

June 25, 2009

Mr. Lester Herring, Water & Wastewater Superintendent City of Walnut Ridge 216 Southwest 4<sup>th</sup> Street Walnut Ridge, AR 72476

AFIN: 38-00040 NPDES Permit No.: AR0046566

Dear Mr. Lester Herring:

On June 8, 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 compliance with the terms of your permit. Specifically, I found the following violations:

In February 2009, the facility exceeded the permit limit for Ammonia Nitrogen (Maximum Concentration) (November-April) of 9.0 mg/l. This limit was exceeded 3 different days February 6, 20 and 27, 2009. The facility also exceeded Ammonia Nitrogen (Maximum Concentration) (November-April) of 9.0 mg/l. March 12, 2009. The facility also exceeded the permit limit for Fecal Coliform (Maximum Concentration) (April-September) of 400 colonies/100 ml. The facility reported a maximum of 515 colonies/100 ml. The facility exceeded this limit during the month of April, 2009. The following items are a violation of Part IA, Section A, of the permit. Since these violations were reported to the Department and corrected, no further response is required concerning these items.

If I can be of any assistance, please contact me at 870-793-5819.

Sincerely,

Mike Kennedy

Mike Kennedy

District 11, Field Inspector

Water Division

cc: Water Division Enforcement Branch

Water Division Permits Branch

	ADEQ Water NPDES Inspection							AFIN: 38-00040							Permit #: AR0046566														
<b>&amp;</b>	EPA																								O	Form	n App No. 20		
	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460																												
	NPDES Compliance Inspection Report																												
	Section A: National Data System Coding											1																	
	•										рес. Т	pec. Type Inspector Fac. Type																	
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incl <b>Wa</b> l	ide POT nut Ric	ocation W name lge WW	e and l						ıstric	ıl usei	rs disc	chargi	ing to	POT	W, also	9		ry Tin <b>0 / 6-8</b>		e				Permit Effective Date October 1, 2005					
	7 Oak S nut Ric	treet lge, AR	72476	5	(La	wre	nce	Cou	nty)									Time 0 / 6-8						Permit Expiration Date September 30, 2010					
Mr.	Jonath	On-Site an Kop	p/W	astew	ater I	Plant	t Op	erat	or/	Cell :	501-4	54-49	58	0.120	м		<u> </u>						N3	her Facility Data 6'04'06.0"					
Nan Mr. 216	Mr. Lester Herring / Water & Wastewater Superintendent / Cell 870-809-1294  Name, Address of Responsible Official/Title/Phone and Fax Number  Mr. A.J. Henry / Chairman / 870-809-1294-8121  216 Southwest 4 <sup>th</sup> Street  Walnut Ridge, AR 72476  W90°58′20.0″  Contacted  Yes No																												
									(S =	Satis					E <mark>valuat</mark> l, U = U					Evalı	uated)	)							
S	Permi	t					S	Flo	ow N	<b>1</b> easu	reme	nt			M	Op	eratio	ons &	Main	tenan	ce		S	Sam	pling				
S	S Records/Reports S Self-Monitoring Program N Sludge Handling/Disposal N							N	Pollu	ution 1	Preve	ntion																	
S	— Tuesday Site Ite Ite I					Pr	Pretreatment N				_	Multimedia																	
S	S   Effluent/Receiving Waters   S   Laboratory   N   Storm Water   N   Other:  Section D: Summary of Findings/Comments (Attach additional sheets if necessary)																												
DI	IR's wa	re revia	wed f	or F	hrusi	rv. N										is (At	tach a	dditio	onal s	neets	ıf nec	essary	y)						
Th In 3 d 200 ma	DMR's were reviewed for February, March and April 2009 during the inspection.  The effluent appeared to be within permit limits.  In February 2009, the facility exceeded the permit limit for Ammonia Nitrogen (Maximum Concentration) (November-April) of 9.0 mg/l. This limit was exceeded 3 different days February 6, 20 and 27, 2009. The facility also exceeded Ammonia Nitrogen (Maximum Concentration) (November-April) of 9.0 mg/l. March 12, 2009. The facility also exceed the permit limit for Fecal Coliform (Maximum Concentration) (April-September) of 400 colonies/100 ml. The facility reported a maximum of 515 colonies/100 ml. The facility exceeded this limit during the month of April, 2009. The following items are a violation of Part IA, Section A, of the permit. Since these violations were reported to the Department and corrected, no further response is required concerning these items.																												

