



ARKANSAS  
Department of Environmental Quality

June 30, 2009

Barrett Harrison, Mayor  
Blytheville WWTP - West  
P.O. Box 1784  
Blytheville, AR 72315

RE: WWTP Inspection - West

AFIN: 47-00145

NPDES Permit No.: AR0022560

Dear Mr. Harrison:

On May 19, 20, and 21, 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 the following violations:

- 1. Improper operation and maintenance; this violates Part II Section B:1.a. of the permit.**  
**The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit.**
  - a. There was an excessive accumulation of solids (rags, plastic, etc) in the weir troughs of the clarifiers.**
  - b. There was an excessive accumulation of solids in the polishing pond.**
  
- 2. Improper monitoring procedures; this violates Part II Section C:3. of the permit.**  
**Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals frequent enough to insure accuracy of measurements and shall insure that both calibration and maintenance activities will be conducted. An adequate analytical quality control program, including the analysis of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall**

**be maintained by the permittee or designated commercial laboratory. At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples.**

- a. The results for FCB (Fecal Coliform Bacteria) were not being calculated correctly. When multiple filtered volumes yield results meeting the 20-60 rule, all of these results must be used in determining the reported CFU/100ml. The current method of using the result of the highest volume meeting the 20-60 rule is incorrect.**
  - b. No Laboratory Control Charts, you should consult Standard Methods 1020 B. 12 for information related to creating the proper charts for each parameter.**
- 3. Non-representative sampling; this violates Part II Section C:1. of the permit. Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge during the entire monitoring period. All samples shall be taken at the monitoring points specified in this permit and, unless otherwise specified, before the effluent joins or is diluted by any other waste stream, body of water, or substance. Monitoring points shall not be changed without notification to and the approval of the Director. Intermittent discharges shall be monitored. A review of sampling data indicates that the sampling of days with higher than normal flows tend to be avoided. Specifically, sampling was not conducted on the days immediately following the heavy rainfall on May 9 and 10, 2009 in which flow was in excess of 4 times normal flow for the facility.**

**In addition to the above items, you should continue to comply with the conditions of the current CAO (08-094). In particular the sludge storage lagoons and backup power provisions are still in need of attention.**

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager, of this Department. This response should be mailed to the address below. This response should contain 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 is due by **July 10, 2009**.

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

«Cognizant\_Official», «Facility\_Name»

June 26, 2009

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If I can be of any assistance, please contact me at [walker@adeq.state.ar.us](mailto:walker@adeq.state.ar.us) or 870-935-7221 ext.-12.

Sincerely,



Brent L. Walker

District 3 Field Inspector

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 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/>	11 <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/>	17 <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="9"/>	18 <input type="text" value="C"/>	19 <input type="text" value="S"/>	20 <input type="text" value="1"/>												
Remarks																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Inspection Work Days</td> <td style="width:10%;">Facility Evaluation Rating</td> <td style="width:10%;">BI</td> <td style="width:10%;">QA</td> <td style="width:10%;">Reserved</td> <td style="width:10%;"></td> </tr> <tr> <td>67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td>70 <input type="text" value="1"/></td> <td>71 <input type="text" value="N"/></td> <td>72 <input type="text" value="N"/></td> <td>73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td>74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> </table>						Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved		67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	70 <input type="text" value="1"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>Blytheville WWTP - West</b> <b>4951 NCR 635</b> <b>Blytheville, AR</b> <b>Mississippi Co.</b>	Entry Time/Date <b>1320 5/19/2009 0920 5/20/2009</b> <b>0900 5/21/2009</b>	Permit Effective Date <b>12/1/2005</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>James Yankee/Pretreatment Coordinator/870-763-4961 Tamara Lopolito/Lab Technician</b> <b>Kenneth Ellis/Waste Water Superintendent/870-763-4961</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Barrett Harrison/Mayor/870-763-3602</b> <b>Blytheville WWTP - West</b> <b>P.O. Box 1784</b> <b>Blytheville, AR 72315</b>	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	U	Operations & Maintenance	U	Sampling
S	Records/Reports	U	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	S	Storm Water	N	Other:

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

A small discrepancy was found in the calculation of dilution factors for CBOD, no significant impact to final results was noted and the problem has been corrected.

Due to a severe ice storm in late January 2009, the facility was out of power during late January and early February and no sampling or analysis was completed. A NCR was submitted to the Enforcement Branch and no further action is required at this time.

The facility is currently under a CAO (08-094) with the Department.

See the attached letter for additional information.

Name(s) and Signature(s) of Inspector(s) <b>Brent L. Walker</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 12/(870) 935-4715 (Fax)</b>	Date <b>June 26, 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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

DETAILS:

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:                                  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS:

- |  |   |
|--|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:  | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Excessive solids in clarifier weir troughs and polishing pond</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:   | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:  | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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:  | <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 checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>Not sampled</u>                                       | <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: Y N NA NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: Y N NA NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: Y N NA NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: Y N NA NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: High flow not sampled 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: Y N NA 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: 28" Rectangular weir Y N NA NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: Y N NA NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: Y N NA NE
4. CALIBRATION FREQUENCY ADEQUATE: 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 FREE OF TURBULENCE: Y N NA NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: Y N NA NE
9. HEAD MEASURED AT PROPER LOCATION: Y N NA NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS: Improper calculation of FCB results; No control charts

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : Y N NA NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: Y N NA NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: Y N NA NE
4. QUALITY CONTROL PROCEDURES ADEQUATE: No control charts Y N NA NE
5. DUPLICATE SAMPLES ARE ANALYZED  $\geq$ 10% OF THE TIME: Y N NA NE
6. SPIKED SAMPLES ARE ANALYZED  $\geq$ 10% OF THE TIME: Y N NA NE
7. COMMERCIAL LABORATORY USED: Y N NA NE
  - a. LAB NAME: ETC
  - b. LAB ADDRESS: Memphis, TN
  - c. PARAMETERS PERFORMED: Biomonitoring
8. BIOMONITORING PROCEDURES ADEQUATE: Y N NA NE
  - a. PROPER ORGANISMS USED: Y N NA NE
  - b. PROPER DILUTION SERIES FOLLOWED: Y N NA NE
  - c. PROPER TEST METHODS AND DURATION: Y N NA NE
  - d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: Y N NA 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	Low	None	None	Lt. Green	--

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **No Sludge Disposal – Facility stores sludge in old lagoon**

- |   |   |
|---|---|
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:   | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (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 type="checkbox"/> N <input checked="" 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: **Facility meets the requirements of the No Exposure Exclusion**

- |  |  |
|--|--|
| 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:	<b>5/19/2009</b>	Time:	<b>1444</b>		
Head in Inches:	<b>N/A*</b>	Feet:	<b>N/A*</b>		
Type & Size of Primary Flow Measurement Device:					
<b>28" Rectangular weir without end contractions</b>					
Name & Model of Secondary Flow Measurement Device:				<b>Polysonic Transducer</b>	
Date of last Calibration of Secondary Flow Device:				<b>6/25/2008</b>	
Recorded Flow at Date & Time Listed Above:			<b>734</b>	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			<b>694*</b>	*(Facility Cal. Chart)	
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u> )					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	734	-	694	X 100	
	694				
% Error =	40	X 100			
	694				
% Error =	0.058	X 100			
% Error =	<b>5.8</b>	%			
Comments:					



### DMR Calculation Check

Reporting Period: From 09 03 01 To 09 03 31  
Year Month Day Year Month Day

Parameter Checked: TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l      7-day Avg. - mg/l</b>
Reported Value:	<u>69.4</u>	<u>7.7</u> <u>16</u>
Calculated Value:	<u>69.4</u>	<u>7.7</u> <u>16</u>
Permit Value:	<u>375</u>	<u>30</u> <u>45</u>

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

### DMR Calculation Check

Reporting Period: From 09 03 01 To 09 03 31  
Year Month Day Year Month Day

Parameter Checked: BOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>19.2</u>	<u>2.0</u>	<u>2.3</u>
Calculated Value:	<u>19.2</u>	<u>2.0</u>	<u>2.3</u>
Permit Value:	<u>313</u>	<u>25</u>	<u>38</u>

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

**MAYOR:**  
Barrett Harrison

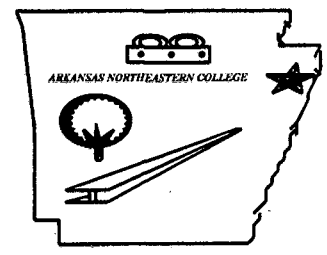
**CITY COUNCIL:**  
Ray L. Jones  
Shirley Conneally  
Shirley Overman  
Monte Hodges  
Mylas Jeffers  
Carol White

