



ARKANSAS
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 08-00034	PERMIT #: AR0021792	DATE: 8/4/2016
COUNTY: 08 Carroll	PDS #: 092378	MEDIA: WN
GPS LAT: 35.354520 LONG: -93.574082 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION															
NAME: Berryville Collection System LOCATION: CITY: Berryville	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 71330 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: SSO/Collection System DATE(S): 8/4/2016 ENTRY TIME: 09:00 EXIT TIME: 14:00 PERMIT EFFECTIVE DATE: 12/1/2007 PERMIT EXPIRATION DATE: 11/30/2012															
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Kirby Murray/Public Works Director/870-423-4074/kirbymurray@gmail.com															
NAME / TITLE: Honorable Tim McKinney / Mayor COMPANY: City of Berryville MAILING ADDRESS: P.O. Box 227 CITY, STATE, ZIP: Berryville AR 72616 PHONE & EXT. / FAX: 870-423-4414 / EMAIL:																
CONTACTED DURING INSPECTION: Yes																
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">** PERMIT</td> <td style="width: 25%;">** FLOW MEASUREMENT</td> <td style="width: 25%;">** STORMWATER</td> </tr> <tr> <td>** RECORDS/REPORTS</td> <td>** LABORATORY</td> <td>** FACILITY SITE REVIEW</td> </tr> <tr> <td>S OPERATION & MAINTENANCE</td> <td>** EFFLUENT/RECEIVING WATER</td> <td>** SELF-MONITORING PROGRAM</td> </tr> <tr> <td>** SAMPLING</td> <td>** SLUDGE HANDLING/DISPOSAL</td> <td>** PRETREATMENT</td> </tr> <tr> <td>S OTHER: Collection System</td> <td colspan="2"></td> </tr> </table>	** PERMIT	** FLOW MEASUREMENT	** STORMWATER	** RECORDS/REPORTS	** LABORATORY	** FACILITY SITE REVIEW	S OPERATION & MAINTENANCE	** EFFLUENT/RECEIVING WATER	** SELF-MONITORING PROGRAM	** SAMPLING	** SLUDGE HANDLING/DISPOSAL	** PRETREATMENT	S OTHER: Collection System			
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S OTHER: Collection System																

SUMMARY OF FINDINGS

The following items are violations of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6 which has adopted the "10 States Standards" (<http://10statesstandards.com/wastewaterstandards.html#40>):

- 1.) For the Egg Plant lift station:
 - Unknown if visual alarm is operational – no means to test alarm
 - No emergency contact info posted at lift station

- 2.) For the Lemon Lane lift station:
 - Unknown if visual alarm is operational – no means to test alarm
 - No emergency contact info posted at lift station

- 3.) For the Industrial Park lift station:
 - Unknown if visual alarm is operational – no means to test alarm
 - No emergency contact info posted at lift station


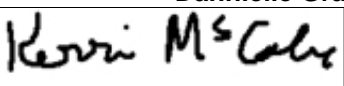
GENERAL COMMENTS

I inspected the City's collection system with Mr. Kirby Wallace on August 4, 2016. Inspection included the onsite evaluation of three of the City's seven lift stations.

All three lift stations were in good repair. The Lemon Lane lift station showed evidence of an overflow, which Mr. Wallace informed, occurred several years ago. Lime residue was still evident on the ground, but no solids or sewage waste was evident.

The City does not have contact information posted at the lift stations. While the violations cited above are specific to the three lift stations inspected, the Permittee is encouraged to ensure that all lift stations in the collection system are posted with emergency contact information.

The lift stations inspected had visual alarms. However, Mr. Wallace informed that there is no means to test these alarms to ensure they are operational. Alarms on lift stations should be routinely tested to verify operation, and emergency contact information should be posted on all lift stations.

