

ADEQ

ARKANSAS
Department of Environmental Quality

May 25, 2010

Mr. James Curtbirth, Environmental Manager
Georgia Pacific Corporation
P.O. Box 3333
Crossett, AR 71635

RE: Compliance Inspection

AFIN: 02-00013

NPDES Permit No.: AR0001210

Dear Mr. Cutbirth:

On 5/21/2010, I performed a routine compliance inspection of the Georgia Pacific Crossett Paper Operations 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:

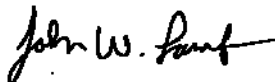
- 1. The facility's contract operators of the sludge screw press did not have industrial waste water licenses.**
- 2. The facility has not been analyzing Total Residue Chlorine (TRC) at the time of sample collection for Bio-monitoring as per the Permit. The facility has been analyzing the TRC at the contract lab.**

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Branch Manager, of the Water Division Enforcement Branch of this Department. This response should be mailed to the address below. This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response with all necessary detailed documentation (i.e. pictures) is due by June 07, 2010.

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

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,



John W. Lamb
District 8 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	0	1	2	1	0	11	12	1	0	0	5	2	1	17	18	C	19	S	20	2	
Remarks																													
Inspection Work Days						Facility Evaluation Rating				BI		QA		Reserved															
67						70	2	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>) Georgia-Pacific, LLC-Crossett 100 Mill Road Crossett, AR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date 10:00 /5/21/2010</td> <td style="width:50%;">Permit Effective Date 9/1/2004</td> </tr> <tr> <td>Exit Time/Date 14:27 /5/21/2010</td> <td>Permit Expiration Date 8/31/2009</td> </tr> </table>	Entry Time/Date 10:00 /5/21/2010	Permit Effective Date 9/1/2004	Exit Time/Date 14:27 /5/21/2010	Permit Expiration Date 8/31/2009
Entry Time/Date 10:00 /5/21/2010	Permit Effective Date 9/1/2004				
Exit Time/Date 14:27 /5/21/2010	Permit Expiration Date 8/31/2009				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Rachel Johnson, Environmental Engineer, 870-567-8170	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number James Curtbirth, Environmental Manager, 870-567-5441 GEORGIA-PACIFIC, LLC-CROSSETT P.O. Box 3333 Crossett, AR 71635	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

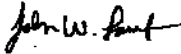
Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	S	Flow Measurement	M	Operations & Maintenance	S	Sampling
S	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	S	Storm Water		Other:

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

Section A: The permit is expired. The facility has submitted a renewal application to the Department.

Section C, item 6: The facility has several licensed industrial operators; however, the facility has contractors that operate the screw sludge press. These contract operators do not have wastewater licenses. According to the Enforcement Branch, these operators must have an industrial license.

Section F, item 8: The permit states that Total Residual Chlorine (TRC) will be analyzed at sample collection time for the Bio-Monitoring samples. The TRC is being analyzed at the contract lab.

Name(s) and Signature(s) of Inspector(s)  John W. Lamb	Agency/Office/Telephone/Fax Arkansas Department of Environmental Quality 3400 West. Hillsboro, El Dorado, AR 71730 870-862-0680/ Fax 870-862-3509	Date 24 May 2010
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NEDETAILS: see page 3

- | | |
|--|--|
| 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: | <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 NEDETAILS: see page 3

- | | |
|---|---|
| 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 checked="" type="checkbox"/> S <input 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> NA <input checked="" 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 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 S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>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: see page 3

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input checked="" 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 ≥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 ≥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>Test America</u> <u>Analytical Prespectives</u> <u>Environ</u>	
b. LAB ADDRESS <u>Mobile, AL</u> <u>Wilmington NC</u> <u>Brentwood</u>	
c. PARAMETERS PERFORMED: <u>AOX, Chl phenols</u> <u>TCDD/F</u> <u>Biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" 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	Moderate	Trace	None	brown	
SMS 002	None	None	Moderate	None	Trace	brown	

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):	

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 checked="" type="checkbox"/> N <input 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

FLOW CALCULATION SHEET

Date: **21 May 2010** Time: **11:18**

Head in Inches: Feet: **1.60'**

Type & Size of Primary Flow Measurement Device: 8 foot parshall flume

Name & Model of Secondary Flow Measurement Device: Milltronics OCM III

Recorded Flow at Date & Time Listed Above: **43.08 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **44.01**
 (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 =	44.01	-	43.08	X 100	
	44.01				

% Error =	0.0211	X 100	
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% Error =	2.11	%	
-----------	-------------	---	--

Comments:

DMR Calculation Check

Reporting Period: From 2010 March 01 To 2010 March 31
Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>13530</u>	<u>39.9</u>	<u>86</u>
Calculated Value:	<u>13530</u>	<u>39.9</u>	<u>86</u>
Permit Value:	<u>26310</u>	<u>70</u>	<u>135</u>

If calculated value does not equal reported value, explain:

equal



Georgia-Pacific LLC
Consumer Products

Crossett Paper Operations
100 Mill Supply Rd.
P.O. Box 3333
Crossett, AR 71635
(870) 567-8000
(870) 364-9076 fax
www.gp.com

June 7, 2010

Cindy Garner
Branch Manager
Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Reference: Compliance Inspection
Georgia-Pacific Corporation: Crossett Paper Operations
NPDES Permit # **AR0001210** AFIN # **02-00013**

Dear Ms. Garner:

Please accept this letter in response to an inspection report dated May 25, 2010, by Mr. John W. Lamb. The following items were noted during a routine inspection on May 21, 2010 as needing immediate corrective action. Our responses to these items are as follows:

Item 1

The facility's contract operators of the sludge screw press did not have industrial waste water licenses.

Response to Item 1

Per Reg.3.501 "Any person who operates a wastewater treatment plant, in whole or in part, and who, during the performance of their regular duties, exercises individual judgment, which directly or indirectly may affect the proper operations of such plant shall be licensed under this Regulation." Georgia-Pacific uses a third party contractor to dewater solids removed from the WWTP's primary clarifier. This contractor does not operate the clarifier nor have decision rights related to any WWTP operations. The contractor's duties are limited to 1) operating the sludge dewatering equipment and hauling the dewatered sludge cake to the disposal site; and 2) cleaning the ash settling basins as directed by Georgia-Pacific. Georgia-Pacific maintains licensed operators responsible for insuring proper operations of the facility's WWTP and all of the contractor's activities, including the operation of the screw press, are performed under the direction of Georgia-Pacific's licensed operators for the facility. Based on the additional information set forth above, Georgia-Pacific respectfully requests that the Department reconsider this finding.

Item 2

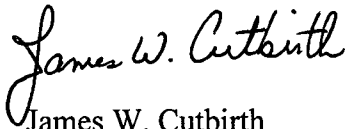
The facility has not been analyzing Total Residue Chlorine (TRC) at the time of sample collection for Bio-monitoring as per the Permit. The facility has been analyzing the TRC at the contract lab.

Response to Item 2

In response to Item 2, the operations manual for Georgia-Pacific wastewater treatment plant has been updated to require TRC analysis at the time of sample collection for Bio-monitoring. Employees responsible for collecting these samples have been informed of this requirement. All future Bio-monitoring reports will include TRC monitoring results taken at the time of sample collection in lieu of the results received from the contract lab.

If you have any questions or need additional information, please feel free to contact me at (870) 567-8144 or by email at james.cutbirth@gapac.com.

Sincerely,



James W. Cutbirth
Manager of Environmental Affairs



Georgia-Pacific

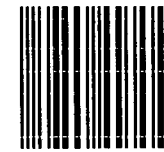
Consumer Products

100 Mill Supply Road
P.O. Box 3333
Crossett, AR 71635

CERTIFIED MAIL



7005 0390 0005 6490 0710



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72118

U.S. POSTAGE
PAID
CROSSETT, AR
71635
JUN 07, '10
AMOUNT

\$6.15
00051984-04

Ms. Cindy Garner
NPDES Enforcement Section
ADEQ
5301 Northshore Drive
North Little Rock, AR 72118-5317

ADEQ

ARKANSAS
Department of Environmental Quality

June 21, 2010

Mr. James Cutbirth
Georgia-Pacific
Crossett Paper Operations
P.O. Box 3333
Crossett, AR 71635

RE: NPDES Permit No.: AR0001210, AFIN No.: 02-00013
Response to Inspection

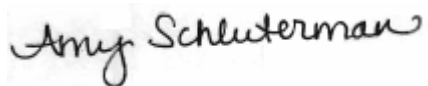
Dear Mr. Cutbirth:

The Department has received your response to the May 21, 2010 inspection of your facility by our District Field Inspector, John Lamb. 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 501-682-0633 or you may e-mail me at schluterman@adeq.state.ar.us.

Sincerely,



Amy Schluterman
Enforcement Analyst
Water Division Enforcement Branch