



ARKANSAS  
Department of Environmental Quality

May 24, 2010

Becky Bariola, Superintendent  
Mount Magazine State Park  
One Capital Mall  
Little Rock, AR 72201

RE: ADEQ Inspection

AFIN: 42-00124

NPDES Permit No.: AR0048852

Dear Ms. Bariola:

On April 27, 2010, I performed a routine compliance inspection of the waste water treatment 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. This inspection revealed the following violations:

**1. I observed a hole in the effluent pipe which appeared to allow a significant portion of the effluent to discharge to the ground and that portion of the effluent was not reaching the receiving stream at the discharge point specified in the permit. This is a violation of Part I Section A of the Permit.** Mr. Gillespie was present to observe this hole and location.

**2. Chain of custody needs to have a more exact location description of where samples are collected. This is a violation of Part III, Section C. 8 of the Permit.** The chain of custody for 2/18/10 reports "Final Effluent". From this description is not clear whether the sample was collected at the weir plate or chlorine contact chamber or at the outfall pipe located at the receiving stream.

**3. Facility or sample collector needs to document that a flow was recorded within 15 minutes of collecting grab samples. This is a violation of Part IV. 11 of the Permit.** Samples collected on 2/18/10 were collected at 1415 hours and the flow record for 2/18/10 was recorded at 0830 hours.

**4. No staff gauge was installed at the primary flow measuring device. The facility does use a yardstick to measure head height, however, the yardstick is placed directly in the notch of the weir plate and not a minimum of 3 times the expected head height as recommended by ISCO Flow Book.** A head height measurement at the proper location could not be obtained at the time of inspection due to a rounded joint at the base of the weir plate (i.e. could not measure the height of the bottom of the v-notch). **The facility reports conducting periodic flow calibration checks as described above, however, no records are maintained. This is a violation of Part III, Section C. 2 of the permit.** It is recommended that the facility install a staff gauge and/or determine zero head height (bottom of V-notch) and place the yard stick upstream at the proper distance of 3-4 times the head height as recommended by ISCO flow book. The facility should also maintain records of such calibration checks.

Becky Bariola, Superintendent Mount Magazine State Park  
May 24, 2010  
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The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department at the following address:

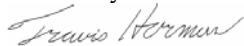
Water Division Enforcement Section  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by June 4, 2010.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us) or at 479-968-7339 extension 14.

Sincerely,



Travis Harmon  
District 5 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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Section A: National Data System Coding																												
Transaction Code			NPDES								Yr/Mo/Day				Inspec. Type		Inspector		Fac. Type									
1	N	2	5	3	A	R	0	0	4	8	8	5	2	11	12	1	0	0	4	2	7	17	18	C	19	S	20	2
Remarks																												
A F I N				4 2 --- 0 0 1 2 4																								
Inspection Work Days				Facility Evaluation Rating				BI		QA		Reserved																
67	0	0		69	70	3	71	N	72	N	73		74		75													80

Section B: Facility Data					
Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>Becky Bariola, Superintendent</b> <b>Mount Magazine State Park</b> <b>One Capitol Mall</b> <b>Little Rock, AR 72855</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>10:30/ 04/27/10</b></td> <td style="width:50%;">Permit Effective Date <b>11/01/09</b></td> </tr> <tr> <td>Exit Time/Date <b>3:00/ 04/27/10</b></td> <td>Permit Expiration Date <b>10/31/14</b></td> </tr> </table>	Entry Time/Date <b>10:30/ 04/27/10</b>	Permit Effective Date <b>11/01/09</b>	Exit Time/Date <b>3:00/ 04/27/10</b>	Permit Expiration Date <b>10/31/14</b>
Entry Time/Date <b>10:30/ 04/27/10</b>	Permit Effective Date <b>11/01/09</b>				
Exit Time/Date <b>3:00/ 04/27/10</b>	Permit Expiration Date <b>10/31/14</b>				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Frank Gillespie, HVAC/Mechanic Supervisor, 479-963-5141, 479-963-5238</b> <b>Lynn Crabill, Operator (was not in on 4/27/10).</b>	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Becky Bariola, Superintendent</b> <b>Mount Magazine State Park</b> <b>One Capitol Mall</b> <b>Little Rock, AR 72855</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
M	Permit	M	Flow Measurement	S	Operations & Maintenance	S	Sampling
M	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)	
<ol style="list-style-type: none"> <li>1. Hole in the effluent pipe which appeared to allow a significant portion of the effluent to discharge to the ground.</li> <li>2. Chain of custody needs more exact location description of where samples are collected. Is not clear whether the sample was collected at the weir plate, chlorine contact chamber, or at the outfall pipe at the receiving stream.</li> <li>3. Need to document that a flow was recorded within 15 minutes of collecting grab samples. Samples collected on 2/18/10 were collected at 1415 hours and the flow record for 2/18/10 was recorded at 0830 hours.</li> <li>4. No staff gauge was installed at the primary flow measuring device. The facility does use a yardstick to measure head height, however, the yardstick is placed directly in the notch of the weir plate and not a minimum of 3 times the expected head height as recommended by ISCO.</li> <li>5. The facility reports conducting periodic flow calibration checks as described above, however, no records are <u>maintained</u>.</li> </ol>	

