

ADEQ

ARKANSAS
Department of Environmental Quality

May 24, 2018

Phillip Patterson, City Admin.
City of Siloam Springs
P.O. Box 80 400 Broadway
Siloam Springs, AR 72761

RE: Siloam Springs WWTP Inspection
AFIN: 04-00106 Permit No.: AR0020273

Dear Mr. Patterson:

On April 26, 2018, 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 Office of Water Quality Compliance 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 **June 14, 2018**.

If I can be of any assistance, please contact me at grimesg@adeq.state.ar.us or (479)267.0811 extension 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality



ARKANSAS
Department of Environmental Quality

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: 04-00106	PERMIT #: AR0020273	DATE: 4/26/2018
COUNTY: 04 Benton	PDS #: 103014	MEDIA: WN
GPS LAT: 36.19282 LONG: -94.56320 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Siloam Springs WWTP LOCATION: 975 Anderson CITY: Siloam Springs	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 104111 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Evaluation
	DATE(S): 4/26/2018 ENTRY TIME: 09:30 EXIT TIME: 12:31 PERMIT EFFECTIVE DATE: 10/1/2007 PERMIT EXPIRATION DATE: 9/30/2017
RESPONSIBLE OFFICIAL	
NAME: / TITLE Phillip Patterson / City Admin. COMPANY: City of Siloam Springs MAILING ADDRESS: P.O. Box 80 400 Broadway CITY, STATE, ZIP: Siloam Springs AR 72761 PHONE & EXT: / FAX: 479-524-5623 / EMAIL: tmyers@siloamsprings.com CONTACTED DURING INSPECTION: ***	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Tom Myers, Wastewater Superintendent, City of Siloam Springs; Garrett Grimes, District 1 Inspector, ADEQ

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	**	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	**	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

- 1.) Operation and Maintenance; Part II, Section B.1.A. of the permit.
 - a) Leaks were observed on the east primary clarifier (Photos #1 - #3, Attachment 1).
 - b) Leaks were observed on the sludge thickener (Photos #4 - #6, Attachment 1).
 - c) Established vegetation was observed growing in the sludge drying beds (Photo #7).

- 2) Flow Measurement; Part II, Section C.2. of the permit.
 - a) The flow meter calibration check conducted during the inspection showed an error of 40% (Refer to Page 7). However, it appears the check may have been influenced by rapidly changing flow (Photos #8 - #9). The City of Siloam Springs should verify that the facility flow meter is functioning properly and submit appropriate records.

GENERAL COMMENTS

-Several containers of a Sodium Chlorite were observed on the grounds near the dewatering belt press (Photo #10, Attachment 1). The containers appeared mostly empty, however, they were marked corrosive and the bottoms of several of the containers were corroded with an orange coloration on the surrounding soil (Photo #10). The City of Siloam Springs should verify that these containers are not leaking any remaining Sodium Chlorite and store them in a manner that does not risk spills to the surrounding environment.

-Excluding the above mentioned violations, the City of Siloam Springs Wastewater Treatment Plant appeared to be clean and well operated.

INSPECTOR'S SIGNATURE: <i>Garrett Grimes</i> Garrett Grimes	DATE: 05/22/2018
SUPERVISOR'S SIGNATURE: <i>Jason R. Bolenbaugh</i> Jason Bolenbaugh	DATE: 5/23/2018

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: <u>Some leaks and vegetation in units.</u>	<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: <u>Backup generator</u>	<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: <u>7 PLCs & a new SCADA system scheduled for installation in May 2018</u>	<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: <u>Two Class IV, Two Class III, and one Class II</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <u>Hired RJN and Associate. \$800k set aside for I&I improvements.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: <u>March 2018</u>	<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: <u>Taken at Chlorination Basin</u>	<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 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: <u>5'</u> TYPE OF DEVICE: <u>Rectangular Weir w/out end contractions</u>	<input 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 type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input 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>ETG Inc. (DMR)/ Pace Analytical (WET)</u>	
b. LAB ADDRESS: <u>1702 East Central Avenue, Suite 10, Bentonville, AR 72717/ 9608 Loiret Blvd., Lenexa, KS 66219</u>	
c. PARAMETERS PERFORMED:	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input 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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	Trace	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:							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):						<u>Sent to landfill</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:							
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 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 checked="" type="checkbox"/> NA <input type="checkbox"/> 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	

