



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Washington, D.C. 20460

NPDES Compliance Inspection ReportForm 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
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> 0 <input type="text" value="0"/> 3 <input type="text" value="4"/> 1 <input type="text" value="2"/> 6 <input type="text" value="11"/> 12 <input type="text" value="0"/> <input type="text" value="6"/> 1 <input type="text" value="0"/> 3 <input type="text" value="0"/> 17 18 <input type="text" value="C"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks				
<input type="text" value="H"/> <input type="text" value="O"/> <input type="text" value="T"/> <input type="text" value="S"/> <input type="text" value="P"/> <input type="text" value="R"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="G"/> <input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="U"/> <input type="text" value="N"/> <input type="text" value="T"/> <input type="text" value="Y"/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text" value="1"/> 69	70 <input type="text" value="3"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/>	74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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 0850 on 10/30/06	Permit Effective Date June 1, 2005
City of Malvern Wastewater facility 1/2 mile Gribbsy Ford Road	Exit Time/Date 1330 on 10/30/06	Permit Expiration Date May 31, 2010
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data	
Carl Wheatley, Wastewater Supt., 501-337-9436 John Davis, Wastewater Plant Operator		
Name, Address of Responsible Official/Title/Phone and Fax Number Carl Wheatley, Water Mgr., 501-332-3634 P.O. Box 638 Malvern, AR 72104	Contacted Yes <input type="text" value=""/> No <input checked="" type="text" value="X"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	S	Operations & Maintenance	N	CSO/SSO
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	S	Other: DMR's

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

No major violations noted during this inspection.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Jim McSwain	ADEQ / Hot Springs / 501-520-0541 / 501-520- 5978	10/30/06
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

	PERMIT NO. AR0034126
SECTION A - PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS DETAILS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>No</u>)
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
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
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4. ALL DISCHARGES ARE PERMITTED	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
SECTION B - RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. DETAILS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>No</u>)
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
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
a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
b) NAME OF INDIVIDUAL PERFORMING SAMPLING	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c) ANALYTICAL METHODS AND TECHNIQUES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
d) RESULTS OF ANALYSES AND CALIBRATIONS.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
e) DATES AND TIMES OF ANALYSES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
f) NAME OF PERSON(S) PERFORMING ANALYSES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
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
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"/> 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
SECTION C - OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. DETAILS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>No</u>)
1. TREATMENT UNITS PROPERLY OPERATED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
2. TREATMENT UNITS PROPERLY MAINTAINED..	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA
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
5. ALL NEEDED TREATMENT UNITS IN SERVICE.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NE

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 - SELF-MONITORING

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 ☒ 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? ☒ Y ☐ N ☐ NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED No)
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. ☒ Y ☐ N ☐ NA
 TYPE OF DEVICE 6" Parshall Flume
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 7/11/06) ☒ 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, 10 % OF THE TIME.

☒ Y ☐ N ☐ NA
6. SPIKED SAMPLES ARE ANALYZED, 10 % OF THE TIME.

☒ Y ☐ N ☐ NA
7. COMMERCIAL LABORATORY USED.

☐ Y ☒ N ☐ NA

LAB NAME
LAB ADDRESS
PARAMETERS PERFORMED

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED No).

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	None	None	None	None	None	Clear	

Comments:

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED No).
DETAILS: See Attachment Page 7 of 7.

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.

☒ S ☐ M ☐ U ☐ NA
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503.

☒ 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 N/A
GRAB 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 NATURE 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

NPDES Permit No. AR0034126
Flow Calculation Sheet

Field Data: Date 10/30/06 Time 1146 hrs.

Head 0.676' Inches / Feet

Type & Size of Flow Monitoring Device: 9" Parshall Flume

Name & Model of Flow Monitoring Device : OCM II Millitronics

Monitoring Device Flow at date & time listed above: 1.169 mgd

Reference for Flow Calculations; Isco Open Channel Flow Measurement Handbook 3rd Ed.

Formula: CFS x 0.6463

Calculations: See Table 13-5, pg. 318

% error = $\frac{\text{recorded value} - \text{calculated value}}{\text{calculated value}} (100)$

% error = $[(1.169 - 1.090) / 1.090]100$

% error = 7.25 %

NPDES Permit No. AR0034126

DMR Calculation Check

Reporting Period: From 2006 07 01 To 2006 07 31
Year Month Day Year Month Day

Parameter Checked: CBOD

Quantity

Monthly Ave.- Mg/L

7 Day Avg-Mg/L

6.7 mg/l

7.5 mg/l

6.7 mg/l

7.5 mg/l

25 mg/l

38 mg/l

If calculated value does not equal reported value, explain:

Adeq(2-97)

ddw

ADEQ

ARKANSAS
Department of Environmental Quality

November 21, 2006

Carl Wheatley, Water Manager
City of Malvern
P.O. Box 638
Malvern, Arkansas 72104

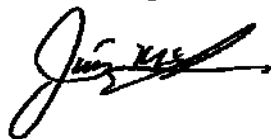
Re: Permit Numbers: AR0034126, ARG640026, ARG640164, 4394-WG-WR

Dear: Mr. Wheatley:

On October 30, 2006, I performed a routine compliance evaluation inspection of Malvern's wastewater facility in accordance with the provisions of the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated there under. This inspection revealed that you were in compliance with the terms of your permits.

If I can be any assistance, please contact me at 501-520-0541.

Sincerely,



Jim McSwain
District Field Inspector
Water Division

cc: NPDES Branch
State Permits