**ATTORNEY:**  
Mike Bearden

**PUBLIC UTILITIES  
DIRECTOR:**  
Rick Mosley

**SUPERINTENDENT:**  
Kenneth Ellis

**Blytheville Wastewater Dept.**  
P.O. Box 1784  
Blytheville, AR 72316-1784



**Phone: (870) 763-4961**  
**Fax: (870) 763-8541**

July 10, 2009

Cindy Garner  
ADEQ Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Re: WWTP Inspection Response - North

Re: AFIN: 47-00145

NPDES Permit No: AR0022586

Dear Ms. Garner:

Enclosed are the responses to the inspection conducted by Brent Walker on May 19, 20, and 21, 2009.

- 1. At the time of inspection the clarifier weirs were in need of cleaning.**  
(a) We will begin cleaning the clarifier weirs 3 times per week or more if needed.
  
- 2. The results for FCB (Fecal Coliform Bacteria) were not being calculated correctly.**  
(a) Lab Technician was instructed to use the correct method for accurately calculating the fecal coliform bacteria.
  
- 3. No Laboratory Control Charts.**  
(a) We have begun using related charts from Standard Methods 1020 B.

If you have further questions or need more information, please call me at (870) 763-4961.

Sincerely,

James Yankee  
Pretreatment Coordinator

**MAYOR:**  
Barrett Harrison

**CITY COUNCIL:**  
Ray L. Jones  
Shirley Conneally  
Shirley Overman  
Monte Hodges  
Mylas Jeffers  
Carol White

**ATTORNEY:**  
Mike Bearden

**PUBLIC UTILITIES  
DIRECTOR:**  
Rick Mosley

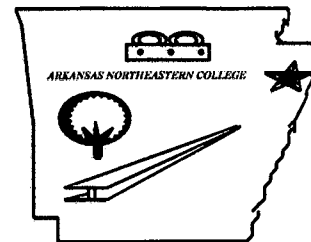
**SUPERINTENDENT:**  
Kenneth Ellis

## Blytheville Wastewater Dept.

P.O. Box 1784  
Blytheville, AR 72316-1784

Phone: (870) 763-4961

Fax: (870) 763-8541



July 10, 2009

Cindy Garner  
ADEQ Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Re: WWTP Inspection Response - South

Re: AFIN: 47-00145

NPDES Permit No: AR0022578

Dear Ms. Garner:

Enclosed are the responses to the inspection conducted by Brent Walker on May 19, 20, and 21, 2009.

**1. At the time of inspection the clarifier weirs were in need of cleaning.**

(a) We will begin cleaning the clarifier weirs 3 times per week or more if needed.

**2. The results for FCB (Fecal Coliform Bacteria) were not being calculated correctly.**

(a) Lab Technician was instructed to use the correct method for accurately calculating the fecal coliform bacteria.

**3. No Laboratory Control Charts.**

(a) We have begun using related charts from Standard Methods 1020 B.

**4. Non-representative sampling.**

(a) Mr. Walker is referring to the Fecal Coliform samples only. These are grabbed by hand from a platform inside the effluent channel. During this event the water level was above this platform hindering operators in collecting these samples safely. We will collect these samples regardless of flow through our effluent channel. I have attached a spread sheet for the South and West plants showing the sampling discrepancy.

If you have further questions or need more information, please call me at (870) 763-4961.

Sincerely,

A handwritten signature in cursive script that reads "James Yankee". The signature is written in black ink and is positioned above the printed name and title.

James Yankee  
Pretreatment Coordinator

**MAYOR:**  
Barrett Harrison

**CITY COUNCIL:**  
Ray L. Jones  
Shirley Conneally  
Shirley Overman  
Monte Hodges  
Mylas Jeffers  
Carol White

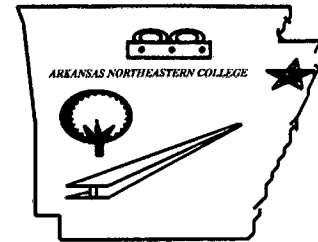
**ATTORNEY:**  
Mike Bearden

**PUBLIC UTILITIES  
DIRECTOR:**  
Rick Mosley

**SUPERINTENDENT:**  
Kenneth Ellis

**Blytheville Wastewater Dept.**  
P.O. Box 1784  
Blytheville, AR 72316-1784

**Phone: (870) 763-4961**  
**Fax: (870) 763-8541**



July 10, 2009

Cindy Garner  
ADEQ Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Re: WWTP Inspection Response - West

Re: AFIN: 47-00145

NPDES Permit No: AR0022560

Dear Ms. Garner:

Enclosed are the responses to the inspection conducted by Brent Walker on May 19, 20, and 21, 2009.

