



STATE OF ARKANSAS
DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 8913
LITTLE ROCK, ARKANSAS 72219-8913
PHONE: (501) 562-7444
FAX: (501) 562-4632



January 6, 1994

RECEIVED
JAN 13 1994
12376

William Johnson, Manager
West Memphis Water Utilities
Post Office Box 1868
West Memphis, AR 72301

Re: CSN: 18-0109; NPDES Permit No. AR0022039

Dear Mr. Johnson:

On December 29, 1993, I performed a routine permit compliance inspection of your facility pursuant to the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act and the regulations promulgated thereunder. This inspection revealed the following:

Primary flow measuring device is not properly installed.

The aforementioned item requires your immediate attention. Please submit a written response to these findings to the NPDES Branch of this Department no later than February 6, 1994. Violations of your NPDES permit are subject to enforcement actions by this Department. You should take reasonable measures to eliminate or prevent the recurrence of such violations in the future.

If you have any questions, please contact me.

Sincerely,

Frank Eny

for
Stephen Browning
District Field Inspector
Water Division

SB/sy

cc: NPDES Branch

NPDES COMPLIANCE FILES

NPDES # 22039 *Japan*

DMR'S *coded*

NCR

CORRESPONDENCE

CRAS



NPDES Compliance Inspection Report

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

Section A: National Data System Coding

Transaction Code: 1 N 2 5 3 AR 10 10 22 03 19 11 12 9 3 1 2 2 9 17 Inspection Type: 18 C Inspector: 19 S Fac Type: 20 1

Remarks

CSW 118-1011019

Reserved: 67 69 Facility Evaluation Rating: 70 4 BI: 71 N QA: 72 N Reserved: 73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected <u>City of West Memphis</u>		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <u>09:00</u>	Permit Effective Date <u>Sept 1, 1990</u>
		Exit Time/Date <u>15:20 12-29-93</u>	Permit Expiration Date <u>Aug 31, 1995</u>
Name(s) of On-Site Representative(s) <u>Gregg St. John</u>		Title(s) <u>Project Mgr.</u>	Phone No(s) <u>735-9862</u>
Name, Address of Responsible Official <u>William Johnson P.O. Box 1868 West Memphis, AR 72301</u>		Title <u>General Manager of Water Utilities</u>	Phone No. <u>735-3355</u>
		Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection

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

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

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

Rectangular weir, which was installed as primary flow measuring device, is unsuitable for a manual flow measurement. Facility is using effluent meter which is a timer x 1000 gal. Loading rates are figured by using the influent flow measurement.

Name(s) and Signature(s) of Inspector(s) <u>Stephen Browning</u>	Agency/Office/Telephone <u>ADPC/E / Stuttgart, AR</u>	Date <u>1-4-94</u>
Signature of Reviewer <u>Stephen Browning</u>	Agency/Office <u>501-673-8846</u>	Date
Regulatory Office Use Only		
Action Taken	Date <u>JAN 13 1994</u> <u>12376</u>	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance

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

PERMIT NO.

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

5-18-93

STATE

FINDINGS
PRIMARY flow measuring device was NOT properly installed,

SECTION G - Records and Reports

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

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 NO)

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(i) ALL DISCHARGES ARE PERMITTED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

SECTION I - Operation and Maintenance

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

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(e) ALL TREATMENT UNITS IN SERVICE.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(l) SPCC PLAN AVAILABLE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. (Dates _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A

PERMIT NO.

AR0022039

SECTION J - Compliance Schedules

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

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.

SECTION K - Self-Monitoring Program

Part 1 - Flow measurement (Further explanation attached YES) SEE FRONT

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

(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. YES NO N/A
TYPE OF DEVICE: WEIR PARSHALL FLUME MAGMETER VENTURI METER OTHER (Specify _____)

(b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration JULY 1993) 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 NO)

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. YES NO N/A
IF NO, GRAB MANUAL COMPOSITE AUTOMATIC COMPOSITE FREQUENCY _____

(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 NO)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. YES NO N/A
DETAILS:

(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. YES NO N/A

(e) QUALITY CONTROL PROCEDURES USED. YES NO N/A

(f) DUPLICATE SAMPLES ARE ANALYZED. 10 % OF TIME. YES NO N/A

(g) SPIKED SAMPLES ARE USED. 10 % OF TIME. YES NO N/A

(h) COMMERCIAL LABORATORY USED. YES NO N/A

(i) COMMERCIAL LABORATORY STATE CERTIFIED. YES NO N/A

LAB NAME _____

LAB ADDRESS _____

PERMIT NO.

AR0022039

SECTION L - Effluent/Receiving Water Observations (Further explanation attached NO)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	—	—	—	—	—	CLEAR	

(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

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)

Blank area for analytical results.

DMR Calculation Check

Reporting Period: From 93 11 01 To 93 11 30
 year month day year month day

Parameter Checked: TSS MG/L 3/wk 6HR.COMP.

	Quantity		
	<u>Min.</u>	<u>Avg.</u>	<u>Max.</u>
Reported Value:		8.6	10.9
Calculated Value:		8.6	10.9
Permit Value:		30	45

If calculated value does not equal reported value, explain: