

# ADEQ

ARKANSAS  
Department of Environmental Quality

July 16, 2009

Kirby Murray, Public Works Director  
City of Berryville  
P.O. Box 227  
Berryville, Arkansas 72616

RE: AFIN: 08-00034

NPDES Permit No.: AR0021792

Dear: Mr. Murray:

On January 22, 2009, I performed a compliance evaluation inspection at the wastewater 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. The inspection did not reveal any evidence of any violations.

If I can be of any assistance, please contact me at 870-446-6170.

Sincerely,



Bruce Kirkpatrick  
District 2 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 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 2 1 7 9 2</b> 11 12 <b>0 9 0 1 2 2</b> 17 18 <b>C</b> 19 <b>S</b> 20 <b>1</b>	Remarks																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Inspection Work Days</td> <td style="width:20%;">Facility Evaluation Rating</td> <td style="width:10%;">BI</td> <td style="width:10%;">QA</td> <td style="width:20%;">Reserved</td> <td style="width:10%;"></td> </tr> <tr> <td>67 <b>  </b> 69</td> <td>70 <b>5</b></td> <td>71 <b>N</b></td> <td>72 <b>N</b></td> <td>73 <b>  </b> 74 <b>  </b> 75 <b>  </b></td> <td>80</td> </tr> </table>						Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved		67 <b>  </b> 69	70 <b>5</b>	71 <b>N</b>	72 <b>N</b>	73 <b>  </b> 74 <b>  </b> 75 <b>  </b>	80
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved													
67 <b>  </b> 69	70 <b>5</b>	71 <b>N</b>	72 <b>N</b>	73 <b>  </b> 74 <b>  </b> 75 <b>  </b>	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 Berryville</b> <b>1000 W. Cedarvale</b> <b>Berryville, Arkansas</b>	Entry Time/Date <b>0900 / 01-22-09</b>	Permit Effective Date <b>December 01, 2007</b>
	Exit Time/Date <b>1615 / 01-22-09</b>	Permit Expiration Date <b>November 30, 2012</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Darrell Backs, Chief Operator, 870-423-3749</b>	Other Facility Data <b>Facility: 36 21' 25.95", -93 34' 43.51"</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Kirby Murray, Public Works Director</b> <b>City of Berryville</b> <b>P.O. Box 227</b> <b>Berryville, Arkansas 72616</b> <b>870-423-4074, 870-423-4501 (fax)</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	S Sludge Handling/Disposal	N Pollution Prevention
S Facility Site Review	N Compliance Schedules	N Pretreatment	N Multimedia
S Effluent/Receiving Waters	S Laboratory	S Storm Water	Other:

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

A compliance evaluation inspection was performed. Plant appeared to be well-maintained and operated. A review of Discharge Monitoring Reports for January through November 2008 did not reveal any effluent limitation violations. The inspection did not reveal any evidence of any violations.

Name(s) and Signature(s) of Inspector(s) <b>Bruce Kirkpatrick</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality- Jasper</b> <b>870-446-6170; 870-4476-2181 (fax)</b>	Date <b>7/15/09</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: 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: S M U NA 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: S M U NA NE
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: 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 N 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

**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>18" 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:                        | <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:  | <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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:                                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>ETG</u>   |  |
| b. LAB ADDRESS: <u>1702c E Central, Bentonville, AR</u>                                       |  |
| c. PARAMETERS PERFORMED:  |  |
| 8. BIOMONITORING PROCEDURES ADEQUATE:   | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: Some algae noted on substrate below outfall in receiving waters

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	slight	none	none	none	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- |   |   |
|---|---|
| 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>agricultural</u> |   |

**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 type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- |   |  |
|---|--|
| 1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: <u>SWPPP prepared 12/21/07 by Archer Engineering</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

## FLOW CALCULATION SHEET

Date:	<b>1-22-09</b>	Time:	<b>0953</b>		
Head in Inches:	<b>6.25</b>	Feet:	<b>0.52</b>		
Type & Size of Primary Flow Measurement Device: 18" parshall flume					
Name & Model of Secondary Flow Measurement Device:				Wedco Panel View Plus 700	
Date of last Calibration of Secondary Flow Device: 12/31/08					
Recorded Flow at Date & Time Listed Above:			<b>1.418 mgd</b>	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			<b>1.425 mgd</b>		
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)</small>					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	1.418	-	1.425	X 100	
	1.425				
% Error =				X 100	
% Error =				X 100	
% Error =	<b>0.5</b>	%			
Comments: <b>OK</b>					