- 1. There was an excessive accumulation of solids (rags, plastic, etc) in the weir troughs of the clarifiers.**
  - (a) This was caused by the brushes on the barscreen not working properly and allowing the screen to become blocked, allowing solid material to pass over the weir plate and into the aeration basin accumulating into the clarifiers and then into the weir troughs. The barscreen brushes have been replaced and is working properly and is removing the majority of trash from entering the treatment plant. Trash in the clarifiers and weir troughs will be removed daily.
  
- 2. There was an excessive accumulation of solids in the polishing pond.**
  - (a) The accumulation of solids in the polishing was a result of the sludge returns being clogged with trash buildup and being blown out with a high pressure water jet. The solids in the polishing pond will be pumped into the aeration basin.
  
- 3. There results for FCB (Fecal Coliform Bacteria) were not being calculated correctly.**
  - (a) Lab Technician was instructed to use the correct method for accurately calculating the fecal coliform bacteria.

**4. No Laboratory Control Charts.**

(a) We have begun using related charts from Standard Methods 1020 B.

**5. Non-representative sampling.**

(a) Mr. Walker is referring to the Fecal Coliform samples only. These are grabbed by hand from a platform inside the effluent channel. During this event the water level was above this platform hindering operators in collecting these samples safely. We will collect these samples regardless of flow through our effluent channel. I have attached a spread sheet for the South and West plants showing the sampling discrepancy.

If you have further questions or need more information, please call me at (870) 763-4961.

Sincerely,

A handwritten signature in cursive script that reads "James Yankee". The signature is written in black ink and is positioned above the typed name.

James Yankee  
Pretreatment Coordinator

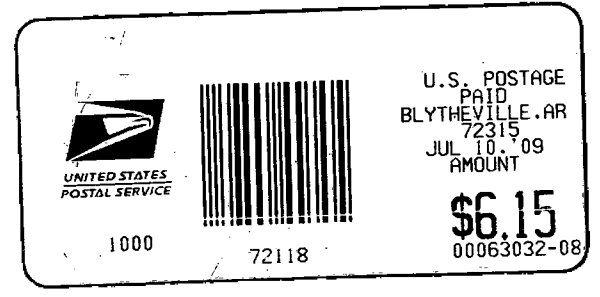
PLANT South MONTH MAY YEAR 2009

DATE	FLOW MGD	EFFLUENT				CBOD5		TSS		NH3-N		FECALS COLONY COUNT	7-Day AVG. BOD5	7-Day AVG. TSS	7-Day AVG. NH3-N	7-Day AVG. Fecal
		p.H.	D.O.	TEMP.	MLSS	LBS.	MG/L	LBS.	MG/L	LBS.	MG/L					
1	2.283	7.10	7.8	20.9	210								2.0	2.6	0.6	15
2	1.676															
3	1.661															
4	1.538	7.50	8.0	18.1	270							142				
5	1.076	7.10	8.1	18.5	340	12.6	1.4	17.9	2	2.7	0.3	30				
6	2.526	7.50	7.6	19.5	330	42.1	2	42.1	2	6.3	0.3	380				117
7	1.463	7.50	8.7	19.7	70	8.6	0.7	12.2	1	6.1	0.5		1.4	1.7	0.4	
8	1.169	7.50	7.7	21.4	290											
9	3.676		8.2	21.2												
10	3.280		7.3	20.8												
11	2.276	7.40	7.7	19.4												
12	1.576	7.30	7.5	19.5	700	28.9	2.2	26.3	2	15.8	1.2					
13	1.246	7.50	8.4	20.6	200	20.8	2	20.8	2	2.1	0.2	167				
14	1.412	7.50	9.0	21.7	150	15.3	1.3	11.8	1	2.4	0.2	60		1.7	0.5	
15	1.124	7.40	8.0	22.4								292				143
16	0.996															
17	0.850															
18	0.877	7.60	8.7	20.2	530							<2				
19	0.795	7.50	8.1	20.5	450	11.3	1.7	13.2	2	2	0.3	23				
20	0.784	7.60	8.6	21.1	690	10.5	1.6	13.1	2	2.6	0.4	140				19
21	0.777	7.70	8.6	22.2	150	12.3	1.9	25.9	4	1.3	0.2		1.7	2.7	0.3	
22	0.720	7.50	8.8	23.1	1400											
23	0.731		8.0	23.6												
24	1.771		7.8	23.3												
25	2.811		7.2	22.4												
26	1.651	7.40	7.4	23	600	17.9	1.3	55.1	4	2.8	0.2	456				
27	1.428	7.30	7.8	23.7	670	20.2	1.7	47.6	4	3.6	0.3	520				
28	1.052	7.50	8.1	23.9	600	14.9	1.7	26.3	3	2.6	0.3	380		3.7	0.3	
29	0.931	7.60	8.1	23.3	540											448
30	0.857															
31	0.818															
AVG.	1.478				455		1.6		2.4		0.4		AVG.			
MAX.	3.676	7.70				18.0		26.0		4.2			MAX.	CU mg/L		
MIN.		7.10	7.2										MIN.			



