



ARKANSAS  
Department of Environmental Quality

April 17, 2009

Mr. Larry Garrett, Director  
Huntsville Water Utilities  
City of Huntsville  
P.O. Box 430  
Huntsville, AR 72740

RE: City of Huntsville

AFIN: 44-00018

NPDES Permit Tracking No.: AR0022004

Dear Mr. Garrett:

On March 24, 2009, I performed a routine compliance evaluation inspection and compliance sampling 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 violations:

Placement of waste in such a manner that is has the potential to cause the pollution of the waters of the State. This is in violation of the Arkansas Water and Air Pollution Control Act 8-4-217, (a)(1).

- a. Sludge was being improperly stored at the facility. Town Branch is located east of the storage bed. Effective measures to prevent further overflow from the bed must be implemented immediately.
- b. Oil had spilled on the ground in front of the sludge press building. You will need to clean up the discharged oil and prevent any discharge of oil from occurring in the future.

The above items require your immediate attention. Please submit a written response to these findings to the following address:

Ms. Cindy Garner, Technical Assistance Manager  
Water Division Enforcement Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Larry Garrett, City of Huntsville  
April 17, 2009  
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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 May 8, 2009.

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 479-267-0811 ext. 12 (email: west@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink that reads "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

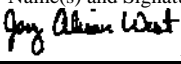
 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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Section A: National Data System Coding																												
Transaction Code			NPDES								Yr/Mo/Day				Inspec. Type		Inspector		Fac. Type									
1	N	2	5	3	A	R	0	0	2	2	0	0	4	11	12	0	9	0	3	2	4	17	18	S	19	S	20	1
Remarks																												
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																
67				69	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> ) <b>City of Huntsville</b> <b>30187 Madison Hwy 23</b> <b>Huntsville, AR</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>9: 15 a.m./3-24-09</b></td> <td style="width:50%;">Permit Effective Date <b>10-1-04</b></td> </tr> <tr> <td>Exit Time/Date <b>3:40 p.m./3-24-09</b></td> <td>Permit Expiration Date <b>9-30-09</b></td> </tr> </table>	Entry Time/Date <b>9: 15 a.m./3-24-09</b>	Permit Effective Date <b>10-1-04</b>	Exit Time/Date <b>3:40 p.m./3-24-09</b>	Permit Expiration Date <b>9-30-09</b>
Entry Time/Date <b>9: 15 a.m./3-24-09</b>	Permit Effective Date <b>10-1-04</b>				
Exit Time/Date <b>3:40 p.m./3-24-09</b>	Permit Expiration Date <b>9-30-09</b>				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Bill Eoff/Wastewater Plant Manager/479-738-2081/479-738-1285</b>	Other Facility Data <b>GPS @ Outfall 001:</b> <b>N36-06-44.6</b> <b>W093-43-58.2</b>				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Larry Garrett/Director/479-738-6929/479-738-1285</b> <b>Huntsville Water Utilities</b> <b>City of Huntsville</b> <b>P.O. Box 430</b> <b>Huntsville, AR 72740</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	M	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	S	Other: CSI

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)
<ol style="list-style-type: none"> <li>1. Sludge was being improperly stored at the facility.</li> <li>2. Oil had spilled on the ground in front of the sludge press building.</li> </ol>

Name(s) and Signature(s) of Inspector(s)  Alison West	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Fayetteville</b> <b>479-267-0811 ext. 12/479-267-0819</b>	Date <b>April 17, 2009</b>
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 checked="" type="checkbox"/> N <input 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: <u>Contract Lab</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 NEDETAILS: North clarifier not in use at the 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>Generator</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: <u>SCADA System</u>         | <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, 3-III, 2-II, 2-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:                                               | <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 checked="" type="checkbox"/> NA <input 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> N <input checked="" 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:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>2.0 ft H Flume</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 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: <u>(1/month)</u>	<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: <u>American Interplex Corporation</u>	<u>Environmental Services Company, Inc</u>
b. LAB ADDRESS: <u>8600 Kanis Road</u> Little Rock, AR 72204	<u>1107 Century Avenue</u> Springdale, AR 72762
c. PARAMETERS PERFORMED: <u>Chronic Biomonitoring</u>	<u>Ammonia Nitrogen, Total Phosphorous, Nitrate + Nitrite, CBOD, TSS</u>
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Reviewed biomonitoring reports for 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2008</u>	<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 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: Sludge was being improperly stored at the facility.

