

# ADEQ

ARKANSAS  
Department of Environmental Quality

December 6, 1999

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The Honorable John Ballentine  
Mayor of Alma  
804 Fayetteville Avenue, Suite A  
Alma, AR 72921

Re: CSN No.: 17-0059; NPDES Permit No.: AR0021466

Dear Mayor Ballentine:

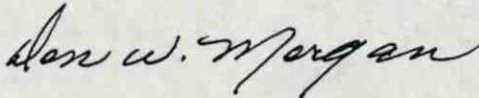
On November 30, 1999, I performed a routine compliance inspection of the Alma POTW in accordance with the provisions of the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violation:

1. Flow checks are not being conducted on the effluent flow meter to document it's accuracy is within the required + or - 10% error. Records reveal that no flow checks have been conducted since 2/2/99. Flow checks should be conducted a minimum of once/month and the results recorded.

The above item requires your immediate attention. Please submit a written response to this finding to the NPDES Enforcement Section of this Department when the violation has been corrected. This response should contain documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response is due by January 5, ~~1999.~~  
2000.

If I can be any assistance, please contact me at 501-927-3257, Ext. 13.

Sincerely,



Don W. Morgan  
District Field Inspector  
Water Division

aw  
cc: NPDES Branch

NPDES# AR0021466  
DMR'S  
NCR  
 CORRESPONDENCE  
GRAS



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

## Section A: National Data System Coding

|                      |   |   |       |                            |   |   |   |    |   |    |   |                    |           |    |    |   |   |              |   |           |    |          |   |    |   |    |    |  |  |
|----------------------|---|---|-------|----------------------------|---|---|---|----|---|----|---|--------------------|-----------|----|----|---|---|--------------|---|-----------|----|----------|---|----|---|----|----|--|--|
| Transaction Code     |   |   | NPDES |                            |   |   |   |    |   |    |   |                    | yr/mo/day |    |    |   |   | Inspec. Type |   | Inspector |    | Fac Type |   |    |   |    |    |  |  |
| N                    | 2 | 5 | 3     | A                          | R | 0 | 0 | 2  | 1 | 4  | 6 | 6                  | 11        | 12 | 9  | 9 | 1 | 1            | 3 | 0         | 17 | 18       | C | 19 | S | 20 | 1  |  |  |
| Remarks              |   |   |       |                            |   |   |   |    |   |    |   |                    |           |    |    |   |   |              |   |           |    |          |   |    |   |    |    |  |  |
| C                    | S | N | 1     | 7                          | - | 0 | 0 | 5  | 9 | M  | A | J                  | O         | R  | M  | U | 9 | 2            | - | 5         | 0  | 0        |   |    |   |    |    |  |  |
| Inspection Work Days |   |   |       | Facility Evaluation Rating |   |   |   | BI |   | QA |   | -----Reserved----- |           |    |    |   |   |              |   |           |    |          |   |    |   |    |    |  |  |
| 67                   |   |   | 69    | 70                         | 2 |   |   | 71 | N | 72 | N | 73                 |           | 74 | 75 |   |   |              |   |           |    |          |   |    |   |    | 80 |  |  |

## Section B: Facility Data

|  |  |                                      |  |  |  |
|--|--|--------------------------------------|--|--|--|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)   |  | Entry Time /Date<br>9:00 AM 11/30/99 |  | Permit Effective Date<br>9/1/97  |  |
| City of Alma POTW<br>Orrick St off Airport St. on the East side of Alma.<br>Alma, AR   |  | Exit Time/Date<br>12:30 PM 11/30/99  |  | Permit Expiration Date<br>8/31/2002  |  |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)<br>Kevin Beaumont/Public Works Director/(501) 632-2254 / 501-632-5136<br>Tony Maxwell/Wastewater Operator/(501) 632-2267/ No Fax |  |                                      |  | Other Facility Data  |  |
| Name, Address of Responsible Official/Title/Phone and Fax Number<br>John Ballentine/Mayor/501-632-4110/501-632-5136<br>804 Fayetteville Avenue, Suite A<br>Alma, AR 72921                              |  |                                      |  |  |  |
|  |  |                                      |  | Contacted<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

## Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

|   |                           |   |                         |   |                          |   |                      |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit                    | U | Flow Measurement        | S | Operations & Maintenance | S | Sampling             |
| S | Records/Reports           | S | Self-Monitoring Program | S | Sludge Handling/Disposal | N | Pollution Prevention |
| S | Facility Site Review      | S | Compliance Schedules    | N | Pretreatment             | N | Multimedia           |
| S | Effluent/Receiving Waters | S | Laboratory              | N | Storm Water              |   | Other:               |

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Discharge monitoring reports for August, September, October 1999 and related data for October 1999 were reviewed. No excursions of permit limits were noted.

Flow checks are not being conducted on the totalizer and this resulted in an unsatisfactory evaluation on flow measurement.

The facility O&M manual needs to be updated to reflect the installation of a chlorination unit and contact chamber, flow device, and other changes. A new procedure needs to be written for the change in methodology used ph analysis conducted at the POTW. Construction of a new staff gauge to facilitate manual flow measurements for flow checks needs to be completed and the device installed.

|  |  |                 |
|--|--|-----------------|
| Name(s) and Signature(s) of Inspector(s)<br>Don W. Morgan <i>Don W. Morgan</i> | Agency/Office/Telephone/Fax<br>ADEQ/Fayetteville/(501) 442-4802/(501) 442-9001 | Date<br>12/1/99 |
| Signature of Management QA Reviewer  | Agency/Office/Phone and Fax Numbers  | Date            |

**SECTION A - PERMIT VERIFICATION**PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS  
DETAILS: S  M  U  NA (FURTHER EXPLANATION ATTACHED No)

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE

 Y  N  NA

2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES

 Y  N  NA

3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT

 Y  N  NA

4. ALL DISCHARGES ARE PERMITTED

 Y  N  NA**SECTION B - RECORDKEEPING AND REPORTING EVALUATION**RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.  
DETAILS: S  M  U  NA (FURTHER EXPLANATION ATTACHED No)

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS.

 Y  N  NA

2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.

 S  M  U  NA

a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING

 Y  N  NA

b) NAME OF INDIVIDUAL PERFORMING SAMPLING

 Y  N  NA

c) ANALYTICAL METHODS AND TECHNIQUES.

 Y  N  NA

d) RESULTS OF ANALYSES AND CALIBRATIONS.

 Y  N  NA

e) DATES AND TIMES OF ANALYSES.

 Y  N  NA

f) NAME OF PERSON(S) PERFORMING ANALYSES.

 Y  N  NA

3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.

 S  M  U  NA

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.

 S  M  U  NA

5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.

 Y  N  NA**SECTION C - OPERATIONS AND MAINTENANCE**TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.  
DETAILS: S  M  U  NA (FURTHER EXPLANATION ATTACHED No)

1. TREATMENT UNITS PROPERLY OPERATED.

 S  M  U  NA

2. TREATMENT UNITS PROPERLY MAINTAINED.

 S  M  U  NA

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. (RETENTION)

 S  M  U  NA

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.

 S  M  U  NA

5. ALL NEEDED TREATMENT UNITS IN SERVICE.

 S  M  U  NA

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.

 S  M  U  NA

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.

 S  M  U  NA

8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.

