



ARKANSAS
Department of Environmental Quality

October 20, 2008

Mr. David Cruseturner, Assistant Director
Arkansas Department of Correction
P.O. Box 7807
Pine Bluff, AR 71601

RE: Compliance Inspection

AFIN: 33-00036 NPDES Permit No.: AR0044016

Dear Mr. Cruseturner:

On October 6, 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 that the facility was out of compliance with the permit. Specifically, I found the following violations:

- 1. The facility was in the process of building two more sand bed filters, but no specifications were sent to the Department for review before performing the construction. This is a violation of The Water and Air Pollution Control Act (8-4-217) b, 1, A.**
- 2. A review of the DMR's revealed that the facility was not including the name and address of the outside laboratory performing the sampling and /or analyses. This is a violation of Part II, Section C, Item 5, of the permit.**
- 3. The facility was not preparing and maintaining on file a certification statement on each batch of land applied Biosolids as required by the permit. This is a violation of Part III, Section A, Item 6, of the permit.**
- 4. The biosolids had not been monitored at the frequency as required by the permit. This is a violation of Part III, Section B, Items 1 & 2, of the permit.**

The above items require 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


David Cruseturner
Arkansas Department of Correction (Calico Rock)
October 20, 2008
Page 2

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 November 10, 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 870-793-5819.

Sincerely,

A handwritten signature in black ink that reads "Mike Kennedy". The signature is written in a cursive, slightly slanted style.

Mike Kennedy
District 11
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	4	4	0	1	6	11	12	0	8	1	0	0	6	17	18	C	19	S	20	2							
Remarks																																			
A			F			I			N			3			3			-			0			0			0			3			6		
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved																			
67						70	3	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>) Arkansas Department of Corrections Wastewater Treatment Plant Izard County Correction Facility 2.5 miles north of Calico Rock off Highway #5 Calico Rock, Arkansas (Izard County)		Entry Time/Date 1245 / 10-6-08	Permit Effective Date November 1, 2005
		Exit Time/Date 1500 / 10-6-08	Permit Expiration Date October 31, 2010
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Danny Blankenship / Maintenance Supervisor / 870-297-3304		Other Facility Data N36°09'58.701" W92°09'06.436"	
Name, Address of Responsible Official/Title/Phone and Fax Number David Cruseturner / Assistant Director / 870-267- 6625 Arkansas Department of Correction P.O. Box 8707 Pine Bluff, AR 71601		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	S Flow Measurement	S Operations & Maintenance	S Sampling
S Records/Reports	S Self-Monitoring Program	U Sludge Handling/Disposal	N Pollution Prevention
S Facility Site Review	U 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)

DMR's were reviewed for the months of June, July and August, 2008.

1. The facility was in the process of building two more sand bed filters, but no specifications were sent to the Department for review before performing the construction. This is a violation of The Water and Air Pollution Control Act (8-4-217) b, 1, A.
2. A review of the DMR's revealed that the facility was not including the name and address of the outside laboratory performing the sampling and /or analyses. This is a violation of Part II, Section C, Item 5, of the permit.
3. The facility was not preparing and maintaining on file a certification statement on each batch of land applied Biosolids as required by the permit. This is a violation of Part III, Section A, Item 6, of the permit.
4. The biosolids had not been monitored at the frequency as required by the permit. This is a violation of Part III, Section B, Items 1 & 2, of the permit.

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 October 20, 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| STANDBY POWER OR OTHER EQUIVALENT PROVIDED: (Generator) | <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: (High Level Alarms at Lift Stations) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. 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 |
| 4. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: (1-Class I) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: (Inventory, but no complete list of parts) (Most parts delivered within 24 hrs.) | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. 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 |
| 10. 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 |
| 11. 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 |
| 12. 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 |
| 13. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: (60 degree V-Notch Weir)	<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: __ (Last calibration 9-08)	<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: __ (Yes)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: McClelland Consulting Engineers, Inc.	
b. LAB ADDRESS: P.O. Box 34087, Little Rock, AR 72203-4087	
c. PARAMETERS PERFORMED: (CBOD5, TSS, Fecal Coliform, NH3-N, Nitrate-Nitrogen, DO, & pH)	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: (Not sampling Biosolids at frequency required by 503 regulation) (No certification statement prepared or maintained of land applied solids)

