



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

June 25, 2007

Gerald Smith, General Manager  
City of Trumann  
106 E. Main St.  
Trumann, AR 72472

RE: Trumann Waste Water Treatment Plant

AFIN: 56-00047

NPDES Permit No.: AR0035602

Dear Mr. Smith:

On May 11, 2007, 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. At the time of inspection, there were no calibration records, temperature logs or laboratory equipment maintenance/repair logs available since December 2006; this violates Part II Section C:7 of the permit. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit for a period of at least 3 years from the date of the sample, measurement, report, or application. This period may be extended by request of the Director at any time.**
- 2. Sampling and analysis records were incomplete; this violates Part II Section C:8 of the permit. Records and monitoring information shall include:**
  - a. The date, exact place, time and methods of sampling or measurements, and preservatives used, if any;**
  - b. The individual(s) who performed the sampling or measurements;**
  - c. The date(s) and time analyses were performed;**
  - d. The individual(s) who performed the analyses;**
  - e. The analytical techniques or methods used; and**
  - f. The measurements and results of such analyses.**
- 3. Improper monitoring procedures; this violates Part II Section C:3. of the permit. Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals frequent enough to insure accuracy of measurements and shall insure that both calibration and maintenance activities will be conducted. An adequate analytical quality control program, including the**

WATER DIVISION

8001 NATIONAL DRIVE / POST OFFICE BOX 8913 / LITTLE ROCK, ARKANSAS 72219-8913 / TELEPHONE 501-682-2199 / FAX 501-682-0910

[www.adeg.state.ar.us](http://www.adeg.state.ar.us)

analysis of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory. At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples. At the time of the inspection, the following items were noted:

- a. No positive and negative control was being performed for fecal coliform analysis.
  - b. The media for use in fecal coliform analysis expired over 1 year ago (April 2006).
  - c. Not following the depletion rule (consumption of at least 2 mg/L of D.O.) for BOD analysis.
  - d. Not performing glucose – glutamic acid check for BOD analysis.
  - e. No drying and reweighing to a constant weight for TSS analysis.
  - f. Not performing duplicates for pH analysis.
4. Improper monitoring of effluent; this violates Part I Section A. of the permit.
- a. Collecting a 3 hr composite instead of a 6 hr composite for BOD and TSS and a 24 hr composite for biomonitoring.
  - b. Using composite sample for pH analysis.
  - c. Improper reporting of the 7-day average for all applicable parameters. Part IV Section A: Definition 14 States: “7-day average” discharge limitation, other than for fecal coliform bacteria, is the highest allowable arithmetic means of the values for all effluent samples collected during the calendar week. The 7-day average for fecal coliform bacteria is the geometric mean of the values of all effluent samples collected during the calendar week in colonies/100 ml. The DMR should report the highest 7-day average obtained during the calendar month. For reporting purposes, the 7-day average values should be reported as occurring in the month in which the Saturday of the calendar week falls in.
  - d. No valid biomonitoring with *Ceriodaphnia dubia* for the first quarter of 2007. Multiple tests were performed however there was a problem with the laboratory organisms. The facility was in the process of submitting a noncompliance report at the time of inspection.
5. Improper operation and maintenance; this violates Part II Section B:1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures.
- a. Multiple curtains in the two lagoons were loose or detached and were in need of repair/maintenance/replacement.
  - b. There were multiple small bushes/trees along the edge of the lagoon levees.
  - c. The Parshall Flume was in need of cleaning – there was a substantial growth of algae in the bottom of the flume.

- d. **There was no laboratory QA/QC program in place.**
6. **The excessive algal growth on the bottom of the Parshall Flume has made it inaccurate; this violates Part II Section C:2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/- 10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department. 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 July 19, 2007.

You may wish to contact Jane Hurley (501-682-0938) in our Technical Services Division for assistance with laboratory items and Dennis Benson (501-682-0640) in the Water Division Enforcement Section for assistance with DMRs and other reporting/compliance items.

If I can be any assistance, please contact me at [walker@adeq.state.ar.us](mailto:walker@adeq.state.ar.us) or 870-935-7221 ext.-12.

Sincerely,



Brent L. Walker  
District 3 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



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 3 5 6 0 2	11 12 0 7 0 5 1 1	17	18 C	19 S	20 1
Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70 1	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) <b>Trumann WWTP</b> ¼ mile north of Hwy 69 and Hwy 198 Intersection E. of Hwy 69 Trumann, AR	Entry Time/Date <b>1020 5/11/2007</b>	Permit Effective Date <b>November 1, 2003</b>
	Exit Time/Date <b>1530 5/11/2007</b>	Permit Expiration Date <b>October 31, 2008</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Gerald Smith/General Manager/870-483-6343</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Gerald Smith/General Manager/870-483-6343</b> <b>City of Trumann</b> <b>106 E. Main St.</b> <b>Trumann, AR 72472</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)

