



ARKANSAS
Department of Environmental Quality

March 15, 2010

Gary Mills, General Manager
NLR Wastewater Utility
PO Box 17898
North Little Rock, AR 72117

AFIN: 60-00274, NPDES Permit No: AR0020303, Routine Compliance Inspection

Dear Mr. Mills:

On March 4 and 5, 2010, Lindsay Stoker, Dawn Keller, and I performed a routine compliance inspection of the above referenced 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 included a pretreatment program inspection; a stormwater "no exposure" certification evaluation, a sanitary sewer overflow (SSO) inspection and a compliance evaluation of the Faulkner Lake Plant. The inspection revealed the following:

Faulkner Lake Wastewater Treatment Plant Compliance Inspection:

1. The overflow trough on the secondary clarifiers has a build up of algae in them that needs to be removed. This is a violation of Part II, B.1 of the permit which requires the facility to be properly operated and maintained at all times.
2. A DMR calculation check for the month of January 2010 revealed a calculation error for fecal coliform bacteria. NLR reported a 30 day geometric mean of 128 col/100 ml and a 7-day geometric mean of 197 col/100 ml. Calculations by ADEQ resulted in a 30 day geometric mean value of >169 col/100 ml and a 7 day geometric mean of >650 col/100 ml. It appears the difference is due to an error on the spread sheet used to calculate DMR values. A corrected copy of the January 2010 DMR will be required. Because the sample on January 11, 2010 was greater than 5150 col/100 ml, the reported results must be reported on the DMR as a greater than value. ADEQ also considers any greater than value a violation and therefore a noncompliance report (NCR) is required to be submitted with the corrected DMR. In addition, you should double check previously submitted DMRs to ensure that the error that caused this problem has not persisted and to correct any errors that may have resulted from the use of a greater than value..

NLR Industrial Pretreatment Program: No violations were detected.

Faulkner Lake "No Exposure" Certification (ARR000067): - No violations were detected.

Sanitary Sewer Overflow (SSO):

1. A visit to the Wilcox Wastewater Pumping Station revealed an alarm light that was not functioning. This is a violation of Part II, B.1 of the permit which requires the facility to be properly operated and maintained at all times.
2. Previous collection system surveys completed by North Little Rock did not include information about non-municipal satellite wastewater collection systems such as the VA Hospital at Ft. Roots and the Union Pacific. Please provide the following information on **all** non-municipal satellite wastewater collection systems:
 - a. A brief description of the satellite system and the type of wastewater received (residential, commercial, and/or industrial.
 - b. A listing of any known problems within the satellite system, and
 - c. The name, address and telephone number for the person responsible for the satellite system.

Mr. Gary Mills, NLR Wastewater Utility
March 15, 2010
Page 2

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager. 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 with all necessary documentations (i.e. picture) is due by **March 30, 2010**.

If I can be any assistance, please contact me at benson@adeq.state.ar.us or 501-683-0827.

Sincerely,

A handwritten signature in blue ink that reads "Dennis Benson".

Dennis Benson
District 9 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
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspection Type	Inspector	Fac. Type
1 [N] 2 [5] 3 [A] [R] [0] [0] 2 [0] [3] [0] [3]	11 12 [1] [0] [0] [3] [0] [4]	17 18 [C]	19 [S]	20 [1]	
Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 [] [] [] 69	70 [1]	71 [N]	72 [N]	73 [] []	74 75 [] [] [] [] [] [] 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) NLR WASTEWATER UTILITY - Faulkner Lake Plant- 7400 Bauscum Pike, NLR	Entry Time/Date 10:05 am on 03/04/10	Permit Effective Date 4/1/2008
	Exit Time/Date 2:45 pm on 03/04/10	Permit Expiration Date 3/31/2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Emric Roll, Superintendent, 501-945-7186		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Gary Mills NLR WASTEWATER UTILITY PO Box 17898 North Little Rock, AR 72117 501-945-7186		
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	M	Operations & Maintenance	S	Sampling
U	Records/Reports	U	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	S	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	S	Storm Water	N	Other:

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

- The overflow trough on the secondary clarifiers has a build up of algae in them that needs to be removed. This is a violation of Part II, B.1 of the permit which requires the facility to be properly operated and maintained at all times.
- A DMR calculation check for the month of January 2010 revealed a calculation error for fecal coliform bacteria. NLR reported a 30 day geometric mean of 128 col/100 ml and a 7-day geometric mean of 197 col/100 ml. Calculations by ADEQ resulted in a 30 day geometric mean value of 169 col/100 ml and a 7 day geometric mean of 650 col/100 ml. It appears the difference is due to an error on the spread sheet used to calculate DMR values. A corrected copy of the January 2010 DMR will be required. In addition, you should double check previously submitted DMRs to ensure that the error that caused this problem has not persisted in the past or DMRs submitted after January 2010.

Name(s) and Signature(s) of Inspector(s) Dennis Benson	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality- (501) 683-0827/(501) 682-0910 (Fax)	Date 03/04/10
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Fecal coliform numbers are incorrect on 1/2010 DMR</u> | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

☐S ☒M ☐U ☐NA ☐NE

DETAILS:

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: <u>build up of algae in the final clarifier weir trough</u> | <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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>4" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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	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: ☒S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☐S ☐M ☐U ☐NA ☒NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

☐S ☐M ☐U ☐NA ☒NE

DETAILS:

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

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NEDETAILS: No exposure certification ARR000067

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

FLOW CALCULATION SHEET

Date: 03/04/10 Time: 11:00 amHead in Inches: 8.75 Feet: Type & Size of Primary Flow Measurement Device:
4 foot parshall flumeName & Model of Secondary Flow Measurement Device:
Milltronics OCM IIRecorded Flow at Date & Time Listed Above: 6.30 (Facility Flow Meter)Calculated Flow at Date & Time Listed Above: 6.29
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{6.30 - 6.29}{6.29} \times 100$$

$$\% \text{ Error} = \frac{.09}{6.29} \times 100$$

$$\% \text{ Error} = \frac{.001}{} \times 100$$

$$\% \text{ Error} = \frac{0.1}{} \%$$

Comments:

DMR Calculation Check

Reporting Period: From 10 01 01 To 10 01 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>412.8</u>	<u>5.7</u>	<u>11.5</u>
Calculated Value:	<u>412.8</u>	<u>5.7</u>	<u>11.5</u>
Permit Value:	<u>3002</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 10 01 01 To 10 01 31
Year Month Day Year Month Day

Parameter Checked: FCB

**Loading
Mass**

Mo. Avg. - lbs/day

**Concentration
Monthly**

**30 Day Geo Mean
(col/100 ml)**

**7-day Geo Mean
(col/100 ml)**

Reported Value: n/a

128

197

Calculated Value: n/a

169

650

Permit Value: n/a


1000

2000

If calculated value does not equal reported value, explain: It appears that spread sheet used to calculate the geometric mean has a problem with the formulas

NPDES Compliance Inspection Report
Further Explanation

Photographic Evidence Sheet

Location:	NLR Wastewater Utility – Faulkner Lake Plant							
Photographer:	Dennis Benson				Witness:	Dawn Keller		
Photo #	1	Of	1		Date:	03/04/10	Time:	10:36 am
Description:	Algae build up in the weir trough on the secondary clarifiers							
								



NORTH LITTLE ROCK WASTE WATER UTILITY

April 6, 2010

Cert. No. 7006 0100 0003 3856 6553

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

RE: Reply to Routine Compliance Inspection, NPDES Permit No. AR0020303
AFIN: 60-00274

Faulkner Lake Wastewater Treatment Plant Compliance Inspection:

The Faulkner Lake Treatment Plant was inspected on March 4th and 5th, 2010 by Mr. Dennis Benson, Ms. Lindsay Stoker, and Ms. Dawn Keller. The inspection included a pretreatment program inspection, a stormwater "no exposure" certification evaluation, a sanitary sewer overflow (SSO) inspection and a compliance evaluation of the Faulkner Lake Plant. The inspection revealed the following:

FINDING: The overflow trough on the secondary clarifiers has a build up of algae in them that needs to be removed.

REPLY: We are currently in the process of cleaning the algae from our secondary clarifiers and will be completed by April 30, 2010.

