



A R K A N S A S
Department of Environmental Quality

November 9, 2009

Greg Strawn, Water & Sewer Superintendent
City of Nashville
426 North Main Street
Nashville, AR 71852

RE: NPDES and State Industrial inspections

AFIN: 31-00036
31-00274

NPDES Permit No.: AR0021776
Permit No.: 4794-WG-WR

Dear Mr. Strawn:

On November 3 and 4, 2009, I performed a routine compliance inspection of the waste water treatment facility, a routine compliance inspection of the land application permit and a pretreatment inspection 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:

Wastewater Treatment Plant

1. A DMR calculation check revealed an error in calculations. It appears that when the three times per week sampling days overlap with the end of the month, the facility is using the results from samples collected during the following month. The lbs/day and monthly average concentration results figured during the particular calendar month that they are collected in, are the results to be used in the calculations. Keep in mind that the 7 day average values should be reported as occurring in the month in which the Saturday of the calendar week falls in.
2. Recent rains have caused the pond to overflow at the spillways. The solids left behind from these overflows were observed on the ground. These solids should be cleaned up and the grounds sanitized.
3. The permit requires the quarterly cyanide samples be collected as grab samples. Currently, the parameter is collected and analyzed as a composite sample.

Land Application Permit

* The annual report, due May 30th of each year, has not been submitted to the Department. If no land applications have taken place during the calendar year, the report can state such. However, this report should still be submitted annually.

Pretreatment

No problems were noted at this time.

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 November 19, 2009.

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

If I can be of any assistance, please contact me at (870) 389-6970.

Sincerely,



Shan Lynch
District 12 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



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

Form Approved
OMB No. 2040-0003

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	1	7	7	6	11	12	0	9	1	1	0	3	17	18	C	19	S	20	1	
Remarks																													
A F I N 3 1 - 0 0 0 3 6 H O W A R D C O U N T Y																													
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved													
67						70	3	71	N	72	N	73			74	75													80

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Nashville Wastewater Treatment Plant Hwy 27 ~ 1/2 mile south of town		Entry Time/Date 0845 / 11-3-2009		Permit Effective Date February 1, 2009	
		Exit Time/Date 1240 / 11-3-2009		Permit Expiration Date January 31, 2014	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) John Harberson / Chief Operator / (870) 845-4522 Greg Strawn / Water & Sewer Supt. / (870) 845-7400 Liz McDaniel / Lab Technician / (870) 845-4522				Other Facility Data Major Municipal	
Name, Address of Responsible Official/Title/Phone and Fax Number Greg Strawn / Water & Sewer Superintendent / (870) 845-7400 426 North Main Street Nashville, AR 71852					
				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	M	Operations & Maintenance	M	Sampling
M	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	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)

Sec. B,1 – A DMR calculation check revealed an error in calculations. It appears the facility is using the results from samples collected during the following month. The lbs/day and monthly average concentration results figured during that particular calendar month are the results to be used in the calculations. Keep in mind that the 7 day average values should be reported as occurring in the month in which the Saturday of the calendar week falls in.

Sec. C,2 – Recent rains have caused the pond to overflow at the spillways. The solids left behind from these overflows were observed on the ground. These solids should be cleaned up and the grounds sanitized.

Sec. D,6 – The permit requires the quarterly cyanide samples be collected as grab samples. Currently, the parameter is collected and analyzed as a composite sample.

Name(s) and Signature(s) of Inspector(s) Shan Lynch <i>Shan Lynch</i>		Agency/Office/Telephone AR Dept. of Environmental Quality / Dist. 12 / (870) 389-6970		Date November 5, 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <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: | <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: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> NA <input checked="" 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>90 V-notch weir</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: <u>April 23, 2009</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>American Interplex</u> <u>Sorrells Research</u> <u>Ana-Lab Corp.</u>	
b. LAB ADDRESS: <u>8600 Kanis Rd.; Little Rock, AR 72204</u> <u>8002 Stanton Rd.; Little Rock, AR 72209</u> <u>PO Box 9000; Kilgore, TX 75663</u>	
c. PARAMETERS PERFORMED: <u>biomonitoring</u> <u>NH3-N, Total Phosphorous, Nitrite + Nitrite N</u> <u>Cyanide, Selenium</u>	
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:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	none	none	tint green	NA

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

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:

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:	11-3-2009	Time:	0954	
-------	------------------	-------	-------------	--

Head in Inches:	12.75	Feet:	1.06	
-----------------	--------------	-------	-------------	--

Type & Size of Primary Flow Measurement Device: **90 degree V-notch weir**

Name & Model of Secondary Flow Measurement Device: **Milltronics HydroRanger**

Date of last Calibration of Secondary Flow Device: **April 23, 2009**

Recorded Flow at Date & Time Listed Above:	1335 gpm	(Facility Flow Meter)
--	-----------------	-----------------------