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 checked="" 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 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:	10-6-08	Time:	1436		
Head in Inches:	3.2	Feet:	.2666		
Type & Size of Primary Flow Measurement Device: 3 inch Parshall Flume					
Name & Model of Secondary Flow Measurement Device:				Hydro Ranger 200	
Date of last Calibration of Secondary Flow Device: September, 2008					
Recorded Flow at Date & Time Listed Above:			0.0315 MGD	(22.10 GPM)	
Calculated Flow at Date & Time Listed Above:			0.0340 MGD		
<small>(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>) (Table 9-4)</small>					
% Error =	0.0315	-	0.0340	X 100	-7.35%
	0.0340				
% Error =		-		X 100	
% Error =				X 100	
% Error =				X 100	
% Error =		%	-7.35%		
Comments: Less than +/- 10% error - OK					

DMR Calculation Check
(001)

Reporting Period: From 08 08 01 To 08 08 31
Year Month Day Year Month Day

Parameter Checked: Fecal Coliform

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Daily Max. - mg/l
Reported Value:	<u>N/A</u>	<u>N/A</u>	<u><1</u>
Calculated Value:	<u>N/A</u>	<u>N/A</u>	<u><1</u>
Permit Value:	<u>N/A</u>	<u>N/A</u>	<u>200</u>
		Colonies per 100 ml	Colonies per 100 ml

If calculated value does not equal reported value, explain: Equal, Facility tests one time per month.

Comments:

1. The facility was in the process of building two more sand bed filters, but no specifications were sent to the Department for review before performing the construction. This is a violation of The Water and Air Pollution Control Act (8-4-217) b, 1, A.
2. A review of the DMR's revealed that the facility was not including the name and address of the outside laboratory performing the sampling and /or analyses. This is a violation of Part II, Section C, Item 5, of the permit.
3. The facility was not preparing and maintaining on file a certification statement on each batch of land applied Biosolids as required by the permit. This is a violation of Part III, Section A, Item 6, of the permit.
4. The biosolids had not been monitored at the frequency as required by the permit. This is a violation of Part III, Section B, Items 1 & 2, of the permit.

Water Division Construction Storm Water Photographic Evidence Sheet

Location: AR. Dept of Corrections WWTP Approx. 2.5 miles north of Calico Rock, AR. (Izard County)

Photographer: Mike Kennedy **Witness:** Danny Blankenship, Maintenance

Photo # 1 **Of** 2 **Date:** 10-6-08 **Time:** 1255

Description: This is a view of the new Sand Bed Filters being built on the east side of the existing filters.



Photographer: Mike Kennedy **Witness:** Danny Blankenship, Maintenance

Photo # 2 **Of** 2 **Date:** 10-6-08 **Time:** 1255

Description: This is another view of the new filters looking from west to east.





042103 11-10-08



Construction/Maintenance
7800 Correction Circle
Pine Bluff, Arkansas 71603
Phone: (870) 267-6625
Fax: (870) 267-6617

Arkansas Department of Correction

March 16, 2009

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

Re: AFIN: 33-00036 NPDES Permit No.: AR0044016

Mr. Mike Kennedy:

This is in response to the letter I received concerning the violations that were revealed during your latest inspection.

1. The facility was in the process of building two more sand bed filters, but no specifications were sent to the Department for review before performing the construction.
 - a. Upon making contact with ADEQ, work was stopped. The construction permit was applied for and the process is complete as of 3-16-09. Shane Byrum advises all paperwork (permit application, proof of publication, and proof of payment) has been received and forwarded.
2. A review of the DMR's revealed that the facility was not including the name and address of the outside laboratory performing the sampling and/or analyses.
 - a. McClelland Engineering is the contract monitor for the wastewater treatment at North Central Unit and we have discussed the discrepancies in the paperwork. McClelland has agreed to make the necessary changes.
3. The facility was not preparing and maintaining on file a certification statement on each batch of land applied biosolids as required by the permit.
 - a. As of 3-16-09, we have contacted McClelland Engineering to do the

biosolid testing as required by the permit.

4. The biosolids had not been monitored at the frequency as required by permit.

a. The biosolids will now be monitored as required by the permit.

I appreciate your patience in this matter. If you have any questions, please feel free to contact me at 870-267-6625 or e-mail me at david.cruseturner@arkansas.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Cruseturner', with a stylized flourish at the end.

David Cruseturner
Assistant Director – Construction Division

Cc: Danny Blankenship, Unit Maintenance Coordinator – North Central Unit
Leon Starks, Construction/Maintenance Coordinator