EPA

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

1	Transaction Code	2	NPDES	11	yr/mo/day	17	Inspec. Type	18	Inspector	19	Fac Type	20
	N	5	ARG002179 2		061108		C		S		1	

Remarks: AFIN 08-00034

Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved
67–69	70: 2	71: N	72: N	73–80

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	Permit Effective Date
City of Berryville 1000 W Cedarvale S26 T20N R25W in Carroll County	1000/11-08-06	November 1, 2002
	Exit Time/Date 1605/11/08-06	Permit Expiration Date October 31, 2007

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Darrell Backs/Chief Operator/870-423-3749/No fax

Name, Address of Responsible Official/Title/Phone and Fax Number
Kirby Murray/Public Works Director/870-423-4074/870-423-4501
City of Berryville
P.O. Box 227
Berryville, AR 72616

Contacted: Yes [ ] No [X]

Other Facility Data

GPS Coordinates of Outfall 001:
N36.35640
W93.58091

GPS Coordinates at Gate:
N36.35718
W93.57895

Section C: Areas Evaluated During Inspection

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

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

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

No Storm Water Pollution Prevention Plan has been submitted or implemented as required by the permit.

See Attachments 3, 4, and 5 for details of additional findings.

DMRs for the months of August and September of 2006 were reviewed during the inspection. The effluent was within permit limits for those months.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
John Fazio	Arkansas Dept. of Environmental Quality/ Fayetteville/(501)682-0744	November 29, 2006
John Fazio		
Signature of Reviewer	**Agency/Office/Phone and Fax Numbers**	**Date**
ddw		

EPA Form 3560-3 (Rev. 9-94) Previous editions are obsolete.

PERMIT NO.: **AR0021792**

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS ■ S □ M □ U □ NA (FURTHER EXPLANATION ATTACHED **No**)
DETAILS:

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. □ S □ M ■ U □ NA (FURTHER EXPLANATION ATTACHED **Yes**)
DETAILS:

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. **Contract Laboratory** □ S □ M ■ U □ NA

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR. ■ S □ M □ U □ NE

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. □ S ■ M □ U □ NA (FURTHER EXPLANATION ATTACHED **Yes**)
DETAILS:

1. TREATMENT UNITS PROPERLY OPERATED. ■ S □ M □ U □ NA

2. TREATMENT UNITS PROPERLY MAINTAINED. Seal out on grit pump □ S ■ M □ U □ NA

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. Generator and telemetry phone ■ S □ M □ U □ NA

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. Computer call out ■ S □ M □ U □ NA

5. ALL NEEDED TREATMENT UNITS IN SERVICE. ■ S □ M □ U □ NA

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED. 3 Class IIs; 1 Class I; 1 operator in-training ■ S □ M □ U □ NA

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED. □ S □ M ■ U □ NE

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 ■ NE

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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 Sampling MEETS PERMIT REQUIREMENTS. □ S ▯ M ■ U ▯ NA (FURTHER EXPLANATION ATTACHED **Yes**).
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 18" 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 **(8-2-06**) ■ 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 **Yes**)
DETAILS:

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

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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. TRC, pH, DO 100% OF THE TIME City sample % known; contract labs % not provided. ☐ Y■N ☐ NA

6. SPIKED SAMPLES ARE ANALYZED.___% OF THE TIME. ☐ Y ■ N ☐ NA

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

LAB NAME **Environmental Testing Group** **Environmental Testing Consultants**

LAB ADDRESS **1702 E. Central Ave., Bentonville, AR 72712** **2790 Whitten Rd., Memphis, TN 38133**

PARAMETERS PERFORMED **BOD5, TSS, NH_3-N, fecal coliform, sludge parameters** **Biomonitoring**

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:

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: Agricultural (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

Attachment #1
AR0021792

FLOW CALCULATION SHEET

Field Data: Date **11-08-06** Time **10:55 a.m.**

Head in Inches **7.5”** = **0.625 ft**

Type & Size of Primary Flow Measurement Device
18” Parshall Flume
Name & Model of Secondary Flow Measurement Device
BIF DC Totalizer/Recorder Model 257

