



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

August 13, 2019

Steve Mallett, C.E.O.
City Corporation
P.O. Box 3186
Russellville, AR 72811

RE: City Corporation Inspections (Pope Co)
AFIN: 58-00105 NPDES Permit No.: AR0021768
AR0021768C3
ARR000104

Dear Mr. Mallett:


On July 18 and 22, 2019, I performed Compliance Evaluation Inspection, an SSO/Collection System Inspection, a State WWTP Construction Inspection, and an Industrial Stormwater IGP 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 each of the inspection reports is enclosed for your records.

Please refer to the “Summary of Findings” section of each of the attached inspection reports 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 **August 27, 2019**.

If I can be of any assistance, please contact me at beck@adeq.state.ar.us or (479) 968-7339 extension 16.

Sincerely,

Amy Beck
District 5 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 58-00105		PERMIT #: AR0021768		DATE: 7/18/2019	
		COUNTY: 58 Pope			PDS #: 108891		MEDIA: WN
		GPS LAT: 35.248990 LONG: -93.116102 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: City Corporation LOCATION: 404 Jimmy Lile Road CITY: Russellville			FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 36537 S - State		
RESPONSIBLE OFFICIAL NAME / TITLE: Steve Mallett / C.E.O. COMPANY: City Corporation MAILING ADDRESS: P.O. Box 3186 CITY, STATE, ZIP: Russellville AR 72811 PHONE & EXT. / FAX: 479-968-2080 / 479-968-3265 EMAIL: smallett@citycorporation.com CONTACTED DURING INSPECTION: No			FACILITY EVALUATION RATING: 2 - Marginal		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 7/18/2019 7/22/2019	ENTRY TIME: 08:30 09:00	EXIT TIME: 13:30 13:00	PERMIT EFFECTIVE DATE: 9/1/2016 PERMIT EXPIRATION DATE: 8/31/2021	
			FAYETTEVILLE SHALE RELATED: N				
			FAYETTEVILLE SHALE VIOLATIONS: N				
			INSPECTION PARTICIPANTS				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Randy Bradley, Wastewater Operations Manager, Class IV Operator (license 002995), 479-968-2080 ext. 224, rbradley@citycorporation.com; Charlotte Petrick, Laboratory Technician, Class IV Operator (license 006480), 479-968-2080				
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. DMR review shows several exceedances of effluent limits listed in Part I, Section A of the permit. Non-compliance reports (NCR) have been submitted and no further action is required at this time for this item.							
2. The north and south primary clarifiers are not properly maintained as required by Part III, Section B. 1. of the permit. I observed severe rust damage on the inner ring and weir plates of the clarifiers. These two primary clarifiers are nearing the end of their service life.							

GENERAL COMMENTS

On July 18, 2019, I conducted an inspection of City Corporation's POTW in Russellville. Mr. Randy Bradley accompanied me throughout the plant and Ms. Charlotte Petrick accompanied me through the in-house laboratory. The inspection consisted of a site assessment and record review.

Site assessment:


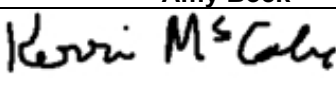
Treatment consists of three (3) aerated equalization basins, bar screens, grit chambers, three (3) primary clarifiers, three (3) extended activated sludge aeration basins, three (3) final clarifiers, chlorine disinfection, dechlorination, flow measurement, and discharge to Outfall 001. Solids are collected from the clarifiers and sent to aerated holding tanks, dewatered through a belt press, then processed through the Schwing Bioset (lime stabilization) process. This produces Class A Exceptional Quality biosolids.

At the time of this inspection, the equalization basins were empty. The facility is well-maintained and operated. All treatment components were operating properly with the exception of the north and south primary clarifiers (as noted above). Non-persistent foam was observed in the receiving stream, Whig Creek. The creek was observed to be clear with no odor.

