ADEQ
ARKANSAS
Department of Environmental Quality

May 16, 2012

Mr. Stanley Miller
Manager of Operations
Little Rock Wastewater
11 Clearwater Drive
Little Rock, AR 72204

Little Rock Wastewater Peak Attenuation Facility and AFIN: 60-00409; NPDES Permit No.: AR0021806 (Adams Field WWTP); ARR00A001; and Pretreatment Compliance Inspection (PCI)

Dear Mr. Miller:

On May 3, 2012 and May 4, 2012; Dennis Benson, Inspector, ADEQ Water Division and I performed a routine compliance inspection of the waste water treatment facility and the No-Exposure Certification in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. Additionally, a Pretreatment Compliance Inspection (PCI) was conducted. The following violations were revealed at the time of inspection:

Little Rock Wastewater Peak Attenuation Facility

1) Evidence of erosion and migration of soils was observed on a slope at this site (see photo of 3 and 4 of 4). Final stabilization is needed at this area.

ARR00A001

2) The facility was issued a Notice for No Exposure Exclusion under the Industrial Stormwater General Permit, AR000000 (Permit Tracking No. ARR00A001) on September 20, 2010. All of the conditions under which the "No Exposure" Exclusion was issued were not verified during the site inspection. Specifically, soil was being excavated from the site; additionally, fluid was observed leaking from a drainage hose attached to a grease trap container; a portion of the fluid did not drain to the collection system. The conditions stated above are not eligible under the No Exposure Exclusion (ARR00A001) issued to this facility.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-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 documentation (i.e. photos) is due by May 28, 2012. If I can be of any assistance, please contact me 501-682-0658 or parkerr@adeq.state.ar.us.

Sincerely,

Risa Parker
District 9 Field Inspector
Water Division

cc: Water Division Permits Branch

EPA

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

1	Transaction Code	2	NPDES	3	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
	N	5	ARG0021806		120503	C	S	1

Remarks: AFIN 60-00409

67–69	Inspection Work Days	70	Facility Evaluation Rating	71	BI	72	QA	73–74	Reserved	75–80
			3		N		N			

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*

Little Rock Wastewater—Adams Field POTW: located at 1000 Temple; east of the Little Rock National Airport.

Entry Time/Date: **8:45 am on 5/3/12**

Exit Time/Date: **10:45 am on 5/3/12**

Permit Effective Date: **01/01/2007**

Permit Expiration Date: **12/31/2011**

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Mr. Stanley Miller, Manager of Operations, Little Rock Wastewater

Name, Address of Responsible Official/Title/Phone and Fax Number

Mr. Stanley Miller
Little Rock Wastewater
11 Clearwater Drive
Little Rock, AR 72204

Contacted: Yes ☑ No ☐

Other Facility Data

PDS #065657

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

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

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

Please refer to NPDES Report Page 7 for summary of findings/comments. Stormwater was evaluated under Permit ARR00A001.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Risa Parker/	**ADEQ / Little Rock / 501-682-0658 / 501-682-0910**	**May 9, 2012**
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:	☑Y ☐N ☐NA ☐NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	☐Y ☐N ☑NA ☐NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑Y ☐N ☐NA ☐NE
4. ALL DISCHARGES ARE PERMITTED:	☑Y ☐N ☐NA ☐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:	☑Y ☐N ☐NA ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	☑S ☐M ☐U ☐NA ☐NE
a. DATES AND TIME(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
b. EXACT LOCATION(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	☑Y ☐N ☐NA ☐NE
d. ANALYTICAL METHODS AND TECHNIQUES:	☑Y ☐N ☐NA ☐NE
e. RESULTS OF CALIBRATIONS:	☑Y ☐N ☐NA ☐NE
f. RESULTS OF ANALYSES:	☑Y ☐N ☐NA ☐NE
g. DATES AND TIMES OF ANALYSES:	☑Y ☐N ☐NA ☐NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	☑S ☐M ☐U ☐NA ☐NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	☑S ☐M ☐U ☐NA ☐NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	☑Y ☐N ☐NA ☐NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	☑S ☐M ☐U ☐NA ☐NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	☑S ☐M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	☑S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	☑Y ☐N ☐NA ☐NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	☑Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	☑Y ☐N ☐NA ☐NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	☑Y ☐N ☐NA ☐NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	☑Y ☐N ☐NA ☐NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	☑Y ☐N ☐NA ☐NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	☑Y ☐N ☐NA ☐NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	☐Y ☑N ☐NA ☐NE
Requirements for blending/bypasses from the Adams WWTP delineated in CAO LIS No. 06-037.	

