



ARKANSAS
Department of Environmental Quality

March 1, 2011

Lester Herring, Water and Wastewater Superintendent
City of Walnut Ridge
216 Southwest 4th Street
Walnut Ridge, AR 72476

RE: Compliance Inspection

AFIN: 38-00040

NPDES Permit No.: AR0046566

Dear Mr. Herring:

On February 15, 2011, I performed a routine compliance inspection of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The inspection revealed the following violation:

1. The Motorized Bar Screen was inoperative.
2. 2 Diffusers in the Oxidation Pond were not operating properly.

Both of the items listed above are a violation of Part III, Section B, 1, A, of the permit. On February 22, 2011, Jonathan Kopp, Plant Operator informed the Inspector that the Diffusers had been repaired. Since the Diffusers have already been repaired, there is no need for a response to the Department concerning that item.

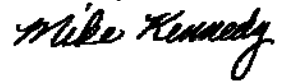
Item #1 requires your immediate attention. Please submit a written response to this finding to Cindy Garner, Water Division Enforcement Branch Manager of this Department at the address located at the bottom of the first page of this letter. This response should contain detailed documentation describing 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 documentation (i.e. pictures) is due by March 11, 2011.

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

Lester Herring, Water and Wastewater Superintendent
City of Walnut Ridge
March 1, 2011
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If I can be of any assistance, please contact me at 870-793-5819.

Sincerely,

A handwritten signature in black ink that reads "Mike Kennedy". The signature is written in a cursive style with a large, stylized "M" and "K".

Mike Kennedy
District 11 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="6"/>	11 <input type="text" value="1"/> 12 <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="4"/>	17 <input type="text" value="C"/>	18 <input type="text" value="S"/>	19 <input type="text" value="S"/>	20 <input type="text" value="1"/>
Remarks					
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/>					
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67 <input type="text"/> <input type="text"/> <input type="text"/> 69		70 <input type="text" value="3"/>		71 <input type="text" value="N"/> 72 <input type="text" value="N"/> 73 <input type="text"/> <input type="text"/> <input type="text"/> 74 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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>) Walnut Ridge Wastewater Treatment Plant 8897 Oak Street Walnut Ridge, AR 72476 (Lawrence County)	Entry Time/Date 1030 / 2-15-11	Permit Effective Date November 1, 2010
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jonathan Kopp / Wastewater Plant Operator / Cell 501-454-4958 Lester Herring / Water & Wastewater Superintendent / Cell 870-809-1294	Exit Time/Date 1600 / 2-15-11	Permit Expiration Date October 31, 2015
Name, Address of Responsible Official/Title/Phone and Fax Number A.J. Henry / Chairman / 870-886-2312 / Fax / 870-886-7824 216 Southwest 4th Street Walnut Ridge, AR 72476	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data N36°4'3.46" W-90°58'19.93"

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	U	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
U	Facility Site Review	S	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)

DMR's reviewed for October, November and December 2010. During the inspection, the following violations of the permit were observed:

1. The Motorized Bar Screen was inoperative on the date of the inspection.
2. 2 Diffusers were not operating properly. They were spraying air across the top of the pond and not under the water as designed. On 2-22-11, Jonathan Kopp, Plant Operator, informed the Inspector that the Diffusers had been replaced.

These items are a violation of Part III, Section B, 1, A, of the permit.

Name(s) and Signature(s) of Inspector(s) Mike Kennedy	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Batesville 870-793-5819 / 870-793-5814	Date: February 25, 2011
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 checked="" 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: <u>(Contract Laboratory)</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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>Motorized Bar Screen was inoperable 2 Diffusers improperly operating - blowing across top of water in Oxidation Pond not under the water</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>Backup Generators</u> | <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: <u>Lights at Lift Stations & Scada System with phones to all Wastewater personnel</u> | <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: <u>(2-Class III, 2-Class II, 1-Class-I)</u> | <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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input type="checkbox"/> Y <input checked="" 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: <u>90 Degree V-Notch Weir</u> TYPE OF DEVICE: | <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>Last calibration dated 8-5-10</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>Arkansas Testing Laboratories</u> | |
| b. LAB ADDRESS: <u>204 East Lincoln Street, Searcy, AR 72143 Phone: 501-268-6431</u> | |
| c. PARAMETERS PERFORMED: Flow, CBOD, TSS, FCB, Ammonia Nitrogen, Chlorine Residual, pH & DO (Chronic Bio monitoring) | |
| 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	Light	Trace	None	Green	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: No sludge disposed during the previous year of 2010