FINDING: A DMR calculation check for the month of January 2010 revealed a calculation error for fecal coliform bacteria. NLR reported a 30 day geometric mean of 128 col/100ml and a 7 day geometric mean of 197 col/100ml. Calculations by ADEQ resulted in a 30 day geometric mean value of >169 col/100ml and a 7 day geometric mean of >650 col/100ml. It appears the difference is due to an error on the spread sheet used to calculate DMR values. A corrected copy of the January 2010 DMR will be required. Because the sample on January 11, 2010 was greater than 5150 col/100ml, the reported results must be reported on the DMR as a greater than value. ADEQ also considers any greater than value a violation and therefore a noncompliance report (NCR) is required to be submitted with the corrected DMR. In addition, you should double check previously submitted DMRs to ensure that the error that caused this problem has not persisted and to correct any errors that may have resulted from the use of a greater than value.

REPLY: The formula in the fecal calculation must be changed when TNTC occurs on all three plates. The formula normally appears as: IF(O101="<1",0,LOG(O101)). If you have a greater than situation, the formula must be changed to:

IF(O111=>5150",LOG(5150)), 5150 = the value we calculated that day. This was not done on January 11, 2010. We went back through 2009 and found two other occurrences

of TNTC; January, 2009 and December, 2009. The formula we used at those times was correct. However, we did not report "greater than" values on our DMRs. We are resubmitting these DMRs with a non-compliance letter.

Sanitary Sewer Overflow (SSO):

FINDING: A visit to the Wilcox Wastewater Pumping Station revealed an alarm light that was not functioning. This is a violation of Part II, B.1 of the permit which requires the facility to be properly operated and maintained at all times.

REPLY: The alarm had been working up to the point of activation during the inspection. The bulb burned out when it was activated. We routinely check the alarm lights as part of our preventative maintenance protocol. The light bulb was replaced the next day.

FINDING: Previous collection system surveys completed by North Little Rock did not include information about non-municipal satellite wastewater collection systems such as the VA Hospital at Ft. Roots and the Union Pacific. Please provide the following information on all non-municipal satellite wastewater collection systems.....

REPLY: The definition of a satellite system is "a system which carries the wastewater from one entity to another entity for treatment. EX: a small community outside of the city limits that sends their wastewater to another city's wastewater treatment plant for treatment. This would not include those facilities that are covered under the Industrial Pretreatment Program." According to this definition, we do not have any non-municipal satellite wastewater collection systems. The industries that are referenced (VA Hospital at Ft. Roots and Union Pacific) are permitted industries. We have submitted to ADEQ in 2008 a "Satellite Sewer System Owner Notification Information" form for each basin in the North Little Rock Waste Water Utility which indicated that Sherwood Collection System was a satellite system that utilized our Five Mile Creek plant. There are no other satellite systems of this nature in the Faulkner Lake or White Oak Bayou basins.

There were no violations detected for the NLR Industrial Pretreatment Program or the Faulkner Lake "No Exposure" Certification (ARR000067).

Please contact me if there are questions or concerns at (501) 945-7186.

Sincerely,



Emric F. Roll
Superintendent of Operations

cc: Water Division Permits Branch →



NORTH LITTLE ROCK WASTE WATER UTILITY

April 6, 2010

Cert. No. 7006 0100 0003 3856 6553

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

RE: Reply to Routine Compliance Inspection, NPDES Permit No. AR0020303
AFIN: 60-00274

Faulkner Lake Wastewater Treatment Plant Compliance Inspection:

The Faulkner Lake Treatment Plant was inspected on March 4th and 5th, 2010 by Mr. Dennis Benson, Ms. Lindsay Stoker, and Ms. Dawn Keller. The inspection included a pretreatment program inspection, a stormwater "no exposure" certification evaluation, a sanitary sewer overflow (SSO) inspection and a compliance evaluation of the Faulkner Lake Plant. The inspection revealed the following:

FINDING: The overflow trough on the secondary clarifiers has a build up of algae in them that needs to be removed.

REPLY: We are currently in the process of cleaning the algae from our secondary clarifiers and will be completed by April 30, 2010.

