



ARKANSAS

ENERGY & ENVIRONMENT

September 9, 2021

Steve Mallett, General Manager
City Corporation
P.O. Box 3186
Russellville, AR 72811

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

Dear Mr. Mallett:

On May 27, 2021, 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 inspection report and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **September 23, 2021**.

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

Sincerely,

A handwritten signature in cursive script that reads "Amy Beck".

Amy Beck
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY				
	INSPECTION REPORT				
	AFIN: 58-00105	PERMIT #: AR0021768	DATE: 5/27/2021		
	COUNTY: 58 Pope	PDS #: 117361	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 FACILITY EVALUATION RATING: 1 - Unsatisfactory INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 5/27/2021 ENTRY TIME: 08:30 EXIT TIME: 11:50 PERMIT EFFECTIVE DATE: 9/1/2016 PERMIT EXPIRATION DATE: 8/31/2021			
NAME: / TITLE Steve Mallett / General Manager 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		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Randy Bradley, Wastewater Manager, 479-968-2080 x 224; rbradley@citycorporation.com; Tony Sanchez, Senior Operator, Class 3 Municipal License 011116; Charlotte Peatrick, Senior Lab Analyst, Advanced Industrial and Class 4 Municipal License 006480			
AREA EVALUATIONS					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW
U	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
<ol style="list-style-type: none"> 1. DMR review shows several violations of permitted effluent limits listed in Part I, Section A of the permit. Non-compliance reports (NCR) have been submitted and no further action for this item is required at this time. 2. The old overflow pipe from the equalization basin to the decommissioned rock trickling filter is not properly capped causing SSO from manhole 8048 on the facility. Best Management Practices (BMP) must be implemented to prevent this overflow as required by Part II, 6 of the permit. 3. 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. 					

GENERAL COMMENTS

On May 27, 2021, I inspected this facility with the above mentioned participants. The inspection consisted of facility assessment and record review. The facility has submitted a revoke and reissue request along with construction plans for a major modification of the facility. These plans are currently being reviewed by OWQ - Permits Branch.

Facility assessment:


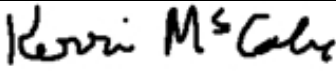
Current treatment consists of three aerated equalization basins, bar screens, grit chambers, three primary clarifiers, three extended activated sludge aeration basins, three final clarifiers, PAA disinfection, flow measurement and discharge to Outfall 001. Clarifier solids are sent to aerated holding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

The plant has several treatment components failing and is due for an upgrade. At the time of this inspection, the equalization basins were full. I observed a SSO discharge from the EQ basins out of a manhole near the grit chamber. Mr. Sanchez informed me an overflow pipe from the middle basin had not been properly capped when the trickling rock filters were removed. Additionally, I observed the north and south primary clarifiers have continued to deteriorate. Both clarifiers will be decommissioned with the plant modification. There was a significant amount of flocculation in Final Clarifier #1, possibly due to inefficient initial treatment.

The grit equipment has been replaced. The paracetic acid (PAA) disinfection is working well, and the chlorine/dechlorination system will be decommissioned. The grounds are well-maintained. The onsite laboratory is organized and in compliance.

Record review:

I performed an effluent violation search of submitted DMR from June 2019 to June 2021. The search returned 57 reported effluent violations for this time period. I performed a detailed record review for April 2021. Records were organized and complete with no issues noted. City Corporation remains under CAOs 09-146 and 09-146-001 to address problems with the collection system.

INSPECTOR'S SIGNATURE:  Amy Beck	DATE: 6/25/2021
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 9/8/2021

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 checked="" type="checkbox"/> N <input 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 type="checkbox"/> M <input checked="" 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 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 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>Yes</u> TYPE OF DEVICE: <u>5 ft. 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex</u>	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED: <u>WET testing</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>observed at the effluent weir</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	Yes	No	No	Green/brown	--
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): <u>agricultural</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: **05/27/2021** Time: **09:27**

Head in Inches: Feet: **1.1**

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

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

Date of last Calibration of Secondary Flow Device: **1/21/2021**

Recorded Flow at Date & Time Listed Above: **11.778 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **11.87**

(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 =	11.778	-	11.87	X 100
	11.87			