PLANT		West			MONTH		MAY		YEAR		2009		FECALS	7-Day	7-Day	7-Day	7-Day
DATE	FLOW MGD	EFFLUENT			MLSS	CBOD5		TSS		NH3-N		COLONY COUNT	AVG. BOD5	AVG. TSS	AVG. NH3-N	AVG. Fecal	
		p.H.	D.O.	TEMP.		LBS.	MG/L	LBS.	MG/L	LBS.	MG/L						
1	2.518	7.10	7.4	20.7									5.8	8.3	4.6	195	
2	2.020																
3	1.739																
4	1.543	7.40	7.8	18.3	380							580					
5	1.163	7.50	8.2	18.9	910	31	3.2	48.5	5	47.5	4.9	288					
6	2.442	7.30	7.4	20.1	1150	67.2	3.3	40.7	2	99.8	4.9	700					
7	1.395	7.20	10.4	20.2	950	29.1	2.5	11.6	1	51.2	4.4	92	3.0	2.7	4.7	322	
8	1.262	7.60	8.6	21.7	870												
9	4.266		7.8	21													
10	4.978		7.1	21.2													
11	4.757	7.30	8.3	19.3													
12	1.703	7.30	7.0	19.9	580	81	5.7	255.7	18	35.5	2.5						
13	1.357	7.50	9.2	20.9	820	49.8	4.4	113.2	10	48.7	4.3	350					
14	1.574	7.40	9.3	22	450	42	3.2	65.6	5	69.8	5.3	100	4.4	11.0	4.0		
15	1.220	7.50	8.8	22.7								283				215	
16	1.096																
17	0.990																
18	1.029	7.50	9.3	20.8	780							500					
19	0.979	7.60	9.0	21.1	610	21.2	2.6	57.2	7	44.1	5.4	25					
20	0.920	7.60	7.6	21.7	720	31.5	4.1	214.8	28	38.4	5	467				180	
21	0.876	7.70	8.6	22.8	640	32.9	4.5	21.9	3	34.3	4.7		3.7	12.7	5.0		
22	0.855	7.70	8.6	23.6	830												
23	0.806		8.2	24.1													
24	1.898		7.9	23.7													
25	3.693		7.0	22.8													
26	2.249	7.20	7.3	24.1	560	58.1	3.1	356.4	19	63.8	3.4	525					
27	1.416	7.20	8.2	24.1	760	24.8	2.1	106.3	9	53.1	4.5	360					
28	1.247	7.50	8.9	24.1	680	30.2	2.9	31.2	3	15.6	1.5	190		10.3	3.1		
29	1.071	7.40			610												
30	0.961															330	
31	0.891																
AVG.	1.771				724		3.5		9.2		4.2		AVG.				
MAX.	4.978	7.70				41.6		110.3			50.2		MAX.				
MIN.		7.10	7.0										MIN.				

Blytheville WASTEWATER DEPT.  
P.O. Box 1784  
Blytheville, AR.  
72315



**FIRST CLASS**

Cindy Garner  
ADEO  
NPDES ENFORCEMENT Water Division  
5301 Northshore Drive  
North Little Rock, AR.  
72118-5317

**RETURN RECEIPT  
REQUESTED**