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y ☐N ☐NA ☐NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	☐Y ☐N ☐NA ☐NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y ☐N ☐NA ☐NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑Y ☐N ☐NA ☐NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	☑Y ☐N ☐NA ☐NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	☐Y ☐N ☑NA ☐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: **Yes** TYPE OF DEVICE: **Totalizing Meter**	☐Y ☐N ☐NA ☐NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y ☐N ☐NA ☐NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	☑Y ☐N ☐NA ☐NE
4. CALIBRATION FREQUENCY ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☑Y ☐N ☐NA ☐NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	☑Y ☐N ☐NA ☐NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE	☑Y ☐N ☐NA ☐NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☑Y ☐N ☐NA ☐NE
9. HEAD MEASURED AT PROPER LOCATION:	☑Y ☐N ☐NA ☐NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	☐S ☐M ☐U ☑NA ☐NE
DETAILS: **Laboratory located at the Fourche Creek Plant (AR0040177).**	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	☐Y ☐N ☑NA ☐NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☐Y ☐N ☑NA ☐NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☐Y ☐N ☑NA ☐NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☐Y ☐N ☑NA ☐NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☐Y ☐N ☑NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☐Y ☐N ☑NA ☐NE
7. COMMERCIAL LABORATORY USED:	☐Y ☐N ☑NA ☐NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	☐Y ☐N ☑NA ☐NE
a. PROPER ORGANISMS USED:	☐Y ☐N ☑NA ☐NE
b. PROPER DILUTION SERIES FOLLOWED:	☐Y ☐N ☑NA ☐NE
c. PROPER TEST METHODS AND DURATION:	☐Y ☐N ☑NA ☐NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	☐Y ☐N ☑NA ☐NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY — ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **Observed at exit point on plant site.**

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001A	None	None	None	None	None	Clear	N/A

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: **This facility has a No-Exposure Certification (ARR00A001)**

1. SWPPP UPDATED AS NEEDED: DATE OF LAST UPDATE: ☐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

NPDES Compliance Inspection Report
Further Explanation

Little Rock Wastewater Peak Attenuation Facility

1) Evidence of erosion and migration of soils was observed on a slope at this site (see photo of 3 and 4 of 4). Final stabilization is needed at this area.

ARR00A001

2) The facility was issued a Notice for No Exposure Exclusion under the Industrial Stormwater General Permit, AR000000 (Permit Tracking No. ARR00A001) on September 20, 2010. All of the conditions under which the "No Exposure" Exclusion was issued were not verified during the site inspection. Specifically, soil was being excavated from the site; additionally, fluid was observed leaking from a drainage hose attached to a grease trap container; a portion of the fluid did not drain to the collection system. The conditions stated above are not eligible under the No Exposure Exclusion (ARR00A001) issued to this facility

FLOW CALCULATION SHEET

Date: **5/7/12** Time: **10:15 am**

Head in Inches: _____ Feet: _____

Type & Size of Primary Flow Measurement Device: **Flow measured at the UV disinfection unit using a totalizing meter.**

Name & Model of Secondary Flow Measurement Device: **None**

Date of last Calibration of Secondary Flow Device:

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

Calculated Flow at Date & Time Listed Above: _____

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

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{\quad - \quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

% Error = _____ X 100

% Error = _____ %

Comments: **Within +/- 10 % error :**

DMR Calculation Check

Reporting Period: **From** **2011** (Year) **11** (Month) **01** (Day) **To** **2011** (Year) **11** (Month) **30** (Day)

Parameter Checked: **TSS**

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Concentration Monthly 7-day Avg. - mg/l
Reported Value:	4352	16.3	20.0
Calculated Value:	4352	16.3	20.0
Permit Value:	9010	30	45

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period:	**From**	**2011**	**11**	**01**		**2011**	**11**	**30**
		Year	**Month**	**Day**		**Year**	**Month**	**Day**

Parameter Checked: **BOD**

	Loading	**Concentration**	
	Mass	**Monthly**	
	Mo. Avg. - lbs/day	**Mo. Avg. - mg/l**	**7-day Avg. - mg/l**
Reported Value:	**3003**	**10.9**	**13.0**
Calculated Value:	**3003**	**10.9**	**13.0**
Permit Value:	**9010**	**30**	**45**

If calculated value does not equal reported value, explain: