ADEQ
ARKANSAS
Department of Environmental Quality

May 30, 2008

Ms. Karen Dickinson, Vice President
Georgia-Pacific Corporation
P.O. Box 3333
Crossett, AR 71635

RE: Compliance Inspection-Crossett Paper Operations

AFIN: 02-00013 NPDES Permit No.: AR0001210

Dear Ms. Dickinson:

On May 28, 2008, I performed a routine compliance inspection of the Georgia-Pacific Corporation Crossett Paper Operations 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:

1. The facility has been collecting a grab sample for 2, 3, 7, 8-TCDD at Outfall 001. The permit requirement for this parameter is a twenty-four hour composite.

The above item requires your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department at the following address:

Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

This response should contain detailed 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 June 23, 2008.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,

John W. Lamb
District 8 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

EPA

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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

Section A: National Data System Coding

1	Transaction Code	2	NPDES	11	12	Yr/Mo/Day	17	18	Inspec. Type	19	Inspector	20	Fac. Type
	N	5	AR0001210			080528			c		S		2

Remarks: AFIN 02-00013 ASHLEY COUNTY

Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved
67–69	70: 2	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)*
Georgia- Pacific Corporation
d/b/a Georgia-Pacific Crossett Paper Operations
100 Mill Road
Crossett, Arkansas

Entry Time/Date
11:00/05/28/08

Exit Time/Date
14:37/05/28/08

Permit Effective Date
01 September 2004

Permit Expiration Date
31 August 2009

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Rachel Johnson, Environmental Engineer/870-567-8170

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number
Ms. Karen Dickinson, Vice President-870-567-8000
Georgia Pacific Corporation
P.O. Box 3333
Crossett, AR 71635

Contacted
Yes ☐ No ☑

Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	S	Operations & Maintenance	U	Sampling
U	Records/Reports	M	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	S	Storm Water		Other:

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

Section B & Section D, item 6: The facility has been collecting a grab sample for TCDD at Outfall 001. The facility is required by the permit to collect a 24 hour composite for this parameter. The facility reported on the April 2008 DMR that a 24 hour composite was collected when in fact it was a grab. This improper sample type appears to be an over site carried over from the old permit which did require a grab sample at Outfall 001 for TCDD. The facility is collecting composites for TCDD at the three internal outfalls as required by the permit.

Section H: The facility removes sludge from the treatment plant via a clarifier for the pulp sewer and by the use of ash settling basins for the acid sewer. Both the sludge from the clarifier and ash basins are being used as fill material for closure of the old sludge pond. Also, ash from the settling basins is used for cover on the landfill (permitted by the ADEQ Solid Waste Division, Permit 292-S3N). As the solids are removed from the clarifier, they are dewatered by screw presses, then, the dewatered solids are trucked to the old sludge pond. As the solids are removed from the ash basins, they are dewatered by stock piling the solids beside the basins and allowed to dry. Then, the facility transports the ash to the old sludge pond. (For more information, see the Permit fact sheet page 3, item 9.)

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
John W. Lamb	Arkansas Department of Environmental Quality 3400 West. Hillsboro, El Dorado, AR 71730 870-862-0680/ Fax 870-862-3509	**30 May 2008**
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: **see page 1**	
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: **see page 1**	
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:	☐Y ☑N ☐NA ☐NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑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:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: **parshall flume 001**	☑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:	
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:	☑Y ☐N ☐NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
7. COMMERCIAL LABORATORY USED:	☑Y ☐N ☐NA ☐NE
a. LAB NAME: **TestAmerica; Environ; Analytical Perspectives**	
b. LAB ADDRESS: **Mobile Al; Brentwood TN; Wilmington, NC**	
c. PARAMETERS PERFORMED: **Chloroform, phenols AOX; Biomonitoring; Dioxins and furans**	
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

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
Outfall 001	None	None	None	None	None	brown	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS — ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **see page 1**

1.	SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	☑S ☐M ☐U ☐NA ☐NE
2.	SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	☐S ☐M ☐U ☑NA ☐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:	☐Y ☑N ☐NA ☐NE
2.	TYPE OF SAMPLE: ☐GRAB:__ ☐COMPOSITE:__ METHOD:__ FREQUENCY:	
3.	SAMPLES PRESERVED:	☐Y ☐N ☑NA ☐NE
4.	FLOW PROPORTIONED SAMPLES OBTAINED:	☐Y ☐N ☑NA ☐NE
5.	SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	☐Y ☐N ☑NA ☐NE
6.	SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	☐Y ☐N ☑NA ☐NE
7.	SAMPLE SPLIT WITH PERMITTEE:	☐Y ☐N ☑NA ☐NE
8.	CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	☐Y ☐N ☑NA ☐NE
9.	SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	☐Y ☐N ☑NA ☐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: **March 2005**	☑Y ☐N ☐NA ☐NE
2.	SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	☑Y ☐N ☐NA ☐NE
3.	POLLUTION PREVENTION TEAM IDENTIFIED:	☑Y ☐N ☐NA ☐NE
4.	POLLUTION PREVENTION TEAM PROPERLY TRAINED:	☑Y ☐N ☐NA ☐NE
5.	LIST OF POTENTIAL POLLUTANT SOURCES:	☑Y ☐N ☐NA ☐NE
6.	LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	☑Y ☐N ☐NA ☐NE
7.	ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	☑Y ☐N ☐NA ☐NE
8.	LIST OF STRUCTURAL BMPS:	☑Y ☐N ☐NA ☐NE
9.	LIST OF NON-STRUCTURAL BMPS:	☑Y ☐N ☐NA ☐NE
10.	BMPS PROPERLY OPERATED AND MAINTAINED:	☑Y ☐N ☐NA ☐NE
11.	INSPECTIONS CONDUCTED AS REQUIRED:	☑Y ☐N ☐NA ☐NE