% Error =	-0.092	X 100
	11.87	

% Error =	-0.008	X 100
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% Error =	-0.8	%
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Comments:

DMR Calculation Check

Reporting Period: From 2021 04 01 To 2021 04 30
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>651.9</u>	<u>12.5</u>	<u>10.8</u>
Calculated Value:	<u>651.9</u>	<u>12.5</u>	<u>10.8</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 2021 04 01 To 2021 04 30
 Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass	Concentration	
	Mo. Avg. lbs/day	30-day Geo (#/100ml)	Monthly 7-day Geo (#/100ml)
Reported Value:	<u>NA</u>	<u>278.0</u>	<u>502.0</u>
Calculated Value:	<u>NA</u>	<u>278.0</u>	<u>502.0</u>
Permit Value:	<u>NA</u>	<u>1000.0</u>	<u>2000.0</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	City Corporation		
Photographer:	Amy Beck	Date:	May 27, 2021
Witness:	NA	Time:	0911
Description:	SSO from EQ basin overflow pipe.		



Photographer:	Amy Beck	Date:	May 27, 2021
Witness:	NA	Time:	0915
Description:	New bar screen rakes installed.		



Office of Water Quality Photographic Evidence Sheet

Location:	City Corporation		
Photographer:	Amy Beck	Date:	May 27, 2021
Witness:	NA	Time:	0918
		Photo #:	3
Description:	New grit handling equipment installed.		



Photographer:	Amy Beck	Date:	May 27, 2021
Witness:	NA	Time:	0944
		Photo #:	4
Description:	Floc observed in Final Clarifier 1		



Office of Water Quality Photographic Evidence Sheet

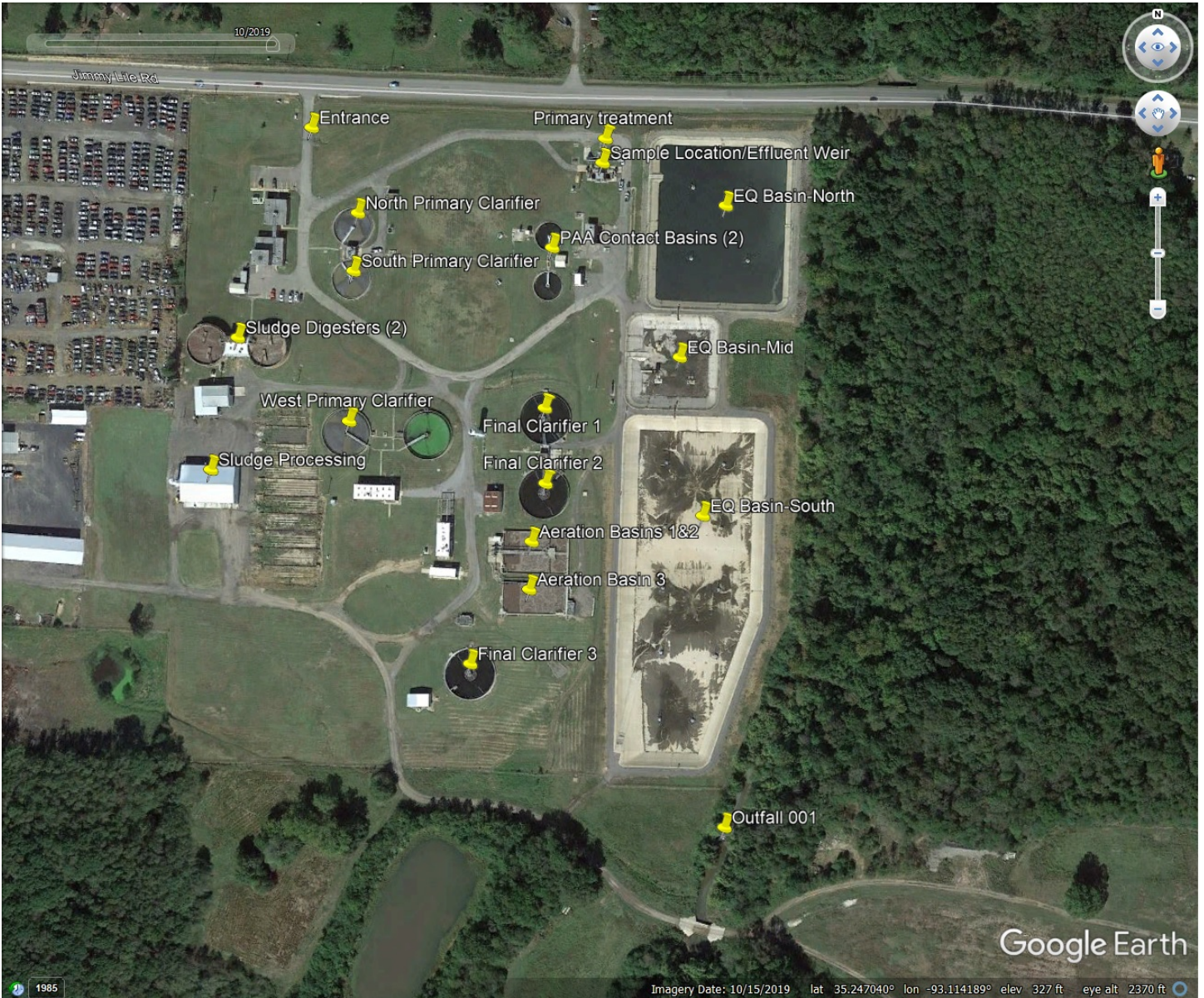
Location:	City Corporation				
Photographer:	Amy Beck	Date:	May 27, 2021	Time:	0942
Witness:	NA			Photo #:	5
Description:	Closer view of floc coming over Final Clarifier 1 weir.				



