



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

March 17, 2016

Thomas Myers, Wastewater Superintendent
City of Siloam Springs
400 N. Broadway
Siloam Springs, AR 72761

RE: City of Siloam Springs Pollution Control Facility Inspection
AFIN: 04-00106 Permit No.: AR0020273

Dear Mr. Myers:


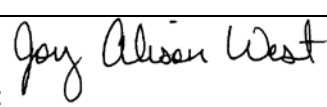
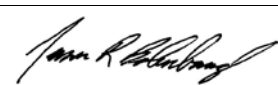
On February 24, 2016, David Long, U.S. EPA Region 6 Environmental Scientist, ADEQ Water Division District 1 Inspector Matt Holden, and I performed a Compliance Evaluation Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and 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 31, 2016**.

If I can be of any assistance, please contact me at west@adeq.state.ar.us or 479-267-0811, ext. 12.

Sincerely,

Alison West
District 1 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT							
		AFIN: 04-00106		PERMIT #: AR0020273		DATE: 2/24/2016			
		COUNTY: 04 Benton			PDS #: 089719		MEDIA: WN		
		GPS LAT: 36.1134 LONG: 94.3348 LOCATION: General Area							
FACILITY INFORMATION				INSPECTION INFORMATION					
NAME: City of Siloam Springs Pollution Control Facility LOCATION: 975 Anderson Ave. CITY: Siloam Springs, AR 72761				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 14939 T-Joint State/EPA-State Lead			
				FACILITY EVALUATION RATING: 3 - Satisfactory		INSPECTION TYPE: Compliance Sampling			
				DATE(S): 02/24/2016		ENTRY TIME: 09:10		EXIT TIME: 12:08	
								PERMIT EFFECTIVE DATE: 10/1/2007	
RESPONSIBLE OFFICIAL				FAYETTEVILLE SHALE RELATED: N					
NAME / TITLE: Thomas Myers / Wastewater Superintendent COMPANY: City of Siloam Springs MAILING ADDRESS: 400 N. Broadway CITY, STATE, ZIP: Siloam Springs AR 72761 PHONE & EXT. / FAX: 479-524-5623 / 479-524-4653 EMAIL: tmyers@siloamsprings.com				FAYETTEVILLE SHALE VIOLATIONS: N					
CONTACTED DURING INSPECTION: Yes				INSPECTION PARTICIPANTS					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Thomas Myers, Wastewater Superintendent David Long, U.S. EPA Environmental Scientist/(214) 665-7323 Matt Holden/District 1 Field Inspector/479-267-0811 ext. 16/holden@adeq.state.ar.us					
AREA EVALUATIONS									
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)									
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER				
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW				
M	OPERATION & MAINTENANCE	U	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM				
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT				
**	OTHER:								
SUMMARY OF FINDINGS									
1. Carbonaceous Biochemical Oxygen Demand, Total Suspended Solids, and Total Phosphorous exceeded permit limits for 7 day average in October, 2015. This is in violation of Part I, Section A of your permit. These excursions have been reported to the Department and no further action is required.									
2. Persistent foam was observed in the receiving stream. This is in violation of Part I, Section A of the permit.									
GENERAL COMMENTS									
On February 24, 2016, David Long, U.S. EPA Region 6 Environmental Scientist, Water Division District 1 Inspector Matt Holden, and I performed a Compliance Evaluation Inspection at the above referenced facility. Thomas Myers, Wastewater Superintendent, gave us a tour of the facility. Records were reviewed at the facility and office.									
Although a No Exposure Certification Inspection was not conducted at the time of the inspection, the Department discussed the need to clean solids from the grate at the headworks. On February 25, 2016, Mr. Myers emailed photographs showing the solids had been removed.									
In addition, the facility needs to maintain better records of equipment maintenance and repair.									
INSPECTOR'S SIGNATURE: 				Alison West		DATE: 3-16-2016			
SUPERVISOR'S SIGNATURE: 				Jason Bolenbaugh		DATE: 3/17/2016			

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 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: The facility needs to maintain better records of equipment maintenance and repair.	
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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Foam was observed in the reaeration basin and receiving stream.	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>5ft Rectangular Weir</u> <u>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:	<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:	
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
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
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
QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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
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
COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
LAB NAME: <u>Environmental Testing Group</u>	<u>American Interplex</u>
LAB ADDRESS: <u>1702 E. Central, Suite 10, Bentonville, AR 72712</u>	<u>8600 Kanis Rd., Little Rock, AR 72204</u>
PARAMETERS PERFORMED: <u>NH3-N, CBOD5, NO3-N, TP, TSS, Total Recoverable Copper</u>	<u>Chronic Biomonitoring</u>
BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Foam was observed in the reaeration basin and receiving stream.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	Persistent	None	Clear	--
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: <u>Sludge is disposed at Waste Management Landfill in Tontitown, AR.</u>							
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	
SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>NA</u>							
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:							
SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:__ <input checked="" type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
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	
SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
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: <u>The facility has a No Exposure Certification. Permit tracking number is #ARR000276.</u>							
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	
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	
POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
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	
ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
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: **02/24/2016** Time: **11:52**

Head in Inches: Feet: **0.56**

Type & Size of Primary Flow Measurement Device: 5 foot rectangular weir without end contractions

Name & Model of Secondary Flow Measurement Device: **ISCO Signature Flow Meter**

Date of last Calibration of Secondary Flow Device: **01/28/2015**

Recorded Flow at Date & Time Listed Above: **3094 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3132 GPM**