FLOW CALCULATION SHEET

Date: **04/26/2018** Time: **10:44**

Head in Inches: Feet:

Type & Size of Primary Flow Measurement Device: **5' Rectangular Weir w/out end contractions**

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

Date of last Calibration of Secondary Flow Device: **1/11/2018**

Recorded Flow at Date & Time Listed Above: **3921 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2802 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 =	3921	-	2802	X 100	
	2802				

% Error =	1119	X 100	
	2802		

% Error =	0.399	X 100	
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% Error =	39.9	%	
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Comments: **% error may have been caused by changing flow rate during the check.**

DMR Calculation Check

Reporting Period: From 2018 03 01 To 2018 03 31
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>44.5</u>	<u>1.3</u>	<u>3.7</u>
Calculated Value:	<u>44.5</u>	<u>1.3</u>	<u>3.7</u>
Permit Value:	<u>147</u>	<u>4.0</u>	<u>6.0</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	9:43
		Photo #:	1
Description:	Leaks on the east primary clarifier (1 of 3)		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	9:43
		Photo #:	2
Description:	Leaks on the east primary clarifier (2 of 3)		



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP				
Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018	Time:	9:45
Witness:				Photo #:	3
Description:	Leaks on the east primary clarifier (3 of 3)				



Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018	Time:	9:49
Witness:				Photo #:	4
Description:	Leak on the sludge thickener tank.				



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	11:15
		Photo #:	5
Description:	Close up from Photo #4.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	11:14
		Photo #:	6
Description:	Another leak on the sludge thickener tank.		



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	10:53
		Photo #:	7
Description:	Vegetation growing in the sludge drying beds.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	10:43
		Photo #:	8
Description:	Photo of flow meter taken at 10:43. Flow appears to be 3230 GPM.		



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	10:44
		Photo #:	9
Description:	Photo of flow meter taken at 10:4. Flow appears to be 4264 GPM.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	04/26/2018
Witness:		Time:	11:07
		Photo #:	10
Description:	Empty containers of sodium chlorite. Note the bottoms of some of the containers appear corroded and the surrounding soil is discolored		



From: [Tom Myers](#)
To: [Grimes, Garrett](#); [Water-Inspection-Report](#)
Cc: [Phillip Patterson](#); [Steven Gorszczyk](#); [Renea Ellis](#); [Janet Hall](#)
Subject: Siloam Springs WWTP Inspection AFIN 04-00106 Permit No AR0020273
Date: Wednesday, June 13, 2018 2:55:32 PM
Attachments: [Response Letter ADEQ June 13 2018.pdf](#)

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock
Arkansas 72118-5317

RE: Inspection April 26, 2018 Garrett Grimes District 1 Field Inspector
Siloam Springs; AFIN 04-00106 Permit No. AR0020273

This is a response to Inspection conducted April 26, 2018 see attached supporting documentation.

Sincerely,

Thomas A. Myers
Wastewater Superintendent
975 Anderson Avenue Zip 72761
Plant: 479-524-5623
Cell: 479-228-0934
tmyers@siloamsprings.com





June 13, 2018

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

CITY OF SILOAM SPRINGS
RESPONSE TO ADEQ INSPECTION REPORT (APRIL 26, 2018)

The Arkansas Department of Environmental Quality ("ADEQ" or "the Department") conducted an inspection of the City of Siloam Springs ("the City") wastewater treatment facility ("WWTF") on April 26, 2018. The Department submitted its findings from the inspection in a report ("Inspection Report") to the City dated May 24, 2018, which the City received on May 29, 2018. The Inspection Report contains list of Summary of Findings. The Inspection Report requests a written response to Summary of Findings June 14, 2018. This letter is intended to respond to each item(s) contained in the May 24, 2018, Inspection Report.

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

- 1.) Operation and Maintenance; Part II, Section B. 1.A. of the permit.
 - a) Leaks were observed on the east primary clarifier (Photos #1-#3, Attachment 1).
 - b) Leaks were observed on the sludge thickener (Photos #4-#6, Attachment 1).
 - c) Established vegetation was observed growing in sludge drying beds (Photo #7).