INSPECTOR'S SIGNATURE:  Dannielle Gray	DATE: 8/11/2016
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 8/22/2016

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: 7 force mains from lift stations; everything else is gravity feed; 2"-16" clay and plastic pipe.		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: Approximately 2265 total connections; 800 of which are commercial.		
FEET OF SEWER SYSTEM: Unknown		
AGE OF SYSTEM: Approximate install year 1900.		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2-24-16; Manhole #3800 (East Church Ave) to creek; caused by debris 5-18-15; Manhole #4060 (East Church Ave) to creek; caused by debris and O&G 1-14-15; Manhole #3810 (East Church Ave) to creek; caused by O&G		
PUMP STATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>7</u>	NUMBER WITH BACKUP POWER: <u>1</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Weekly		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: No		
ADEQUATE INVENTORY OF SPARE PARTS: Yes		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): Weekly inspections; no remote monitoring		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Extra pumps; pump truck		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>3</u>		
SATELLITE SYSTEMS		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: No		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Egg Plant Lift Station; 36.35842, -93.54461	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Lemon Lane Lift Station; 36.37508, -93.59807	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: Residual lime on ground. Operator stated that overflow happened about three years ago. No evidence of recent overflow; no solids or odor.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: Minor grease buildup.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Industrial Park Lift Station; 36.38314, -93.57823	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Grease buildup.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

Water Division Photographic Evidence Sheet

Location:	Berryville Collection System		
Photographer:	Dannielle Gray	Date:	8/4/2016
Witness:	Kirby Murray	Time:	1154
Description:	Egg Plant Lift Station; 36.35842, -93.54461.		



Photographer:	Dannielle Gray	Date:	8/4/2016
Witness:	Kirby Murray	Time:	1156
Description:	Egg Plant Lift Station wet well.		



Water Division Photographic Evidence Sheet

Location:	Berryville Collection System		
Photographer:	Dannielle Gray	Date:	8/4/2016
Witness:	Kirby Murray	Time:	1211
Description:	Lemon Lane Lift Station; 36.37508, -93.59807.		



Photographer:	Dannielle Gray	Date:	8/4/2016
Witness:	Kirby Murray	Time:	1213
Description:	Lemon Lane Lift Station wet well.		



Water Division Photographic Evidence Sheet

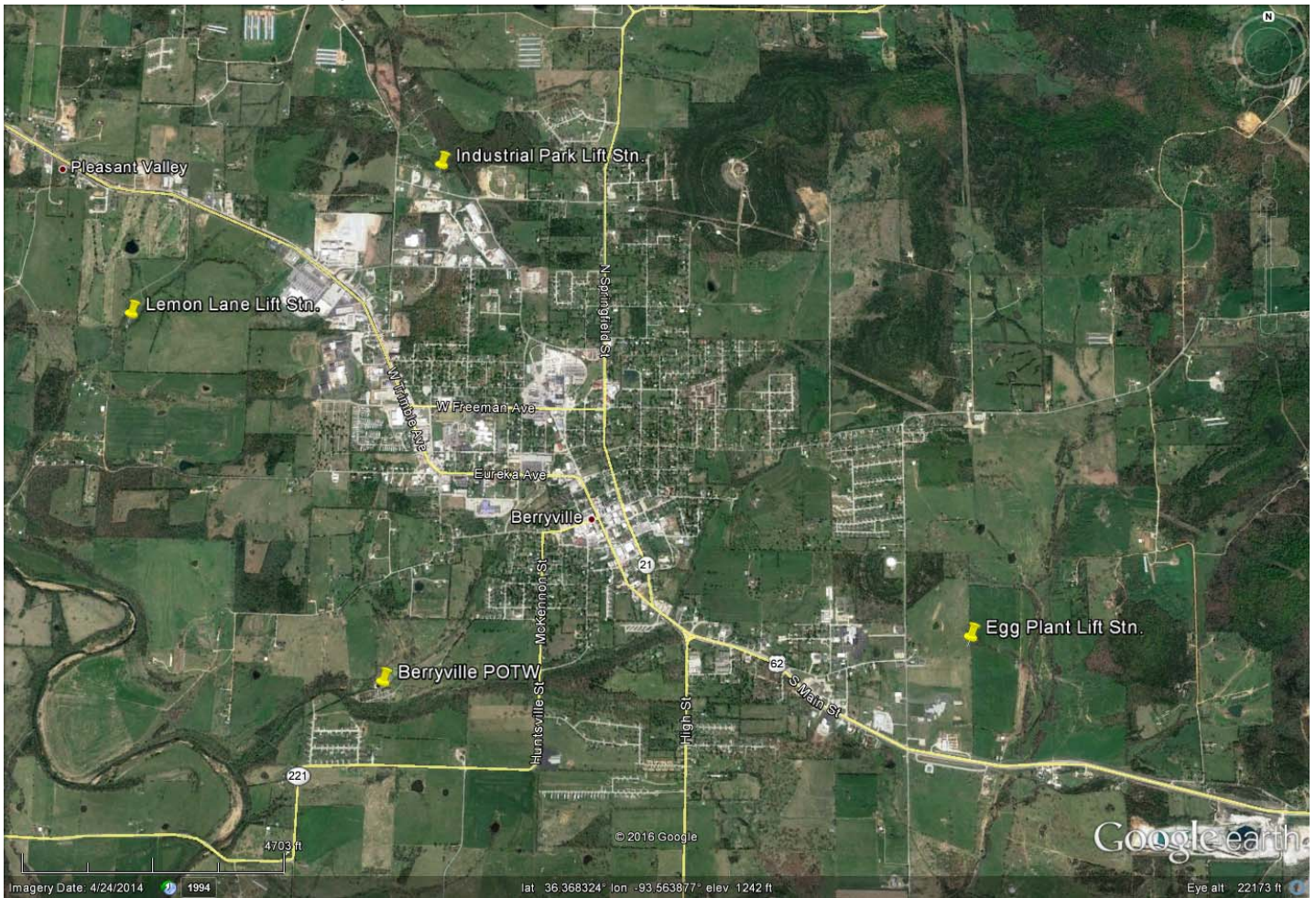
Location:	Berryville Collection System			
Photographer:	Dannielle Gray	Date:	8/4/2016	
Witness:	Kirby Murray	Time:	1232	
Description:	Industrial Park Lift Station; 36.38314, -93.57823		Photo #:	5