Photographer:	Amy Beck	Date:	May 27, 2021	Time:	1012
Witness:	NA			Photo #:	6
Description:	Inner ring of the south primary clarifier is severely rusted.				



Figure 1. Google Earth image dated October 2019 showing the WWTF and components.



From: [Randy Bradley](#)
To: [Water-Inspection-Report](#)
Cc: [Steve Mallett](#); [Beck, Amy](#)
Subject: Inspection response
Date: Monday, September 20, 2021 2:10:44 PM
Attachments: [image001.png](#)
[Official Response to 2021 WWTP Inspection.pdf](#)

Attached is City Corporations written response to inspection on May 27, 2021.

Randy Bradley
Wastewater & Pretreatment Operations Director

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



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Should you have any questions or need other info please contact Randy Bradley, Wastewater and Pretreatment Operations Director at 479-968-2080 ext. 224

Sincerely,

Steve Mallett, Jr.
CEO, City Corporation
Russellville, Arkansas

cc: Randy Bradley, Wastewater and Pretreatment Operations Director
File



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

"Award Winning Water"

September 3, 2021

Kerri McCabe
Inspector Supervisor
Office of Water Quality Compliance Branch
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: NPDES Permit Number: AR0021768, AFIN-58-00105

Dear Ms. McCabe,

This letter shall serve as City Corporation's written response for the Summary of Findings as noted during the inspection of the wastewater treatment plant performed by Amy Beck on May 27, 2021.

Findings: The old overflow pipe from the equalization basin to the decommissioned rock tricking filter is not properly capped causing SSO from manhole 8048 on the facility. Best Management Practices (BMP) must be implemented to prevent this overflow as required by Part II, 6 of the permit.

Corrective Action: City Corporation has repaired the highwater level float in the above noted EQ basin. Once the water in the basin gets to a level it triggers an alarm in the SCADA system. This alarm will not clear until the pump for the EQ basin is turned off and water level drops below float switch. City Corporation also plans to have this line capped during the current wastewater treatment plant improvements project that is currently under construction.

Findings: The North and South primary clarifiers are not properly maintained as required by Part II, Section B. 1 of the permit. I observed severe rest damage on the inner ring and weir plates of the clarifier.

Corrective Action: The above noted clarifiers will be taken out of service and all mechanical parts removed during the current wastewater treatment plant improvements project that is currently under construction.



ARKANSAS

ENERGY & ENVIRONMENT

October 13, 2021

Steve Mallett, General Manager
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 May 27, 2021 inspection of City Corporation's wastewater treatment plant. The information provided sufficiently addresses the items 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 I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions please contact me at (479) 968-7339 or you may email me at beck@adeq.state.ar.us.

Sincerely,

A handwritten signature in cursive script that reads 'Amy Beck'.

Amy Beck
Inspector, DEQ - Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118