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, <u>AGRICULTURAL</u> , 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 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:	2-15-11	Time:	1335		
Head in Inches:		Feet:		Head measured in tenths from chart in Chlorine Contact Chamber .710	
Type & Size of Primary Flow Measurement Device: 90 Degree V-Notch Weir					
Name & Model of Secondary Flow Measurement Device:			ISCO 4210 Flow Meter		
Date of last Calibration of Secondary Flow Device: 8-5-2010					
Recorded Flow at Date & Time Listed Above:				.702 MGD	(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:				.686 MGD	
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition) (Table 9.5)					
	Recorded		Calculated		
% Error =	.702	-	.686	X 100	2.33%
	.686				
	Calculated				
% Error =					
% Error =				X 100	
% Error =				X 100	
% Error =				%	
Comments:	OK				

DMR Calculation Check

Reporting Period: From 2010 Dec. 1 **To** 2010 Dec. 31
Year Month Day Year Month Day

Parameter Checked: Dissolved
Oxygen

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7 Day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>8.1</u> Inst. Min.	<u>N/A</u> Inst. Min.
Calculated Value:	<u>N/A</u>	<u>8.1</u> Inst. Min.	<u>N/A</u> Inst. Min.
Permit Value:	<u>N/A</u>	<u>6</u> Inst. Min.	<u>N/A</u> Inst. Min.

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

NPDES Compliance Inspection Report Further Explanation

Section C, Item 2: The Motorized Bar Screen was inoperable. This is a violation of Part III, Section B, 1, A, of the permit.

Comments: 2 Diffusers not properly operating in Oxidation Pond observed on 2-15-11 were repaired on 2-22-11 as shown in photos sent to the Inspector from Walnut Ridge Wastewater Plant Operator, Jonathan Kopp. These diffusers did not interfere with the overall operation of the pond. This was also a violation of Part III, Section B, 1, A, of the permit, but as stated previously, the Diffusers have been repaired as of 2-22-11.

Compliance Schedules:

Section B, Item #1: Compliance with Part II, Condition #10 Total Residual Chlorine (TRC) limits in Section A1-Permit Limits. Review of months of October, November and December, 2010, did not exceed set limit on DMRs for the months listed.

Section B, Item #2: Compliance not due until October 1, 2013

Section B, Item #3: Compliance with Part II, Condition #11 Whole Effluent Toxicity Limits (7-Day Chronic NOEC Freshwater). Review of last Quarterly Test Results revealed passing of all limits in Section A1 – Permit Limits.

Water Division NPDES Photographic Evidence Sheet

Location: 8897 Oak Street in Walnut Ridge, Arkansas (Lawrence County)

Photographer: Mike Kennedy **Witness:** Jonathan Kopp

Photo # 1 **Of** 3 **Date:** 2-15-11 **Time:** 1323

Description: A view of the Motorized Bar Screen that slipped off of its track system.



Photographer: Mike Kennedy **Witness:** Jonathan Kopp

Photo # 2 **Of** 3 **Date:** 2-15-11 **Time:** 1143

Description: Note one diffuser blowing across top of water instead of underwater.



