



WATER DIVISION INSPECTION REPORT

ARKANSAS
Department of Environmental Quality

AFIN: 70-00341	PERMIT #: AR0033723	DATE: 8/9/2017
COUNTY: 70 Union	PDS #: 099006	MEDIA: WN
GPS LAT: 33.176911 LONG: -92.657626 LOCATION: Entrance		

FACILITY INFORMATION

NAME:
EWU - South Plant

LOCATION:
325 Quail Crossing

CITY:
EI Dorado, AR 71730

INSPECTION INFORMATION

FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 101531 S - State		
FACILITY EVALUATION RATING: 4 - Satisfactory	INSPECTION TYPE: Compliance Evaluation		
DATE(S): 8/9/2017	ENTRY TIME: 13:08	EXIT TIME: 14:22	PERMIT EFFECTIVE DATE: 1/1/2015
8/10/2017	09:00	11:22	PERMIT EXPIRATION DATE: 12/31/2019

RESPONSIBLE OFFICIAL

NAME / TITLE:
Frank Hash / Mayor

COMPANY:
EI Dorado Water Utilities

MAILING ADDRESS:
P.O. Box 2170

CITY, STATE, ZIP:
EI Dorado AR 71730

PHONE & EXT. / FAX:
870-862-7911 /

EMAIL:
mayorhash@eldoradoar.org

CONTACTED DURING INSPECTION: **Yes**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:

John Peppers/Superintendent/870-862-6451 (ext. 117)
Robert Edmonds/Public Works Director/870-863-4244
(for meeting 8/10)
Mayor Frank Hash (in attendance for meeting 8/10)
Ralph "Buddy" Kinney/General Manager/870-862-6451

AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)


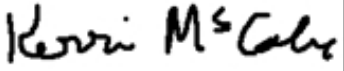
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS

1.) Rust on one of the DAF units is causing structural issues and a small leak observed during the inspection (see Photo 4). This is a violation of Part III. (B.) (1.) (A.).

GENERAL COMMENTS

On August 9 and 10, 2017 I conducted a Compliance Evaluation Inspection (CEI) at EI Dorado Water Utility (EWU) North (AR0033936) and South Plants. The inspection consisted of site visits of both plants and collection systems on August 9, 2017 and a records review on August 10, 2017. The South Plant treatment system consists of two aerated lagoons and two facultative lagoons (in series) and four Dissolved Air Flotation (DAF) units (see Figure 1). Mr. Peppers stated that during normal operation only two or three DAF units are needed for treatment. Sludge from the DAF units is returned to the ponds. DAF units are only operated when discharging, and EWU South Plant is operated during normal business hours unless there is a need to discharge water from storm events. This facility does not have a continuous, 24-hour discharge. Samples are completed as grabs, and a refrigerated composite sampler is used to collect continuous samples during operational hours. After sampling, the wastewater is routed to a series of three pumps that pump the wastewater to the Ouachita Joint Pipeline (OJP; AR0050296). When discharging to the OJP, EWU samples according to Outfall 010S requirements in Part IA. If the discharge to the pipeline was routed to Outfall 001 during emergency or maintenance conditions, the sampling would change to the sampling requirements listed in Part IA. for Outfall 001. The facility is also required to notify the Department per condition Part II. 18. if there is a discharge at Outfall 001. Currently, Outfall 001 does not have the capability to monitor flow. If a discharge occurred to Outfall 001, samples would be collected at the same location as the current sampling location, which is after final treatment but prior to the outfall. During the inspection, the aerators were in operation and DAF units were not operating as operations had ceased for the day. There was rust observed on the DAF units (see Photos 1-3) and one DAF unit had rust that had caused some structural issues and a small leak (see Photo 4). Paperwork was complete and the facility was informed of any changes in their most recent permit renewal.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 09/06/2017
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 9/6/2017

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:	
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 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<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 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: OUTFALL 001	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>No device installed</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION F: 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: OUTFALL 010S	
10. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>Mag-Flow</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>McCrometer</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
16. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: <u>Closed pipe</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
17. 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
18. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION G: 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex</u>	
b. LAB ADDRESS: <u>8600 Kanis Road Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>All</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION H: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	--
010S	No	No	No	No	No	Colorless	

SECTION I: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input 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 J: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___	
3. SAMPLES PRESERVED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION K: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

DMR Calculation Check

Reporting Period: From 2017 04 01 To 2017 04 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>337.03</u>	<u>14.46</u>	<u>30</u>
Calculated Value:	<u>337.03</u>	<u>14.46</u>	<u>30</u>
Permit Value:	<u>1751.4</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Equal

DMR Calculation Check

Reporting Period: From 2016 06 01 To 2016 06 30
Year Month Day Year Month Day

Parameter Checked: BOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>49.9</u>	<u>2.4</u>	<u>5.2</u>
Calculated Value:	<u>337.03</u>	<u>2.4</u>	<u>5.2</u>
Permit Value:	<u>1313.6</u>	<u>22.5</u>	<u>33.8</u>

If calculated value does not equal reported value, explain:

Equal.

Water Division Photographic Evidence Sheet

Location:	EWU - South Plant				
Photographer:	Michael Young	Date:	08/09/2017	Time:	15:48
Witness:	John Peppers	Photo #:	1		
Description:	Rust on the DAF unit.				



Photographer:	Michael Young	Date:	08/09/2017	Time:	15:49
Witness:	John Peppers	Photo #:	2		
Description:	Rust on the DAF unit.				



Water Division Photographic Evidence Sheet

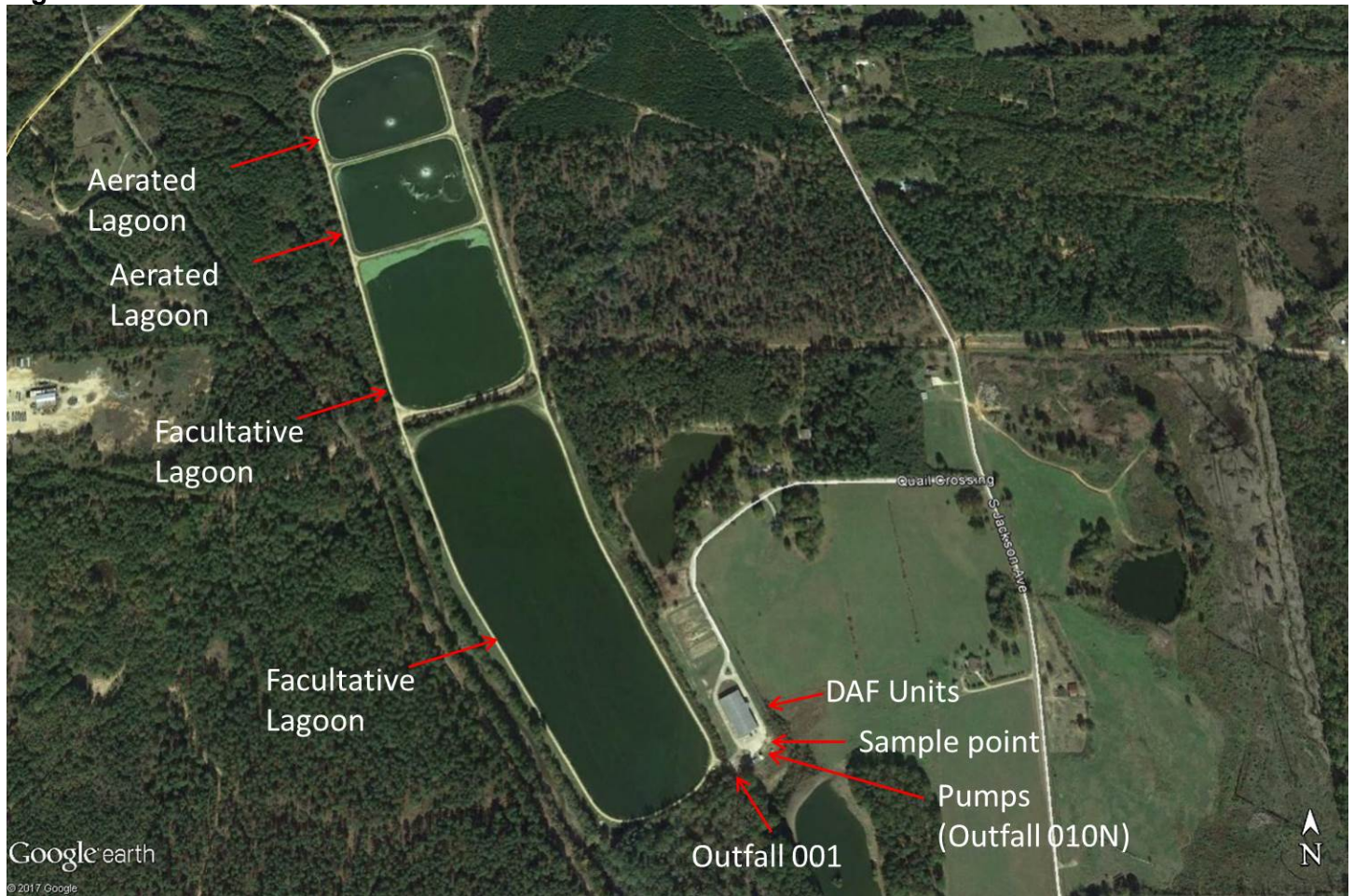
Location:	EWU - South Plant				
Photographer:	Michael Young	Date:	08/09/2017	Time:	15:51
Witness:	John Peppers	Photo #:	3		
Description:	Rust on the DAF unit.				



Photographer:	Michael Young	Date:	08/09/2017	Time:	15:51
Witness:	John Peppers	Photo #:	4		
Description:	Leak from rust causing a hole in the DAF unit. Liquid drains to underdrain and back to system.				



Figure 1. Overview of EWU South WWTP.



