

April 23, 2020

Phillips Patterson, City Administrator
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 March 5, 2020, 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 **May 8, 2020**.

If I can be of any assistance, please contact me at cole.southerland@adeq.state.ar.us or (479) 267-0811 extension 12.

Sincerely,



Cole Southerland
Area 1 Inspector
Office of Water Quality

		OFFICE OF WATER QUALITY INSPECTION REPORT					
		AFIN: 04-00106		PERMIT #: AR0020273		DATE: 3/5/2020	
		COUNTY: 04 Benton		PDS #: 111685		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#: 127361 S - State		
RESPONSIBLE OFFICIAL NAME: / TITLE Phillips Patterson / City Administrator 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: No			FACILITY EVALUATION RATING: 3 - Satisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 3/5/2020	ENTRY TIME: 09:21	EXIT TIME: 11:41	PERMIT EFFECTIVE DATE: 10/1/2007 PERMIT EXPIRATION DATE: 9/30/2017	
			FAYETTEVILLE SHALE RELATED: N				
			FAYETTEVILLE SHALE VIOLATIONS: N				
INSPECTION PARTICIPANTS							
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Thomas Myers/ Wastewater Superintendent Steve Gorszczyk/ Director, Public Works Tony Brown/ Wastewater Foreman Cole Southerland/ DEQ Area 1 Water Inspector							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER		
M	RECORDS/REPORTS	S	LABORATORY	N	FACILITY SITE REVIEW		
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM		
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
N	OTHER:						
+SUMMARY OF FINDINGS							
The following violation was found during inspection:							
<ol style="list-style-type: none"> 1. During a calculation check of the July 2019 DMR it was found that the incorrect value was entered for the monthly mass loading average for CBOD. The value entered was 18.1 while the correct value was calculated to be 21.76. The cause of this was a value of 0.00 that was mistakenly averaged with the mass loading values for the month. This did not cause any permit exceedances. Please ensure that the July 2019 DMR is corrected and resubmitted. 2. In November 2019, the 7-day average Phosphorus value reported on the DMR's was over permit value. Please ensure that a Non-Compliance report is submitted for this occurrence. 							
GENERAL COMMENTS							
A Non-Compliance report was submitted for Phosphorus 7-day average in October 2019. The permit value is 1.5 mg/L max while they reported 2.88 mg/L max 7-day average. They found no reason for the high reading.							
DEQ recognizes that cyber-security is of the utmost importance. However, it is recommended that access to monitor the WWTP SCADA system remotely be given to the operators. The plant is only staffed from 07:00 to 15:30. With limited staffing and the relatively large amount of time that no personnel are at the plant, it would be beneficial for operators to be able to monitor the plant remotely to reduce the probability of unforeseen events causing permit violations and/or damage to the equipment at the plant.							

INSPECTOR'S SIGNATURE: <i>Cole Southerland</i> Cole Southerland	DATE: 3/17/2020
SUPERVISOR'S SIGNATURE: <i>Brent L Walker</i> Brent L. Walker	DATE: 4/22/2020

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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: DMR Errors	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: 2 Class IV, 2 Class III, 1 Class II	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: October 2019	<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: Phosphorus	<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 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: Rectangular Weir	<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: ETG (DMR) / Pace Analytical (WET)	
b. LAB ADDRESS: 1702 East Central Avenue, Suite 10, Bentonville, AR 72717 / 9608 Lolret Blvd, Lenexa, KS 66219	
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	None	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 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: **03/05/2020** Time: **10:05**

Head in Inches: Feet: **0.38**

Type & Size of Primary Flow Measurement Device: **5' Rectangular Weir without end contractions**

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

Date of last Calibration of Secondary Flow Device: **03/02/2020**

Recorded Flow at Date & Time Listed Above: **1734 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1751 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 =	1734	-	1751	X 100	
	1751				

% Error =	-17	X 100	
	1751		

% Error =	.0097	X 100	
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% Error =	0.97	%	
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Comments:

Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:29	Witness:	
Photo #:	1	Description:	Influent Flow Meter. ISCO Teledyne Signature.