FLOW CALCULATION SHEET

Date: **28 May 2008** Time: **13:47**

Head in Inches: Feet: **1.62**

Type & Size of Primary Flow Measurement Device: 8’ parshall flume

Name & Model of Secondary Flow Measurement Device: Milltronics

Date of last Calibration of Secondary Flow Device: April 2008

Recorded Flow at Date & Time Listed Above: **44.78** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **44.90**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

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

$$\% \text{ Error} = \frac{44.78 - 44.90}{44.90} \times 100$$

% Error = **0.27** %

Comments: **Less than 10% is acceptable**

DMR Calculation Check

Reporting Period: **From** **2008** (Year) **April** (Month) **01** (Day) **To** **2008** (Year) **April** (Month) **30** (Day)

Parameter Checked: **TCDD** **Outfall 001**

	Loading Mass	Concentration Monthly	
	Mo. Avg. - lbs/day	**Mo. Avg. - pg/L**	**7-day Avg. - pg/L**
Reported Value:	**0**	**0**	**0**
Calculated Value:	**0.00**	**0.00**	**0.00**
Permit Value:	**Report**	**Report**	**report**

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

Georgia-Pacific

Georgia-Pacific Corporation
Consumer Products

100 Mill Supply Road
P. O. Box 3333
Crossett, AR 71635
(870) 567-8000
(870) 364-9076 fax
www.gp.com

June 13, 2008

Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Reference: Compliance Inspection
Georgia-Pacific Corporation: Crossett Paper Operations
NPDES Permit # **AR0001210** AFIN # **02-00013**

Dear Sir or Madam:

Please accept this letter in response to an inspection report dated May 30, 2008, by Mr. John W. Lamb. The following item was noted during a routine inspection on May 28, 2008 as needing immediate corrective action. This item has been corrected and our response follows.

Item 1
The facility has been collecting grab sample for 2, 3, 7, 8-TCDD at Outfall 001. The permit requirement for this parameter is a twenty four hour composite.

Response to Item 1
This item has been corrected. A composite sample was taken on June 3, 2008, consisting of twelve grab samples collected every two hours. A copy of the Chain of Custody indicating that a composite sample was sent to a contract laboratory has been attached. We have also updated our written sampling procedures to insure that composite samples are collected in the future.

If you have any questions or need additional information, please feel free to contact me at (870) 567-8144 or by email at james.cutbirth@gapac.com.

Sincerely,

James W. Cutbirth

James W. Cutbirth
Environmental Services Superintendent

Cooler: A B C D E
(Circle One)

Figure 5.2a
Georgia - Pacific Corporation
Cluster Rule Compliance Monitoring
Wastewater / Filtrate Chain of Custody

POST
JUN 19 2008
MARKED

COC No._____

Page _____ of _____

Facility Name
Return Report to:
Rachel Childers
PO Box 3333
Crossett AR 71635

Sampler(s): Danny Wade Rice
(print and sign)

Analyses Required (Preservative)

Ship to:

Yves Tondeur, Ph.D.
Alta Analytical Perspectives
2714 Exchange Drive
Wilmington, North Carolina 28405
Tel: 910-794-1613

Date	Sample ID: Facility-Type-Date-Detail	G/C	Matrix	No. of containers submitted							Preservative
				Dioxin by 1613B (2,3,7,8-TCDD/F)	Dioxin by 8290(2,3,7,8-TCDD/F)			pH of sample before/after	Residual Chlorine meas/adjusted		
6/3/2008	AR030-WF-068-MOA	C	W	1					NA		ice
6/3/2008	AR030-SE-068-CLSLG	C	S		1			/	NA		ice
								/			
								/			
								/			
								/			
								/			
								/			
								/			
								/			

Remarks:

PO# 589027

This is the spare sample we keep just in case something happends to the first one. First sample was to warm when lab received it.

Relinquished by:	Date/Time	Received for Lab by:	Date/time:	Remarks:
Danny W. Rice	6/1208/1500			Airbill No.:

Lab use only:
Temp. on receipt:_____
Ice present: Yes_____ No_____
Custody seals: Intact_____ Broken_____ NA_____
Preservation confirmed Yes_____ No _____
(see remarks)

Remarks:

Laboratory Project ID:

Checked by: