



ARKANSAS
Department of Environmental Quality

May 29, 2008

Trevor Bowman, Public Works Director
City of Siloam Springs
P.O. Box 80
Siloam Springs, AR 72761

RE: Routine Compliance Evaluation Inspection

AFIN: 04-00106

NPDES Permit No.: AR0020273

Dear Mr. Bowman:

On May 28, 2008, I performed a routine compliance evaluation inspection of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated there under. This inspection revealed the following violations:

Flow meter accuracy check improperly calculated. Rather than using the recorded and calculated flow rates in the percent error formula, recorded and measured head were used to attempt to measure flow meter accuracy. This is in violation of Part II.C.2 of your permit. For a 5 foot rectangular weir without end contractions, $GPM = 7473 H^{1.5}$, where H = head in feet (note that the conversion formula varies depending on the units chosen for measurement). As such, recorded and calculated flow must be used in the percent error formula to ensure that the device is capable of measuring flows with a maximum deviation of less than +/- 10 % from true discharge rates.

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

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

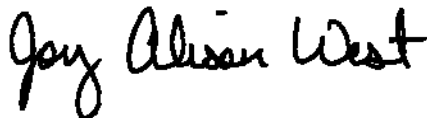
Trevor Bowman, City of Siloam Springs
May 29, 2008
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This response should contain detailed documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response is due by June 19, 2008.

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

If I can be of any assistance, please contact me at 479-267-0811 ext 12 (west@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink that reads "Jay Alison West". The signature is written in a cursive, flowing style.

Alison West
District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



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

| | | | | | |
|--|-------------|---|--------------|--------------------------|-----------|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 N 2 5 3 A R 0 0 2 0 2 7 3 11 12 0 8 0 5 2 8 17 18 C 19 S 20 1 | Remarks | | | | |
| A F I N 0 4 - 0 0 1 0 6 | | | | | |
| Inspection Work Days | | Facility Evaluation Rating | | BI QA -----Reserved----- | |
| 67 69 | 70 4 | 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 Siloam Springs Pollution Control Plant 975 Anderson Ave Siloam Springs, AR 72761 | Entry Time/Date 0850/5-28-2008 | Permit Effective Date October 1, 2007 |
| | Exit Time/Date 1405/5-28-08 | Permit Expiration Date September 30, 2012 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tom Myers/Wastewater Superintendent/479-524-5623/479-524-4653 | Other Facility Data Outfall 001 N36.19396 W094.56398 | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Trevor Bowman/Public Works Director/479-524-5136/479-524-8513 City of Siloam Springs P.O. Box 80 Siloam Springs, AR 72761 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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 | N | Other: |

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

1. Calibration checks were not being calculated correctly.

| | | |
|---|---|------------------------|
| Name(s) and Signature(s) of Inspector(s) Alison West | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811 ext 12/479-267-0819 | Date 5-29-08 |
| 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: | <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 |

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: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 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 <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input 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 type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 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 <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NEDETAILS: Sludge transfer pump, P12 pump, and final clarifier pinion gear down at time of inspection.

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>(Standby generator-manual switch)</u> | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 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 <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: <u>1-IV, 2-III, 1-I</u> | <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: <u>Not required-not a 92-500 facility</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: | <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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> N <input 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: | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: **Calibration checks are not done correctly. Facility was taking high reading – low reading/high reading.**

| | |
|--|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: | <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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: ETG | American Interplex |
| b. LAB ADDRESS: 1702 E. Central Avenue, Bentonville, AR 72712 | 8600 Kanis Road, Little Rock, AR 72204 |
| c. PARAMETERS PERFORMED: CBOD, TSS, NH3-N, TP, Total Recoverable Copper, Nitrates | Biomonitoring |
| 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 | |
| | | | | | | | |
| | | | | | | | |

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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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: **Facility has a no exposure permit.**

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

FLOW CALCULATION SHEET

| | | | | |
|-------|----------------|-------|------------------|--|
| Date: | 5-28-08 | Time: | 1:40 p.m. | |
|-------|----------------|-------|------------------|--|

| | | | |
|-----------------|--|-------|-------------|
| Head in Inches: | | Feet: | .430 |
|-----------------|--|-------|-------------|

Type & Size of Primary Flow Measurement Device: **5 Foot Rectangular Weir w/o End Contractions**

Name & Model of Secondary Flow Measurement Device: **ISCO Bubble Flow Meter, Model 3230**

Date of last Calibration of Secondary Flow Device: **January 17, 2007**

| | | |
|--|-----------------|-----------------------|
| Recorded Flow at Date & Time Listed Above: | 2140 GPM | (Facility Flow Meter) |
|--|-----------------|-----------------------|

| | | |
|--|--|--|
| Calculated Flow at Date & Time Listed Above: | | |
|--|--|--|

