



ARKANSAS
Department of Environmental Quality

June 12, 2008

Mr. Lester Herring, Water & Wastewater Superintendent
City of Walnut Ridge
216 Southwest 4th Street
Walnut Ridge, AR 72467

RE: Compliance Inspection

AFIN: 38-00040 NPDES Permit No.: AR0046566

Dear Mr. Herring:

On May 23, 2008, 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 violation:

The Secondary Flow Measurement Device failed the + or – 10% accuracy for flow measurement. The device was tested 2 times and failed both times. This is a violation of Part II, Section C, Item 1, of the permit.

The above item requires your immediate attention. Please submit a written response to this finding 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 items noted. This corrective action should be completed as soon as possible, and the written response is due by July 2, 2008.

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

Lester Herring
City of Walnut Ridge Wastewater Treatment Plant
June 11, 2008
Page 2

Sincerely,

A handwritten signature in black ink that reads "Mike Kennedy". The signature is written in a cursive style with a large, looping "K" and a long, sweeping underline.

Mike Kennedy
District 11
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

<p style="text-align: center; font-size: small;">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	4	6	5	6	6	11	12	0	8	0	5	2	3	17	18	C	19	S	20	1	
Remarks																													
Inspection Work Days					Facility Evaluation Rating					BI		QA		Reserved															
67				69	70	2									71	N	72	N	73										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>) Walnut Ridge Wastewater Treatment Facility 8897 Oak Street Walnut Ridge, AR 72476 (Lawrence County)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date 1230 / 5-23-08</td> <td style="width:50%;">Permit Effective Date October 1, 2005</td> </tr> <tr> <td>Exit Time/Date 1600 / 5-23-08</td> <td>Permit Expiration Date September 30, 2010</td> </tr> </table>	Entry Time/Date 1230 / 5-23-08	Permit Effective Date October 1, 2005	Exit Time/Date 1600 / 5-23-08	Permit Expiration Date September 30, 2010
Entry Time/Date 1230 / 5-23-08	Permit Effective Date October 1, 2005				
Exit Time/Date 1600 / 5-23-08	Permit Expiration Date September 30, 2010				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jonathan Kopp / Plant Operator / Cell / 501-454-4938	Other Facility Data N36°04'06" W90°58'20"				
Name, Address of Responsible Official/Title/Phone and Fax Number Lester Herring / Water & Wastewater Superintendent / Cell 870-809-1294 City of Walnut Ridge 216 Southwest 4th Street Walnut Ridge, AR 72476	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	M	Operations & Maintenance	S	Sampling
S	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	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)

Discharge Monitoring Reports were reviewed January, February, and April 2008 during the inspection.

The effluent appeared to be within permit limits, at this time.

The Secondary Flow Measurement Device failed the + or - 10% accuracy for flow measurement. The device was tested 2 times and failed both times. This is a violation of Part II, Section B, Item 1, and Part II, Section C, Item 1, of the permit.

It was noted that First Quarter Bio-monitoring for Fiscal Year 2008 failed in one area.

It was also noted that the facility had made major improvements of the items noted to be out of compliance during the previous inspection.

Name(s) and Signature(s) of Inspector(s) Mike Kennedy	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Batesville 870-793-5819 / Fax 870-793-5814	Date May 14, 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: | <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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NE

DETAILS:

- | | |
|---|---|
| 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: _(Portable Generators) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: _(Alarms & Lights in Pump Stations) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. 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 |
| 5. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: _(2-Class III, 2-Class) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: _(Small inventory, most parts shipped within 24 hrs.) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 10. 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 |
| 11. 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 |
| 12. 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 |
| 13. 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 |
| 14. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input 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 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: Secondary measurement device out of calibration

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>001 – 90 degree V-Notch Weir</u>	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>(7-11-07)</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" 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 ≥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 ≥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: <u>(State Certified)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Testing Laboratories</u>	<u>Bio-Analytical Laboratories</u>
b. LAB ADDRESS: <u>204 East Lincoln Street, Searcy, AR 72143</u>	<u>3240 Sprugin Road, Dayline, LA 71023</u>
c. PARAMETERS PERFORMED: <u>CBOD, TSS, Fecal Coliform, pH, TRC, DO, Ammonia Nitrogen NH3-N,</u>	<u>Chronic Biomontiroing</u>
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	Moderate	Trace	None	Light Green	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: (No sludge applied during Fiscal Year 2007)

