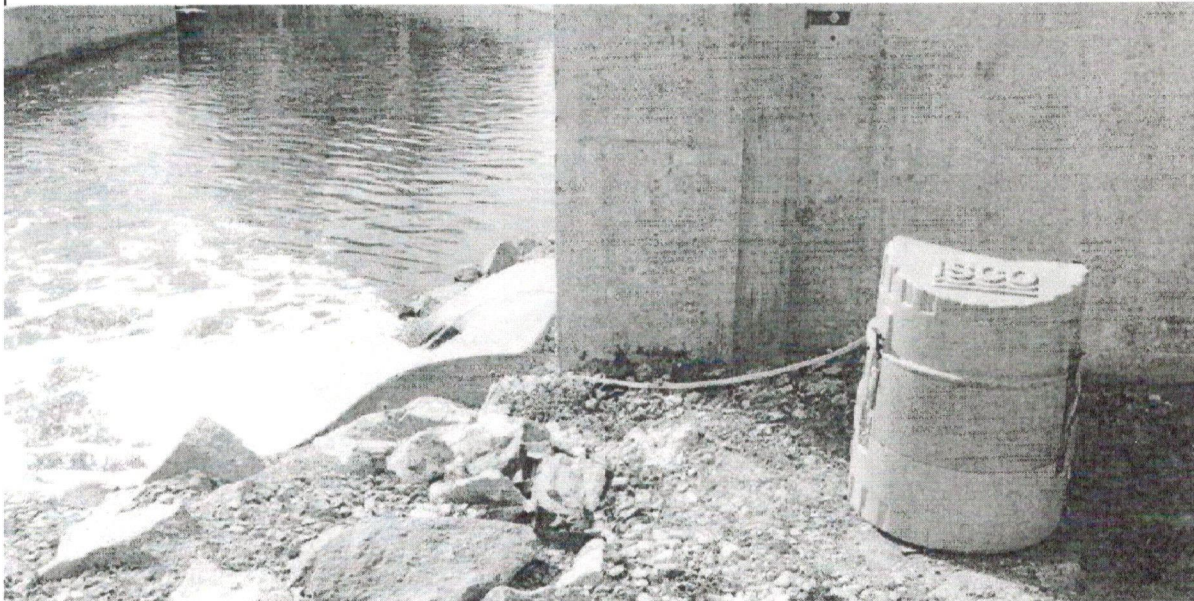
CC: Clark Baker, ADEQ Inspector
Terry McKinney, General Manager, Benton Utilities

BENTON UTILITIES

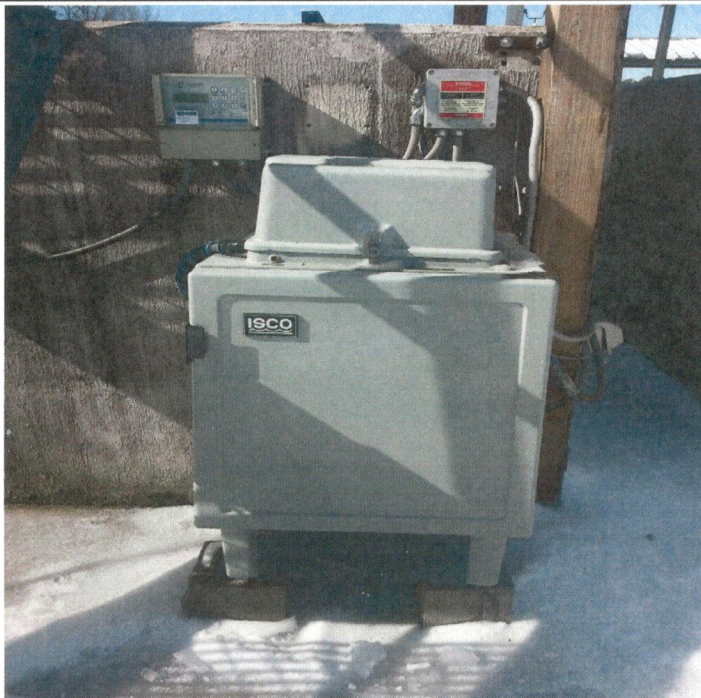
City Of Benton
Wastewater Treatment Plant

Photographic Evidence Sheet

Location:	City of Benton				
Photographer:				Witness:	
Photo #	1	Of	7	Date:	3/6/2015
Time:					
Description:	Cropped photo of the original photo taken by Mr. Baker of independent lab's sampler				

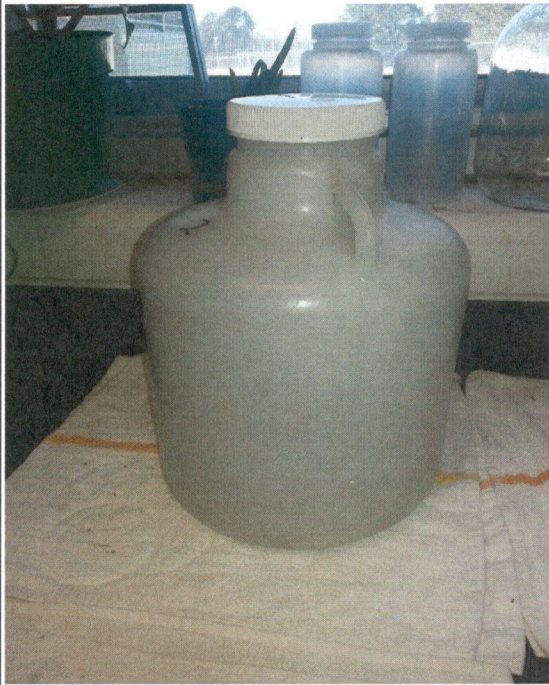


Photographer:	Jonathan Buff			Witness:	Jake Estes		
Photo #	2	Of	7	Date:	3/6/2015	Time:	12:38pm
Description:	City of Benton's sampler used for collection of samples.						



