



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

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

## NPDES Compliance Inspection Report

### 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	2	1	8	0	6	11	12	0	7	0	4	1	0	17	18	C	19	S	20	1			
Remarks																																	
A F I N 6 0 - 0 0 4 0 9 P U L A S K I C O U N T Y																																	
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved																	
67 69						70 5						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> )  Little Rock Wastewater Utility – Adams Field Plant 1001 Temple Little Rock, AR	Entry Time /Date 0830 on 04/10/07	Permit Effective Date 01/01/07
	Exit Time/Date 1130 on 04/10/07	Permit Expiration Date 12/31/11
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Perry Thornton / Plant Superintendent / 501-688-1526		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Reggie Corbitt, C.E.O 221 E. Capitol Little Rock, AR 72202		Major mun. PL 92-500
Contacted Yes No X		

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

S	Permit	M	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	N	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)

The facility's effluent flow meter was found to be out of the 10% allowable error.

During this inspection it was also found that the plant has changed their process operation of their aeration basins from a complete mix and aeration to a plugged flow and partial aeration to create an anoxic zone at the head of the basins and to increase detention time. Also the facility is now maintaining a two foot sludge blanket in their final clarifiers, where in previous years they have maintained virtually no blanket.

Name(s) and Signature(s) of Inspector(s) Zachary Watson	Agency/Office/Telephone/Fax ADEQ / Little Rock / (501) 682-0658 / 682-0910	Date 04/10/07
Signature of Management QA Reviewer	Agency/Office/Phone and Fax Numbers	Date

	Permit No. AR0021806
<b>SECTION A - PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>no</u> ) DETAILS:	
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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
<b>SECTION B - RECORDKEEPING AND REPORTING EVALUATION</b>	
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 (FURTHER EXPLANATION ATTACHED <u>no</u> ) DETAILS:	
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"/> NA
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"/> NA
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
<b>SECTION C - OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>yes</u> ) DETAILS:	
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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"/> NA
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"/> NA

	PERMIT NO. AR0021806
<b>SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)</b>	
9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? <span style="float: right;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</span> IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? <span style="float: right;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</span> HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? <span style="float: right;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</span>	
10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? <span style="float: right;"><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA</span> IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? <span style="float: right;"><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA</span>	
<b>SECTION D - SELF-MONITORING</b>	
PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>no</u> ). DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
a) SAMPLES REFRIGERATED DURING COMPOSITING.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
b) PROPER PRESERVATION TECHNIQUES USED.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT?	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA
<b>SECTION E - FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>no</u> ) DETAILS: Flow calibration check was out of the +/-10% range of error	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. TYPE OF DEVICE <u>weir</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA
4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION <u>01/01/07</u> ) RECORDS MAINTAINED OF CALIBRATION PROCEDURES. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
5. 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
6. HEAD MEASURED AT PROPER LOCATION.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
<b>SECTION F - LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>no</u> ) 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

## SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED ☐ Y ☐ N ☒ NA3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ S ☐ M ☐ U ☐ NA4. QUALITY CONTROL PROCEDURES ADEQUATE. ☒ S ☐ M ☐ U ☐ NA5. DUPLICATE SAMPLES ARE ANALYZED. >10 % OF THE TIME. ☒ Y ☐ N ☐ NA6. SPIKED SAMPLES ARE ANALYZED. >10 % OF THE TIME. ☒ Y ☐ N ☐ NA7. COMMERCIAL LABORATORY USED. ☒ Y ☐ N ☐ NALAB NAME In House LabLAB ADDRESS 9500 Birdwood; Little Rock, ARPARAMETERS PERFORMED BOD, TSS, FCB, TRC, & pHSECTION G - EFFLUENT/RECEIVING WATERS OBSERVATION ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no).

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	none	none	none	none	none	clear	NA

RECEIVING WATER OBSERVATIONS could not observe due to airport access restrictions.

## 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 ☐ NA2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. ☒ S ☐ M ☐ U ☐ NA3. 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 NA).1. SAMPLES OBTAINED THIS INSPECTION. ☐ Y ☒ N ☐ NA2. TYPE OF SAMPLE OBTAINED NAGRAB                      COMPOSITE SAMPLE                      METHOD                      FREQUENCY                     3. SAMPLES PRESERVED. ☐ Y ☐ N ☒ NA4. FLOW PROPORTIONED SAMPLES OBTAINED. ☐ Y ☐ N ☒ NA5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. ☐ Y ☐ N ☒ NA6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE. ☐ Y ☐ N ☒ NA7. SAMPLE SPLIT WITH PERMITTEE. ☐ Y ☐ N ☒ NA8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. ☐ Y ☐ N ☒ NA9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. ☐ Y ☐ N ☒ NA

Outfall 001

DMR Calculation Check

Reporting Period: from 2007 Jan. 01 to 2007 Jan. 31  
Year Month Day Year Month Day

Parameter Checked: TSS

	<u>Monthly Mass</u> <u>Avg. (lbs/day)</u>	<u>Quantity</u> <u>Monthly</u> <u>Avg.(mg/l)</u>	<u>7-Day</u> <u>Avg.(mg/l)</u>
Reported Value:	2930	9.0	10.5
Calculated Value:	1556	9.0	10.5
Permit Value:	9010.00	30.00	45.00

If calculated value does not equal reported value, explain:

VALUES EQUAL / OK

Outfall 001

Flow Calculation Sheet

Field Data: Date 4-10-07 Time 1045 hrs.  
Head 4.0 Inches  
Type & Size of Flow Monitoring Device 36 ft. rectangular weir without end contractions  
Name & Model of Flow Monitoring Device Inventron 9140 P  
Recorded Flow at date & time listed above 11.84 MGD

Reference for Flow Calculations Isco Open Channel Flow Measurement Handbook - Fifth Edition

Formula:  $4.0''/12'' = .334$  Head feet

$$\text{MGD } Q = 2.152 L H^{1.5}$$

Calculations:  $Q = 2.152 \times 36 \times .334^{1.5}$   
 $= 2.152 \times 36 \times .237$   
 $= 18.36 \text{ MGD}$

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

$$= \frac{11.84 - 14.91}{14.95} (100) = \frac{-3.07}{14.95} (100) = .2059 (100) = 20.59 \% \text{ error}$$

The flow calibration check revealed an error of 20.59 %, which is outside the + or - 10 % error of actual flow requirement.



ARKANSAS  
Department of Environmental Quality

April 19, 2007

Reggie Corbitt, C.E.O.  
Little Rock Wastewater Utility  
221 East Capitol  
Little Rock, AR 72202

Re: AFIN: 60-00409

NPDES Permit No. AR0021806  
AR0040177

Dear Mr. Corbitt:

On April 10 and 17, 2007, I performed a routine compliance inspection of your facilities 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:

The effluent flow meter at the Adams Field Plant's outfall 001 was found to be operating outside of the allowable 10 % error range.

Please submit a written response to this finding to the Enforcement Branch of this Department. 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 **May 10, 2007**.

If I can be of any assistance, please contact me at (501)-682-0658.

Sincerely,

A handwritten signature in black ink, appearing to read "Zachary Watson", is written over a horizontal line.

Zachary Watson  
District Field Inspector  
Water Division

cc: Enforcement Branch  
Permits Branch

WATER DIVISION