

ADEQ

ARKANSAS
Department of Environmental Quality

October 3, 2007

Mike Sims / Wastewater Superintendent
City of DeQueen WWTP
PO Box 730
deQueen, AR 71832

RE: Compliance Inspection

AFIN: 67-00023

NPDES Permit No.: AR0021733

Dear Mr. Sims:

On September 20, 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 that you were in compliance with the terms of your permit.

If I can be of any assistance, please contact me at 870-777-7585 ext. 2.

Sincerely,



Red Smith
District 10 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch


 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	7	3	3	11	12	0	7	0	9	2	0	17	18	C	19	S	20	1
Remarks																												
AFIN #				67-00023																								
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																
67 .6 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>) City of DeQueen WWTP Located at the south end of South 9th Street	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date 1130 / 9-20-07</td> <td style="width:50%;">Permit Effective Date 10-31-02</td> </tr> <tr> <td>Exit Time/Date 1600 / 9-20-07</td> <td>Permit Expiration Date 12-31-07</td> </tr> </table>	Entry Time/Date 1130 / 9-20-07	Permit Effective Date 10-31-02	Exit Time/Date 1600 / 9-20-07	Permit Expiration Date 12-31-07
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Exit Time/Date 1600 / 9-20-07	Permit Expiration Date 12-31-07				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mike Sims / Wastewater Superintendent / 870-642-5231	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number Mike Sims / Wastewater Superintendent / 870-642-5231 PO Box 730 DeQueen, AR 71832	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	S	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	S	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	S	Storm Water	S	Other: Effluent Limits

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)
No violations were noted at the time of the inspection. It was noted that the construction on the new plant was progressing very well.

Name(s) and Signature(s) of Inspector(s) Red Smith 	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality / Hope 870-777-7585 ext. 2 / 870-777-7560 (fax)	Date October 3, 2007
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

- DETAILS:
- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
 - 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
 - 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
 - 4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

- DETAILS:
- 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: Y N NA NE
 - 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
 - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
 - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
 - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
 - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
 - e. RESULTS OF CALIBRATIONS: Y N NA NE
 - f. RESULTS OF ANALYSES: Y N NA NE
 - g. DATES AND TIMES OF ANALYSES: Y N NA NE
 - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
 - 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
 - 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
 - 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

- DETAILS:
- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
 - 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
 - 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
 - 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
 - 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
 - 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
 - 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
 - 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
 - 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
 - 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
 - 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
 - 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
 - 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
 - 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
 - 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- | | |
|---|--|
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:
TYPE OF DEVICE: 12 Inch Parshall Flume | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. 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 <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

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 <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED: Arkansas Analytical | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: Arkansas Analytical | |
| b. LAB ADDRESS: Bld 1, Suite 115 I-30 Little Rock, AR | |
| c. PARAMETERS PERFORMED: Bio-monitoring, NH3 | |
| 8. BIOMONITORING PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	Clear	NA

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

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):	

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

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

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: <u>January 2005</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

FLOW CALCULATION SHEET

Date: **9-20-07** Time: **1545**

Head in Inches: **6.5** Feet: **.54**

Type & Size of Primary Flow Measurement Device: 12 Inch Parshall Flume

Name & Model of Secondary Flow Measurement Device: Endress Hauser FMU 90

Date of last Calibration of Secondary Flow Device: New - Installed in April 2007

Recorded Flow at Date & Time Listed Above: **1.01 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.012 MGD**
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	1.01	-	1.012	X 100	
	1.012				

% Error =		-		X 100	

% Error =	.002	X 100	
	1.012		

% Error =	.0019	X 100	
-----------	-------	-------	--

% Error =	.19	%	
-----------	------------	---	--

Comments:

DMR Calculation Check

Reporting Period: From 07 06 01 To 07 06 30
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>106.32</u>	<u>5.4</u>	<u>8.0</u>
Calculated Value:	<u>106.32</u>	<u>5.4</u>	<u>8.0</u>
Permit Value:	<u>425</u>	<u>15</u>	<u>23</u>

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

DMR Calculation Check

Reporting Period: From _____ To _____
Year Month Day Year Month Day

Parameter Checked: _____

Loading	Concentration
Mass	Monthly
Mo. Avg. - lbs/day	Mo. Avg. - mg/l 7-day Avg. - mg/l

Reported Value: _____

Calculated Value: _____

Permit Value: _____

If calculated value does not equal reported value, explain:

ADEQ

ARKANSAS
Department of Environmental Quality

October 3, 2007

Mike Sims / Wastewater Superintendent
City of DeQueen WWTP
PO Box 730
deQueen, AR 71832

RE: Pretreatment Inspection of Pilgrims Pride

AFIN: 67-00023

NPDES Permit No.: AR0021733

Dear Mr. Sims:

On September 21, 2007, I performed a routine compliance inspection of the waste water pretreatment program 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 that you were in compliance with the terms of your permit.