Calculated Flow at Date & Time Listed Above:	1298 gpm	
--	-----------------	--

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

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

% Error =	1335	-	1298	X 100	
	1298				

% Error =	37	X 100	
	1298		

% Error =	0.0285	X 100	
-----------	--------	-------	--

% Error =	2.85	%	
-----------	-------------	---	--

Comments:

DMR Calculation Check

Reporting Period: From 09 09 01 To 09 09 30
Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>91.4</u>	<u>6.26</u>	<u>7.63</u>
Calculated Value:	<u>93.0</u>	<u>6.42</u>	<u>7.63</u>
Permit Value:	<u>192</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

The facility is using results from samples collected during the next calendar month. In this case, the results from the samples collected on October 1, 2009, were averaged into these results.

NASHVILLE PUBLIC WORKS
426 North Main Street
Nashville, Ar 71852
870-845-4015

November 18, 2009

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Attn: Cindy Garner, Water Division Enforcement Branch Manager

RE: NPDES and State Industrial Inspections

AFIN 31-00036 NPDES Permit No. AR0021776
AFIN 31-00274 NPDES Permit No. 4794-WG-WR

Dear Enforcement Officer:

On November 3 and 4, 2009, a routine compliance inspection of the waste water treatment facility was performed. Please note the violations (numbered) and under each is the response (lettered).

Wastewater Treatment Plant

1. A DMR calculation check revealed an error in calculations. It appeared that when the three times per week sampling days overlap with the end of the month, we were using the results from samples collected during the following month.
 - a. The 7 day average values are being reported as occurring in the month which the Saturday of the calendar week falls in.
2. Recent rains have caused the pond to overflow at the spillways. The solids left behind from these overflows were observed on the ground. These solids should be cleaned up and the grounds sanitized.
 - a. The solids have been removed and the ground sanitized.
3. The permit requires the quarterly cyanide samples be collected as grab samples. Currently, the parameter is collected and analyzed as a composite sample.
 - a. At the end of the third quarter, the City of Nashville contacted Ms. Roberts of Enforcement, and asked about the sampling of four composites. Ms. Roberts told us to grab one grab sample only. The next sample, which will be the fourth quarter sample, will be a single grab sample for cyanide and selenium.

Land Application Permit

The annual report, due May 30th of each year, has not been submitted to the Department. If no land applications have taken place during the calendar year, the report can state such. However, this report should still be submitted annually

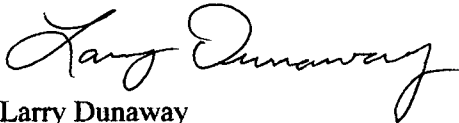
- a. A report will be prepared and submitted to the Department. The City has not land applied any water treatment plant residuals in the last calendar year. The City has not land applied any residual to the permitted site in over five years. Per section © Analytical Requirements Part (4) Soil Analyses, the City is having the site soil tested using procedures recommended by the U of A Cooperative (FSA 221-8M). This current information is not available as of this date. We will forward the results under a separate cover.

Pretreatment

No problems were noted at this time.

Thank you for your cooperation with us on these very important matters. If you have any questions, please contact me.

Sincerely,



Larry Dunaway
Public Works Director

Cc: Greg Strawn
Water and Wastewater Production Supt

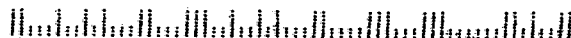
LD/lmc

Nashville Public Works
426 N Main Street
Nashville, AR 71852



Arkansas Department of Environmental Quality
Attn: Cindy Garner
5301 Northshore Drive
North Little Rock, AR 72118-5317

721185317 0013



ADEQ

A R K A N S A S
Department of Environmental Quality

December 8, 2009

Larry Dunaway
Nashville Public Works
426 North Main Street
Nashville, AR 71852

RE: NPDES Permit No. AR0021776, AFIN 31-00036
Permit No. 4794-WG-WR, AFIN 31-00274
Response to Inspection

Dear Mr. Dunaway:

The Department has received your response dated November 18, 2009 to the November 3 and 4, 2009 compliance inspection of the City of Nashville's Wastewater Treatment Facility by District Field Inspector Shan Lynch. Your letter appears to adequately address the discrepancies identified during the inspection.

The Department assumes the corrective action taken will be maintained to ensure consistent compliance with the requirements of the permits. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your company and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0635 or you may e-mail me at anderson@adeq.state.ar.us.

Sincerely,



Alan Anderson
Enforcement Analyst
Water Division Enforcement Branch