FINDING: A DMR calculation check for the month of January 2010 revealed a calculation error for fecal coliform bacteria. NLR reported a 30 day geometric mean of 128 col/100ml and a 7 day geometric mean of 197 col/100ml. Calculations by ADEQ resulted in a 30 day geometric mean value of >169 col/100ml and a 7 day geometric mean of >650 col/100ml. It appears the difference is due to an error on the spread sheet used to calculate DMR values. A corrected copy of the January 2010 DMR will be required. Because the sample on January 11, 2010 was greater than 5150 col/100ml, the reported results must be reported on the DMR as a greater than value. ADEQ also considers any greater than value a violation and therefore a noncompliance report (NCR) is required to be submitted with the corrected DMR. In addition, you should double check previously submitted DMRs to ensure that the error that caused this problem has not persisted and to correct any errors that may have resulted from the use of a greater than value.

REPLY: The formula in the fecal calculation must be changed when TNTC occurs on all three plates. The formula normally appears as: IF(O101="<1",0,LOG(O101)). If you have a greater than situation, the formula must be changed to:

IF(O111=>5150",LOG(5150)), 5150 = the value we calculated that day. This was not done on January 11, 2010. We went back through 2009 and found two other occurrences

of TNTC; January, 2009 and December, 2009. The formula we used at those times was correct. However, we did not report "greater than" values on our DMRs. We are resubmitting these DMRs with a non-compliance letter.

Sanitary Sewer Overflow (SSO):

FINDING: A visit to the Wilcox Wastewater Pumping Station revealed an alarm light that was not functioning. This is a violation of Part II, B.1 of the permit which requires the facility to be properly operated and maintained at all times.

REPLY: The alarm had been working up to the point of activation during the inspection. The bulb burned out when it was activated. We routinely check the alarm lights as part of our preventative maintenance protocol. The light bulb was replaced the next day.

FINDING: Previous collection system surveys completed by North Little Rock did not include information about non-municipal satellite wastewater collection systems such as the VA Hospital at Ft. Roots and the Union Pacific. Please provide the following information on all non-municipal satellite wastewater collection systems.....

REPLY: The definition of a satellite system is "a system which carries the wastewater from one entity to another entity for treatment. EX: a small community outside of the city limits that sends their wastewater to another city's wastewater treatment plant for treatment. This would not include those facilities that are covered under the Industrial Pretreatment Program." According to this definition, we do not have any non-municipal satellite wastewater collection systems. The industries that are referenced (VA Hospital at Ft. Roots and Union Pacific) are permitted industries. We have submitted to ADEQ in 2008 a "Satellite Sewer System Owner Notification Information" form for each basin in the North Little Rock Waste Water Utility which indicated that Sherwood Collection System was a satellite system that utilized our Five Mile Creek plant. There are no other satellite systems of this nature in the Faulkner Lake or White Oak Bayou basins.

There were no violations detected for the **NLR Industrial Pretreatment Program** or the **Faulkner Lake "No Exposure" Certification (ARR000067)**.

Please contact me if there are questions or concerns at (501) 945-7186.

Sincerely,



Emric F. Roll
Superintendent of Operations

cc: Water Division Permits Branch

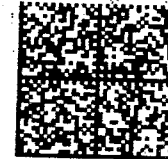
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NORTH LITTLE ROCK WASTE WATER UTILIT

P.O. BOX 17898
7400 BAUCUM PIKE
NORTH LITTLE ROCK, AR 72117



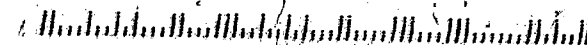
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Enforcement Division
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

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April 15, 2010

Gary Mills, General Manager
NLR Wastewater Utility
PO Box 17898
North Little Rock, AR 72117

RE: NPDES Permit No.: AR0020303, AFIN: 60-00274
Response to Inspection

Dear Mr. Mills:

The Department has received your response to the March 04, 2010, inspection of your facility by our District Field Inspectors, Dennis Benson, Lindsay Stoker and Dawn Keller. Your letter appears to adequately address the discrepancies identified during the visit. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. 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 site 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,

A handwritten signature in cursive script that reads "Alan Anderson".

Alan Anderson
Enforcement Analyst
Water Division Enforcement Branch