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:30	Witness:	
Photo #:	2	Description:	Influent parshall flume and secondary bar screen.



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:31	Witness:	
Photo #:	3	Description:	Grit removal chamber.



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:33	Witness:	
Photo #:	4	Description:	Primary clarifier.



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:38	Witness:	
Photo #:	5	Description: Centrifugal blowers.	



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:41	Witness:	
Photo #:	6	Description: Biological Nutrient Removal (BNR) Basin #1. Anaerobic cells.	



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:42	Witness:	
Photo #:	7	Description:	BNR Basin #1. Anoxic cells.



Photographer:	Cole Southerland	Date:	03/02020
Time:	9:43	Witness:	
Photo #:	8	Description:	BNR Basin #1. Aerobic Cells.



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:46	Witness:	
Photo #:	9	Description: Secondary clarifiers.	



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:46	Witness:	
Photo #:	10	Description: V-Notched covered weirs in secondary clarifier.	



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:50	Witness:	
Photo #:	11		
Description:	Sludge-thickening basin		



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:01	Witness:	
Photo #:	12		
Description:	Chlorine contact chamber.		



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:59	Witness:	
Photo #:	13	Description:	Dechlorinating chamber



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:01	Witness:	
Photo #:	14	Description:	Outfall of dechlorinating chamber.



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	9:56	Witness:	
Photo #:	15	Description:	
Outfall 001.			



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:05	Witness:	
Photo #:	16	Description:	
Effluent Flow Meter. ISCO Teledyne Signature.			



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP				
Photographer:	Cole Southerland	Date:	03/05/2020	Time:	10:05
Witness:				Photo #:	17
Description:	Effluent Composite Sampler.				



Photographer:	Cole Southerland	Date:	03/05/2020	Time:	10:07
Witness:				Photo #:	18
Description:	Aerobic Sludge Digester.				



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP				
Photographer:	Cole Southerland	Date:	03/05/2020	Time:	10:09
Witness:				Photo #:	19
Description:	Sludge drying beds.				



Photographer:	Cole Southerland	Date:	03/05/2020	Time:	10:11
Witness:				Photo #:	20
Description:	Spare parts in equipment shed.				



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:12		
Witness:		Photo #:	21
Description:	Spare parts and maintenance equipment in equipment shed.		



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:15		
Witness:		Photo #:	22
Description:	Chemical Storage Tanks.		



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:18	Witness:	
Photo #:	23		

Description: **Sodium Chlorite container located in chemical feed building.**



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:19	Witness:	
Photo #:	24		

Description: **Chemical feed building.**



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP				
Photographer:	Cole Southerland	Date:	03/05/2020	Time:	10:21
Witness:				Photo #:	25
Description:	Dewatering Belt Press.				



Photographer:	Cole Southerland	Date:	03/05/2020	Time:	10:23
Witness:				Photo #:	26
Description:	WAS thickening basin.				



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP		
Photographer:	Cole Southerland	Date:	03/05/2020
Time:	10:30	Witness:	
Photo #:	27		
Description:	Backup generator.		



Photographer:	Cole Southerland	Date:	03/05/2020
Time:	11:17	Witness:	
Photo #:	28		
Description:	Western Hills Lift Station.		



Office of Water Quality Photographic Evidence Sheet

Location:	Siloam Springs WWTP				
Photographer:	Cole Southerland	Date:	03/05/2020	Time:	11:19
Witness:				Photo #:	29
Description:	Western Hills Lift Station control panel.				



Photographer:	Cole Southerland	Date:	03/05/2020	Time:	11:33
Witness:				Photo #:	30
Description:	Villa View Lift Station.				