If I can be of any assistance, please contact me at 870-777-7585 ext. 2.

Sincerely,



Red Smith
District 10 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

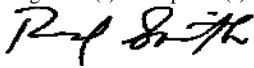
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Remarks																												
AFIN #					67-00023																							
Inspection Work Days					Facility Evaluation Rating					BI		QA		Reserved														
67 3 69					70 5					71 N		72 N		73 74 75 80														

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>) City of DeQueen POTW Located at the south end of South 9th Street	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date 1330 / 9-21-07</td> <td style="width:50%;">Permit Effective Date 10-31-02</td> </tr> <tr> <td>Exit Time/Date 1545 / 9-21-07</td> <td>Permit Expiration Date 12-31-07</td> </tr> </table>	Entry Time/Date 1330 / 9-21-07	Permit Effective Date 10-31-02	Exit Time/Date 1545 / 9-21-07	Permit Expiration Date 12-31-07
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N	Permit	N	Flow Measurement	N	Operations & Maintenance	N	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
N	Facility Site Review	N	Compliance Schedules	S	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)
Pretreatment program satisfactory at the time of the inspection.

Name(s) and Signature(s) of Inspector(s)  Red Smith	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Hope 870-777-7585 ext. 2 / 870-777-7560(Fax)	Date October 3, 2007
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

PRETREATMENT COMPLIANCE INSPECTION (PCI) REPORT

Name of Municipality:	City of DeQueen POTW
AFIN Number:	67-00023
NPDES Permit Number(s):	AR0021733
Program Tracked under NPDES Permit Number:	AR0021733
Fact Sheet Preparation Date:	No Info. Fact sheet has no date.
Date of Last PCI/Audit:	April 19, 2007
Date of Last Annual Report:	September 5, 2006
Name of Inspector:	Rufus Torrence
Date PCI Performed:	9-21-07
Name, Title, and Telephone Number of Facility Representative:	Mike Sims / Wastewater Superintendent / 870-642-5231
Name and Title of Other Participants:	N/A
Number of IUs Visited:	1
Name(s) of IUs Visited:	Pilgrims Pride
AN IU SITE VISIT FORM SHOULD BE COMPLETED FOR EACH IU VISITED	
<p>NOTE: ANY QUESTION PRINTED IN ALL CAPS AND BOLD PRINT INDICATED A REGULATORY REQUIREMENT AND MUST BE ANSWERED FOR THE PCI REPORT TO BE COMPLETE. A NO ANSWER TO ONE OF THESE QUESTIONS SHOULD RESULT IN AN UNSATISFACTORY RATING.</p>	
Form approved July 1989	

B. LOCAL LIMITS

1. IS THE POTW APPLYING LOCAL LIMITS WHICH HAVE BEEN APPROVED BY ADEQ OR EPA? YES

2. Describe any apparent problems with the local limits.
NONE

3. How often are pollutant scans of POTW influent, effluent, and sludge performed by the POTW? Does this fulfill the requirements of the approved program (as described in the fact sheet) and part III of the NPDES permit?

Pollutant:	Frequency:	Requirement in Permit:	Requirement in Program:	Comments:
Metals:				
Influent:	<u>2/YR</u>	<u>2/YR</u>	<u>1/YR</u>	_____
Effluent:	<u>2/YR</u>	<u>2/YR</u>	<u>1/YR</u>	_____
Sludge:	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	_____
Organics:				
Influent:	<u>1/YR</u>	<u>1/YR</u>	<u>1/YR</u>	_____
Effluent:	<u>1/YR</u>	<u>1/YR</u>	<u>1/YR</u>	_____
Sludge:	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	_____

4. Have there been any inhibitions or upsets at the POTW (since the last PCI of Audit) which were believed to be caused by industrial discharges? If so, describe the action taken by the City to ensure that the incident would not recur. Were these actions effective?

No upsets or inhibitions have occurred since the last PCI.

C. INDUSTRIAL USER CONTROL MECHANISM		
1.	Is the POTW using the type of control mechanism (permit, agreement, etc.) required by the approved program? Yes	
2.	How many IU permits (or other control documents) have been issued? Four (4) have been issued but only one (1) is active.	
3.	DO ALL SIGNIFICANT IUS HAVE CURRENT (UNEXPIRED) CONTROL DOCUMENTS? IF NOT, LIST ALL UNPERMITTED SIUS, THE DATE OF EXPIRATION OF THEIR PREVIOUS PERMIT (IF APPLICABLE), AND THE REASON FOR DELAY IN ISSUING THE REQUIRED DOCUMENT.	
	Yes	
4.	Does the control document contain the following items?	
	An expiration date:	Yes
	Discharge limitations:	Yes
	If the program requires self-monitoring by the IUs, do the Permits contain:	
	IU self-monitoring requirements:	N/A
	IU reporting requirements:	N/A
5.	Indicate which of the following recommended standard conditions are contained in the control documents:	
	Sample location:	Yes
	Type of sample:	Yes
	Monitoring frequency:	Yes
	Bypass prohibition:	Yes
	Right of entry:	Yes
	Nontransferability:	Yes
	Revocation clause:	Yes
	Penalty Provisions:	Yes
	Slug load notification:	Yes
	Notification of process change:	Yes

D. MONITORING OF IUS BY POTW			
1. Indicate current inspection and sampling frequency and program requirement below:			
	Current frequency:	Program Requirement:	
Sampling:			
categorical IUs	N/A	N/A	
other SIUs	7 DAYS / MONTH	7 DAYS / MONTH	
Inspection:			
categorical IUs	N/A	N/A	
other SIUs	1/YR	1/YR	
2. HAS EACH SIU BEEN INSPECTED AND SAMPLED AT THE FREQUENCY REQUIRED BY THE APPROVED PROGRAM?			
			YES
3. Are inspections announced or unannounced?			UNANNOUNCED
4. Are records kept of each inspection?			YES
5. Does the inspection report contain an adequate description of the following:			
Date and time of inspection:			YES
Officials present:		YES	
Inspection of chemical storage areas:			
Description of regulated processes, categorical waste streams, and discharge location of these waste streams:			YES
Inspection of the pretreatment facilities:			YES
Review of self-monitoring records:			N/A
Observation of IU self-monitoring procedures:			N/A
Verification that approved analytical techniques are used:			N/A
Verification of IU flow measurement (where required):			N/A
6. Overall adequacy of inspection documentation:			SATISFACTORY

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7.	DOES THE POTW SAMPLE IUS FOR ALL POLLUTANTS REGULATED IN THEIR PERMITS? (IT IS NOT NECESSARY TO SAMPLE FOR ALL POLLUTANTS EVERY TIME, BUT IT MUST BE DONE PERIODICALLY).	
	YES	
8.	Are analyses performed in accordance with EPA-approved methods (40 CFR 136)?	YES
9.	Are sampling and flow monitoring equipment properly maintained?	YES
10.	Is the POTW keeping proper field notes and chain of custody forms?	YES
11.	Is the sampling location representative of the discharge to the collection system?	YES
12.	Are sampling locations identified in POTW records?	YES
13.	Are sampling services available in an emergency?	YES
14.	What are the POTW's procedures for tracking receipt and review of IU reports, such as BMR's, semi-annual reports, progress reports, bypass reports, and self-monitoring reports?	All reports are directed through the WW Superintendent, who in turn reviews and files accordingly,.
15.	ARE SELF-MONITORING REPORTS REVIEWED TO VERIFY THAT ANALYSES WERE PERFORMED FOR ALL REGULATED PARAMETERS, AND TO EVALUATE COMPLIANCE WITH EFFLUENT LIMITS?	No self-Monitoring.
16.	IF VIOLATIONS ARE FOUND IN REPORTS, DOES THE POTW RESPOND TO ALL VIOLATIONS?	No self-Monitoring. All response is conducted by the WW Superintendent.

E. Enforcement

1. HAS THE POTW IMPLEMENTED ENFORCEMENT RESPONSE PROCEDURES TO ADEQUATELY ADDRESS EVERY IU VIOLATION OF PRETREATMENT STANDARDS AND REQUIREMENTS? YES

2. How does the POTW respond to the following violations?

Effluent limitations: **Phone call, visit, and then NOV.**

Late reports: **No written procedure.**

Unpermitted discharges: **Visit followed by a NOV.**

Slug loads or spills: **Visit followed by a NOV.**

3. IS THE LIST OF SIGNIFICANT VIOLATORS PUBLISHED BY THE POTW DEVELOPED IN ACCORDANCE WITH EPA REGION VI CRITERIA FOR SIGNIFICANT VIOLATING INDUSTRIAL USER (DATED AUGUST 22, 1985)? YES

4. List the SIUs which have met the criteria for Significant Violator within the last 12 months, and describe the enforcement action which has been taken by the POTW. If construction is required, please indicate whether the IU has been placed on an enforceable compliance schedule.

Name:	Type of Violation:	Enforcement Action:	Compliance Deadline:
N/A	N/A	N/A	N/A

5.	Comments on the POTW's enforcement procedures:
	Appear satisfactory at this time.
F. POTW'S PRETREATMENT ORGANIZATION STRUCTURE	
1.	Is the program structure essentially the same as that presented in the approved pretreatment program? Yes-New Program being developed & currently at ADEQ waiting on approval.
2.	Are staffing levels adequate? YES
3.	Are the responsible officials familiar with the approved program? YES
G. MULTIJURISDICTIONAL ISSUES	
1.	List any IUs which are located outside of the jurisdictional area of the POTW:
2.	Does the POTW have adequate procedures for controlling IUs located outside its jurisdictional area? N/A
3.	Does the POTW have copies of permits for IUs in other cities? NO
4.	Have any of these IUs met the criteria for Significant Violator? If so, have they been published by the POTW in its annual list of Significant Violators? N/A
5.	Comments on multijurisdictional issues: N/A

PRETREATMENT COMPLIANCE INSPECTION

IU SITE VISIT FORM

Name of Industry:	Pilgrims Pride
POTW Name:	City of DeQueen POTW
Industry Contacts:	Jerry Evans, Sr. / Operator
Date and Time of Visit:	9-21-07 1230
Description of Manufacturing Process:	Chicken processing plant.
Sources of Process Wastewater:	Various washing, cleaning, and rinsing operations.
Categorical Industry?	NO
Basis for Limits:	N/A
Point of Application:	N/A
Description of Pretreatment Equipment and Procedures:	Screening, chemical addition, DAF, pH adjustment, & flow measurement.
Spill Prevention and Solvent Management Procedures:	Satisfactory.
Sampling Location and Equipment:	Satisfactory.

PPETS CODE SHEET

PRETREATMENT COMPLIANCE INSPECTION (PCI)

		CODE
INSPECTOR'S NAME:	Red Smith	
NAME OF FACILITY:	City of DeQueen POTW	
PERMIT NUMBER USED TO TRACK PROGRAM:	AR0021733	NPID
DATE OF PCI:	9-21-07	DTIA
PPETS WENDB DATA ELEMENTS		
NUMBER OF SIGNIFICANT IUS (SIUS):	1	SIUS
NUMBER OF CATEGORICAL IUS:	0	CIUS
SIUS NOT SAMPLED OR INSPECTED BY POTW:	0	NOIN
SIUS WITHOUT CONTROL MECHANISM:	0	NOCM
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH STANDARDS OR REPORTING:	1	PSNC
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING REQUIREMENTS:	0	MSNC
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING AND NOT INSPECTED OR SAMPLED BY POTW:	0	SNIN

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POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Pilgrim's Pride

Industry Contacts: Jerry Evans / Operator

Type of Industry: Chicken Processing Plant

Date of Visit: 9-21-07

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|--|----------------|---------------|-------------------------|
| 1. Significant industrial user: | <u> X </u> Yes | <u> </u> No | <u> </u> Not Determined |
| 2. Pretreatment equipment or procedures? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 3. Pretreatment equipment maintained and operational? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 4. Hazardous waste generated or stored? | <u> </u> Yes | <u> X </u> No | <u> </u> N/A |
| 5. Proper solid waste disposal? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 6. Solvent management/TTO control? | <u> </u> Yes | <u> </u> No | <u> X </u> N/A |
| 7. Suitable sampling location? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 8. Appropriate self-monitoring procedures / equipment? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 9. Adequate spill prevention? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 10. Industry familiar with limits and requirements? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |

Additional Comments: NONE

Visit Conducted By: Red Smith

Date: 9-21-07