Name(s) and Signature(s) of Inspector(s) <b>Travis Harmon</b> <i>Travis Harmon</i>	Agency/Office/Telephone/Fax <b>Arkansas Department of Environmental Quality /</b> <b>Russellville / 479-968-7339 x 14 / 479-968-7321</b>	Date <b>5/13/10</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NEDETAILS: Only one outfall as in permit.

- |  |  |
|--|--|
| 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: <u>New plant added for lodge.</u>   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: <u>See summary. Found hole in effluent pipe. Significant portion of effluent discharged to the ground and not to receiving stream. Was only one outfall as permitted.</u> | <input type="checkbox"/> Y <input checked="" 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

S M U NA 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 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: <u>Reported as "Final Effluent" on 2/18/10 Chain of Custody Sheet. More exact location description is needed.</u>  | <input type="checkbox"/> Y <input checked="" 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: <u>Flow used for 2/18/10 TSS load was not recorded within 15 minutes of sample collection. Sample was collected at 1415 and flow was recorded at 0830 (0.006835 MGD).</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA 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: <u>Lodge is occupied all hours.</u> | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:                                       | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

S M U NA NEDETAILS: **No staff gauge installed.**

- |   |  |
|---|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:                      | <input type="checkbox"/> Y <input checked="" 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: <b><u>Conducted but no records maintained.</u></b> | <input type="checkbox"/> Y <input checked="" 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: <b><u>Totalizer appears properly placed.</u></b>                         | <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

S M U NA NE

## DETAILS:

- |   |  |
|---|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:                                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:                                       | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 |
| b. LAB NAME: <b><u>Environmental Services Company, Inc.</u></b>                               |  |
| c. LAB ADDRESS: <b><u>13715 West Markham, Little Rock, AR 72211</u></b>                       |  |
| d. PARAMETERS PERFORMED: <b><u>CBOD, TSS, Amm, Coli-F.</u></b>                                |  |
| 8. BIOMONITORING PROCEDURES ADEQUATE:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 S M U NA NE

DETAILS: Observed at weir plate prior to entering outfall pipe.

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 S M U NA NE

DETAILS:

- |   |   |
|---|---|
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): |   |

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

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

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

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

## FLOW CALCULATION SHEET

Date:		Time:	
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Head in Inches:		Feet:	
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Type & Size of Primary Flow Measurement Device:  
 No gauge installed.

Name & Model of Secondary Flow Measurement Device:  
**Control Electronics, Inc. Ultrasonic Open Channel Flowmeter**

Date of last Calibration of Secondary Flow Device: 8/13/2009

Recorded Flow at Date & Time Listed Above:	<b>1.99 GPM</b>	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	<b>NA</b>	
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(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
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% Error =		X 100	
-----------	--	-------	--

% Error =		X 100	
-----------	--	-------	--

% Error =		X 100	
-----------	--	-------	--

% Error =		%	
-----------	--	---	--

Comments:	<p><b><u>Head measurement was too low to obtain flow per ISCO (0.125 ft). Facility uses a measuring stick attached to a pole to measure head at the weir plate (60° V-Notch). The facility should be taking head measurements at a distance upstream of the weir plate at least 3-4 times the head height per ISCO. A measurement at the proper location could not be obtained as no staff gauge is installed and a rounded joint at the base of the weir plate prevented determining the height of the bottom of the "V".</u></b></p>
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**DMR Calculation Check**

**Reporting Period:** From 10 01 01 To 10 03 31  
Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>0.40</u>	<u>7.0</u>	<u>7.0</u>
<b>Calculated Value:</b>	<u>0.39</u>	<u>*</u>	<u>*</u>
<b>Permit Value:</b>	<u>12.0</u>	<u>20</u>	<u>30</u>

**If calculated value does not equal reported value, explain: \*One sample per quarter.**  
TSS sample collected at 1415 on 2/18/10. Recorded flow was 00.6835 MGD at 0830.



**DMR Calculation Check**

**Reporting Period:** From 10 01 01 To 10 03 31  
Year Month Day Year Month Day

**Parameter Checked:** CBOD

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>0.2</u>	<u>3</u>	<u>3</u>
<b>Calculated Value:</b>	<u>0.17</u>	<u>*</u>	<u>*</u>
<b>Permit Value:</b>	<u>12.0</u>	<u>20</u>	<u>30</u>

**If calculated value does not equal reported value, explain: \*One sample per quarter.**  
TSS sample collected at 1415 on 2/18/10. Recorded flow was 00.6835 MGD at 0830.

