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CSN 180109-1 #



United States Environmental Protection Agency
Washington, D. C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
11 25	3AR0022039	11 12 86 03 17	18C	19J	20L

Remarks

Reserved	Facility Evaluation Rating	BI	QA	Reserved	Reserved	Reserved	Reserved	Reserved	Reserved
67	703	71N	72N	73	74	75	76	77	80

Section B: Facility Data

Name and Location of Facility Inspected <i>West Memphis Utility Commission P.O. Box 1868 West Memphis, Arkansas 72301</i>	Entry Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Permit Effective Date <i>3/30/1985</i>
	Exit Time/Date	Permit Expiration Date <i>3/29/1990</i>
Name(s) of On-Site Representative(s) <i>Meredith Taylor</i>	Title(s) <i>Plant Superintendent</i>	Phone No(s) <i>(501) 735-3355 ext 325</i>
Name, Address of Responsible Official <i>William Johnson West Memphis Utility Comm. P.O. Box 1868 West Memphis, AR 72301</i>	Title <i>General Manager</i>	Phone No. <i>501-735-3355 ext 303</i>
		Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

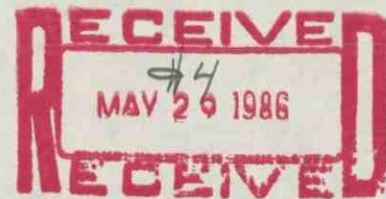
Section C: Areas Evaluated During Inspection

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

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment	<u>S</u> Operations & Maintenance
<u>S</u> Records/Reports	<u>M</u> Laboratory	<u>S</u> Compliance Schedules	<u>S</u> Sludge Disposal
<u>S</u> Facility Site Review	<u>M</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program	Other:

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

CSN: 180109-1 Permit No. AR0022039
Media: Air, (Water), Solid, Hazardous
Sort: Permit, (Compliance), Legal, Misc.



Name(s) and Signature(s) of Inspector(s) <i>DELLA OTEIZA Lillian Oteiza</i>	Agency/Office/Telephone <i>EPA 6E-5C</i>	Date <i>3/13/86</i>
<i>MAURICE LOWE</i>	<i>AD PC + E 501-732-6555</i>	<i>3/13/86</i>
Signature of Reviewer <i>[Signature]</i>	Agency/Office <i>USEPA/6E-5C</i>	Date <i>3/13/86</i>
Regulatory Office Use Only		MAY 29 1986
Action Taken	Compliance Status <input type="checkbox"/> Non-compliance <input checked="" type="checkbox"/> Compliance	

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable

PERMIT NO.
AR0022039

SECTION F - Facility and Permit Background

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code)	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE
	FINDINGS <i>1/14/85 effluent within permit requirements records reports, O & M & flow measurement - Unsatisfactory</i>

SECTION G - Records and Reports

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. YES NO N/A (Further explanation attached _____)

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:

(i) SAMPLING DATE, TIME, EXACT LOCATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(ii) ANALYSES DATES, TIMES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records). YES NO N/A

(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT. YES NO N/A

(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT. YES NO N/A

(e) QUALITY ASSURANCE RECORDS KEPT. YES NO N/A

(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS. YES NO N/A

SECTION H - Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT. YES NO N/A (Further explanation attached _____)

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE. YES NO N/A

(b) FACILITY IS AS DESCRIBED IN PERMIT. *application* YES NO N/A

(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION. YES NO N/A

(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION. YES NO N/A

(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES. YES NO N/A

(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED. YES NO N/A

(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT. YES NO N/A

(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS. YES NO N/A

(i) ALL DISCHARGES ARE PERMITTED. YES NO N/A

SECTION I - Operation and Maintenance

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. YES NO N/A (Further explanation attached _____)

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED. YES NO N/A

(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. YES NO N/A

(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT. YES NO N/A

(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. YES NO N/A

(e) ALL TREATMENT UNITS IN SERVICE. YES NO N/A

(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS. YES NO N/A

(g) QUALIFIED OPERATING STAFF PROVIDED. YES NO N/A

(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS. YES NO N/A

(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS. YES NO N/A

(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT. YES NO N/A

(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED. YES NO N/A

(l) SPCC PLAN AVAILABLE. YES NO N/A

(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. (Dates _____) YES NO N/A

(n) ANY BY-PASSING SINCE LAST INSPECTION. YES NO N/A

(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED. YES NO N/A

PERMIT NO.

AR00 22039

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE. YES NO N/A (Further explanation attached _____)

CHECK APPROPRIATE PHASE(S):

- (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- (e) CONSTRUCTION HAS COMMENCED.
- (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- (g) CONSTRUCTION HAS BEEN COMPLETED.
- (h) START-UP HAS COMMENCED.
- (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

Construction Phase I Completed.

SECTION K - Self-Monitoring Program

Part 1 - Flow measurement (Further explanation attached _____)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. YES NO N/A
DETAILS:

- (a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. *3' line Influent meter* YES NO N/A
TYPE OF DEVICE: WEIR PARSHALL FLUME MAGMETER VENTURI METER OTHER (Specify _____)
- (b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration *3/11/86*) YES NO N/A
- (c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. YES NO N/A
- (d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED. YES NO N/A
- (e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES. YES NO N/A

Part 2 - Sampling (Further explanation attached _____)

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. YES NO N/A
DETAILS:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. YES NO N/A
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. YES NO N/A
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. IF NO, GRAB MANUAL COMPOSITE AUTOMATIC COMPOSITE FREQUENCY. YES NO N/A
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE. YES NO N/A
 - (i) SAMPLES REFRIGERATED DURING COMPOSITING YES NO N/A
 - (ii) PROPER PRESERVATION TECHNIQUES USED YES NO N/A
 - (iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT YES NO N/A
 - (iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3 YES NO N/A
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. YES NO N/A
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. YES NO N/A

Part 3 - Laboratory (Further explanation attached _____)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. YES NO N/A
DETAILS: *pH meter calibration problem discussed with permittee*

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) YES NO N/A
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. YES NO N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. YES NO N/A
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. *pH meter* YES NO N/A
- (e) QUALITY CONTROL PROCEDURES USED. YES NO N/A
- (f) DUPLICATE SAMPLES ARE ANALYZED. _____ % OF TIME. YES NO N/A
- (g) SPIKED SAMPLES ARE USED. _____ % OF TIME. YES NO N/A
- (h) COMMERCIAL LABORATORY USED. *BOD & TSS* YES NO N/A
- (i) COMMERCIAL LABORATORY STATE CERTIFIED. YES NO N/A

LAB NAME *Environmental Testing & Consulting, Inc.*
LAB ADDRESS *2924 Walnut Grove Rd. Memphis Tenn 38111*

PERMIT NO.
AR 0022039

SECTION L - Effluent/Receiving Water Observations (Further explanation attached _____)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	none	none	some turbidity	none	some solids	grayish brown	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached _____)

- GRAB SAMPLES OBTAINED
- COMPOSITE OBTAINED
- FLOW PROPORTIONED SAMPLE
- AUTOMATIC SAMPLER USED
- SAMPLE SPLIT WITH PERMITTEE
- CHAIN OF CUSTODY EMPLOYED
- SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

N/A

COMPOSITING FREQUENCY _____ PRESERVATION _____

SAMPLE REFRIGERATED DURING COMPOSITING: YES NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____

SECTION N - Analytical Results (Attach report if necessary)

N/A

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NOTICE OF DEFICIENCY

**U. S. Environmental Protection Agency
Region VI**

1. Issued to Company City: *West Memphis Utility Comm.* 2. Facility: *STP* 3. NPDES Permit No.: *AR0022039*

DURING THE COMPLIANCE INSPECTION CARRIED OUT ON *3/13/86*

DEFICIENCIES AS NOTED BELOW WERE FOUND. ADDITIONAL AREAS OF DEFICIENCY MAY BE BROUGHT TO YOUR ATTENTION FOLLOWING A COMPLETE REVIEW OF THE INSPECTION REPORT AND OTHER INFORMATION ON FILE WITH THE ENVIRONMENTAL PROTECTION AGENCY. 4. Date mo.-day-yr.

D

5. Sample Preservation Describe

E

F

6. Sample Collection Holding Time Describe

I

C

7. Test Procedures, Section 304 g 40 CFR 136 Describe :

I

E

8. Flow Monitoring Describe :

Flow should be measured at discharge point. (measure effluent)

N

C

9. Monitoring Laboratory Equipment Calibration Describe :

pH meter should be calibrated against 2 buffers; 7 & 10 Standards

I

E

10. Record Keeping Describe :

S

QUESTIONS CONCERNING THIS NOTICE SHOULD BE ADDRESSED TO:

11. Inspector's Name: <i>DELLA OTEIZA</i>	13. Address: <i>EPA 6E-SC 1201 ELM ST DALLAS, TX 75270</i>	14. Telephone: <i>(214) 767-9765</i>
12. Inspector's Signature: <i>Della Oteiza</i>		

YOUR IMMEDIATE ATTENTION TO THE CORRECTION OF THE DEFICIENCIES NOTED ABOVE IS ADVISED. RECEIPT OF THE SIGNED STATEMENT OF CORRECTION BELOW WITHIN ~~30~~ *15* DAYS WILL BE CONSIDERED IN THE DETERMINATION OF THE NEED FOR FURTHER ADMINISTRATIVE OR LEGAL ACTION. THE SIGNED STATEMENT BELOW SHOULD BE FORWARDED TO: SURVEILLANCE AND ANALYSIS DIVISION, U.S. ENVIRONMENTAL PROTECTION AGENCY, 1201 ELM STREET, FIRST INTERNATIONAL BUILDING, DALLAS, TEXAS 75270.

STATEMENT OF CORRECTION:

THE DEFICIENCIES NOTED HAVE BEEN CORRECTED TO FULLY COMPLY WITH THE NPDES PERMIT.

15. Responsible Official's Signature:	16. Date Signed:
17. Responsible Official's Name:	18. Title:

ENVIRONMENTAL SERVICES