

ADEQ

ARKANSAS
Department of Environmental Quality

June 25, 2009

Coy Dale
P.O. Box 800
Melbourne, AR 72556

AFIN: 33-00026

NPDES Permit No.: AR0020036

Dear Mr. Dale:

On June 5, 2009, 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 your facility was out of in compliance with the terms of your permit. Specifically, I found the following violation:

The secondary flow measurement device failed on two consecutive readings to comply with the maximum deviation of +/- 10% of true discharge rates, averaging over the two readings -63.31%. This is a violation of Part II, Section C, Item 2, of the permit.

The above item requires your immediate attention. Please submit a written response to this finding to Cindy Garner, Water Division Enforcement Branch Manager, 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 each item noted. This corrective action should be completed as soon as possible, and the written response with all documentation (i.e. pictures) is due by July 5, 2009.

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

Coy Dale, Melbourne WWTP
June 22, 2009
Page 2

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 style with a prominent loop at the end of the last name.

Mike Kennedy
District 11, Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



Form Approved
OMB No. 2040-0003

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

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code			NPDES										Yr/Mo/Day					Inspec. Type		Inspector		Fac. Type								
1	N	2	5	3	A	R	0	0	2	0	0	3	6	11	12	0	9	0	6	0	5	17	18	C	19	S	20	1		
Remarks																														
Inspection Work Days			Facility Evaluation Rating										BI		QA		-----Reserved-----													
67																														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>) Melbourne WWTP Endo of Highway #9 Spur Melbourne, AR (Izard County)		Entry Time/Date 1330 / 6-5-09		Permit Effective Date September 1, 2005	
		Exit Time/Date 1500 / 6-5-09		Permit Expiration Date August 31, 2010	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Coy Dale / Wastewater Superintendent / 870-368-4215 / Cell 870-291-7773				Other Facility Data N36°03'33.347" W91°55'34.137"	
Name, Address of Responsible Official/Title/Phone and Fax Number Coy Dale , Wastewater Superintendent, 870-368-4215 P.O. Box 800 Melbourne, AR 72556				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	S	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	N	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)

DMR's were reviewed for February, March and April 2009 during the inspection.

The secondary flow measurement device failed on two consecutive readings to comply with the maximum deviation of +/- 10% of true discharge rates, averaging over the two readings -63.31%. This is a violation of Part II, Section C, Item 2, of the permit.

Name(s) and Signature(s) of Inspector(s) Mike Kennedy	Agency/Office/Telephone/Fax ADEQ / Batesville / 870-793-5819 / 870-793-5814	Date June 22, 2009
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: Contract Laboratory | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input 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 |
| 3. 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 |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: Alarms and lights at lift stations | <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: (1-Class III, 1-Class II) | <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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 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: <u>3 inch Parshall 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: <u>Flow measurement failed on two consecutive readings to comply with maximum deviation of +/- 10% of true discharge rates</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibration 2-13-09</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 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>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143 Phone 501-268-6431</u>	
c. PARAMETERS PERFORMED: <u>Flow, CBOD, TSS, Ammonia Nitrogen, Fecal Coliform, pH, DO & Chlorine Residual</u>	
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	Trace	None	Trace	Clear	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: (Bar Screen to Class I Landfill, Drying bed solids and sludge disposed by land application on grass land. Lime stabilization used taking sludge to a pH of 12+ for 2 hours. 9.5 tons of sludge applied during Fiscal Year 2008. The records were submitted in their annual report.

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): **Grass Land**

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

- DETAILS:
1. SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
 2. TYPE OF SAMPLE: GRAB:___ COMPOSITE:___ METHOD:___ FREQUENCY:___
 3. SAMPLES PRESERVED: Y N NA NE
 4. FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
 7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

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

FLOW CALCULATION SHEET

Date:	June 5, 2009	Time:	1355 & 1402		
Head in Inches:	4.50 & 5.625	Feet:	.375 & .469		
Type & Size of Primary Flow Measurement Device: 3 inch Parshall Flume					
Name & Model of Secondary Flow Measurement Device:			Badger Meter Model 3000		
Date of last Calibration of Secondary Flow Device: February 13, 2009					
Recorded Flow at Date & Time Listed Above:				61.55 GPM & 116.8 GPM	(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:				196.2 GPM & 278 GPM	
<small>(Flow is calculated using flow charts in: Table 13.4, ISCO 5th Edition)</small>					
% Error =	61.55	-	196.2	X 100	-0.686
	196.2				
% Error =	116.8	-	278	X 100	-0.579
	278				
% Error =	-0.686	X 100	-68.63%		
% Error =	-0.579	X 100	-57.98%		
% Error =		%			
Comments:	Out of compliance (Average both readings equals -63.31%)				

DMR Calculation Check

Reporting Period: From 2009 April 1 To 2009 April 30
 Year Month Day Year Month Day

Parameter Checked: Fecal Coliform

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>8</u>	<u>12</u>
Calculated Value:	<u>N/A</u>	<u>8.48</u>	<u>12</u>
Permit Value:	<u>N/A</u>	<u>1000</u>	<u>2000</u>

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

Comments:

Section E – The secondary flow measurement device failed on two consecutive readings to comply with the maximum deviation of +/- 10% of true discharge rates, averaging over the two readings -63.31%. This is a violation of Part II, Section C, Item 2, of the permit.