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): <u>Agriculture</u>	

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:__ <input checked="" type="checkbox"/> COMPOSITE: 3 hour METHOD:__ FREQUENCY:	
3. SAMPLES PRESERVED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: The city has a no exposure certification.

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:	<b>3-24-09</b>	Time:	<b>9:52 a.m.</b>	
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Head in Inches:		Feet:	<b>.93</b>	
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Type & Size of Primary Flow Measurement Device: 2.0 foot H Flume

Name & Model of Secondary Flow Measurement Device: Chessel Eurotherm Model 392

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above:	<b>.964</b>	(Facility Flow Meter)
--------------------------------------------	-------------	-----------------------

Calculated Flow at Date & Time Listed Above:	<b>.930</b>	
----------------------------------------------	-------------	--

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

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

% Error =	.964	-	.930	X 100	
	.930				

% Error =	0.0749	X 100	
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% Error =		X 100	
-----------	--	-------	--

% Error =	<b>7.49</b>	%	
-----------	-------------	---	--

Comments:

### DMR Calculation Check

**Reporting Period:** From 09 01 01 To 09 01 31  
Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass</b>	<b>Concentration</b>	
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>78.4</u>	<u>6.0</u>	<u>11.0</u>
<b>Calculated Value:</b>	<u>78.4</u>	<u>6.0</u>	<u>11.0</u>
<b>Permit Value:</b>	<u>250</u>	<u>15</u>	<u>23</u>

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



# Arkansas Department of Environmental Quality

5301 Northshore Drive  
 North Little Rock, AR 72118

## - CERTIFICATE OF ANALYSIS -

**Our Lab#:** 2009-0731  
**Sample ID:** City of Huntsville - 44-00018  
**Sample C**  
**Type:**

**Sample Collect Date:** 3/24/2009  
**Report Date:** 4/17/2009

<u>Test Group</u>	<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>MDL</u>	<u>RDL</u>
CBOD5	5-day Carbonaceous BOD	1.14	mg/L	3/25/2009	0.2	0.20
TSS/TDS	Total suspended solids	2.0	mg/L	3/25/2009	1	1.0
NH3/PO4/NO3	Nitrite+Nitrate-N	6.50	mg/L	3/25/2009	0.01	0.010
TKN/TKP	Total phosphorus as phosphorus	2.86	mg/L	3/26/2009	0.01	0.010
FC-MF	Fecal coliform	~14	cfu/100 ml	3/24/2009	1	1
NH3-N-ISE	Ammonia as nitrogen	0.30	mg/L	4/17/2009	0.15	0.15
FIELD	Dissolved oxygen	7.31	mg/L	3/24/2009		
	Field pH	7.23	SU	3/24/2009		

**NPDES CSI CHAIN OF CUSTODY**

Flow/Sample Volume Information					
Sample Number	Bottle Number(s)	Time Sample Collected	Instantaneous Flow, MGD	Calculated Factor	Calculated Volume, ml/aliquot
1	1	10:00 a.m.	0.930	0.24	960
2	2	11:00 a.m.	1.453	0.36	1440
3	3	12:00 a.m.	1.482	0.38	1520
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11				
12	12				
<b>Total Instantaneous Flow</b>			<b>3.865</b>	<b>Required Volume</b>	<b>3920 mL</b>

