

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 8, 2012

Mr. James W. Cutbirth, Environmental Affairs Manager  
Georgia Pacific, LLC  
Crossett Operations  
P.O. Box 3333  
Crossett, AR 71635

AFIN: 02-00013

NPDES Permit No.: AR0001210

Dear Mr. Cutbirth:

On January 31 and February 01, 2012, David Long, USEPA Region 6, Ronald Smith, ADEQ District 10 Water Inspector, and I performed a routine compliance inspection of the 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:

- 1. The facility contract lab (Test America) was not specifying which method in Standard Methods was being used for Nitrate-Nitrogen analysis. This is a violation of Part III.C.3 of the permit.**
- 2. The bar screen area had excessive solids on both sides of the ground. This area needed better housekeeping. This is a violation of Part III.B.1.a of the permit.**
- 3. The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion it. This is a violation of Part III.B.1.a of the permit.**

The above items require your immediate attention. Please submit a written response to these findings to Water Division Enforcement Branch. This response should be mailed to the address below, or e-mailed to [Water-Enforcement-Report@adeq.state.ar.us](mailto:Water-Enforcement-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations (i.e. photos) is due by March 19, 2012.

Letter to James Cutbirth, G-P

March 8, 2012

Page 2

It was also noted that the facility was not following the method as outlined in Standard Methods 2540 for TSS analysis. The facility was shaking and pouring the sample instead of using a stirrer and pipette according to the method. The facility stated that this is more representative way due to the nature of the effluent not being homogenous. The facility should contact Ms. Jane Hurley, ADEQ QA Officer, at 501-682-0938 for written approval for variance in the method.

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

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

Sincerely,

A handwritten signature in cursive script that reads "John W. Lamb".

John W. Lamb  
District 8 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 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 0 1 2 1 0</b> 11 12 <b>1 2 0 1 3 1</b> 17 18 <b>C</b> 19 <b>P</b> 20 <b>2</b>					
Remarks					
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67		69	70 <b>2</b>	71 <b>N</b>	72 <b>N</b> 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> ) <b>Georgia Pacific LLC</b> <b>Crossett Operations</b> <b>100 Mill Supply Road</b> <b>Crossett, AR</b>	Entry Time/Date <b>09:45/01/31/2012</b>	Permit Effective Date <b>30 September 2010</b>
	Exit Time/Date <b>4:50/02/01/2012</b>	Permit Expiration Date <b>31 October 2015</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>James Cutbirth/Environmental Affairs Manager /870-567-8144</b> <b>Rachel Johnson, Environmental Engineer/ 870-567-8170</b>	Other Facility Data  PDS #064300	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>James Cutbirth, Environmental Affairs Manager /870-567-8144</b> <b>Georgia-Pacific, LLC</b> <b>P.O. Box 3333</b> <b>Crossett, AR 71635</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

### Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	M	Operations & Maintenance	S	Sampling
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	N	Storm Water		Other:

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

**SEE PAGE 9 FOR FINDINGS/COMMENTS**

Name(s) and Signature(s) of Inspector(s)  John W. Lamb Ronald L. (Red) Smith	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality, El Dorado, Hope</b> <b>(870)862-0680 (870)862-3509 (870)777-7585</b>	Date <b>27 February 2012</b>
<b>David Long</b>	<b>U.S. EPA, Region 6, 1445 Ross Avenue</b> <b>Dallas, TX 75202 (214)665-7323</b>	<b>01 March 2012</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 NEDETAILS: see page 9

- |  |   |
|--|---|
| 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NEDETAILS: see page 9

- |   |   |
|---|---|
| 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:                             | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:                               | <input type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NEDETAILS: see page 9

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input checked="" 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 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>Test America/Environ/Environ/Analytical Perspectives</u>	
b. LAB ADDRESS: <u>Mobile Al/Brentwood Tn/Wilmington NC.</u>	
c. PARAMETERS PERFORMED: <u>chlorinated phenols, AOX, metals, nutrients, chloroform &amp; pesticides, /Bio monitoring/Dioxin</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 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: See page 9

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Mod	Trace	None	brown	
SMS 002	FLOODED						