Page 4

Mayor:
Mike Cone

Recorder/Treasurer:
Connie Wheeler



Council Members:
William Wright
Jerry Crosby
Wayne Langston
Micah Barger
Shane Lynn
John Harguess
Eric Teague
Ronnie Whiteaker

P.O. Box 800
Melbourne, AR 72556
Phone: (870) 368-4215
Fax: (870) 368-4721

July 15, 2009

ADEQ
5301 Northshore Drive
North Little Rock, AR 72118-5317

Mr. Mike Kennedy:

After your visit to our wastewater facility on June 5, 2009 I contacted B. T. Environmental to come and calibrate our meter. They came on June 9, 2009 and calibrated the city's wastewater meter. Our plans are to add enough money to next years budget for a new meter.

Sincerely,

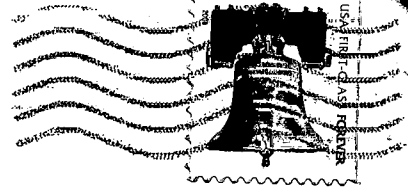
Coy Dale
Water Superintendent

City of Melbourne

114 W. Court St.
P.O. Box 800
Melbourne, AR 72556

LITTLE ROCK AR 720

16 JUL 2009 PM 2 T



ADEQ
mike Kennedy
5301 Northshore Dr.
North Little Rock, AR 72118-5317

72118+5317



ADEQ

ARKANSAS
Department of Environmental Quality

August 10, 2009

Coy Dale
City of Melbourne
P.O. Box 800
Melbourne, AR 72556

RE: NPDES Permit AR0020036; AFIN: 33-00026
Response to Inspection

Dear Mr. Dale:

The Department has received your July 15, 2009 response to the June 5, 2009 inspection of facility by our District Field Inspector, Mike Kennedy. The response has been deemed deficient for the following reasons:

- The Department needs documentation that B.T. Environmental calibrated your flow meter.

A copy of the inspection report and the inadequate response is included with this letter for your review. Please submit an adequate response by **August 25, 2009**. Failure to adequately respond by this date will be considered in determining the civil penalty, if required, for this site.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0667 or you may e-mail me at blaket@adeq.state.ar.us.

Sincerely,



Tracey Blake
Enforcement Analyst
Water Division

Mayor:
Mike Cone

Recorder/Treasurer:
Connie Wheeler



Council Members:
William Wright
Jerry Crosby
Wayne Langston
Micah Barger
Shane Lynn
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P.O. Box 800
Melbourne, AR 72556
Phone: (870) 368-4215
Fax: (870) 368-4721

July 15, 2009

ADEQ
5301 Northshore Drive
North Little Rock, AR 72118-5317

Mr. Mike Kennedy:

After your visit to our wastewater facility on June 5, 2009 I contacted B. T. Environmental to come and calibrate our meter. They came on June 9, 2009 and calibrated the city's wastewater meter. Our plans are to add enough money to next years budget for a new meter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Coy Dale".

Coy Dale
Water Superintendent

Mayor:
Mike Cone

Recorder/Treasurer:
Alecia K. Bray



P.O. Box 800
Melbourne, AR 72556
Phone: (870) 368-4215
Fax: (870) 368-4721
Cityofmelbourne@centurytel.net

Council Members:
William Wright
Jerry Crosby
Wayne Langston
Brad Sipe
Brad Wheelis
Shannon Womack
Lee Melton
David Todd

September 10, 2009

Tracey Blake
Enforcement Analyst
Water Division

Dear Tracey:

This letter is in response to the following attached. I hope this is what you need. If this is still inadequate please let me know. Thanks for working with me in this matter.

Sincerely,

Coy Dale
Water Superintendent

Certificate of Calibration

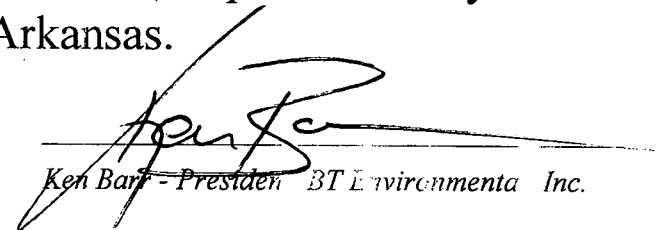
**City of Melbourne
WWTP Effluent
Flow Meter**

**Coy Dale
Superintendent**

This certificate is record the municipalities WWTP effluent flow meter was calibrated to State of Arkansas standards on June 9, 2009. This calibration was performed by E T Environmental, Inc. Hot Springs, Arkansas.



Mike McMechen - Service Technician



Ken Barr - President BT Environmental Inc.