**Instructions**

1. Obtain the instantaneous flows from the facility flow meter or circular chart
2. Add each of the Instantaneous Flow Readings to calculate the Total Instantaneous Flow and record on table.
3. To calculate the factor, divide each Instantaneous Flow by the Total Instantaneous Flow and record for each sample aliquot. Round off the Calculated Factor two places from the decimal place.
4. Multiply each Calculated Factor by the Required Volume. The Required Volume will be determined by the composite bottle size. **A 2- gallon container is 8,000 mL liters (8000 mL).** A 1 gallon container is 4,000 mL. A 2.5 gallon container is 10,000 mL. A 5 gallon container is 20,000 mL
5. Using a graduated cylinder, vigorously shake each aliquot and measure the volume needed from each aliquot and transfer to the composite container.
6. If there is no flow during the time one or more of the aliquots are collected, notify your supervisor. **immediately.**

**NPDES Compliance Inspection Report  
Further Explanation**

Mass Loading:

CBOD5: 36.7 lbs/day

TSS: 64.5 lbs/day

NH<sub>3</sub>-N: 9.7 lbs/day

Total Phosphorus: 92.2 lbs/day

Nitrate + Nitrite Nitrogen: 96.5 lbs/day

Instantaneous flow was 1.523 MGD for pH and dissolved oxygen taken at 11:44 a.m.

Instantaneous flow was 1.306 MGD for pH and dissolved oxygen duplicate taken at 11:50 a.m.

Instantaneous flow was 2.005 MGD taken at 12:42 p.m. for fecal coliform.

Instantaneous flow was 1.462 MGD taken at 12:01 p.m. for total phosphorous.

**Arkansas Department of Environmental Quality (ADEQ)  
Official Photograph Sheet**



<b>Location:</b>	City of Huntsville Wastewater Facility						
<b>Photographer:</b>	Alison West			<b>Witness:</b>	NA		
<b>Photo #</b>	1	<b>Of</b>	6	<b>Date:</b>	3-24-09	<b>Time:</b>	10:36 a.m.
<b>Description:</b>	IMGP2576. Area where sludge is stored.						





<b>Photographer:</b>	Alison West			<b>Witness:</b>	NA		
<b>Photo #</b>	2	<b>Of</b>	6	<b>Date:</b>	3-24-09	<b>Time:</b>	10:38 a.m.
<b>Description:</b>	IMGP2580. Sludge on the ground exposed to storm water.						



### Official Photograph Sheet

<b>Location:</b>		City of Huntsville Wastewater Facility						
<b>Photographer:</b>		Alison West			<b>Witness:</b>		NA	
<b>Photo #</b>	3	<b>Of</b>	6	<b>Date:</b>		3-24-09	<b>Time:</b>	10:39 a.m.
<b>Description:</b>		IMGP2581. Sludge on the ground exposed to storm water. Town Branch is to the east of this location.						
								
<b>Photographer:</b>		Alison West			<b>Witness:</b>		NA	
<b>Photo #</b>	4	<b>Of</b>	6	<b>Date:</b>		3-24-09	<b>Time:</b>	10:38 a.m.
<b>Description:</b>		IMGP2579. Sludge was observed under the truck.						
								

### Official Photograph Sheet

<b>Location:</b>		City of Huntsville Wastewater Facility							
<b>Photographer:</b>		Alison West			<b>Witness:</b>		NA		
<b>Photo #</b>	5	<b>Of</b>	6			<b>Date:</b>	3-24-09	<b>Time:</b>	10:37 a.m.
<b>Description:</b>		IMGP2577. Sludge on the ground exposed to storm water near the sludge press building.							
									
<b>Photographer:</b>		Alison West			<b>Witness:</b>		NA		
<b>Photo #</b>	6	<b>Of</b>	6			<b>Date:</b>	3-24-09	<b>Time:</b>	10:37 a.m.
<b>Description:</b>		IMGP2578. Oil had spilled on the ground at the sludge press building.							
									



## Huntsville Water Utilities

P.O. Box 430  
Huntsville, Arkansas 72740  
501-738-6929

Ms. Cindy Garner, Technical Assistance Manager  
Water Division Enforcement Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: City of Huntsville Wastewater Facility Inspection response  
AFIN: 44-00018 NPDES Permit Tracking No. AR0022004

During the routine compliance inspection performed by Alison West on March 24, 2009 revealed the following violations and have been corrected.