I visited Ms. Charlotte Petrick in the facility laboratory. I performed a basic lab check and found no issues. The lab is organized and adequately staffed. No expired buffers or reagents were observed. Equipment temperatures were as expected.

Record review:

I performed an effluent violation search of submitted DMR from January 2018 to June 2019. The search returned numerous reported effluent violations for this time period. OWQ Enforcement Branch is working with the facility to correct effluent violations. I performed a detailed review of records for April 2019. Records were organized and readily provided. No issue noted with facility's paperwork. Final effluent limits for TRC become effective on September 1, 2019. City Corporation remains under CAOs 09-146 and 09-146-001 to address problems with the collection system.

INSPECTOR'S SIGNATURE:  Amy Beck	DATE: 8/9/2019
SUPERVISOR'S SIGNATURE: 	Kerri McCabe DATE: 8/12/2019

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 checked="" type="checkbox"/> S <input 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 type="checkbox"/> M <input checked="" 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 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 checked="" type="checkbox"/> Y <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>Yes</u> TYPE OF DEVICE: <u>5 ft rectangular weir with 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:	
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>Arkansas Analytical via EEG</u>	
b. LAB ADDRESS: <u>220 N. Knoxville, Russellville, AR</u>	
c. PARAMETERS PERFORMED: <u>Zn, Cu, Hg, As</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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	Yes, not persistent	No	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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input 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: **7/18/2019** Time: **09:21**

Head in Inches: Feet: **0.76**

Type & Size of Primary Flow Measurement Device: **5 ft. rectangular weir with end contractions**

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

Date of last Calibration of Secondary Flow Device: **March 15, 2019**

Recorded Flow at Date & Time Listed Above: **6.951** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **6.912**

(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 =	6.951	-	6.912	X 100	
	6.912				

% Error =	0.039	X 100	
	6.912		

% Error =	0.006	X 100	
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% Error =	0.6	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2019 04 01 To 2019 04 30
 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>963.5</u>	<u>13.3</u>	<u>18.7</u>
Calculated Value:	<u>963.5</u>	<u>13.3</u>	<u>18.7</u>
Permit Value:	<u>913.2</u>	<u>15.0</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2019 04 01 To 2019 04 30
 Year Month Day Year Month Day

Parameter Checked: Cu

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - ug/l	7-day Avg. - ug/l
Reported Value:	<u>0.38</u>	<u>8.1</u>	<u>8.1</u>
Calculated Value:	<u>0.38</u>	<u>8.1</u>	<u>8.1</u>
Permit Value:	<u>0.45</u>	<u>9.2</u>	<u>18.5</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet

Location:	City Corporation POTW in Russellville		
Photographer:	Amy Beck	Date:	July 18, 2019
Witness:	N/A	Time:	1031
		Photo #:	1
Description:	North and south primary clarifiers need to be maintained.		



Photographer:	Amy Beck	Date:	July 18, 2019
Witness:	N/A	Time:	1030
		Photo #:	2
Description:	Skimmer arm does not reach the ring.		





