

ADEQ

ARKANSAS
Department of Environmental Quality

November 23, 2011

Mark Yardley, Public Works Director
City of Alma
811 Fayetteville Ave.
Alma, AR 72921

AFIN: 17-00059

NPDES Permit No.: AR0021466

Dear Mr. Yardley:

On November 10, 2011, I performed a routine compliance evaluation 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 violation:

After reviewing the March and April 2011 Discharge Monitoring Reports, it was determined that the facility is reporting the instantaneous minimum for Dissolved Oxygen. The permit requires that the monthly average minimum shall be reported. This is a violation of Part I Section A of the permit.

The above item requires your immediate attention. Please submit a written response to this finding to the Water Division Enforcement Branch. This response should be mailed to the address below, or e-mailed to Water-Enforcement-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations (i.e. photos) is due by December 3, 2011.

If I can be of any assistance, please contact me at 479-424-0325.

Sincerely,



Jeff Tyler
District 4 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

<p style="text-align: center; font-size: small;">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
---	------------------------------------

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type	
1 N 2 5 3 A R 0 0 2 1 4 6 6 11 12 1 1 1 1 1 0 17 18 C 19 S 20 1	Remarks					
A F I N 1 7 - 0 0 0 5 9						
Inspection Work Days			Facility Evaluation Rating	BI	QA	Reserved
67 0 0 0 69			70 3	71 N	72 N	73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected <i>(For industrial users discharging to POTW, also include POTW name and NPDES permit number)</i> City of Alma POTW 2500 Orrick Road Alma, AR 72921	Entry Time/Date 0935 / November 10, 2011	Permit Effective Date March 01, 2008 / Modified/ January 31, 2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tony Maxwell / Plant Operator / 479-632-2267 / cell / 479-670-3003	Exit Time/Date 1500 / November 10, 2011	Permit Expiration Date February, 28 2013
Name, Address of Responsible Official/Title/Phone and Fax Number Mark Yardley / Public Works Director / 479-632-2254 / fax 479-632-5136 811 Fayetteville Ave. Alma, AR 72921	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Other Facility Data Outfall 001 N 35°26'43" W 94°09'33" PDS # 062412		

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	M	Operations & Maintenance	N	Sample Inspection Procedures
M	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	SWPPP
S	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)

The 2011 March and April DMR's were reviewed and no permit excursions were noted, however it was determined that the facility is reporting the instantaneous minimum for Dissolved Oxygen while the permit requires that the monthly average minimum shall be reported.

In regards to cell 3, one aerator was not in operation; this was noted in the maintenance log and was under repair.

Name(s) and Signature(s) of Inspector(s) Jeff Tyler	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-/Ft. Smith/ 479-424-0325 / fax / 479-424-0330	Date November 18, 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 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: **Facility is reporting the instantaneous minimum rather than the minimum monthly average for D.O.**

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input 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: **One aerator was not in operation in pond three; it was noted in the maintenance log and under repair.**

- | | |
|---|---|
| 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: <u>Equalization pond and portable generator</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: | <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>1 Class III and 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 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: <u>Monthly SSO report</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input 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 type="checkbox"/> N <input checked="" 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>3' rect. Weir w/ end contr.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Date of last calibration (June 20, 2011)</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: <u>one per month</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Data Testing</u>	<u>American Interplex</u>
b. LAB ADDRESS: <u>3434 Country Club Ave. Ft. Smith</u>	<u>8600 Kanis Road Little Rock</u>
c. PARAMETERS PERFORMED: <u>TSS, BOD, FC,</u>	<u>Bio-monitoring</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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Light	Trace	Light	Light Green	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **2036.85 dry tons of sludge removed from pond 2 and land applied per 5068-W permit in July-August 2010, also 1404.6 dry tons was transferred to pond 5 with ADEQ approval.**

- | | |
|---|---|
| 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, <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: **Facility was granted Non-Exposure Certification in July 2010, tracked under # ARR000321.**

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

FLOW CALCULATION SHEET

Date:	11-10-11	Time:	1135	
-------	----------	-------	------	--

Head in Inches:	NA	Feet:	.30	
-----------------	----	-------	-----	--

Type & Size of Primary Flow Measurement Device:
3' Rectangular weir with end contractions

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

Date of last Calibration of Secondary Flow Device: **June 20, 2011**

Recorded Flow at Date & Time Listed Above:	0.947	(Facility Flow Meter)
--	--------------	-----------------------

Calculated Flow at Date & Time Listed Above:	1.040 mgd	
--	------------------	--

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition, Table # 10-5)

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

% Error =	0.947	-	1.040	X 100	
	1.040				

% Error =	-0.093		X 100	
	1.040			

% Error =	-0.08		X 100	
-----------	-------	--	-------	--

% Error =	-8.94		%	
-----------	--------------	--	---	--

Comments: **OK, within +/- 10%**

DMR Calculation Check

Reporting Period: From 2011 March 01 To 2011 March 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>18.8</u>	<u>10.4</u>	<u>15</u>
Calculated Value:	<u>18.8</u>	<u>10.4</u>	<u>15</u>
Permit Value:	<u>438</u>	<u>30</u>	<u>45</u>

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

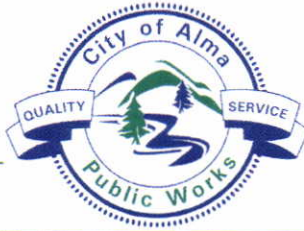
DMR Calculation Check

Reporting Period: From 2011 April 01 To 2011 April 30
Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>48.5</u>	<u>15.9</u>	<u>19.7</u>
Calculated Value:	<u>48.5</u>	<u>15.9</u>	<u>19.7</u>
Permit Value:	<u>437.9</u>	<u>30</u>	<u>45</u>

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



811 Fayetteville Ave.
Alma, Arkansas 72921

(501) 632-2254
Fax (501) 632-5136

Water Division Enforcement Section
Arkansas Dept of Environmental Quality
5301 Northshore Dr
Little Rock, Arkansas 72118-5317

December 01, 2011

Dear Mr. Tyler,

NPDES Permit AR0021466
Routine Compliance Inspection

In response to the November 10, 2011 routine compliance inspection I offer the following response to the listed violation.

Dissolved Oxygen Reporting: The operator incorrectly interpreted the method of reporting the minimum monthly average dissolved oxygen to mean the instantaneous minimum. Although this was considered a reporting violation, the more stringent value being reported by the system, without exceedance, insured that there would have been no exceedance by the system using the correct method.

The operator has corrected his method of reporting the minimum monthly average dissolved oxygen and the attached documents support that change.

Please accept my apologies for our failure to satisfy compliance during this period.

Thank you for your understanding. If you have any questions, please contact me at your convenience.

Yours sincerely,

Mark Yardley
Public Works Director

cc: File, Mayor, Operations Supervisor

Waste Water Treatment Works
Monthly Report

Month: Oct
Year: 2011

Date	Effluent Meter Reading	Total Flow (MGD)	Effluent pH	Effluent Temp. (C)	Effluent D.O. MG/L
1	1853156	0.411			
2	1853567	0.394			
3	1853961	0.404	8.20	19.58	10.98
4	1854365	0.425	8.81	19.53	11.31
5	1854790	0.454	8.50	18.84	12.92
6	1855244	0.448			
7	1855692	0.426			
8	1856118	0.412			
9	1856530	0.407			
10	1856937	0.479			
11	1857416	0.589	8.64	18.61	12.79
12	1858005	0.678	8.51	18.49	12.63
13	1858683	0.599	8.73	18.63	12.40
14	1859282	0.382			
15	1859664	0.438			
16	1860102	0.434			
17	1860536	0.416	7.77	20.92	8.28
18	1860952	0.623	7.84	18.54	7.74
19	1861575	0.520	7.05	14.90	8.93
20	1862095	0.481			
21	1862576	0.483			
22	1863059	0.548			
23	1863607	0.826			
24	1864433	0.735	7.92	16.64	9.32
25	1865168	0.723	7.16	17.33	7.38
26	1865891	0.703	7.37	17.53	7.59
27	1866594	0.932			
28	1867526	1.026			
29	1868552	0.910			
30	1869462	0.876			
31	1870338	0.756	6.96	16.11	9.91
Total		17.938	103.46	235.65	132.18
Average		0.579	7.96	18.13	10.17
Max.		1.026	8.81	20.92	12.92
Min.		0.382	6.96	14.90	7.38

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ALMA, CITY OF
ADDRESS: 811 FAYETTEVILLE AVE, SUITE A
ALMA, AR 72921

FACILITY: ALMA, CITY OF
LOCATION: 2500 ORRICK RD
ALMA, AR 72921

ATTN: MARK YARDLEY, PUBLIC WORKS DIR

AR0021466
PERMIT NUMBER

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2011 TO 10/31/2011

DMR Mailing ZIP CODE: 72921
MAJOR \$

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved (DO)	00300 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	3-WK Three Per Week	GRAB
BOD, 5-day, 20 deg. C	00310 1 0 Effluent Gross	25.2	lb/d	19.7	30 MO AVG	25.3	45 7 DA AVG	0	3-WK Three Per Week	COMP-6
pH	00400 1 0 Effluent Gross	*****	*****	6.9	6 MINIMUM	8.8	9 MAXIMUM	0	3-WK Three Per Week	GRAB
Solids, total suspended	00530 1 0 Effluent Gross	38.6	lb/d	30.4	30 MO AVG	35.3	45 7 DA AVG	0	3-WK Three Per Week	COMP-6
Flow, in conduit or thru treatment plant	50050 1 0 Effluent Gross	0.579	Req. Mon. MO AVG	1.026	Req. Mon. DAILY MX	*****	*****	0	DAILY Daily	TOTAL
Chlorine, total residual	50060 1 0 Effluent Gross	*****	*****	0.06	INST MAX	*****	*****	0	3-WK Three Per Week	GRAB
Coliform, fecal general	74055 1 1 Effluent Gross	*****	*****	68	1000 30DA GEO	100	2000 7 DA GEO	0	3-WK Three Per Week	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by a person or persons who are qualified to conduct the tests described in this document and who are authorized to sign the statements made herein. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mark Yardley
Public Works Director
TYPED OR PRINTED

Mark Yardley
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
479-632-2254
AREA Code NUMBER
MM/DD/YYYY
11/17/2011
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Data Testing 3434 Country Club Fort Smith, AR 72903
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM AS MILLION GALLONS PER DAY). SEE PART IV ITEM #27(A)(DISSOLVED OXYGEN). SEE PART III, CONDITION NO. 11 (TRC CONDITION). MOD EFFECTIVE 02/01/11.

ADEQ

ARKANSAS
Department of Environmental Quality

December 7, 2011

Mark Yardley, Public Works Director
City of Alma
811 Fayetteville Avenue
Alma, AR 72921

RE: ADEQ Response to an Inspection-

NPDES Permit: AR0021466

AFIN: 17-00059

Dear Mr. Yardley,

The Department has received your response to the November 10, 2011 inspection of your facility by our District Field Inspector, Jeff Tyler. The information submitted sufficiently addresses the concerns of the Department. The Department expects 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. If you have any questions, please call 501-682-0636 or e-mail farmers@adeq.state.ar.us.

Sincerely,



Sandra J Farmer
Enforcement Analyst
Water Division Enforcement Branch