(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 =	3094	-	3132	X 100	
	3132				

% Error =	-38	X 100	
	3132		

% Error =	-0.012	X 100	
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% Error =	-1.2	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2016 01 01 To 2016 01 31
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l 7-day Avg. - mg/l	
Reported Value:	<u>122.2</u>	<u>4.54</u>	<u>6.21</u>
Calculated Value:	<u>122.2</u>	<u>4.54</u>	<u>6.21</u>
Permit Value:	<u>550</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 Siloam Springs Pollution Control Facility		
Photographer:	Alison West	Date:	2-24-2016
Witness:	Matt Holden, David Long	Time:	09:45
		Photo #:	1
Description:	DSCN5355. Foam in the reaeration basin. Photographs 1-4 are stamped one hour ahead of actual time.		



Photographer:	Alison West	Date:	2-24-2016
Witness:	Matt Holden, David Long	Time:	10:11
		Photo #:	2

Description:	DSCN5367. No foam observed upstream of Siloam Springs discharge in to Sager Creek.		
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Water Division Photographic Evidence Sheet			
Location:	City of Siloam Springs Pollution Control Facility		
Photographer:	Alison West	Date:	2-24-2016
Witness:	Matt Holden, David Long	Time:	10:11
		Photo #:	3
Description:	DSCN5368. Persistent foam observed at Siloam Springs discharge into Sager Creek.		
			
Photographer:	Alison West	Date:	2-24-2016
Witness:	Matt Holden, David Long	Time:	09:29
		Photo #:	4
Description:	DSCN5342. Solids observed on grate at headworks.		
			

From: [Tom Myers](#)
To: [Water-Inspection-Report](#)
Cc: [West, Alison](#); [Steven Gorszcyk](#); [Jack Harrison](#)
Subject: City of Siloam Springs Response to ADEQ Compliance Monitoring Findings on 2-24-2016
Date: Wednesday, March 30, 2016 12:53:36 PM
Attachments: [Response to ADEQ Compliance Monitoring Findings on 2-24-2016.pdf](#)

Water-Inspection-Report

Arkansas Department of Environmental Quality

5301 Northshore Drive

North Little Rock, AR 72118-5317

Here attached is a response to ADEQ Compliance Monitoring Findings on 2-24-2016 for City of Siloam Springs Wastewater Facility.

Respectfully submitted,

Thomas A. Myers
Wastewater Superintendent
City of Siloam Springs
Ph:479-524-5623
Cell:479-228-0934
tmyers@siloamsprings.com



March 29, 2016

Via Email: Water-Inspection-Report@adeq.state.ar.us

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

RE: Siloam Springs Wastewater Treatment Facility
AFIN: 04-00106 Permit No.: AR0020273

Please allow this letter to serve as response to the Routine Compliance Evaluation Inspection Letter dated March 17, 201, and received by our office on March 21, 2016. The letter resulted from an ADEQ inspection conducted on February 24, 2016 by Mr. David Long, U.S. E.P.A. Region 6 Environmental Scientist, Ms. Alison West and Mr. Matt Holden, District 1 Field Inspectors.

COMPLIANCE EVALUATION INSPECTION

Two items were listed in the Summary of Findings section of the inspection report. The first item stated that there were excursions to the discharge permit but those excursions were reported to the Department and no further action was required.

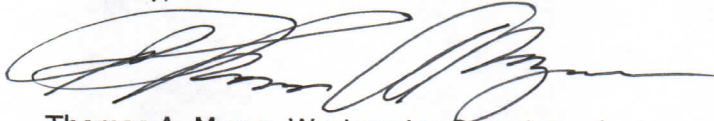
The second finding was persistent foam observed in the receiving stream. This is in violation of Part I, Section A of the discharge permit.

Response:

With regard to the second finding, the dissolved oxygen in the chlorine contact chamber was set higher than needed. Staff immediately reduced the oxygen feed to the chlorine contact chamber to eliminate the foam and still meet the 7 ppm dissolved oxygen limit. The foam dissipated and has remained so since the initial finding.

The City of Siloam Springs takes our compliance with ADEQ seriously. We have taken the necessary steps to comply with the findings in the compliance inspection report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas A. Myers', written in a cursive style.

Thomas A. Myers, Wastewater Superintendent
(479) 524-5623
tmyers@siloamsprings.com

Cc: Steve Gorszcyk, Public Works Director
Renea Ellis, City Clerk
Alison West, District 1 Field Inspector

ADEQ

ARKANSAS
Department of Environmental Quality

April 1, 2016

Thomas Myers, Wastewater Superintendent
City of Siloam Springs
400 N. Broadway
Siloam Springs, AR 72761

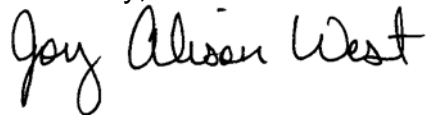
RE: Adequate Response- City of Siloam Springs Pollution Control Facility Inspection
AFIN: 04-00106 Permit No.: AR0020273

Dear Mr. Myers:

I have reviewed the response pertaining to my February 24, 2016 inspection of the above referenced facility. The information provided sufficiently addresses the violation 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 479.267.0811, ext. 12 or you may e-mail me at west@adeq.state.ar.us.

Sincerely,



Alison West
District 1 Inspector
Water Division