From: [Tom Myers](#)
To: [Water-Inspection-Report](#)
Subject: FW: Siloam Springs WWTP Inspection AFIN 04-00106 Permit No AR0020273
Date: Friday, May 1, 2020 3:57:25 PM
Attachments: [Response to Arkansas Energy & Environment 3 5 20 Inspection Report a.pdf](#)
[NCR2019Nov7DayMax.pdf](#)
[DMR2019JulyCorrectedCBOD.pdf](#)

From: Tom Myers
Sent: Friday, May 1, 2020 3:54 PM
To: Water-Inspections-Report@adeq.stat; Southerland, Cole <Cole.Southerland@adeq.state.ar.us>; Walker, Brent <WALKER@adeq.state.ar.us>
Cc: Phillip Patterson <ppatterson@siloamsprings.com>; Steven Gorszcyk <sgorszcyk@siloamsprings.com>; Anthony Brown <abrown@siloamsprings.com>; Renea Ellis <rellis@siloamsprings.com>
Subject: Siloam Springs WWTP Inspection AFIN 04-00106 Permit No AR0020273

Arkansas Energy & Environment
Cole Southerland
Area I Inspector
Office of Water Quality

May 1, 2020

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

Water Division Inspection Branch
Arkansas Energy & Environment
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 ARKANSAS ENERGY & ENVIRONMENT INSPECTION REPORT (MARCH 5, 2020)

-
-

The Arkansas Energy & Environment - Environmental Quality ("AE&E" or "the Department") conducted an inspection of the City of Siloam Springs ("the City") wastewater treatment facility ("WWTF") on March 5, 2020. The Department submitted its findings from the inspection in a report ("Inspection Report") to the City dated April 23, 2020, which the City received on April 27, 2020. The Inspection Report contains list of Summary of Findings. The

Inspection Report requests a written response to Summary of Findings May 8, 2020. This letter is intended to respond to each item(s) contained in the March 5, 2020, Inspection Report.

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

1. During a calculation check of the July 2019 DMR it was found that the incorrect value was entered for the monthly mass loading average for CBOD. The value entered was 18.1 while the correct value was calculated to be 21.76. The cause of this was a value of 0.00 that was mistakenly averaged with the mass loading values for the month. This did not cause any permit exceedances. Please ensure that the July 2019 DMR is corrected and resubmitted.
2. In November 2019, the 7-day average Phosphorus value reported on the DMR's was over permit value. Please ensure that a Non-compliance report is submitted for this occurrence.

Response: 1.) The City has corrected the July 2019 DMR at NetDMR site see Attachment "A" pages 1 thru 3.

Response: 2.) The City has corrected the November 2019 DMR and Submitted Electronic via NetDMR see Attachment "B".

GENERAL COMMENTS

A Non-Compliance report was submitted for Phosphorus 7-day average in October 2019. The permit value is 1.5 mg/l max while they reported 2.88 mg/l max 7-day average. They found no reason for the high reading.

DEQ recognizes that cyber-security is of the utmost importance. However, it is recommended that access to monitor the WWTP SCADA system remotely be given to the operators. The plant is only staffed from 07:00 to 15:30. With limited staffing and the relatively large amount of time that no personnel are at the plant, it would be beneficial for operators to be able to monitor the plant remotely to reduce the probability of unforeseen events causing permit violations and/or damage to the equipment at the plant.

Response: The Wastewater Division has requested that I.T. provide access to in plant SCADA remotely. I.T. has not been receptive to request for access via remote access. There will be continual discussion for remote access with I.T.