Location:	City of Benton				
Photographer:	Jonathan Buff		Witness:	Angela Freeman	
Photo #	3,4	Of	7	Date:	3/6/2015
				Time:	9:45am

Description: Normal sample bottle used at right, bottle to left will be used during biomonitoring week

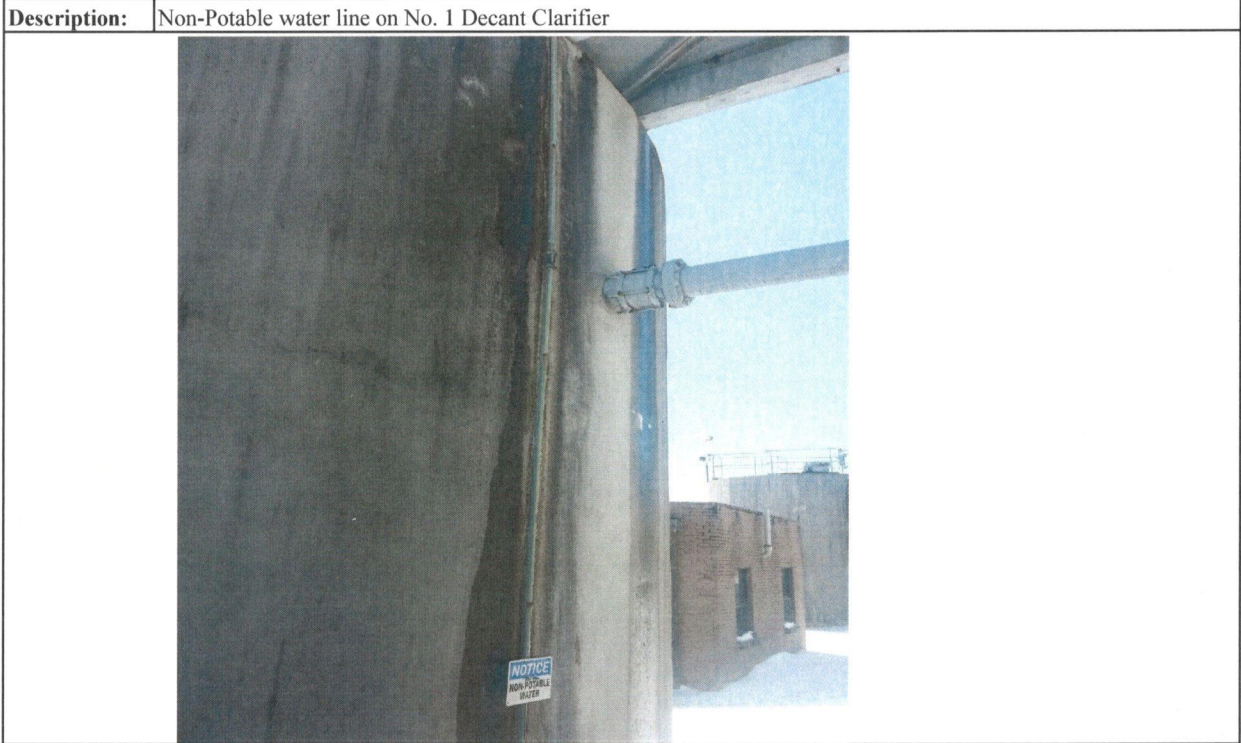


Photographer:	Jonathan Buff		Witness:	Jake Estes	
Photo #	5	Of	7	Date:	3/6/2015
				Time:	12:39pm

Description: City of Benton's sampler used for collection of samples.



Location:	City of Benton				
Photographer:	Jonathan Buff		Witness:	Terry Riddell	
Photo #	6	Of	7	Date:	3/5/2015
				Time:	2:24pm



Photographer:	Jonathan Buff		Witness:	Terry Riddell	
Photo #	7	Of	7	Date:	3/5/2015
				Time:	2:25pm



ADEQ

ARKANSAS
Department of Environmental Quality

March 9, 2015

Jonathan Buff, Wastewater Manager
Benton Utilities
616 W. Hazel Street
Benton, AR 72015

RE: City of Benton: Inspection Response
AFIN: 63-00063 Permit No.: AR0036498

Dear Mr. Buff:

The Department has received your response to my February 11, 2015 inspection of your site. Your response appears to adequately address the discrepancies identified during the visit. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. 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.

If I can be any assistance, please contact me at bakerclark@adeq.state.ar.us or (501) 682-0657.

Sincerely,



Clark Baker
District 9 Field Inspector
Water Division