Name(s) and Signature(s) of Inspector(s)  **Nike Kennedy**	Agency/Office/Telephone/Fax ADEQ / Batesville / 870-793-5819 / 870-793-5814	Date June 25, 2009
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

ADEQ Water NPDES Inspection	AFIN: 38-00040	Permit #: AR0046566

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	☑Y □N □NA □NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	□Y □N ☑NA □NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑y □n □na □ne
4. ALL DISCHARGES ARE PERMITTED:	☑y □n □na □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:	☑Y ☐N ☐NA ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	⊠s □m □u □na □ne
a. DATES AND TIME(S) OF SAMPLING:	☑Y □N □NA □NE
b. EXACT LOCATION(S) OF SAMPLING:	⊠y □n □na □ne
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	☑Y □N □NA □NE
d. ANALYTICAL METHODS AND TECHNIQUES:	☑y □n □na □ne
e. RESULTS OF CALIBRATIONS:	☑Y □N □NA □NE
f. RESULTS OF ANALYSES:	☑y □n □na □ne
g. DATES AND TIMES OF ANALYSES:	☑y □n □na □ne
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: Contract Laboratory	□S □M □U ØNA □NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	⊠s □m □u □na □ne
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	☑Y □N □NA □NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	□S ☑M □U □NA □NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	⊠s □m □u □na □ne
2. TREATMENT UNITS PROPERLY MAINTAINED:	⊠s □m □u □na □ne
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: (Portable Generators)	⊠s □m □u □na □ne
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: (Alarms and lights at lift stations)	⊠s □m □u □na □ne
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	⊠s □m □u □na □ne
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: (2-Class II, 1-Class I)	⊠s □m □u □na □ne
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: (Small inventory, most parts shipped within 24 hrs.)	☑s □m □u □na □ne
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	☑Y ☐N ☐NA ☐NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	☑Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	☑Y □N □NA □NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	□y Øn □na □ne
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	□y □n ☑na □ne
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	□y □n ☑na □ne
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	☑Y □N □NA □NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	☑Y □N □NA □NE

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SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENT	TS ØS OM OU ONA ONE
DETAILS:	•
SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	☑Y □N □NA □NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y □N □NA □NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	Øy □n □na □ne
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERM	IT:
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT	™Y □N □NA □NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	☑Y □N □NA □NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y □N □NA □NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑y □n □na □ne
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	☑Y □N □NA □NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS	REPORTED ON THE DMR: DY IN VINA INE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT RE	QUIREMENTS ØS OM OU ONA ONE
DETAILS:	50 TV05 05 D5 V05 AA
PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAIN     Weir	ED: TYPE OF DEVICE: 90 degree V-Notch
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y □N □NA □NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPE	RATED AND MAINTAINED:   TY IN INA INE
4. CALIBRATION FREQUENCY ADEQUATE: Last calibration 7-08	☑Y □N □NA □NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☑Y □N □NA □NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	☑Y □N □NA □NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FRE	E OF TURBULENCE:
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE	OF FLOW RATES:
9. HEAD MEASURED AT PROPER LOCATION:	☑Y □N □NA □NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERM	MIT REQUIREMENTS ØS OM OU ONA ONE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS,	
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL H	
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQU	
4. QUALITY CONTROL PROCEDURES ADEQUATE:	✓Y □N □NA □NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	MY □N □NA □NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	✓Y □N □NA □NE
7. COMMERCIAL LABORATORY USED:	✓Y □N □NA □NE
a. LAB NAME: Arkansas Testing Laboratories	Bio-Analytical Laboratories
b. LAB ADDRESS: 3301 Langley Drive, Searcy, AR 72143 Phone 501-268-6431	3240 Sprugin Road, Dayline, La 71023
c. PARAMETERS PERFORMED: (Flow, CBOD, TSS, Ammonia Nitrogen, Fecal Colifo	
8. BIOMONITORING PROCEDURES ADEQUATE:	ØY □N □NA □NE
a. PROPER ORGANISMS USED:	Øy □n □na □ne
b. PROPER DILUTION SERIES FOLLOWED:	Øy □n □na □ne
c. PROPER TEST METHODS AND DURATION:	MY □N □NA □NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	Øy □n □na □ne