From: [John Peppers](#)
To: [Water-Inspection-Report](#); [Young, Michael](#); ["Lorraine Murtha"](#); [Mayor Frank Hash](#); ["Robert Edmonds"](#); [Amanda Gallagher](#); [buddy](#)
Subject: response to summary of findings
Date: Tuesday, September 12, 2017 2:42:15 PM
Attachments: [Scan0063.pdf](#)

Attached is the written response to the summary of findings for the AR0033936 and AR0033723 inspections that were performed by Michael Young on 8/9/17.

If you have any questions, please do not hesitate to contact me.

Sincerely,

John M. Peppers
Treatment Superintendent
El Dorado Water Utilities
870-814-1764





FRANK HASH | MAYOR
204 N. West Ave. | P.O. Box 2170
El Dorado, AR 71730-2170
P (870) 862-7911 | F (870) 881-4164
mayorhash@eldoradoar.org
www.goeldorado.com

September 15, 2017

Mr. Michael Young
District 8 Field Inspector
Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118

RE: EWU-North and South Plant
NPDES Permit Nos. AR0033936 and AR0033723
Compliance Inspection Response

Dear Mr. Young:

On August 9 and 10, 2017, ADEQ conducted a routine compliance evaluation inspection at City of El Dorado – North and South Plants. A copy of this compliance inspection report and letter dated September 8, 2017 was received by the city on September 7, 2017. The inspection reports listed one finding associated with NPDES Permit No. AR0033936 (North Plant) and two findings associated with NPDES Permit No. AR0033723 (South Plant). The letter also requested that a written response to the findings including corrective actions be submitted by September 22, 2017. The City of El Dorado's responses are as follows:

NPDES Permit No. AR0033936 – North Plant:

ADEQ Finding No. 1:

The facility discharges treated effluent to a holding pond for watering a golf course and constitutes the water as discharged from Outfall 001 and qualifies the pond as "waters of the State" and an extension of UT of Flat Creek. This discharge violates permit Condition Part II.18. in which non-maintenance discharges to Outfall 001 must provide notice and an explanation of the anticipated diversion to the Department two weeks in advance of such event.

City of El Dorado Response:

The treated effluent holding basin at the North Plant was constructed specifically for use in pumping of treated effluent for the watering of the golf courses and soccer fields as approved by the Arkansas Department of Health. This information has been conveyed in

Form 2A of past permit renewal applications. There is no discharge from the holding basin to Waters of the State at the Plant site and it is not physically connected to Outfall 001.

The effluent holding basin should not be considered an extension of Outfall 001 and therefore the cited reporting requirements for the use of Outfall 001 are not applicable in our opinion. We are, of course, willing to discuss this matter with ADEQ representatives if more information is needed on the operation and history of the use of the treated effluent as part of the successful Sparta Aquifer conservation efforts conducted in Union County.

ADEQ Finding No. 2:

The temperature of the composite sampler was -9°C. This is a violation of permit condition Part II.(12)(3)(d).(iv).

City of El Dorado Response:

It was determined that the temperature sensors for the temperature controller were faulty. Replacement parts have been ordered and will be installed once on-site.

NPDES Permit No. AR0033723 – South Plant:

ADEQ Finding No. 1:

Rust on one of the DAF units is causing structural issues and a small leak observed during the inspection.

City of El Dorado Response:

The DAF unit has been taken out of service until the leak is repaired. The repair is scheduled to take place within the next week.

We appreciate ADEQ's concerns in this matter. We trust our responses satisfy the inspection findings. Please do not hesitate to John Peppers at (870) 814-1764 should you have any questions or need additional information regarding this issue.

Respectfully submitted,
City of El Dorado


Frank Hash
Mayor

ADEQ

ARKANSAS
Department of Environmental Quality

October 3, 2017

Frank Hash, Mayor
El Dorado Water Utilities
P.O. Box 2170
El Dorado, AR 71730

Re: El Dorado Water Utilities - Response to Inspections (Union Co)
AFIN: 70-01349 **NPDES Permit No.: AR0033936**
AR0033723

Dear Mayor Hash:

I have reviewed your response pertaining to my August 9 and 10, 2017 inspections of the city's WWTPs. However, the information provided does not sufficiently address all the violations referenced in my inspection report.

Violation #1: ADEQ Office of Water Quality Inspection Branch is in receipt of your response, but requests that you contact Carrie McWilliams, Permits Branch Engineer Supervisor, and Loretta Reiber, Permit Engineer, if the facility wishes to continue using treated effluent for gold course watering purposes. This practice must be approved through the permit, which is consistent with other WWTP operations that conduct similar practices (i.e., City of Greenwood AR0022454).

All other responses are deemed adequate, and no further response is required.

As a response to this letter, the city will need to provide confirmation that they will contact ADEQ Office of Water Quality Permits Branch to discuss the violation. Please provide the confirmation no later than **October 17, 2017**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 837-2073 or you may e-mail me at youngm@adeq.state.ar.us.

Sincerely,



Michael Young
District 8 Field Inspector
Office of Water Quality

cc: Lorraine Murtha, El Dorado Water Utilities, lorraine@eldoradowater.com