### **NPDES Compliance Inspection Report Further Explanation**

1. I observed a hole in the effluent pipe which appeared to allow a significant portion of the effluent to discharge to the ground and not to the receiving stream. Mr. Gillespie was present to observe this hole and location.
2. Chain of custody needs to have a more exact location description of where samples are collected. The chain of custody for 2/18/10 reports "Final Effluent". From this description is not clear whether the sample was collected at the weir plate or chlorine contact chamber or at the outfall pipe located at the receiving stream.
3. Facility or sample collector needs to document that a flow was recorded within 15 minutes of collecting grab samples. Samples collected on 2/18/10 were collected at 1415 hours and the flow record for 2/18/10 was recorded at 0830 hours.
4. No staff gauge was installed at the primary flow measuring device. The facility does use a yardstick to measure head height, however, the yardstick is placed directly in the notch of the weir plate and not a minimum of 3 times the expected head height as recommended by ISCO. A head height measurement at the proper location could not be obtained at the time of inspection due to a rounded joint at the base of the weir plate (i.e. could not measure the height of the bottom of the v-notch).
5. The facility reports conducting periodic flow calibration checks as described above, however, no records are maintained.

**Water Division NPDES Photographic Evidence Sheet**

**Location:** Mt. Magazine State Park Waste water Treatment Plant.

**Photographer:** Travis Harmon      **Witness:** Frank Gillespie

**Photo #** 1    **Of** 2      **Date:** 4/27/10    **Time:** 1059

**Description:** V-Notch weir with no staff gauge installed.



**Photographer:** Travis Harmon      **Witness:** Frank Gillespie

**Photo #** 2    **Of** 2      **Date:** 4/27/10    **Time:** 1342

**Description:** Hole in effluent pipe allowing significant portion of effluent is discharged to the ground instead of to the receiving stream. Flow recorded during attempted calibration check was 1.99 GPM at 1221 hours. Picture taken at 1342 hours.



## Garner, Cindy

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**From:** Harmon, Travis  
**Sent:** Thursday, June 17, 2010 9:07 AM  
**To:** Garner, Cindy  
**Cc:** Washam, Dale  
**Subject:** FW: ADEQ

Cindy,

Here are repair pictures and information from Becky Bariola for the Mt. Magazine Wastewater inspection (ARR0048852) on 4/27/10.

Thanks,

Travis Harmon  
ADEQ Water Division-District 5 Inspector  
479-968-7339 extension 14

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**From:** Becky Bariola [mailto:Becky.Bariola@arkansas.gov]  
**Sent:** Thursday, June 17, 2010 8:41 AM  
**To:** Harmon, Travis  
**Subject:** FW: ADEQ

Sorry I am late getting this to you. Let me know if there is any additional information needed. I have attached photos of the repaired effluent line.

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**From:** Frank Gillespie  
**Sent:** Thursday, June 17, 2010 8:11 AM  
**To:** Becky Bariola  
**Cc:** Donna Spaght  
**Subject:** RE: ADEQ

You have the effluent repair pictures from Donna.

I will talk to the sampler when he arrives today about item #2 to correct this.

We are now documenting #3 , the flow at grab sampling, and logging it.

We got the "0" head reading Wednesday 6/16. It is 11 ½" but are still going to have a staff gauge built and installed. This will be a 'in house' install.

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**From:** Becky Bariola  
**Sent:** Friday, June 11, 2010 1:52 PM  
**To:** Frank Gillespie  
**Cc:** Donna Spaght  
**Subject:** ADEQ

I need responses to how we are correcting the violations. I didn't realize that June 4<sup>th</sup> was the deadline.

Becky Bariola  
Superintendent

7/2/2010

Mount Magazine State Park  
16878 Hwy 309 South  
Paris, AR 72855  
479-963-8502  
[www.arkansasstateparks.com](http://www.arkansasstateparks.com)  
[www.mountmagazinestatepark.com](http://www.mountmagazinestatepark.com)

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ERTAWEE

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# ADEQ

ARKANSAS  
Department of Environmental Quality

July 7, 2010

Ms. Becky Bariola, Supt.  
Mount Magazine State Park  
One Capitol Mall  
Little Rock, AR 72201

RE: PERMIT NUMBER: AR0048852

AFIN: 42-00124

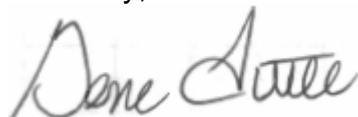
Dear Ms. Bariola:

The Department has received your response to the April 27, 2010 inspection of your facility by our District Field Inspector, Travis Harmon. Your letter appears to adequately address the discrepancies identified during the visit. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your site and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

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 501-682-0631 or you may e-mail me at [little@adeq.state.ar.us](mailto:little@adeq.state.ar.us).

Sincerely,



Gene Little  
Enforcement Analyst  
Water Division Enforcement Branch