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

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

\*\*\*Multiple Repeat Violations\*\*\*

\*\*\*See the attached sheet for a summary of findings/comments.\*\*\*

Name(s) and Signature(s) of Inspector(s) <b>Brent L. Walker</b> <i>Brent L. Walker</i>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 12/(870) 935-4715 (Fax)</b>	Date <b>June 12, 2007</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<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 <input type="checkbox"/> NE
DETAILS:	
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:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input 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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>2 in April 2007 Pump failure</u>	<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: Y N NA NE
- 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: Y N NA NE
- 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: Y N NA NE
- 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: Y N NA NE
- 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: Y N NA NE
- 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: 3 hr composite instead of 6 hr (physicochemical) and 24 hr (biomonitoring) Y N NA NE
  - a. SAMPLES REFRIGERATED DURING COMPOSITING: Ice placed in sampler. Y N NA NE
  - b. PROPER PRESERVATION TECHNIQUES USED: Y N NA NE
  - c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: Y N NA NE
- 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: Y N NA NE

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Parshall flume was in need of cleaning.

- 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: Algae buildup on bottom of flume  
TYPE OF DEVICE: Parshall flume Y N NA NE
- 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: Y N NA NE
- 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: Y N NA NE
- 4. CALIBRATION FREQUENCY ADEQUATE: Y N NA NE
- 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: Y N NA NE
- 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: Y N NA NE
- 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: Y N NA NE
- 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: Y N NA NE
- 9. HEAD MEASURED AT PROPER LOCATION: Y N NA NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS S M U NA NE

DETAILS: No QA/QC

- 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : Y N NA NE
- 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: Y N NA NE
- 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: Y N NA NE
- 4. QUALITY CONTROL PROCEDURES ADEQUATE: Y N NA NE
- 5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME: Not for pH Y N NA NE
- 6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME: No Glucose Glutamic Acid for BOD, No + & - control for FCB Y N NA NE
- 7. COMMERCIAL LABORATORY USED: Y N NA NE
  - a. LAB NAME: Arkansas State University Ecotoxicology Research Facility
  - b. LAB ADDRESS: State University, AR
  - c. PARAMETERS PERFORMED: Biomonitoring
- 8. BIOMONITORING PROCEDURES ADEQUATE: Y N NA NE
  - a. PROPER ORGANISMS USED: Y N NA NE
  - b. PROPER DILUTION SERIES FOLLOWED: Y N NA NE
  - c. PROPER TEST METHODS AND DURATION: Y N NA NE
  - d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: Y N NA NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>No discharge at the time of inspection</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
--	--	--	--	--	--	--	--

<b>SECTION H: SLUDGE DISPOSAL</b>	
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Sludge remains in lagoon</u>	
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):	

<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>	
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>	
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Facility has a No-Exposure Exclusion</u>	
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

**The facility was not discharging at the time of inspection; a flow calibration check could not be performed.**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Head in Inches: \_\_\_\_\_ Feet: \_\_\_\_\_

Type & Size of Primary Flow Measurement Device:

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Name & Model of Secondary Flow Measurement Device:

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Recorded Flow at Date & Time Listed Above: \_\_\_\_\_ (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: \_\_\_\_\_  
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

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

$$\% \text{ Error} = \frac{\quad - \quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \%$$

Comments:



**DMR Calculation Check**

**Reporting Period:** From 06 12 1 To 06 12 31  
Year Month Day Year Month Day

**Parameter Checked:** FCB

	<b>Loading</b>	<b>Concentration</b>	
	<b>Mass</b>	<b>Monthly</b>	
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>--</u>	<u>274</u>	<u>334</u>
<b>Calculated Value:</b>	<u>--</u>	<u>271</u>	<u>288</u>
<b>Permit Value:</b>	<u>--</u>	<u>1000</u>	<u>2000</u>

**If calculated value does not equal reported value, explain:**

**Permittee is using arithmetic mean instead of geometric mean for FCB calculations.**

**Permittee is reporting daily max instead of weekly geometric mean for FCB calculations.**

## DMR Calculation Check

Reporting Period: From 06 12 01 To 06 12 31  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading	Concentration	
	Mass	Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>109.2</u>	<u>16.54</u>	<u>23</u>
Calculated Value:	<u>109.2</u>	<u>16.54</u>	<u>18.5</u>
Permit Value:	<u>1336</u>	<u>90</u>	<u>135</u>

If calculated value does not equal reported value, explain:

Reporting daily max instead of 7-day average.