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

Date:	5-23-08	Time:	1350 & 1355		
Head in Inches:	7.25 & 6.80	Feet:	.604 & .567		
Type & Size of Primary Flow Measurement Device: 90 degree V-Notch Weir					
Name & Model of Secondary Flow Measurement Device:				Isco 4210 Flow Totalizer Meter	
Date of last Calibration of Secondary Flow Device: July 11, 2007					
Recorded Flow at Date & Time Listed Above:			.624 & .573 MGD	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			.451 MGD & .396 MGD		
<small>(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>) (Table 9-5)</small>					
% Error =	.624	-	.451	X 100	38.35
	.451				
% Error =	.573	-	.396	X 100	44.69
	.396				
% Error =	38.35	X 100	38.35%		
% Error =	44.69	X 100	44.69%		
% Error =		%			
Comments: Greater than \pm 10% error (Out of compliance)					

DMR Calculation Check
(001)

Reporting Period: From 2008 March 01 To 2008 March 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>114.2</u>	<u>9</u>	<u>17.0</u>
Calculated Value:	<u>114.3</u>	<u>9.4</u>	<u>17.0</u>
Permit Value:	<u>149</u>	<u>15</u>	<u>23</u>

If calculated value does not equal reported value, explain: **Difference is probably due to rounding off.**

**DMR Calculation Check
(001)**

Reporting Period: From 2008 April 01 To 2008 April 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>59.5</u>	<u>10</u>	<u>16.0</u>
Calculated Value:	<u>59.49</u>	<u>10.6</u>	<u>16.0</u>
Permit Value:	<u>149</u>	<u>15</u>	<u>23</u>

If calculated value does not equal reported value, explain: **Difference is probably due to rounding off.**

Section E

Details 3, 4, & 6: The secondary flow meter was checked for compliance of + or – 10% from true discharge rates. 2 checks were performed on the meter and the meter failed both times. This is a violation of Part II, Section C, Item 1, of the permit.



**CITY WATER WORKS
216 S.W. FOURTH STREET
WALNUT RIDGE, AR 72476
870-886-2312**

LESTER HERRING, MANAGER

COMMISSIONERS: CHAIRMAN A.J. HENRY, LEROY JOHNSON, GARY ROSE, STEVE JACKSON, AND GARY LITTLE

AUGUST 7, 2008

WATER DIVISION ENFORCEMENT BRANCH
ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTHSORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317

IN RESPONSE TO AFIN: 38-0040 NPDES PERMIT NO.: AR0046566

ON MAY 28, 2008 KOONTZ CALIBRATED THE INFLUENT FLOW METER AND RECORDER PLUS THE EFFLUENT FLOW METER AND RECORDER WAS TESTED AND CALIBRATED AS REQUIRED.

CITY WATER WORKS

A handwritten signature in cursive script that reads "Lester Herring".

LESTER HERRING
MANAGER



1223 East Broadway • P.O. Box 501 • Morrilton, AR 72110
(501) 354-2526 • Fax: (501) 354-2580 • URL: <http://www.koontzelectric.com>

WALNUT RIDGE WWTP
216 SW 4TH STREET
WALNUT RIDGE, AR 72476

CONTRACT ID: 071166
2007-2008 INSTRUMENT SERVICES
LOCATION:

INVOICE ID: 7116617501
DRAW ID: 3578
DATE: May 31, 2008
SALESPERSON:
CUSTOMER ID: WALR
PO #:

AGREEMENT PRICE
CALIBRATION

Amount

500.00

Invoice Sub-total

500.00

Amount due this Invoice

\$500.00

Thank you for your Business

*Paid 6-25-08
CK# 41162*



1223 East Broadway • P.O. Box 501 • Morrilton, AR 72110 • (501) 354-2526 • Fax (501) 354-2580 • http://www.koontzelectric.com

Benny Koontz
President

Boe Dickey
Technical Services Manager

CALIBRATION CERTIFICATION

FACILITY: Walnut Ridge, AR WWTP

This is to certify that the following equipment was calibrated on:

DATE: 5/28/08 WORK ORDER NO.: 175

BY: Boe Dickey

Equipment Calibrated:

<u>EQ. NO.</u>	<u>EQUIPMENT DESCRIPTION</u>	<u>EQUIPMENT SERIAL NO.</u>
1.	<u>Influent Flowmeter</u>	<u>ISCO 3010</u>
2.	<u>Influent Flow Recorder</u>	<u>Honeywell 4308</u>
3.	<u>Effluent Flow Meter</u>	<u>ISCO 4010</u>
4.	<u>" " Recorder</u>	<u>" "</u>
5.		