Photographer:	Dannielle Gray	Date:	8/4/2016	
Witness:	Kirby Murray	Time:	1232	
Description:	Industrial Park Lift Station wet well.		Photo #:	6



Figure 1. Google Earth image dated April 24, 2015 showing locations of lift stations inspected in relation to location of Berryville POTW.



From: [Jay Lee](#)
To: [Water-Inspection-Report](#)
Cc: mayo.miller@ch2m.com
Subject: WRRF ADEQ inspection response letter
Date: Tuesday, September 06, 2016 3:02:04 PM
Attachments: [ADEQ inspection response letter.pdf](#)

Please find the attached response letter to the WRRF ADEQ inspection. Kirby asked that I scan and email this letter to you. If you have any questions or need any additional info, please don't hesitate to contact me.

Thanks,
Jay Lee
Admin. Assistant
City of Berryville, AR

City of Berryville

Public Works Department
P.O. Box 227
305 East Madison
Berryville, Arkansas 72616

Office of the Director, Kirby Murray
Phone: 870-423-4074
Fax: 870-423-4501
E-mail: kirbymurray@gmail.com

September 6, 2016

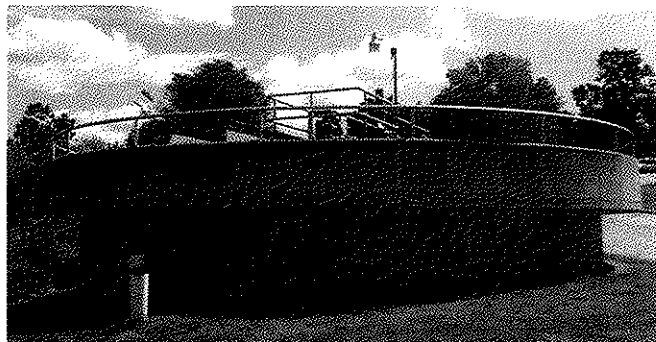
Kerri McCabe
Inspection Supervisor – Water Division
ADEQ
5301 NorthShore Drive
North Little Rock, AR 72118-5317

RE: Berryville POTW Inspections (Carroll Co)
AFIN: 08-00034 NPDES Permit No.: AR0021792
AR0021792C

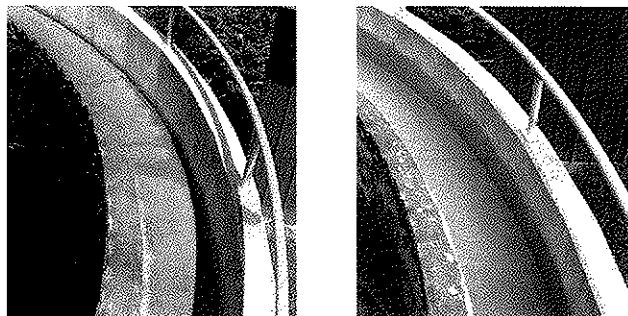
Dear Kerri,

On behalf of Mayor McKinney, I am providing the following responses to the Compliance Evaluation Inspection Report dated August 23.

Regarding violation 1 in the "Summary of Findings" section: the gravity thickener tank repair was completed on August 31 by applying hydraulic cement. The tank was placed online September 1 without any further seepage issues.



Gravity Thickener Tank – Repaired and In Service



Gravity Thickener Tank Launderer – Before and After Repair, Respectively

City of Berryville

Public Works Department

P.O. Box 227
305 East Madison
Berryville, Arkansas 72616

Office of the Director, Kirby Murray

Phone: 870-423-4074
Fax: 870-423-4501
E-mail: kirbymurray@gmail.com

Regarding violation 2 in the "Summary of Findings" section: As specified in the inspection findings, moving forward we will use the detection limit in calculations for all lab reported values containing a less than (<) value. ADEQ Enforcement Analyst Jaqueline Trotta has been contacted regarding the submission of corrected DMRs, but no formal direction has been given at this time. Once the instruction is given, we will proceed accordingly.

On page 8 of the inspection report, we believe the difference is from using one half of values reported as "<". This will be remedied as noted above.

Regarding the discrepancy between the TSS "Reported Values" and "Calculated Values" on page 9 of the inspection report, it is our understanding that monthly averages are calculated over a calendar month and the "Saturday Rule" only applies to 7-day averages. The permit does not contain mass limits for 7 day averages and this is why the last data point in March is used calculating compliance with the 7-day average concentration limit and not for the monthly average mass limit.


Based on this information, it is our understanding that the "Calculated Value" results on the inspection form for the April TSS monthly averages should not have included the March data. Our monthly average calculations did not include the March data and were done as defined in the NPDES permit definitions section and in the ADEQ Reporting Requirements Handbook yielding the "Reported Value" 17.1 lbs/day.

Because of the "Saturday Rule", it is our understanding that the 7-day average calculations for the April DMR should have included that March data and did include that data for both our calculations (Reported Value) and on the inspection DMR Calculation Check (Calculated Value). Note the values were the same for Reported and Calculated.

On Page 3 of Part IA of the NPDES permit, the "Permit Values" for TSS are 300.2 Mass Mo. Avg. lbs/day, 15 Conc. Mo. Avg. mg/L, and 22.5 Conc. 7-day Avg. mg/L; Page 9 of the inspection report incorrectly lists the "Permit Values" as 20, 1, and 19 respectively. Similarly, the permit value listed on page 8 of the inspection report are not consistent with the NPDES permit.

If I can be of any assistance, please contact me at kirbymurray@gmail.com or 870-423-4074.

Sincerely,



Kirby Murray
Public Works Director
City of Berryville

ADEQ

ARKANSAS
Department of Environmental Quality

October 14, 2016

Honorable Tim McKinney, Mayor
City of Berryville
P.O. Box 227
Berryville, AR 72616

RE: Response to Inspection – City of Berryville (Carroll Co)
AFIN: 08-00034 **NPDES Permit No.: AR0021792**
AR0021792C

Dear Mayor McKinney:

I have reviewed the responses pertaining to my August 4, 2016 inspections of the Berryville Wastewater Treatment Plant, the Berryville Collection System, and the Wastewater Treatment Plant construction project. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time, the Department has no further comment concerning these particular inspections. 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) 424-0333 or you may e-mail me at grayd@adeq.state.ar.us.

Sincerely,



Dannielle Gray
District 4 Field Inspector
Water Division

cc: Kirby Murray, Public Works Director, kirbymurray@gmail.com
Mike Maynard, Operator, michael.maynard@ch2m.com