## NPDES Compliance Inspection Report Further Explanation



The following violations were noted:

1. At the time of inspection, there were no calibration records, temperature logs or laboratory equipment maintenance/repair logs available since December 2006; this violates Part II Section C:7 of the permit. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit for a period of at least 3 years from the date of the sample, measurement, report, or application. This period may be extended by request of the Director at any time.
2. Sampling and analysis records were incomplete; this violates Part II Section C:8 of the permit. Records and monitoring information shall include:
  - a. The date, exact place, time and methods of sampling or measurements, and preservatives used, if any;
  - b. The individual(s) who performed the sampling or measurements;
  - c. The date(s) and time analyses were performed;
  - d. The individual(s) who performed the analyses;
  - e. The analytical techniques or methods used; and
  - f. The measurements and results of such analyses.
3. Improper monitoring procedures; this violates Part II Section C:3. of the permit. Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals frequent enough to insure accuracy of measurements and shall insure that both calibration and maintenance activities will be conducted. An adequate analytical quality control program, including the analysis of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory. At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples. At the time of the inspection, the following items were noted:
  - a. No positive and negative control was being performed for fecal coliform analysis.
  - b. The media for use in fecal coliform analysis expired over 1 year ago (April 2006).
  - c. Not following the depletion rule (consumption of at least 2 mg/L of D.O.) for BOD analysis.
  - d. Not performing glucose – glutamic acid check for BOD analysis.
  - e. No drying and reweighing to a constant weight for TSS analysis.
  - f. Not performing duplicates for pH analysis.
4. Improper monitoring of effluent; this violates Part I Section A. of the permit.
  - a. Collecting a 3 hr composite instead of a 6 hr composite for BOD and TSS and a 24 hr composite for biomonitoring.
  - b. Using composite sample for pH analysis.
  - c. Improper reporting of the 7-day average for all applicable parameters. Part IV Section A: Definition 14 States: “7-day average” discharge limitation, other than for fecal coliform bacteria, is the highest allowable arithmetic means of the values for all effluent samples collected during the calendar week. The 7-day average for fecal coliform bacteria is the geometric mean of the values of all effluent samples collected during the calendar week in colonies/100 ml. The DMR should report the highest 7-day average obtained during the calendar month. For reporting purposes, the 7-day average values should be reported as occurring in the month in which the Saturday of the calendar week falls in.
  - d. No valid biomonitoring with *Ceriodaphnia dubia* for the first quarter of 2007. Multiple tests were performed however there was a problem with the laboratory organisms. The facility was in the process of submitting a noncompliance report at the time of inspection.
5. Improper operation and maintenance; this violates Part II Section B:1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures.
  - a. Multiple curtains in the two lagoons were loose or detached and were in need of repair/maintenance/replacement.
  - b. There were multiple small bushes/trees along the edge of the lagoon levees.
  - c. The Parshall Flume was in need of cleaning – there was a substantial growth of algae in the bottom of the flume.
  - d. There was no laboratory QA/QC program in place.
6. The excessive algal growth on the bottom of the Parshall Flume has made it inaccurate; this violates Part II Section C:2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/- 10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.

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## Photographic Evidence Sheet

<b>Location:</b>	Trumann WWTP						
<b>Photographer:</b>	Brent Walker			<b>Witness:</b>	None		
<b>Photo #</b>	1	<b>Of</b>	6	<b>Date:</b>	5/11/2007	<b>Time:</b>	1033
<b>Description:</b>	Tree/bush along lagoon levee. (1)						
 <p>5/11/2007 / 10:33:12</p>							
<b>Photographer:</b>	Brent Walker			<b>Witness:</b>	None		
<b>Photo #</b>	2	<b>Of</b>	6	<b>Date:</b>	5/11/2007	<b>Time:</b>	1041
<b>Description:</b>	Tree/bush along lagoon levee. (2)						
 <p>5/11/2007 / 10:41:18</p>							

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## Photographic Evidence Sheet

<b>Location:</b>	Trumann WWTP						
<b>Photographer:</b>	Brent Walker			<b>Witness:</b>	None		
<b>Photo #</b>	3	<b>Of</b>	6	<b>Date:</b>	5/11/2007	<b>Time:</b>	1037
<b>Description:</b>	Loose/detached curtain in lagoon. (1)						
							
<b>Photographer:</b>	Brent Walker			<b>Witness:</b>	None		
<b>Photo #</b>	4	<b>Of</b>	6	<b>Date:</b>	5/11/2007	<b>Time:</b>	1040
<b>Description:</b>	Loose/detached curtain in lagoon. (2)						
							



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## Photographic Evidence Sheet

<b>Location:</b>	Trumann WWTP						
<b>Photographer:</b>	Brent Walker			<b>Witness:</b>	None		
<b>Photo #</b>	5	<b>Of</b>	6	<b>Date:</b>	5/11/2007	<b>Time:</b>	1041
<b>Description:</b>	Loose/detached curtain in lagoon. (3)						



<b>Photographer:</b>	Brent Walker			<b>Witness:</b>	None		
<b>Photo #</b>	6	<b>Of</b>	6	<b>Date:</b>	5/11/2007	<b>Time:</b>	1044
<b>Description:</b>	Excessive algal growth in Parshall Flume.						