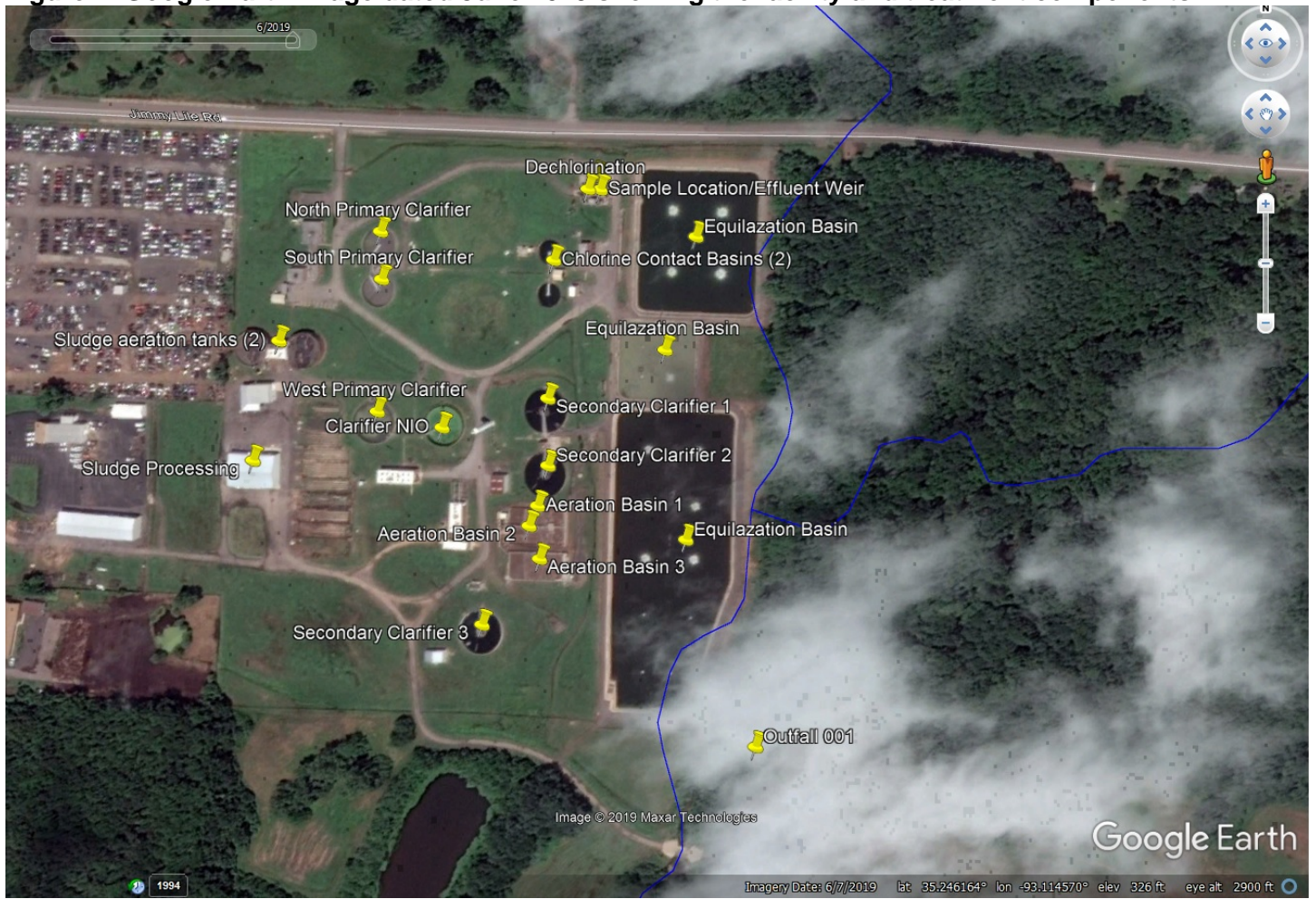
Water Division Photographic Evidence Sheet			
Location:	City Corporation POTW in Russellville		
Photographer:	Amy Beck	Date:	July 18, 2019
Witness:	N/A	Time:	1032
		Photo #:	3
Description:	Rusted inner ring allows short circuiting through the primary clarifier.		
			
Photographer:	Amy Beck	Date:	July 18, 2019
Witness:	N/A	Time:	1049
		Photo #:	4
Description:	Whig Creek, looking upstream toward Outfall 001.		
			

Figure 1. Google Earth image dated June 2019 showing the facility and treatment components.



McConnell, Melissa

From: McCabe, Kerri
Sent: Monday, August 19, 2019 9:56 AM
To: McConnell, Melissa
Cc: Beck, Amy
Subject: FW: City Corporation Inspections (Pope Co)
Attachments: Response to 2019 ADEQ WWTP Inspection.pdf

Melissa,

Please attach the email and attachment to PDS 108891. Thank you.