Calibration Equipment Used:

<u>EQ. NO.</u>	<u>CALIBRATION EQUIPMENT DESCRIPTION</u>	<u>CALIBRATION EQ. SERIAL NO. / NIST NO.</u>
1.	<u>ISCO Flume Handbook</u>	<u>-</u>
2.	<u>Metal Ruler 1/16" grads</u>	<u>-</u>
3.	<u>Atter Current Calibrator</u>	<u>-</u>
4.		
5.		

I certify that the above calibrated equipment is accurate within the manufacturers' specified tolerances or as follows:

Flows Averaged over 10 minutes indicated vs measured
Accuracy as found +6.5% Accuracy as lost ± 1%

TECHNICIAN: Boe Dickey DATE: 5/28/08



1223 East Broadway * P.O. Box 501 * Morrilton, AR 72110
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INVOICE

Date: 07/24/2007
 Invoice #: 58
 Agreement #: 26

Work Order #: 83
 PO Number: VERBAL
 Terms: Net 30

Bill to: WALNUT RIDGE WWTP
 216 SW 4TH STREET
 WALNUT RIDGE, AR 72476

Service at: WALNUT RIDGE WWTP
 216 SW 4TH STREET
 WALNUT RIDGE, AR 72476

Description	Quantity	Unit Price	Amount
Agreement CALIBRATION AGREEMENT PRICE	1.00	500.00	500.00
	Agreement Subtotal		500.00

*Paid 8-22-07
 CK# 40037*

Subtotal:	500.00
Sales Tax:	0.00
Total Due:	500.00



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Benny Koontz
President

Boe Dickey
Technical Services Manager

CALIBRATION CERTIFICATION

FACILITY: Walnut Ridge AR. WWTP

This is to certify that the following equipment was calibrated on:

DATE: 7/11/07 **WORK ORDER NO.:** 83
BY: Boe Dickey

Equipment Calibrated:

<u>EQ. NO.</u>	<u>EQUIPMENT DESCRIPTION</u>	<u>EQUIPMENT SERIAL NO.</u>
1.	<u>Influent Flow Meter</u>	<u>ISCO</u>
2.	<u>Influent Flow Recorder</u>	<u>Honeywell</u>
3.	<u>Effluent Flow Meter</u>	<u>ISCO</u>
4.	<u>Effluent Flow Recorder</u>	<u>Honeywell</u>
5.	<u>SAMPLER</u>	<u>ISCO</u>

Calibration Equipment Used:

<u>EQ. NO.</u>	<u>CALIBRATION EQUIPMENT DESCRIPTION</u>	<u>CALIBRATION EQ. SERIAL NO. / NIST NO.</u>
1.	<u>ISCO Flowmeter Handbook</u>	<u>-</u>
2.	<u>Metal Ruler 1/16" div</u>	<u>-</u>
3.	<u>Altek Current Calibrator</u>	<u>model 334</u>
4.		
5.		

I certify that the above calibrated equipment is accurate within the manufacturers' specified tolerances or as follows:

Accuracy ± 1-2% AS NOTED ON STICKERS.

TECHNICIAN: Boe Dickey **DATE:** 7/11/07

ADEQ

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

October 9, 2008

Mr. Lester Herring, Water & Wastewater Superintendent
City of Walnut Ridge
216 Southwest 4th Street
Walnut Ridge, AR 72467

RE: NPDES Permit AR0046566, AFIN 38-00040
Response to Inspection

Dear Mr. Herring:

ADEQ has received your recent response to the May 23, 2008 inspection of your facility by our District Field Inspector, Mike Kennedy. Your letter appears to adequately address the discrepancies identified during the visit.

ADEQ will keep the inspection and response on file. We will consider the inspection and response as required by Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires ADEQ to consider the past compliance history of your company and how expeditiously the violations were addressed, in determining any civil penalty that may be necessary for any violations.

If we need further information, we will contact you.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me by phone at 501-682-0632 or e-mail at robertsa@adeq.state.ar.us.

Sincerely,



Anne Roberts
Enforcement Administrator
Water Enforcement Section