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

| | | | | | |
|-----------|------------------|---|------------------|-------|--|
| % Error = | Recorded Value | - | Calculated Value | X 100 | |
| | Calculated Value | | | | |

| | | | | | |
|-----------|------|---|------|-------|--|
| % Error = | 2140 | - | 2107 | X 100 | |
| | 2107 | | | | |

| | | | |
|-----------|--|-------|--|
| % Error = | | X 100 | |
|-----------|--|-------|--|

| | | | |
|-----------|--|-------|--|
| % Error = | | X 100 | |
|-----------|--|-------|--|

| | | | |
|-----------|--------------|---|--|
| % Error = | 1.566 | % | |
|-----------|--------------|---|--|

Comments: **OK**

DMR Calculation Check

Reporting Period: From 08 04 01 To 08 04 30
Year Month Day Year Month Day

Parameter Checked: Ammonia Nitrogen

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|--------------------------|--|--|--------------------------|
| Reported Value: | <u>37.27</u> | <u>.864</u> | <u>1.74</u> |
| Calculated Value: | <u>37.27</u> | <u>.864</u> | <u>1.74</u> |
| Permit Value: | <u>59</u> | <u>1.6</u> | <u>3.9</u> |

If calculated value does not equal reported value, explain:



June 13, 2008

Certified Letter# 7007 2680 0000 7213 9529

Mr. Dennis Benson
Water Division Enforcement Section
Arkansas Department of Environmental Quality
5301 North Shore Drive
North Little Rock, AR 72118-5317

RE: AFIN: 04-00106 – NPDES Permit No. AR0020273
Routine Compliance Evaluation Inspection Letter Dated May 29, 2008

Dear Mr. Benson:

Please allow this letter to serve as response from the City of Siloam Springs to the letter dated May 29, 2008 from Ms. Alison West regarding routine inspection of the City's wastewater treatment plant. It should be noted that Ms. West performed her inspection of the wastewater plant on May 28th, that Ms. West drafted an inspection report promptly, but that the City did not receive the letters until June 12th. Ms. West required response from the City within three weeks of the date that she drafted her letter, thus allowing only one week for response from the City.

A violation was cited regarding the method used for staff's routine calibration of the effluent flow meter. Current method uses the average of three field readings of the height gauge at the effluent weir and compares that average to the average height recorded by the meter at the same times that the field readings were taken. The error is calculated by taking the difference between the average field height and the average meter read height and dividing that difference by meter read height. The allowable error of +/- 10% allowed in Section II.5.C.2 of the City's NPDES Permit is then applied to that value.

The method Ms. West is requiring compares the flow rate recorded by the meter to a flow rate manually calculated using the field-read gauge height inserted into a standard formula. We are currently investigating the method used by the meter to determine flow rate from its measured gauge height. Our belief is that the meter software uses the standard formula referenced by Ms. West in her letter. If that is the case, it is appropriate to calculate error by either comparing gauge height readings alone, or to compare calculated flow rates. If we determine that the meter software uses a formula other than the one referenced by Ms. West, we will agree to change procedure and calculate error based on flow rates rather than gauge height readings.

Please also note that the flow meter is certified annually by a licensed inspector. Attached you will find a policy and procedure document along with a calibration log sheet we are currently following.

If you have questions regarding this matter feel free to contact this office.

Sincerely,


Trevor L. Bowman, P.E.
Water/Wastewater Director
(479) 238-0927
tbowman@siloamsprings.com



Attachment

cc: Peggy Woody, City Clerk
David Cameron, City Administrator
Tom Myers, Wastewater Superintendent
Jay Williams, City Attorney
Parthy Evans, Stinson, Morrison, Hecker

**City of Siloam Springs
Water/Wastewater Department**

POLICY & PROCEDURE FOR CALIBRATING EFFLUENT FLOW METER

Purpose: The purpose of this Operating Instruction is to outline the procedures to be followed by all employees of the Wastewater department for calibrating the effluent flow meter.

1. **Scope:** This Operating Procedure applies to all Wastewater personnel under the direction of the Superintendent of the Wastewater Department.
2. **Responsibility:** The Wastewater Superintendent & Assistant Wastewater Superintendent will be responsible for the procedure and adherence of the policy in which this policy is outlined. The Wastewater Superintendent will be responsible to discipline any employee, which fails to follow this policy.
3. **Requirements:** The effluent flow must be calibrated a minimum of once per week to assure the accuracy of the flows being reported on the Wastewater Department records. The Wastewater Operators are required to perform this weekly calibration.
4. **Procedure:**
 - a. Should an employee encounter a situation that requires additional help ,ie another operator is not available, the employee should notify his supervisor.
 - b. If the employee cannot retrieve an additional operator then it would be the responsibility of the Supervisor to assist the operator.
 - c. Should a problem arise in the calibration effort, the Supervisor should be made aware of the situation.

5. **Reports:**
The calibration results should be recorded on the form provided. An oral report should be made to the Supervisor if the results of the calibration exceed +/- 10% error of the reported calibration.

**SILOAM SPRINGS WASTEWATER PLANT
EFFLUENT FLOW METER CALIBRATION LOG**

| DATE | TIME | GAUGE READING | OPER | METER READING | OPER | % ERROR |
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$\% \text{ ERROR} = (\text{RECORDED VALUE} - \text{CALCULATED VALUE}) / \text{CALCULATED VALUE} \times 100$