Response: The City has repaired all reported observed leaks on the east primary clarifier (Photos #1-#3, Attachment 1-3) and on the primary sludge thickener (Photos#4, Attachment 4). Vegetation growing in the sludge drying beds has been removed (Photos #5, Attachment 5).

2.) Flow Measurement; Part II, Section C.2. of the permit.

- a) The flow meter calibration check conducted during the inspection showed an error of 40% (Refer to Page 7). However, it appears the check may have been influenced by rapidly changing flow (Photos #8-#9). The City of Siloam springs should verify that the facility flow meter is functioning properly and submit appropriate records.

Response: The City conducts weekly flow calibration tests to ensure accuracy of flow meter. In addition, a private firm calibrates all plant flow meters. As illustrated in Photo #10 of the report, the last certification was completed on 1/11/2018. However, since there was concern with the accuracy, another new inspection was conducted by the flow meter manufacture representative on June 5, 2018. The meter was recertified at that time. See attachment (Photo #6-#7, Attachment 6) which illustrates the certification sticker on the flow meter. Also included is the weekly calibration sheet at effluent flow monitoring station.

GENERAL COMMENTS

Several containers of a Sodium Chlorite were observed on the grounds near the dewatering belt press (Photo #10, Attachment 1). The containers appeared mostly empty, however, they were marked corrosive and the bottoms of several of the containers were corroded with an orange coloration on the surrounding soil (Photo #10). The City of Siloam Springs should verify that these containers are not leaking any remaining Sodium Chlorite and store them in a manner that does not risk spills to the surrounding environment.

Response: The City has removed all containers from outside of the belt press building. The area has been cleaned and the empty containers were removed from plant. Those which contained Sodium Hypochlorite were stored in an enclosed building for future use when needed. See (Photo's #8-#9), attachment 8 and 9.

If you have any questions or need additional information, please do not hesitate to contact me at 479-238-0927.

Sincerely,



Thomas A. Myers
Water Pollution Control Facility Superintendent
tmyers@siloamsprings.com

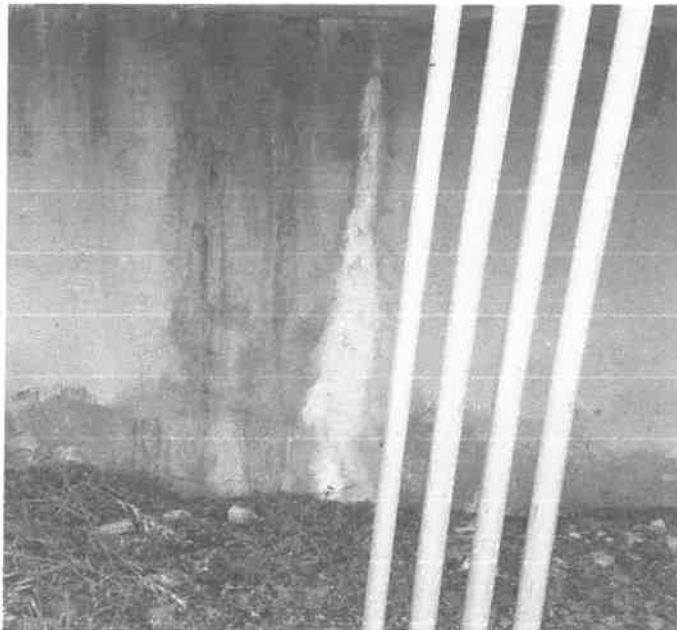
cc: Phillip Patterson, City Administrator
Steve Gorszcyk, Public Works Director
Renea Ellis, City Clerk
Wastewater File
Garrett Grimes, District 1 Field Inspector

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

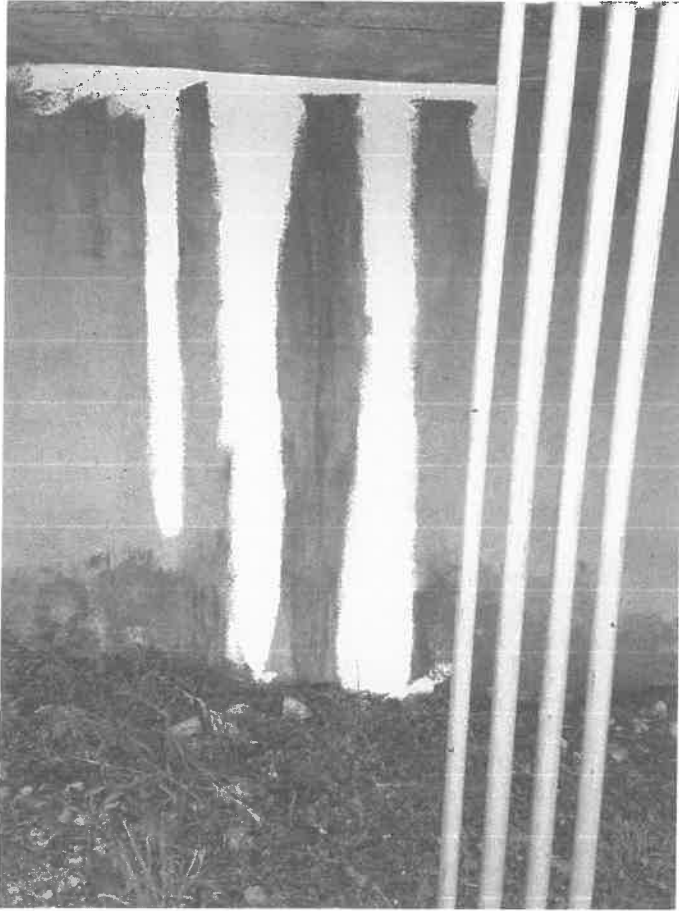
SUMMARY OF FINDINGS RESPONSE

1.) OPERATION AND MAINTENANCE

Reference A in Inspection Summary of Findings.



Picture 1 Primary Clarifier #1 Leaks as noted by ADEQ report



Picture 2 Primary Clarifier #1 Epoxy Injection and rubber base coating.



Picture 3 Primary Clarifier 1 Repair Photo

Reference B in Inspection Summary of Findings.



Picture 4 Sludge-Primary Thickener Repair Photo

Reference C in Inspection Summary of Findings.



Picture 5 Sludge Drying Beds Cleaned Vegetation Removed

SUMMARY OF FINDINGS RESPONSE

- 2.) FLOW MEASUREMENT
- A.) Flow Calibration Photo and Document



Picture 6 New Inspection Certification.

GENERAL COMMENTS



Picture 8 Tote Storage Area Cleaned Removed Old Tanks and Applied Oil Dry Compound.

GENERAL COMMENTS



Picture 9 Totes Stored in Building with drain capture system.

From: [Tom Myers](#)
To: [McConnell, Melissa](#); [Grimes, Garrett](#)
Cc: [Steven Gorszczyk](#); [Janet Hall](#)
Subject: RE: _EXTERNAL_Read: Siloam Springs WWTP Inspection AFIN 04-00106 Permit No AR0020273
Date: Thursday, June 14, 2018 7:57:47 AM

Melissa,

In addition to the email correspondence, a hard copy of the response letter was sent over night to ADEQ in North Little Rock.

Sincerely,

Thomas A. Myers
Wastewater Superintendent
975 Anderson Avenue Zip 72761
Plant: 479-524-5623
Cell: 479-228-0934
tmyers@siloamsprings.com

-----Original Message-----

From: McConnell, Melissa <MCCONNELL@adeq.state.ar.us>
Sent: Thursday, June 14, 2018 7:00 AM
To: Tom Myers <tmyers@siloamsprings.com>
Subject: _EXTERNAL_Read: Siloam Springs WWTP Inspection AFIN 04-00106 Permit No AR0020273

This message is from an EXTERNAL source. Please consider CAREFULLY before clicking any links

ADEQ

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

June 20, 2018

Phillip Patterson, City Admin.
City of Siloam Springs
P.O. Box 80, 400 Broadway
Siloam Springs, AR 72761

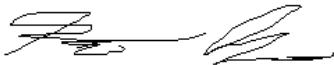
RE: Adequate Response to Inspection
AFIN: 04-00106 Permit No.: AR0020273

Dear Mr. Patterson:

The Department has received your June 13, 2018, response to the inspection conducted on April 26, 2018. Your response adequately addresses the request in the Summary of Findings section of the report. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If I need further information concerning this matter, I will contact you. Thank you for your attention to this matter. If I can be any assistance please feel free to contact me at grimesg@adeq.state.ar.us or 479.267.0811 ext. 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality