



ARKANSAS  
Department of Environmental Quality

June 22, 2011

James Sanders, Mayor  
City of Blytheville  
P.O. Box 1784  
Blytheville, AR 72315

RE: Blytheville WWTP – West – Compliance and SSO Inspections

AFIN: 47-00544                      NPDES Permit No.: AR0022560

Dear Mr. Sanders:

On May 23, 25, and 26, 2011, fellow inspector Michael Greenway and I performed a routine compliance inspection and sanitary sewer overflow 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. This inspection revealed the following violations:

**Compliance Inspection:**

- 1. A calibration check revealed that the effluent flow meter was underreporting flow by >25%. This violates Part II Section C. Item 2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/-10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.**
  
- 2. At the time of the inspection the following Operation and Maintenance Items were noted:**
  - a. One of the three clarifiers was out of service.**
  - b. One of the clarifier curtains was down.**
  - c. The polishing pond curtain was down.****These items violate Part II Section B. Item 1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and**

**maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of backup or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit.**

- 3. The QA/QC control charts in the laboratory were incorrect. These charts should be setup with Warning Limits and Control Limits for use in evaluating the results of laboratory duplicates and spikes.**
- 4. The fecal coliform incubator/water bath temperature was observed to be below the required temperature of 44.5 (+/-0.2) °C on at least two occasions during the inspection. It appears this problem was corrected by moving the incubator to different location where it was more protected from the flow of cold air from the air conditioner; however multiple checks should be performed to insure the required temperature is consistently maintained.**
- 5. The composite samples collected for the analysis of ammonia nitrogen (NH<sub>3</sub>-N) were not being properly preserved. Following the collection of the final aliquot, samples should immediately be preserved with sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) and stored at less than 6 °C until analyzed. Currently, collection of the samples is completed by early afternoon but they are not preserved with sulfuric acid. They are sitting unpreserved until they are analyzed the following day.**
- 6. The sludge storage lagoon(s) were not being properly operated and maintained. The levees and other dry portions of these lagoons should be mowed regularly to prevent the growth of woody vegetation and discourage burrowing animals which can weaken the integrity of the levees. Additionally, the current excessive growth of vegetation prevents visual inspection for the detection of leaks, seeps, and other illicit discharges. As discussed previously, you may wish to permanently close out portions of the sludge storage lagoons to reduce the area that must be maintained. Please contact the Permits Branch for specific requirements related to closure of portions of these lagoons.**

**SSO Inspection:**

**You should continue working to comply with the current Consent Administrative Order (CAO) requiring you to evaluate, repair and upgrade the collection system including the installation of emergency backups and remote monitoring.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department. This response should be mailed to the address below and should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response is due by **July 2, 2011**.

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

James Sanders, Blytheville WWTP - West

June 22, 2011

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If I can be of any assistance, please contact me at [walker@adeq.state.ar.us](mailto:walker@adeq.state.ar.us) or 870-935-7221 ext.-12.

Sincerely,



Brent L. Walker

District 3 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="2"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/>	11 <input type="text" value="1"/> 12 <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="3"/>	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																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Inspection Work Days</td> <td style="width:20%;">Facility Evaluation Rating</td> <td style="width:10%;">BI</td> <td style="width:10%;">QA</td> <td style="width:20%;">Reserved</td> <td style="width:10%;"></td> </tr> <tr> <td>67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td>70 <input type="text" value="1"/></td> <td>71 <input type="text" value="N"/></td> <td>72 <input type="text" value="N"/></td> <td>73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> <td>74 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></td> </tr> </table>						Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved		67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	70 <input type="text" value="1"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	74 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>Blytheville WWTP - West</b> <b>4951 NCR 635</b> <b>Blytheville, AR</b> <b>Mississippi Co.</b>	Entry Time/Date <b>1400 5/23/2011</b> <b>0830 5/25/2011</b>	Permit Effective Date <b>12/1/2005</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>James Yankee/Pretreatment Coordinator/870-763-4961 Tamara Lopolito/Lab Technician</b> <b>Kenneth Ellis/Waste Water Superintendent/870-763-4961</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>James Sanders/Mayor/870-763-3602</b> <b>City of Blytheville</b> <b>P.O. Box 1784</b> <b>Blytheville, AR 72315</b>	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	U	Flow Measurement	U	Operations & Maintenance	U	Sampling
S	Records/Reports	U	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
U	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
M	Effluent/Receiving Waters	U	Laboratory	N	Storm Water	N	Other:

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

Multiple violations were noted.

See the attached letter and inspection report for description of findings and additional information.

Name(s) and Signature(s) of Inspector(s) <b>Brent L. Walker</b> <b>Michael B. Greenway</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 12/(870) 935-4715 (Fax)</b>	Date <b>May 27, 2011</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

DETAILS:

- |  |  |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:                            | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

DETAILS:

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input 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 NE

DETAILS:

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: <u>One clarifier out of service; clarifier curtain down, polishing pond curtain down.</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Clarifier weirs in need of cleaning</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>Sludge storage lagoons are overgrown with vegetation.</u>                     | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: <u>None</u>   | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE:   | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:                                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>Unknown at this time</u>   | <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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: <u>Not properly preserving NH3-N</u>            | <input type="checkbox"/> Y <input checked="" 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>28" rectangular weir</u>                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE:   | <input type="checkbox"/> Y <input checked="" 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: <u>Hydraulically overloaded at time of inspection</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

- |   |  |
|---|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: <u>Fecal incubator too cool</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: <u>Control charts are incorrect</u>                               | <input type="checkbox"/> Y <input checked="" 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>ETC</u>   |  |
| b. LAB ADDRESS: <u>Memphis, TN</u>  |  |
| c. PARAMETERS PERFORMED: <u>Biomonitoring</u>   |  |
| 8. BIOMONITORING PROCEDURES ADEQUATE:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Evidence of solids leaving polishing pond; grease, plastics, etc. on grates</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Moderate	None	None	Lt. Brown	--

<b>SECTION H: SLUDGE DISPOSAL</b>	
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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: <u>Sludge stored in old lagoon</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):	

<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>	
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___	
3. SAMPLES PRESERVED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>	
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Facility has a No Exposure Exclusion ARR00C337</u>	
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: <b>5/23/2011</b>		Time: <b>1439</b>	
Head in Inches: <b>N/A*</b>	Feet: <b>N/A*</b>	<b>19.75" Total Head</b>	
Type & Size of Primary Flow Measurement Device: <b>28" Rectangular weir without end contractions</b>			
Name & Model of Secondary Flow Measurement Device:		<b>Polysonic Transducer</b>	
Date of last Calibration of Secondary Flow Device:		<b>7/13/2010</b>	
Recorded Flow at Date & Time Listed Above:		<b>1356 GPM</b>	(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:		<b>1815 GPM</b>	(Facility Flow Chart)*
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook 5<sup>th</sup> Edition)</small>			
% Error =	Recorded Value	-	Calculated Value
	Calculated Value		X 100
% Error =	1356	-	1815
	1815		X 100
% Error =	-459	X 100	
	1815		
% Error =	-0.253	X 100	
% Error =	<b>-25.3</b>	%	
Comments: <b><u>Under reporting flow by &gt;25%</u></b>			



### DMR Calculation Check

**Reporting Period:** From 11 1 1 To 11 1 30  
Year Month Day Year Month Day

**Parameter Checked:** DO

**Concentration**  
**Monthly**

**Mo. Avg. - mg/l**

**Min**

**Reported Value:** 11.4

**Calculated Value:** 11.4

**Permit Value:** 7 (Minimum)

**If calculated value does not equal reported value, explain:** Equal

### DMR Calculation Check

**Reporting Period:** From 11 4 1 To 11 4 30  
Year Month Day Year Month Day

**Parameter Checked:** pH

#### Concentration Monthly

**Mo. Avg. - mg/l**      **7-day Avg. - mg/l**

**Reported Value:** 6.9 7.9

**Calculated Value:** 6.9 7.9

**Permit Value:** 6 9

**If calculated value does not equal reported value, explain:** Equal

**MAYOR:**  
James Sanders

**CITY COUNCIL:**  
John Musgraves  
Stan Parks  
Shirley Overman  
Monte Hodges  
Mylas Jeffers  
Missy Langston

**ATTORNEY:**  
Mike Bearden

**PUBLIC UTILITIES  
DIRECTOR:**  
Marvin Crawford

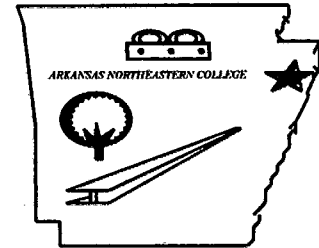
**SUPERINTENDENT:**  
Kenneth Ellis

## Blytheville Wastewater Dept.

P.O. Box 1784  
Blytheville, AR 72316-1784

Phone: (870) 763-4961

Fax: (870) 763-8541



April 3, 2013

ADEQ  
WATER DIVISION-INSPECTION BRANCH  
5301 NORTSHORE DRIVE  
NORTH LITTLE ROCK, AR. 72118-5317

RE: INSPECTION RESPONSE OF THE BLYTHEVILLE WASTEWATER  
TREATMENT PLANTS.

### COMPLIANCE INSPECTIONS REPLY:

1. West(AR0022560)WWTP: The extensive accumulation of solids in the clarifiers was due to problems with the return activated sludge system. Blockages in the return lines located at the bottom of the clarifiers became blocked and caused sludge to rise in the clarifiers.(pop-ups) These lines were blown out to remove and un-clog the sludge lines and will be implemented on a regular basis.
2. South(AR0022578)WWTP: The refrigeration unit on our composite sampler froze up due to a faulty fan in the unit. This has been replaced and is working properly.

- 4.A. The water bath incubator for fecal coliform testing will be closely monitored to insure a constant temperature of 44.5 C. If it will not maintain the required temperature we will replace the unit.
- B. The thermometers in the lab and automated samplers are calibrated quarterly. This was due to the lab tech being out because of surgery. The operators will now calibrate the thermometers to prevent this from happening.
- C. The flowcharts will be changed to measure the flow in 1/8 inch intervals. We will also install a stilling well or site glass to measure the flow more accurately to insure readings are within +/- 10%.
- D. Letter attached from SSR's Daniel Bowling, PE

#### NOTIFICATION ALARMS

AR0022560  
820 pump station  
shop pump station  
21<sup>st</sup> ST pump station  
Division pump station

AR0022578  
McHaney ST. pump station  
Lake ST. pump station  
County RD. pump station

AR0022586  
Walker Park lift station  
Lockard ST. pump station  
Walmart pump station

#### Line 4 part D

Consulting engineer is working with the ADEQ for proper procedure on closure and sludge storage lagoons maintenance and isolation of that lagoon. Contact person ADEQ.

SSO INSPECTION

Grease at 820 pump station will be removed and properly disposed of at landfill. We will continue to monitor this through pretreatment.

WALMART LIFT STATION

We can only remove this grease at certain times of the year due to getting on farmers property. We will do this in April 2013 and monitor this through pretreatment.

If you need more information please call me at (870)763-4961.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Ellis". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Kenneth Ellis  
Superintendent



2650 Thousand Oaks Boulevard  
Suite 3200  
Memphis, TN 38118  
(901) 683-3900  
FAX (901) 683-3990  
www.ssr-inc.com

March 25, 2013

Arkansas Department of Environmental Quality  
Attn: Brent Walker  
2212 Fowler Ave. Suite B  
Jonesboro, AR 72401-6115

Brent,

I have provided this lagoon closure plan correspondence summary at the request of the City of Blytheville Sanitary Sewer Department. The City of Blytheville and Smith Seckman Reid (SSR) are still in the process of negotiating a lagoon closure plan with ADEQ. This lagoon closure plan was submitted to ADEQ on October 21<sup>st</sup>, 2011. It is essentially an abandon-in-place plan, with soil tests showing that the soil in place is perfectly suitable for land application and does not warrant removal. This soil removal would be of significant cost to the City of Blytheville. Stephen Hogan with the ADEQ Water Division was the engineer assigned to review the plan. The initial response from ADEQ was received by SSR on March 26, 2012. Subsequent correspondence between SSR and ADEQ include a response e-mail from SSR dated March 27, 2012; a response e-mail from ADEQ dated June 7, 2012; and finally a response e-mail from SSR dated November 20, 2012. SSR will contact ADEQ again to determine the current status of the lagoon closure plan. The City of Blytheville has essentially waited to address the active lagoons until a decision is made related to the inactive lagoon cells. The active cells are oversized for their use, and will likely be consolidated eventually. Soils tests were done performed on the outer limits of these active cells as well.

Sincerely,

A handwritten signature in cursive script that reads "Daniel Bowling". The signature is written in black ink and is positioned above the printed name.

Daniel Bowling, PE

Division Street

These Premises  
Protected by  
ELECTRONIC GUARD  
**SILENT**  
Security Inc.  
ALARMS & SERVICE  
Phone: 781.274.9  
Dorchester, MA

2013/04/03 02:42 PM

Shop Pumping Station



2013/04/03 12:42 PM



West Plant



2013/04/03 12:53 PM

North Plant Generator  
Online 4/4/2013

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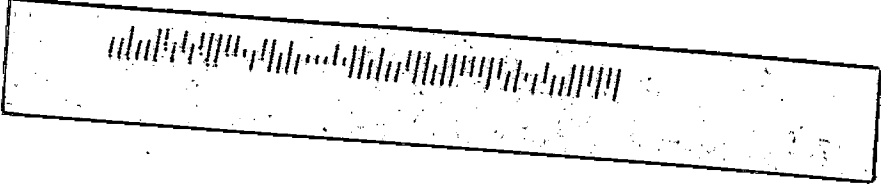
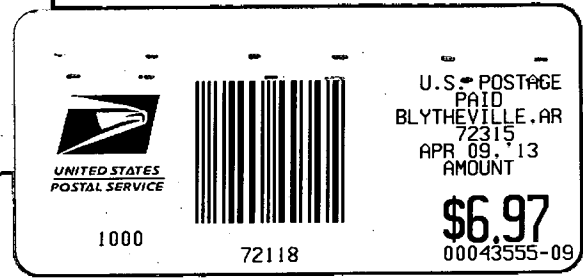
2013/02/04 08:03 AM

South Plant



2013/03/22 07:27 AM

Blytheville Wastewater Dept.  
P.O. Box 1784  
Blytheville, AR 72316



**RETURN RECEIPT  
REQUESTED**

ADEQ  
Water Division - Inspection Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**MAYOR:**  
James Sanders

**CITY COUNCIL:**  
John Musgraves  
Stan Parks  
Shirley Overman  
Monte Hodges  
Mylas Jeffers  
Missy Langston

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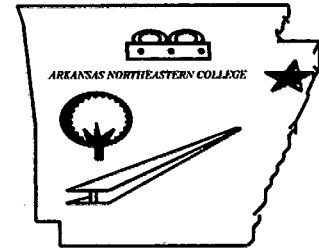
**SUPERINTENDENT:**  
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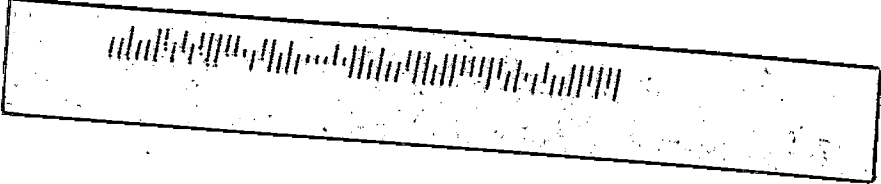
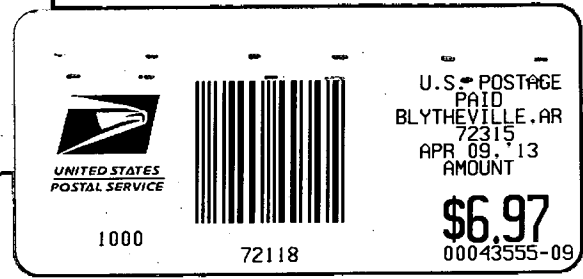
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