Water Division NPDES Photographic Evidence Sheet							
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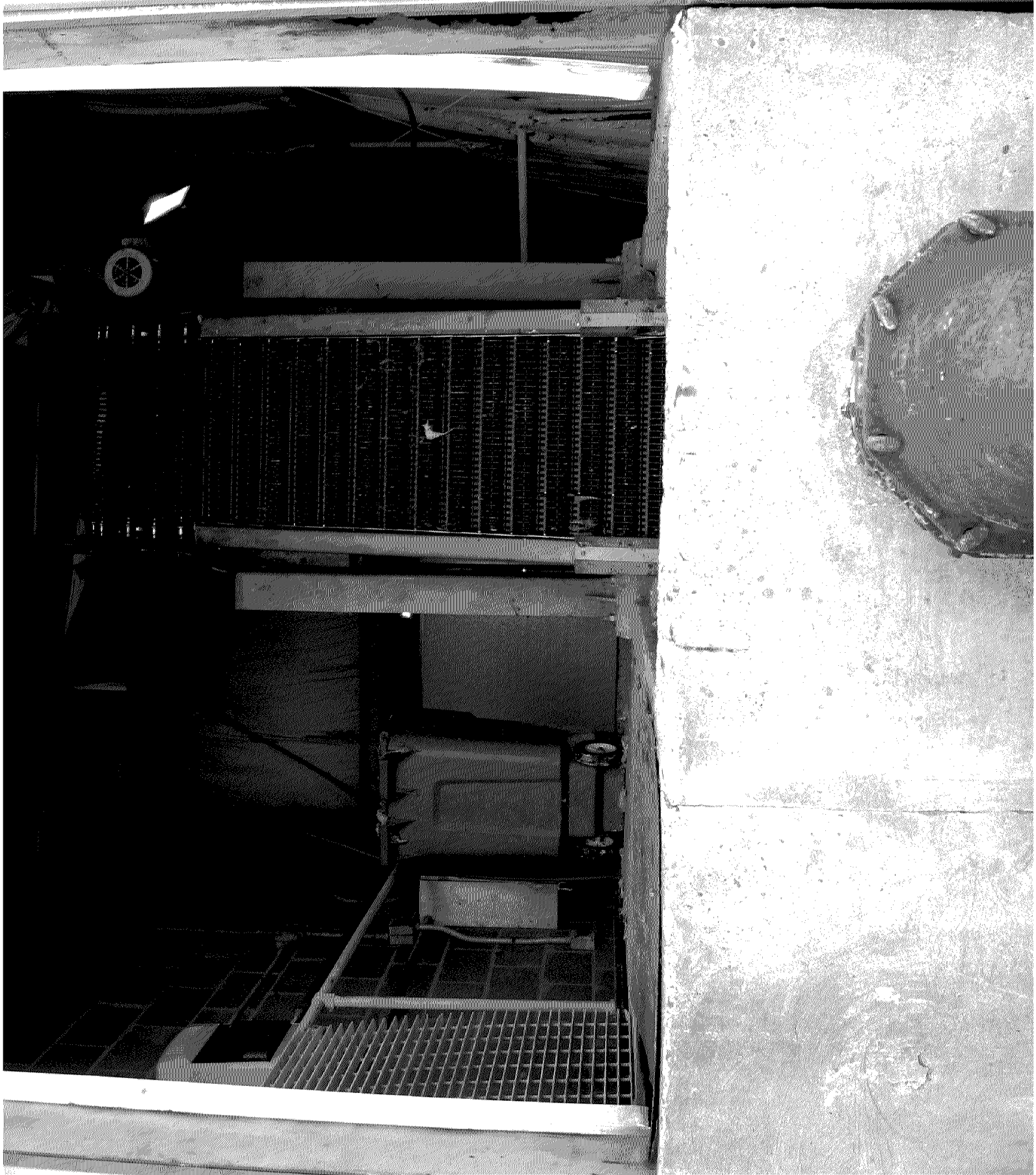
Location:	8897 Oak Street in Walnut Ridge, Arkansas (Lawrence County)						