- a. Sludge was being improperly stored at the facility. Town Branch is located east of the storage bed. Effective measures to prevent overflow from the bed must be implemented immediately.

Response: This issue was addressed immediately. This sludge was spillage from loading of spreader truck and all sludge was cleaned from pad and surrounding area. Implementing new procedures for drivers to clean any spillage after each load.

- b. Oil had spilled on the ground in front of the sludge press building. You will need to clean up the discharged oil and prevent any discharge of oil from occurring in the future.

Response: The barrels and containers have been removed from the facility and the dirt has been removed and replaced with chat. We no longer store anything there.

If you have any questions or comments feel free to contact my office.

Thank you,

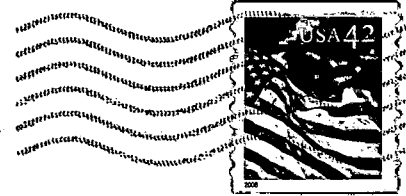
Larry D. Garrett  
Director  
Huntsville Water Utilities



**Huntsville Water Utilities**

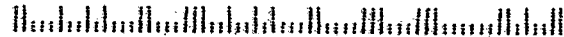
P.O. Box 430  
Huntsville, Arkansas 72740  
501-738-6929

NORTHWEST AR PSDF  
AR 727 2 T  
28 APR 2009 PM



Ms. Cindy Garner, Technical Assistance  
Manager  
Water Division Enforcement Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

72118+5317





# ADEQ

ARKANSAS  
Department of Environmental Quality

July 5, 2009

Larry Garrett, Director  
Huntsville Water Utilities  
P.O. Box 430  
Huntsville, AR 72740

RE: NPDES Permit AR0022004, AFIN 44-00018  
Response to Inspection

Dear Mr. Garrett:

ADEQ has received your responses to the March 24, 2009 routine compliance evaluation inspection and compliance sampling inspection of your facility by our District Field Inspector, Alison West. Your letter appears to adequately address the discrepancies identified during the visit. ADEQ assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and your response on file and will consider them in determining the amount of a civil penalty, if required, that may be necessary for any violations. Please note that Arkansas Pollution Control and Ecology Commission Regulation No. 7: Civil Penalties requires the Department to consider several factors when determining a civil penalty. Enclosed for your information with this letter is a list of the Regulation 7 factors, among which are the past compliance history of your company and how expeditiously violations are addressed.

Thank you for your attention to this matter. If we need further information, we will contact you. 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](mailto:robertsa@adeq.state.ar.us). Please remember to refer to NPDES Permit AR0022004 and AFIN 44-00018 in any written correspondence to this Department.

Sincerely,



Anne Roberts  
Enforcement Analyst  
Enforcement Branch  
Water Division

Enclosure

Arkansas Pollution Control and Ecology Commission Regulation No. 7 – Civil Penalties

Section 9. Determination of Amount

In determining the amount of a civil penalty to be assessed hereunder, the Department shall consider the following factors which may increase or decrease the amount of the assessed fine:

- (a) The seriousness of the noncompliance and its effect upon the environment, including the degree of potential or actual risk or harm to the public health caused by the violation.
- (b) Whether the cause of the noncompliance was an unavoidable accident.
- (c) The violator's cooperativeness and expeditious efforts to correct the violation.
- (d) The history of a violator in taking all reasonable steps or procedures necessary or appropriate to correct any noncompliance.
- (e) The violator's history of previous documented violations regardless of whether or not any administrative, civil, or criminal proceeding was commenced therefore.
- (f) Whether the cause of the violation was an intentional act or omission on the part of the violator.
- (g) Whether the noncompliance has resulted in economic benefit or pecuniary gain to the violator, including but not limited to cost avoidance.
- (h) Whether the pursuit and the execution of the enforcement action has resulted in unusual or extraordinary costs to the Department or the public.
- (i) Whether any part of the noncompliance is attributable to the action or inaction of the state government.
- (j) Whether the violator has delayed corrective action.