Recorded Flow at date & time listed above **1.72 MGD**

Flows are calculated from flow charts taken from th**e ISCO Open Channel Flow Measurement Handbook-5th Edition**

$$\frac{1.72-1.882}{1.882} = -0.086$$

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

% error = -0.086 x 100

% error = -8.6% error (<10%, OK)

Attachment #2

AR0021792

DMR Calculation Check

Reporting Period: From 06 09 01 To 06 09 30

Year Month Day Year Month Day

Parameter Checked: Fecal Coliform

	Colonies/100 ml Monthly Average	Colonies/100 ml 7-Day Average
Reported Value:	**22**	**106**
Calculated Value:	**22**	**106**
Permit Value:	**1000**	**2000**

If calculated value does not equal reported value, explain:

Attachment # 3
NPDES Permit No. AR0021792

NPDES Compliance Inspection Report
Further Explanation

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Section B

Detail 2c, 2d, 2e, 2f

Consulting lab is not providing the permittee with the following:

1. **the analytical methods or techniques used to analyze biochemical oxygen demand (BOD), total suspended solids (TSS), ammonia-nitrogen, and fecal coliform;**
2. **the analysis dates and times for BOD, TSS, ammonia-nitrogen, and fecal coliform;**
3. **the name of the person performing the analysis for BOD, TSS, ammonia-nitrogen, and fecal coliform; and**

The permittee has no record of the following:

1. **calibration records for pH, dissolved oxygen (DO), and total residual chlorine (TRC) measurement equipment; and**
2. **sampling time for pH, DO, and TRC.**

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Section B

Detail 3

Consulting lab is not providing permittee with lab equipment calibration and maintenance records.

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Section C

Detail 2

Seal out on grit pump.

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Section C

Detail 7

A spare parts and supplies inventory should be maintained.

Attachment # 4
NPDES Permit No. AR0021792

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Further Explanation

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Section D

Detail 3

6 hr. and 24 hr. composite samples are time-weighted rather than flow-weighted.

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Section D

Detail 6b, c

6b: Consulting lab did not provide permittee with all chain-of-custody records to accompany lab reports, therefore, it is unknown if proper preservation techniques were used for BOD, TSS, ammonia-nitrogen, and fecal coliform for those sampling events.

6c: Consulting lab did not provide permittee with analysis time on lab report, therefore, it is unknown if holding times for BOD, TSS, ammonia-nitrogen, and fecal coliform were met.

Permittee has no records of sampling time for DO, pH and TRC, therefore, it is unknown if holding times were met for those parameters.

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Section F

Detail 1

Consulting lab did not provide permittee with analytical methods used, therefore, it is unknown if approved methods were used for BOD, TSS, ammonia-nitrogen, and fecal coliform.

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Section F

Detail 3

Consulting lab did not provide permittee with documentation of calibration and maintenance of instruments and equipment on lab report. This requirement can be satisfied by the consulting lab providing a statement on the lab report that the instruments and equipment are properly maintained and calibrated.

Attachment # 5
NPDES Permit No. AR0021792

NPDES Compliance Inspection Report
Further Explanation

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Section D

Detail 4, 5, 6

Consulting lab did not provide permittee with spiked sample and duplicate sample analysis on lab report. Therefore, it is unknown if quality control procedures are adequate, and at what frequency duplicate and spiked samples are analyzed.

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Section D

No Storm Water Pollution Prevention Plan has been submitted or implemented by the permittee as required by the permit. The permittee can contact the ADEQ NPDES Branch for specifics regarding "No Exposure Certification" for possible exclusion from the NPDES permitting requirement for storm water discharges from your facility.

ADEQ

A R K A N S A S
Department of Environmental Quality

December 7, 2006

Kirby Murray, Public Works Director
City of Berryville
P.O. Box 227
Berryville, AR 72616

RE: AFIN: 08-00034 NPDES Permit No.: AR0021792

Dear Mr. Murray:

On November 08, 2006, Dale Washam, Inspector Supervisor, and 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 there under. This inspection revealed the following violations:

1. Consulting lab is not providing permittee with the analytical methods or techniques used for analysis of biological oxygen demand (BOD), total suspended solids (TSS), ammonia-nitrogen, and fecal coliform; lab equipment calibration and maintenance records; chain-of-custody reports to accompany each of the lab analysis reports to document that proper preservation methods were used for BOD, TSS, ammonia-nitrogen, and fecal coliform; the analysis times on the lab analysis reports to document that holding times were met for BOD, TSS, ammonia-nitrogen, and fecal coliform; and spiked sample and duplicate sample analyses to document whether quality control procedures are adequate and at what frequency duplicate and spiked samples are analyzed. Additionally, the permittee has no calibration records for pH, dissolved oxygen (DO), and total residual chlorine (TRC); and has no records of analysis times for DO, pH, and TRC to document that holding times were met for these parameters. These items are in violation of Part II.C.3 of the permit and records of these items need to be maintained at the treatment facility.