ADEQ

ARKANSAS
Department of Environmental Quality

June 25, 2009

Coy Dale
P.O. Box 800
Melbourne, AR 72556

AFIN: 33-00026

NPDES Permit No.: AR0020036

Dear Mr. Dale:

On June 5, 2009, 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 your facility was out of in compliance with the terms of your permit. Specifically, I found the following violation:


The secondary flow measurement device failed on two consecutive readings to comply with the maximum deviation of +/- 10% of true discharge rates, averaging over the two readings -63.31%. This is a violation of Part II, Section C, Item 2, of the permit.

The above item requires your immediate attention. Please submit a written response to this finding to Cindy Garner, Water Division Enforcement Branch Manager, 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 each item noted. This corrective action should be completed as soon as possible, and the written response with all documentation (i.e. pictures) is due by July 5, 2009.

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

 <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	0	0	3	6	11	12	0	9	0	6	0	5	17	18	C	19	S	20	1
Remarks																												
A	F	I	N		6	8	-	0	0	0	1	5																
Inspection Work Days				Facility Evaluation Rating						BI		QA		Reserved														
67				69	70	2				71	N	72	N	73			74											80

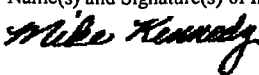
Section B: Facility Data					
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Melbourne WWTP Endo of Highway #9 Spur Melbourne, AR (Izard County)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Entry Time/Date 1330 / 6-5-09</td> <td>Permit Effective Date September 1, 2005</td> </tr> <tr> <td>Exit Time/Date 1500 / 6-5-09</td> <td>Permit Expiration Date August 31, 2010</td> </tr> </table>	Entry Time/Date 1330 / 6-5-09	Permit Effective Date September 1, 2005	Exit Time/Date 1500 / 6-5-09	Permit Expiration Date August 31, 2010
Entry Time/Date 1330 / 6-5-09	Permit Effective Date September 1, 2005				
Exit Time/Date 1500 / 6-5-09	Permit Expiration Date August 31, 2010				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Coy Dale / Wastewater Superintendent / 870-368-4215 / Cell 870-291-7773	Other Facility Data N36°03'33.347" W91°55'34.137"				
Name, Address of Responsible Official/Title/Phone and Fax Number Coy Dale, Wastewater Superintendent, 870-368-4215 P.O. Box 800 Melbourne, AR 72556	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	S	Operations & Maintenance
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water
					S
					Sampling
					N
					Pollution Prevention
					N
					Multimedia
					N
					Other:

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

DMR's were reviewed for February, March and April 2009 during the inspection.

The secondary flow measurement device failed on two consecutive readings to comply with the maximum deviation of +/- 10% of true discharge rates, averaging over the two readings -63.31%. This is a violation of Part II, Section C, Item 2, of the permit.

Name(s) and Signature(s) of Inspector(s)  Mike Kennedy	Agency/Office/Telephone/Fax ADEQ / Batesville / 870-793-5819 / 870-793-5814	Date June 22, 2009
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

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. LOCATION'S 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: <u>3 inch Parshall 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: <u>Flow measurement failed on two consecutive readings to comply with maximum deviation of +/- 10% of true discharge rates</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibration 2-13-09</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 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>Arkansas Testing Laboratories</u> | |
| b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143 Phone 501-268-6431</u> | |
| c. PARAMETERS PERFORMED: <u>Flow, CBOD, TSS, Ammonia Nitrogen, Fecal Coliform, pH, DO & Chlorine Residual</u> | |
| 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 |

FLOW CALCULATION SHEET

Date:	June 5, 2009	Time:	1355 & 1402		
Head in Inches:	4.50 & 5.625	Feet:	.375 & .469		
Type & Size of Primary Flow Measurement Device: 3 inch Parshall Flume					
Name & Model of Secondary Flow Measurement Device:			Badger Meter Model 3000		
Date of last Calibration of Secondary Flow Device: February 13, 2009					
Recorded Flow at Date & Time Listed Above:		61.55 GPM & 116.8 GPM		(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:		196.2 GPM & 278 GPM			
(Flow is calculated using flow charts in: Table 13.4, ISCO 5 th Edition)					
% Error =	61.55	-	196.2	X 100	-0.686
	196.2				
% Error =	116.8	-	278	X 100	-0.579
	278				
% Error =	-0.686	X 100	-68.63%		
% Error =	-0.579	X 100	-57.98%		
% Error =		%			
Comments:	Out of compliance (Average both readings equals -63.31%)				

Comments:

Section E – The secondary flow measurement device failed on two consecutive readings to comply
Page 4 with the maximum deviation of +/- 10% of true discharge rates, averaging over the two
readings -63.31%. This is a violation of Part II, Section C, Item 2, of the permit.

City of Melbourne

114 W. Court St.
P.O. Box 800
Melbourne, AR 72556



ADEQ
Tracey Blake
Water Division
5301 North shore Dr.
N Little Rock, AR 72118-5317

721185317 R015