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

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

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: See page 9

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

## FLOW CALCULATION SHEET

Date: **31 Jan 2012**      Time: **11:28**

Head in Inches: **18.0"**      Feet: **1.5'**

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

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

Date of last Calibration of Secondary Flow Device: **12/22/2011**

Recorded Flow at Date & Time Listed Above: **38.25 mgd** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **39.68**  
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

<b>% Error =</b>	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
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<b>% Error =</b>	$\frac{38.25 - 39.68}{39.68}$	X 100	
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<b>% Error =</b>	<b>3.6</b>	<b>%</b>	
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Comments: **Less than 10 % error is acceptable.**

**DMR Calculation Check**

**Reporting Period:** From 2011 Dec 01 To 2011 Dec 31  
Year Month Day Year Month Day

**Parameter Checked:** BOD

	<b>Loading Mass</b>	<b>Concentration</b>	
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>	<b>Daily Max. - mg/l</b>
<b>Reported Value:</b>	<u>7,982</u>	<u>24.1</u>	<u>30.5</u>
<b>Calculated Value:</b>	<u>7,982</u>	<u>24.1</u>	<u>30.5</u>
<b>Permit Value:</b>	<u>24,155.4</u>	<u>64.4</u>	<u>123.8</u>

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

equal



## NPDES Compliance Inspection Report Further Explanation

**Section B:** The facility has a BMP plan as required by the permit (Part II, item 9,). This plan was being implemented at the time of the inspection.

The facility has started implantation of a Mercury Pollutant Minimization Plan as required by the permit (Part II, 20 of the permit). The plan was started on September 01, 2011 and revised on November 08, 2011.

**Section B, item 9: & Section F, item 1:** The facility's contract lab (Test America) did not specify the method number from Standard Methods it was using for Nitrate-Nitrogen analysis. The lab simply stated it was from Standard Methods.

**Section C, Item 2:** The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion on it. See photos 1 and 2.

The bar screen had excessive solids on the ground on both sides which needed to be cleaned up. See photos 3-5.

**Section F, items 1 and 2:** The facility was not following the method as outlined in Standard Methods 2540 for TSS analysis. They were shaking and pouring the sample instead of using a stirrer and pipette according to the method. The facility feels that this is a more representative way due to the nature of the effluent not being homogenous. The facility should contact Ms. Jane Hurley, ADEQ QA Officer, for written approval for variance in the method.

**Section F, item 4:** The facility's laboratory S.O.P.s needed to be updated to show exact procedures used, approval date and person approving the S.O.P's to reflect what is going on in the lab. For example, the lab procedures had the approval signature of a person that no longer worked at the facility. The facility should consider contacting Ms. Jane Hurley at ADEQ to help establish better QA/QC procedures for the lab.

**Section G:** SMS 002 was not viewed or inspected due to being flooded by the Ouachita River at the time of the inspection. The river level was over 62 feet at Felsenthal Lock and Dam and as defined in the permit, Mossy Lake is considered flooded at a river stage of 62 feet or above and for two weeks following the river level falling below 62 feet.

**Section J:** A more in depth explanation of the facility's SWPPP, controls and etc. can be found in the inspection report for ARR00A776 conducted same date for the facility.

**Water Division NPDES Photographic Evidence Sheet**

**Location:** Georgia Pacific LLC, Crossett

**Photographer:** John Lamb      **Witness:** Ronald Smith

**Photo #** 1    **Of** 5      **Date:** 01/31/2012    **Time:** 11:55

**Description:** Erosion of last wing dam in ASB



**Photographer:** Richard Freeman, G-P      **Witness:** John Lamb

**Photo #** 2    **Of** 5      **Date:** 01/31/2012    **Time:** 11:55

**Description:** Close up of wing dam erosion taken by G-P camera



<b>Water Division NPDES Photographic Evidence Sheet</b>							
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<b>Location:</b>	Georgia Pacific LLC, Crossett						
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<b>Photographer:</b>	John Lamb	<b>Witness:</b>	Ronald Smith			
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<b>Photo #</b>	3	<b>Of</b>	5	<b>Date:</b>	01/31/2012	<b>Time:</b>	13:15
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<b>Description:</b>	East side of bar screen showing excessive solids on the ground.						
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<b>Photographer:</b>	John Lamb	<b>Witness:</b>	Ronald Smith			
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<b>Photo #</b>	4	<b>Of</b>	5	<b>Date:</b>	01/31/2012	<b>Time:</b>	13:15
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<b>Description:</b>	East side of bar screen at the dumpster hopper. Solids need to be removed more frequently.						
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<b>Water Division NPDES Photographic Evidence Sheet</b>							
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<b>Location:</b>	Georgia Pacific LLC, Crossett						
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<b>Photographer:</b>	John Lamb	<b>Witness:</b>	Ronald Smith			
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<b>Photo #</b>	5	<b>Of</b>	5	<b>Date:</b>	01/31/2012	<b>Time:</b>	13:15
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<b>Description:</b>	West side of bar screen, solids on the ground						
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<b>Photographer:</b>				<b>Witness:</b>			
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<b>Photo #</b>		<b>Of</b>		<b>Date:</b>		<b>Time:</b>	
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<b>Description:</b>							
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Crossett Paper Operations  
100 Mill Supply Rd.  
P.O. Box 3333  
Crossett, AR 71635  
(870) 567-8000  
(870) 364-9076 fax  
[www.gp.com](http://www.gp.com)

March 16, 2012

Ms. Cindy Garner  
NPDES Enforcement Section  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

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

Dear Ms. Garner:

Please accept this letter and all attachments in response to the inspection report dated March 8, 2012. The following items were noted during a routine compliance inspection conducted January 31 thru February 1, 2012 as needing immediate corrective action. Each item has been addressed as follows:

Item 1

The facility contract lab (Test America) was not specifying which method in Standard Methods was being used for Nitrate-Nitrogen analysis. This is a violation of Part III.C.3 of the permit.

Response to Item 1

The contract lab was contacted and corrections were made to the most recent reports to clarify the method being performed. All future reports will more specifically document the Standard Method used for Nitrate-Nitrogen analysis.

Item 2

The bar screen area had excessive solids on both sides of the ground. This area needed better housekeeping. This is a violation of Part III.B.1.a of the permit.

Response to Item 2

The area around the bar screen has been cleaned up and better housekeeping practices have been implemented and communicated to affected employees. A more recent photo is attached. Please note that all before pictures are taken from the inspection report received from the Arkansas Department of Environmental Quality.

Item 3

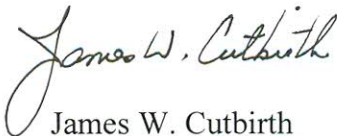
The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion on it. This is a violation of Part III.B.1.a of the permit.

Response to Item 3

This wing levee has been stabilized with large ballast rock and concrete to prevent further erosion from occurring. A more recent photo is attached. Once again, all before pictures are taken from the inspection report received from the Arkansas Department of Environmental Quality.

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

Sincerely,



James W. Cutbirth  
Environmental Manager

Cc: Water Division Permits Branch  
John Lamb, District 8 Field Inspector

Photo # 1 of 5

Description: Erosion of last wing dam in ASB.

Before:



After:



Photo # 2 of 5

Description: Close up of wing dam erosion taken by G-P camera.

Before:



After:





Photo # 3 of 5

Description: East side of bar screen showing excessive solids on the ground.

Before:



After:



Photo # 4 of 5

Description: East side of bar screen at the dumpster hopper. Solids need to be removed more frequently.

Before:



After:



Photo # 5 of 5

Description: West side of bar screen, solids on the ground.

Before:



After:



# ADEQ

A R K A N S A S  
Department of Environmental Quality

March 23, 2012

Mr. James Cutbirth  
Georgia Pacific, LLC. – Crossett  
P.O. Box 3333  
Crossett, AR 71635

RE: NPDES Permit AR001210 and ARR153327, AFIN 02-00013  
Response to Inspections #064300 and #064303

Dear Mr. Cutbirth:

The Department has received your responses to the January 31, 2012 inspections of your facility by our District Field Inspector, John Lamb. Your letters appear to satisfy the discrepancies identified during the visit. The Department expects the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of the responses by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspections and the responses 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 penalties 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 501-682-0632 or you may e-mail me at [bolenbaugh@adeq.state.ar.us](mailto:bolenbaugh@adeq.state.ar.us).

Sincerely,



Jason Bolenbaugh  
Enforcement Analyst  
Water Division Enforcement Branch