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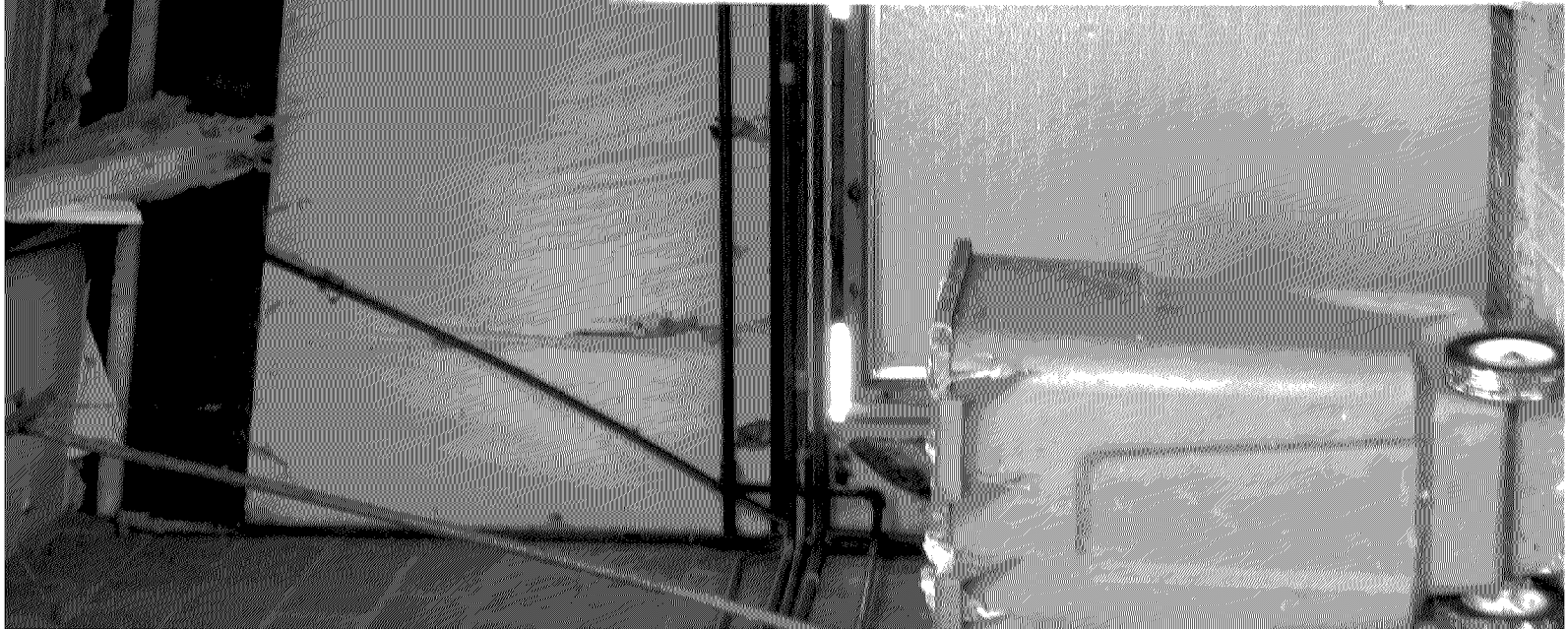
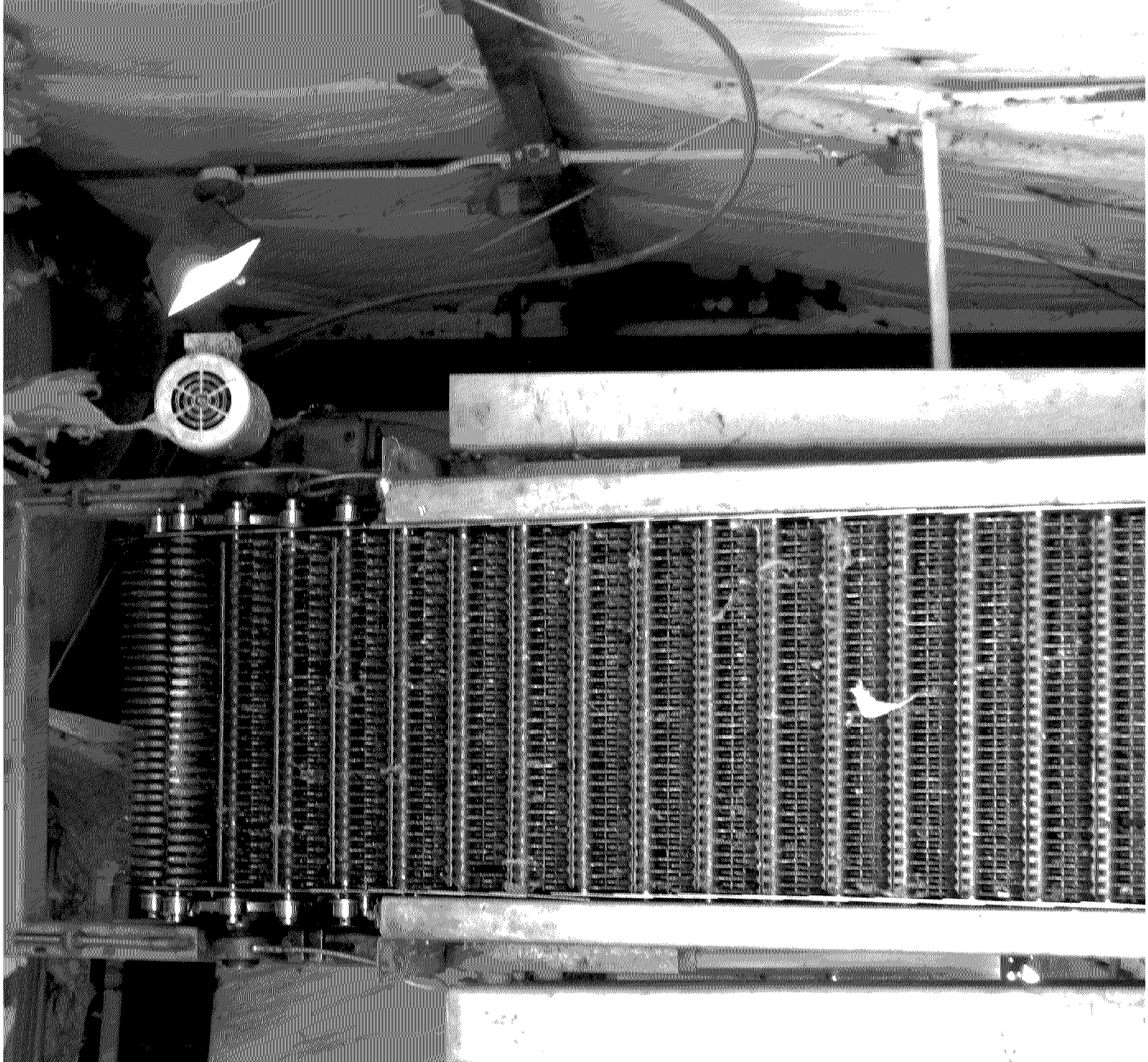
Photographer:	Mike Kennedy	Witness:	Jonathan Kopp			
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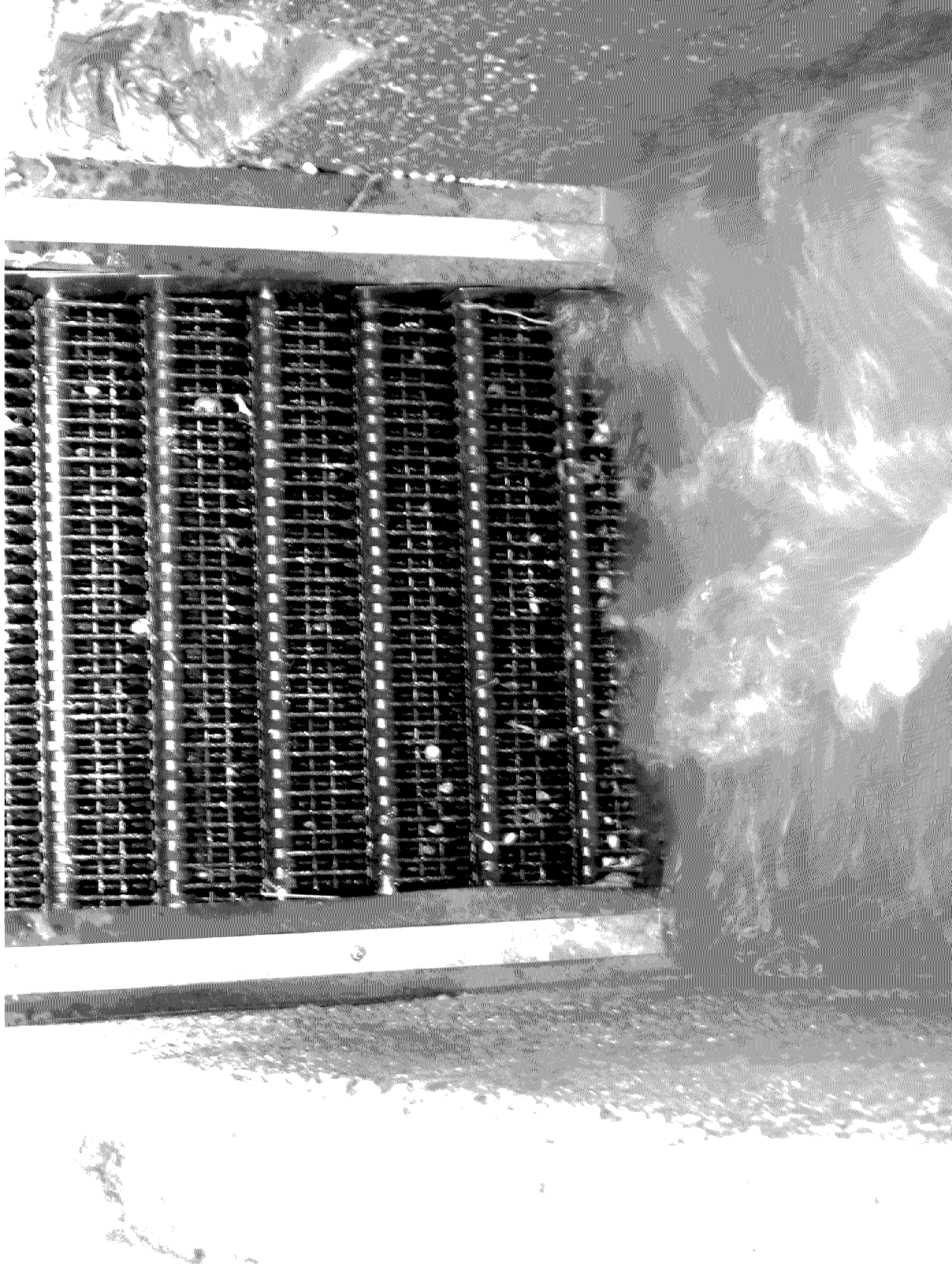
Photo #	3	Of	3	Date:	2-15-11	Time:	1144
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Description:	Note another diffuser blowing across top of water.						
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March 7, 2011

Mrs. Cindy Garner, Water Division Enforcement Branch Manager

5301 NorthShore Drive

North Little Rock AR 72118-5317

RE: Corrective action plan for Walnut Ridge Wastewater Plant and Lift Station inspection

Dear Mrs. Garner:

On February 15, 2011 Mike Kennedy performed the Wastewater Plant inspection as well as the wastewater collection system inspection. In accordance with the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the Regulations permitted there under. The inspection revealed the following violations:

1. Wastewater Plant:
 - Two Diffusers in Aeration Basin were not functioning properly
 - The motorized bar screen was inoperable
2. Frit Pump Station :
 - The vent fan was inoperative
 - No working lights in lift station
3. Poplar Street lift station:
 - Trash and equipment scattered on floor of lift station
 - No vent fan
4. Oak Street Pump Station
 - The window glass in the back of pump station is broken out
 - Vent fan not working
 - Water from vacuum pumps leaking onto floor

As a result of Mr. Kennedy's inspection the following action will be taken:

As of February 22, 2011 the bar screen and diffusers in basin have both already been repaired and are in perfect working condition. (pictures are included of bar screen)

The vent fans in lift stations have been ordered and will be installed as soon as they arrive from the factory.

The window in the Oak Street lift Station, trash on the floor of Poplar Street lift station, lighting in the Frit lift station, as well as the water from the vacuum pumps in Oak Street will be promptly attended to as soon as possible.

All violations are expected to be corrected with picture documentation before April 15th 2011.

If there are any questions or if I may be of any assistance please feel free to contact me at 501-454-4958 or 870-886-2312 or by email at jonathan.kopp@yahoo.com

Sincerely,

Jonathan Kopp
City Water Works Wastewater Operator

ADEQ

ARKANSAS
Department of Environmental Quality

June 28, 2011

Jon Kopp
City of Walnut Ridge
216 Southwest 4th Street
Walnut Ridge, AR 72476

RE: AFIN: 38-00040

NPDES Tracking No.: AR0046566

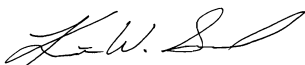
Dear Mr. Kopp:

The Department has received both of your responses to the February 15, 2011 inspection of your facility by our District Field Inspector, Mike Kennedy. Your letters appear to adequately address the discrepancies identified during the visit. The Department expects that 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 501-682-0823 or you may e-mail me at suel@adeq.state.ar.us.

Sincerely,



Kevin Suel
Enforcement Analyst
Water Division Enforcement Branch