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SECTI	SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS										
	ON VISUAL OBS					⊠s □м □	lu □na □ne				
DETAIL			, , <u>, , , , , , , , , , , , , , , , , </u>		<b>L</b>						
OUTFALL	#: OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER				
001	None	None	Slight	None	None	Light Green					
	<b>'</b>			1		1	1				
SECTI	ON H: SLUDGE	DISPOSAL									
SLUDG	SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS  ØS DM DU DNA DNE										
DETAIL	S: No sludge disp	osed for Fiscal	Year 2008		<b>'</b>						
1. SLUD	GE MANAGEMENT ADEQU	ATE TO MAINTAIN EF	FLUENT QUALITY:			⊠s□w	I □U □NA □NE				
2. SLUD	GE RECORDS MAINTAINEI	D AS REQUIRED BY 4	0 CFR 503:			□s □w	I □U ☑NA □NE				
3. FOR L	AND APPLIED SLUDGE, T	YPE OF LAND APPLIE	D TO: Agricultural f	(E.G., FOREST, AGRIC	ULTURAL, PUBLIC CON	TACT SITE):					
SECTI	ON I: SAMPLIN	G INSPECTION	ON PROCED	URES							
SAMPL	E RESULTS WITH	HIN PERMIT R	<b>EQUIREMENT</b>	ΓS		□s □m □	IU ☑NA □NE				
DETAIL	.S:										
1. SAMP	1. SAMPLES OBTAINED THIS INSPECTION:										
2. TYPE	OF SAMPLE: ☐GRAB:	□COMPOSITE: N	METHOD: FREQUE	ENCY:							
3. SAMP	3. SAMPLES PRESERVED:										
4. FLOW	PROPORTIONED SAMPLE	S OBTAINED:				□Y	' □N ☑NA □NE				
5. SAMP	LE OBTAINED FROM FACI	LITY'S SAMPLING DE	/ICE:			□Y	′ □N ☑NA □NE				
6. SAMP	LE REPRESENTATIVE OF	VOLUME AND NATUR	E OF DISCHARGE:			□Y	′ □N ☑NA □NE				
7. SAMP	LE SPLIT WITH PERMITTE	E:				□Y	' □N ☑NA □NE				
8. CHAIN	N-OF-CUSTODY PROCEDU	RES EMPLOYED:				□Y	' □n ☑na □ne				
9. SAMP	LES COLLECTED IN ACCO	RDANCE WITH PERM	IIT:			□Y	′ □N ☑NA □NE				
SECTI	ON J: STORM V	<b>WATER POLI</b>	LUTION PRE	VENTION PLA	AN						
STORM	1 WATER MANAG	EMENT MEET	S PERMIT RE	QUIREMENTS	3	□s □m □	IU ⊠NA □NE				
DETAIL	.S:										
1. SWPF	PP UPDATED AS NEEDED:	DATE OF LAST UP	PDATE:			Y	′ □N ☑NA □NE				
2. SITE I	MAP INCLUDING ALL DISC	HARGES AND SURFA	CE WATERS:			Y	' □N ☑NA □NE				
3. POLLI	JTION PREVENTION TEAM	I IDENTIFIED:				Y	' □N ☑NA □NE				
4. POLLI	POLLUTION PREVENTION TEAM PROPERLY TRAINED:										
5. LIST (	5. LIST OF POTENTIAL POLLUTANT SOURCES:										
6. LIST (											
7. ALL N	ON-STORM WATER DISCH	IARGES ARE AUTHOR	RIZED:			Y	' □N ☑NA □NE				
8. LIST (	OF STRUCTURAL BMPS:						' □N ☑NA □NE				
9. LIST (	OF NON-STRUCTURAL BMF	PS:					<sup>'</sup> □N ☑NA □NE				
10. BMPS	PROPERLY OPERATED A	ND MAINTAINED:					<sup>'</sup> □N ☑NA □NE				
11. INSPE	ECTIONS CONDUCTED AS	REQUIRED:					<sup>′</sup> □N ☑NA □NE				

FLOW CALCULATION SHEET											
Date: June	e 8, <b>2009</b> Ti	me: <b>13</b>	30								
Head in Inches: 7.50 Feet: 0.625											
Type & Size	of Primary Flow N	<i>l</i> easuren	nent Device:	6 inch Par	shall Flu	me					
Name & Mo	del of Secondary I	Flow Mea	surement D	evice:   ISC	O 4210 FI	ow Totalizer Meter					
Date of last	Calibration of Sec	ondary Fl	low Device:	July, 2008							
Recorded F	low at Date & Time	e Listed A	Above: <b>.53</b>	4 MGD	(F	acility Flow Meter)					
-				_							
	Flow at Date & Tim			99 MGD							
(Flow is calculate	ed using flow charts in: (Ta	able 9-5) IS	CO 5" Edition								
	.534		.499		0.0701						
% Error =	.334	.499	.499	X 100	0.0701						
		.499									
	Recorded	-  (	Calculated								
% Error =		lculated	zaiculateu	X 100							
	<u> </u>	liculated									
% Error =		X 100									
% Error =	0.0701	X 100	7.01%								
70 E1101 =	0.0701	X 100	7.0170								
% Error =		%									
70 E1101 =		70									
Comments:	ОК										
Commonts.	J. C.										

## **DMR Calculation Check**

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

Parameter Checked: Dissolved Oxygen

Loading Concentration **Monthly (Minimum)** Mass Mo. Avg. - lbs/day Mo. Avg. - mg/l 7-day Avg. - mg/l **Reported Value:** N/A **7.8** N/A **Calculated Value:** N/A **7.80** N/A N/A N/A **Permit Value: 6.0** 

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

Comments: In February 2009, the facility exceeded the permit limit for Ammonia Nitrogen (Maximum Concentration) (November-April) of 9.0 mg/l. This limit was exceeded 3 different days February 6, 20 and 27, 2009. The facility also exceeded Ammonia Nitrogen (Maximum Concentration) (November-April) of 9.0 mg/l. March 12, 2009. The facility also exceeded the permit limit for Fecal Coliform (Maximum Concentration) (April-September) of 400 colonies/100 ml. The facility reported a maximum of 515 colonies/100 ml. for the month of April 2009. The following items are a violation of Part IA, Section A, of the permit. Since these violations were reported to the Department and corrected, no further response is required concerning these items.