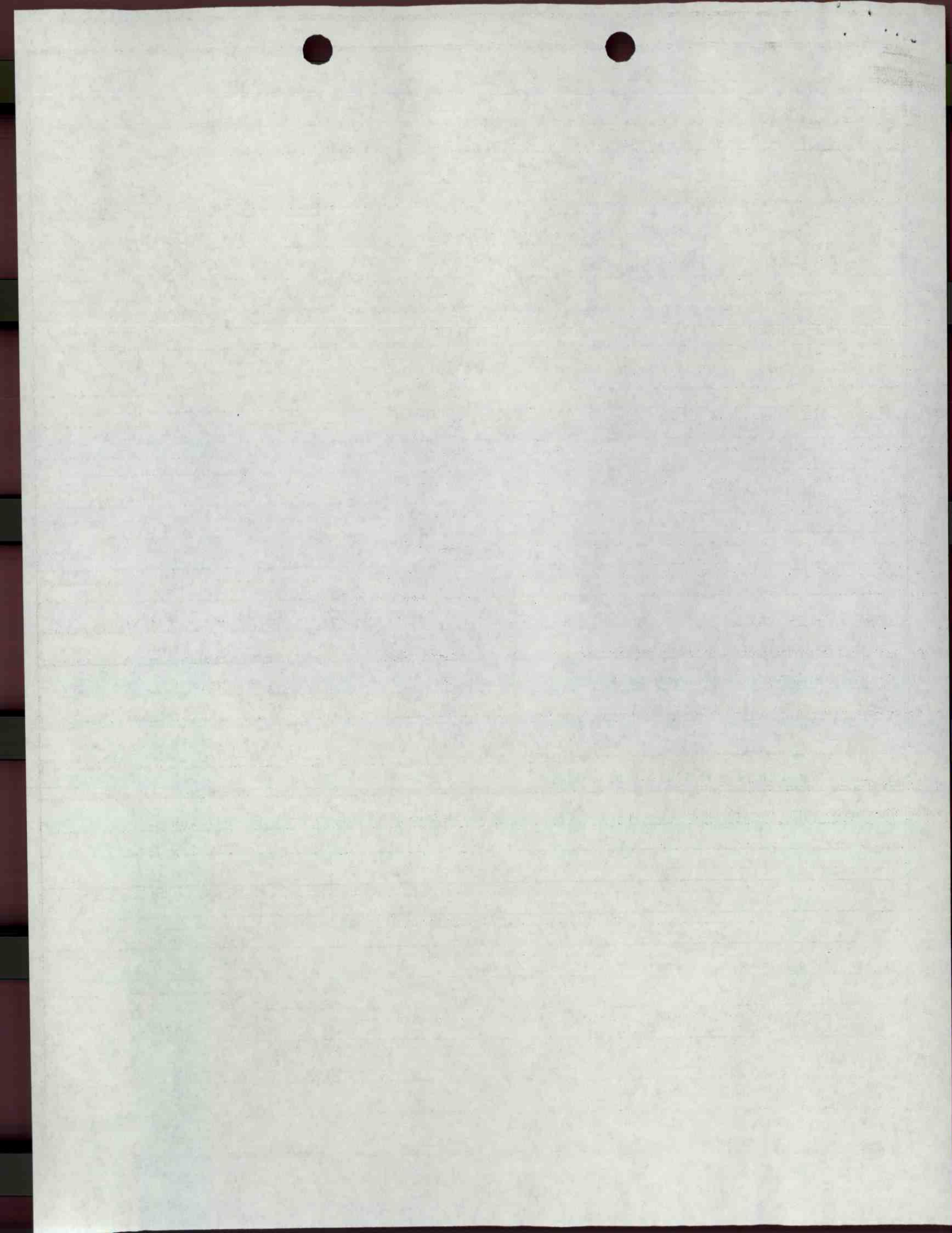
 Y  N  NA

STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.

 Y  N  NA

PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.

 Y  N  NA



## SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR?  Y  N  NA  
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED?  Y  N  NA  
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS?  Y  N  NA
10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT?  Y  N  NA  
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT?  Y  N  NA

## SECTION D - SAMPLING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS.  S  M  U  NA (FURTHER EXPLANATION ATTACHED No ).  
 DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.  Y  N  NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.  Y  N  NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.  Y  N  NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.  Y  N  NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.  Y  N  NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE  Y  N  NA
- a) SAMPLES REFRIGERATED DURING COMPOSITING.  Y  N  NA
- b) PROPER PRESERVATION TECHNIQUES USED.  Y  N  NA
- c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3.  Y  N  NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? (NONE PERFORMED MORE OFTEN)  Y  N  NA