Kerri McCabe | Inspector Supervisor
Office of Water Quality | Compliance Branch
Arkansas Energy and Environment | [Environmental Quality](#)
5301 Northshore Drive, North Little Rock, AR 72118-5317
t: 501.682.0642 | e: mccabe@adeq.state.ar.us



From: Randy Bradley [<mailto:rbradley@citycorporation.com>]
Sent: Monday, August 19, 2019 9:47 AM
To: McCabe, Kerri; Steve Mallett
Cc: Beck, Amy
Subject: RE: City Corporation Inspections (Pope Co)

Kerri
Please see attached response letter, hard copy to follow in the mail.

Randy Bradley
Wastewater Operations Manager

City Corporation
Russellville Water & Sewer System
205 West Third Place
PO Box 3186
Russellville, AR 72811
www.citycorporation.com
Phone 479.968.2080 Ext. 224
Main 479.968.2105
Fax 479.968.3265



*Awarded 2016 People's Choice
"Best Drinking Water in North America"*

From: McCabe, Kerri <MCCABE@adeq.state.ar.us>
Sent: Monday, August 12, 2019 3:24 PM
To: Steve Mallett <smallett@citycorporation.com>; Randy Bradley <rbradley@citycorporation.com>
Cc: Beck, Amy <BECK@adeq.state.ar.us>
Subject: City Corporation Inspections (Pope Co)

Please find attached the inspection reports submitted by Inspector Beck. Thank you.

Kerri McCabe | Inspector Supervisor
Office of Water Quality | Compliance Branch
Arkansas Energy and Environment | [Environmental Quality](#)
5301 Northshore Drive, North Little Rock, AR 72118
t: 501.682.0642 | e: mccabe@adeq.state.ar.us





P. 479-968-2105
F. 479-968-3265

"Award Winning Water"

August 16, 2019

Kerri McCabe
Inspector Supervisor
Water Division/Field Services - Inspection Branch
Arkansas Department of Environmental Quality
5301 Northshore Dr.
North Little Rock, Arkansas 72118

RE: Russellville City Corporation Inspections (Pope Co) NPDES Permit No. AR0021768, AFIN 58-00105

Dear Kerri:

This letter shall serve as City Corporation's written response for the Summary of Findings as noted during the inspection performed by Amy Beck on July 18 and 22, 2019.

Finding: The north and south primary clarifiers are not properly maintained as required by Part III, Section B.1. of the permit. I observed severe rust damage on the inner ring and weir plates of the clarifiers. These two clarifiers are nearing the end of their service life.

Corrective Action: City Corporation has identified the primary clarifiers for repairs/replacement during our recent Pollution Control Works Master Plan update. City Corporation is currently contracted with Hawkins Weir Engineering for plant improvements and we are collecting sampling data of our plant operations to determine our best plan of actions to address the BOD loading to our facility. Once all data has been reviewed and modeling is completed the decision to repair, replace and/or abandon the primary clarifiers will be made. City Corporation expects this decision to be made by the end of 2019.

Should you have any questions or need other info please contact Larry Collins, Chief Operations Officer at 479-968-2080 ext. 222.

Sincerely,


Steve Mallett
Chief Executive Officer

cc: Larry Collins
Randy Bradley
File

205 W. 3rd Place
PO Box 3186
Russellville, AR 72811
citycorporation.com

ADEQ

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

October 29, 2019

Steve Mallett, C.E.O.
City Corporation
P.O. Box 3186
Russellville, AR 72811

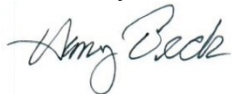
RE: City Corporation - Response to Inspection (Pope Co)
AFIN: 58-00105 **NPDES Permit No.: AR0021768**

Dear Mr. Mallett:

I have reviewed the response pertaining to my July 18, 2019 inspection of the treatment system. The information provided sufficiently addresses the violations 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) 968-7339 ext. 16 or you may e-mail me at beck@adeq.state.ar.us.

Sincerely,



Amy Beck
District 5 Field Inspector
Office of Water Quality