2. Permittee has no record of the sampling times for DO, pH, and TRC. This is in violation of Part II.C.8.a of the permit.

3. Consulting lab is not providing permittee with the analysis date and time for BOD, TSS, ammonia-nitrogen, and fecal coliform. This is in violation of Part II.C.8.c of the permit.

4. Consulting lab is not providing permittee with the name of the individual performing the analysis for BOD, TSS, ammonia-nitrogen and fecal coliform. This is in violation of Part II.C.8.d of the permit.

5. Consulting lab is not providing permittee with the analytical methods or techniques used for analysis of BOD, TSS, ammonia-nitrogen, and fecal coliform. This is in violation of Part II.C.8.e of the permit.

6. 6-hour composite samples for BOD, TSS, ammonia-nitrogen, and fecal coliform are time-weighted rather than flow-weighted. This is in violation by definition in Part IV of the permit.

7. 24-hour composite samples for toxicity testing are time-weighted rather than flow-weighted. This is in violation of Part III.10.2.d.i of the permit.

8. An adequate spare parts and supplies inventory is not being maintained. Additionally, a seal is out on the grit pump. These items are in violation of Part II.B.1.a of the permit.

9. A Storm Water Pollution Prevention Plan has not been submitted or implemented by the permittee in accordance with the requirements of Part III, item12 of the permit.

The above items require your immediate attention. Please submit a written response to these findings to the NPDES Enforcement Section of this Department when the violations have been corrected. This response should contain 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 **December 21, 2006.**

If I can be any assistance, please contact me at 501-682-0744.

Sincerely,

John Fazio
District Field Inspector
Water Division

cc: NPDES Enforcement Branch
NPDES Permits Branch

503 SLUDGE INSPECTION CHECKLIST - LAND APPLICATION

FACILITY: City of Berryville
PERMIT #: AR0021792
INSPECTION DATE: November 08, 2006

1. What is the quantity of sludge land applied per year (dry weight basis)?
   225 metric tons
2. What is the required frequency of monitoring for pollutants, pathogen densities, and vector attraction reduction? (See table 2-7, p. 43) **Once per quarter as required by permit**
3. Is monitoring being conducted at the required frequency? **Yes**

4. Which set of metals limits is being met? (pollutant concentration limits or ceiling concentration limits - See Table 2-1, p. 29) **Ceiling and cumulative concentration limits**

5. Which Pathogen Reduction Requirement alternative is being used? (See Table 2-5., p. 37) **Class B – Alternative 2**
   Are the requirements for the alternative being met? **Yes**
6. Which Vector Attraction Reduction option is being used? (See Table 2-6, p. 37)
   Option 2 – anaerobic digestion
   Are the requirements for the selected option being met? **Yes**

GO TO FLOW CHART, DETERMINE SLUDGE TYPE, RESULTING REQUIREMENTS

7. What is the sludge type? (EQ, PC, CPLR, or APLR) **PC Class B**
8. Are site restrictions required? **Yes**
   Are they being met? (See Fig. 2-4, p. 38) **Yes**

9. Are management practices required? **Yes**

   Are they being met? (See Fig. 2-9, p. 45)
   Yes
10. Do the general requirements apply? **Yes**
    Are they being met? (See Fig. 2-8, p. 44) **Yes**
11. Is the facility subject to loading rate limits? **Yes; by permit**

    Are they being met? (See Table 2-1, p. 29) **Yes**

NOTE: TABLES AND PAGE NUMBERS REFERENCED ABOVE ARE FROM EPA'S A PLAIN ENGLISH GUIDE TO THE EPA PART 503 BIOSOLIDS RULE, September 1994.