## SECTION E - FLOW MEASUREMENT

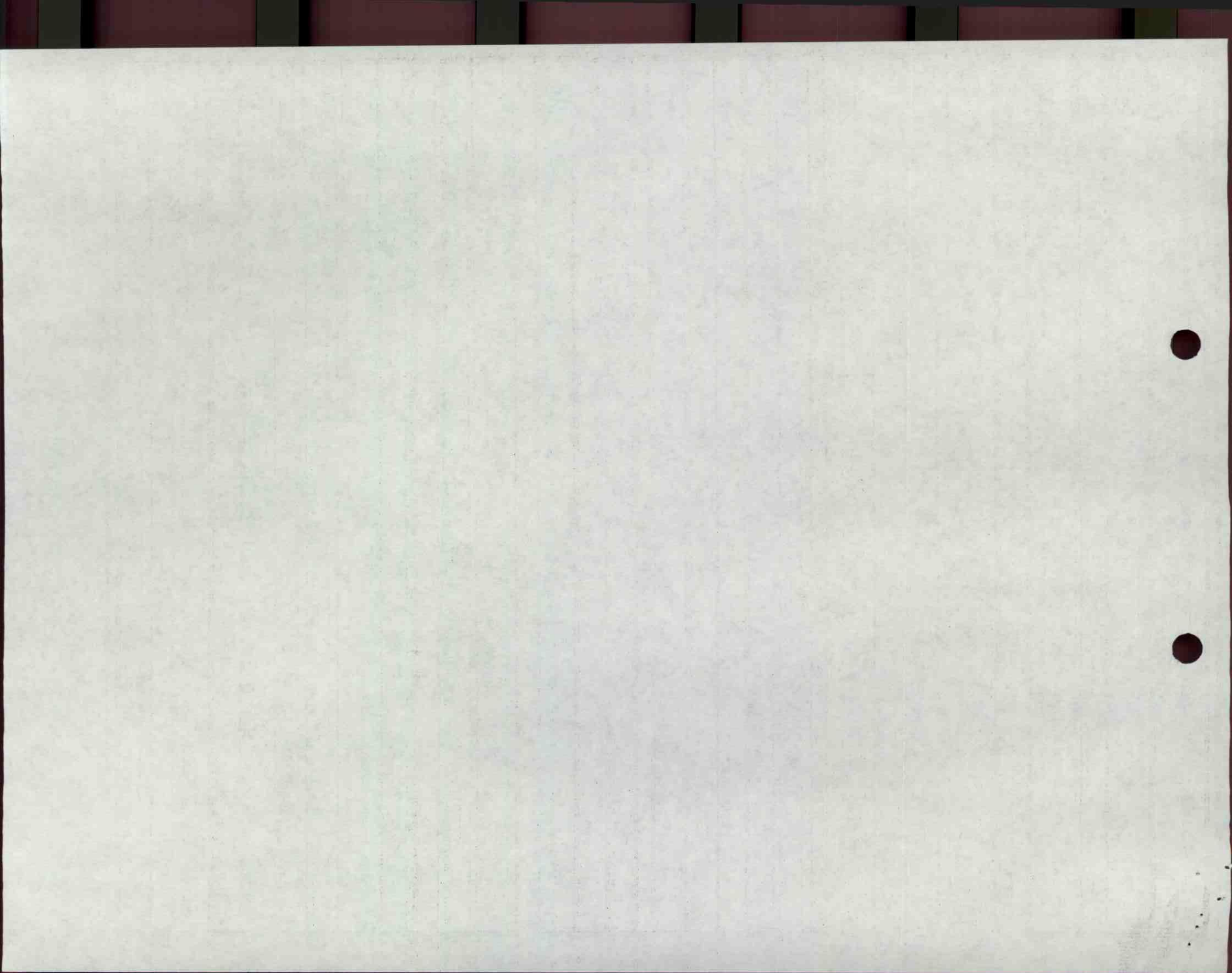
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS.  S  M  U  NA (FURTHER EXPLANATION ATTACHED Yes )  
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED.  Y  N  NA  
 TYPE OF DEVICE 3 Ft. Rectangular Weir with End contractions
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.  Y  N  NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.  Y  N  NA
4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION 2/2/99 )  Y  N  NA  
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES.  Y  N  NA  
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE.  Y  N  NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE.  Y  N  NA
6. HEAD MEASURED AT PROPER LOCATION.  Y  N  NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.  Y  N  NA

## SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS.  S  M  U  NA (FURTHER EXPLANATION ATTACHED No )  
 DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES)  Y  N  NA



## SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED  Y  N  NA
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.  S  M  U  NA
4. QUALITY CONTROL PROCEDURES ADEQUATE.  S  M  U  NA
5. DUPLICATE SAMPLES ARE ANALYZED. 17 % OF THE TIME.  Y  N  NA
6. SPIKED SAMPLES ARE ANALYZED.      % OF THE TIME.  Y  N  NA
7. COMMERCIAL LABORATORY USED.  Y  N  NA

LAB NAME Data TestingLAB ADDRESS 3434 Country Club, Fort Smith, AR 72903PARAMETERS PERFORMED BOD, TSS, Fecal ColiformSECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS.  S  M  U  NA (FURTHER EXPLANATION ATTACHED No ).

| OUTFALL NO. | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOAT SOL. | COLOR          | OTHER |
|-------------|-----------|--------|-----------|--------------|------------|----------------|-------|
| 001         | None      | None   | Slight    | None         | None       | V. Light Brown |       |
|             |           |        |           |              |            |                |       |
|             |           |        |           |              |            |                |       |

RECEIVING WATER OBSERVATIONS Not Observed

## SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS.  S  M  U  NA (FURTHER EXPLANATION ATTACHED No ).  
DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.  S  M  U  NA
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. (No sludge has been removed from lagoons)  S  M  U  NA
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: N/A (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED No ).

1. SAMPLES OBTAINED THIS INSPECTION.  Y  N  NA
2. TYPE OF SAMPLE OBTAINED  
GRAB (Fecal Coliform) COMPOSITE SAMPLE METHOD FREQUENCY
3. SAMPLES PRESERVED.  Y  N  NA
4. FLOW PROPORTIONED SAMPLES OBTAINED.  Y  N  NA
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE.  Y  N  NA
6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE.  Y  N  NA
7. SAMPLE SPLIT WITH PERMITTEE.  Y  N  NA
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED.  Y  N  NA
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT.  Y  N  NA

DMR Calculation Check

Reporting Period: From 1999 October 1 To 1999 October 31  
Year Month Day Year Month Day

Parameter Checked: BOD

|                   | <u>Quantity</u>  |                 | <u>7 Day Avg<br/>Max-Mg/l</u> |
|-------------------|------------------|-----------------|-------------------------------|
|                   | <u>Min- Mg/L</u> | <u>Avg-Mg/L</u> |                               |
| Reported Value:   | N/A              | 9.33            | 12.00                         |
| Calculated Value: | N/A              | 9               | 12                            |
| Permit Value:     | N/A              | 30              | 45                            |

If calculated value does not equal reported value, explain:

**O.K.**



NPDES Compliance Inspection Report  
Further Explanation

Page 3 of 4

Section E Part N/A

Detail 4

Flow checks are not being conducted to document that the flow device is accurate to within + or - 10% error. No flow checks have been conducted since 2/2/99. Access to the rectangular weir was not provided when the new chlorination contact chamber was constructed and obtaining a manual head measurement is difficult. The facility is at this time constructing a staff gauge for use in measuring the head at the weir.

Page \_\_\_\_\_ of 4

Section    Part N/A

Detail

Page \_\_\_\_\_ of 4

Section \_\_\_\_\_ Part N/A

Detail

Page \_\_\_\_\_ of 4

Section \_\_\_\_\_ Part N/A

Detail