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
Cole Southerland, District 1 Field Inspector
Brent L. Walker, Supervisor Division of Environmental Quality

May 1, 2020

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

Water Division Inspection Branch
Arkansas Energy & Environment
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 ARKANSAS ENERGY & ENVIRONMENT INSPECTION REPORT
(MARCH 5, 2020)

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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
Cole Southerland, District 1 Field Inspector
Brent L. Walker, Supervisor Division of Environmental Quality

Exhibit "B"

NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality
Office of Water Quality – Enforcement Branch
5301 Northshore Drive
North Little Rock, AR 72118

RE: Permit No: AR0020273 Discharge Number: 001

Facility: City of Siloam Springs Wastewater Facility

Address: 975 Anderson Avenue

City: Siloam Springs State: Arkansas Zip: 72761

Contact: Thomas A. Myers Phone: 479-524-5623

Date of Non-Compliance	Parameter Exceeded	Quantity or Loading	Quality or Concentration	Permit Limits
November 18, 2019	7-Day Max Phosphorus	1.64 mg/l		1.5 mg/l

We feel this problem was due to:

Higher than normal influent Phosphorus load to plant. Industrial reports were normal no known cause for higher loading.

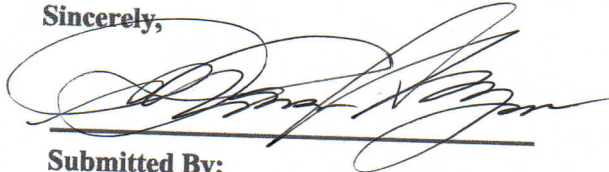
We plan on correcting the problem in this manner:

Continue to monitor influent phosphorus loadings and monitor industrial dischargers and other possible sources.

Time estimated that it will take to correct problem:

Plant came back into compliance within a day.

Sincerely,



Submitted By:

5/01/2020
Date

Submitted electronically via NetDMR

Certification Statement: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (Revised March 2016)

Exhibit "A" 3 pages

Tom Myers

From: netdmr-notification@epa.gov
Sent: Friday, May 1, 2020 12:46 PM
To: Tom Myers; ramsey@adeq.state.ar.us; christina.brown@adeq.state.ar.us
Subject: _EXTERNAL_NetDMR COR Submission Received for: AR0020273
Attachments: NetDMR_COR_4223550_AR0020273_001_A_20190731.zip

NetDMR has received the following 1 DMR(s) during the signing process.

CORs have been created for the following DMRs. These DMRs will be forwarded for further processing:

Permitted Facility Name: SILOAM SPRINGS, CITY OF
Permit ID: AR0020273
Permitted Feature: 001
Discharge: A - 001-MONTHLY-TRTD MUNICIPAL WW
Monitoring Period End Date: 07/31/19
Signing Status: SIGNED SUCCESSFULLY
Comment:
Attachments included in the COR: Yes
JulySSOs2019.pdf

Thank you.

This message was sent from the Arkansas DEQ Production Environment. _This message is from an EXTERNAL source.
Please consider CAREFULLY before clicking any links_

Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
50060	Chlorine, total residual										
1 - Effluent Gross		Smpl.									
Season: 0		Req.									
NODI: [v]		NODI									
71850	Nitrogen, nitrate total [as NO3]										
1 - Effluent Gross		Smpl.									
Season: 0		Req.									
NODI: [v]		NODI									
74055	Coliform, fecal general										
1 - Effluent Gross		Smpl.									
Season: 0		Req.									
NODI: [v]		NODI									
80082	BOD, carbonaceous [5 day, 20 C]										
1 - Effluent Gross		Smpl.									
Season: 0		Req.									
NODI: [v]		NODI									

Edit Check Errors

No results.

DMR Comments

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). SEE PART IV, ITEM #47(A). SEE PARTIII, CONDITIONS #11, #12 & #13. 04-00106

Comments

Contract Laboratory; E.T.G. 1702 East Central Avenue, Suite 10, Bentonville, AR 72712

Attachments

File Name	Type	Size	Remove
JulySSOs2019.pdf	Portable document format: Adobe Acrobat File	< 1 MB	*

Report Last Saved By

User: SSWATERPLANT
 Name: Tom Myers
 E-Mail: tmyers@siloamsprings.com
 Date/Time: 05/01/20 12:45 CDT