



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

June 1, 2012

Mr. Larry Garrett, Director
Huntsville Water Utilities
City Of Huntsville
P.O. Box 430
Huntsville, AR 72740

AFIN: 44-00018, NPDES Permit Nos: AR0022004 and ARR000005 (No Exposure), Routine Compliance Inspection

Dear Mr. Garrett,

On May 14, 2012, I performed a routine compliance inspection of the above referenced 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. The inspection also included an evaluation of the “no exposure” certification submitted by the City of Huntsville under NPDES Permit ARR000005. The inspection revealed the following:

NPDES Permit AR0022004

1. Dissolved oxygen records did not contain: sampler, time sampled, time analyzed, and date sampled. This is in violation of Part II, Section C, 8a and 8b.
2. A calibration check was performed during the inspection was 13.5%. This is in violation of Part II, Section C, 2 of the permit. On May 30, 2012, I spoke to Bill Eoff, Wastewater Plant Manager. Mr. Eoff stated that Epic Instrumentation had been to the facility to correct the problem. According to Mr. Eoff, there was a 6 second delay between the interior flow measurement and the exterior flow display.

NPDES Permit ARR000005 (No Exposure)

The inspection revealed the City of Huntsville is not in compliance with the “no exposure” certification for this facility. Specifically, the inspection revealed the following:

1. Biosolids hauling equipment parked outside the biosolids storage area.
2. Solids on grate at the influent structure. Grates stored on the ground.
3. Lime on the splitter box wall.
4. Lime has spilled on the ground near the covered biosolids storage area.
5. Open dumpster exposed to precipitation.
6. Oil leakage/spillage on ground near office building.

It will be necessary for the City of Huntsville to either develop and implement a stormwater pollution prevention plan (SWPPP) or re-certify the “no exposure.” If you elect to re-certify the “no exposure” certification, you should develop a management plan to ensure the certification is maintained. You are strongly encouraged to work with the Water Division’s Stormwater Section on bringing your stormwater program back into compliance.

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

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880

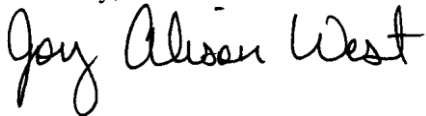
www.adeq.state.ar.us

Larry Garrett, City of Huntsville
June 1, 2012
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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 **June 18, 2012**.

If I can be any assistance, please contact me at west@adeq.state.ar.us or 479-267-0811, ext. 12.

Sincerely,

A handwritten signature in black ink that reads "Jay Alison West". The signature is written in a cursive, flowing style.

Alison West
District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

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

NPDES Compliance Inspection Report

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 2 0 0 4 | 11 12 1 2 0 5 1 4 | 17 18 C | 19 S | 20 1 | |
| Remarks | | | | | |
| | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | -----Reserved----- | |
| 67 69 | 70 3 | 71 N | 72 N | 73 | 74 75 80 |

Section B: Facility Data

| | | |
|---|--|--|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Huntsville 30187 Madison Hwy 23 Huntsville, AR | Entry Time/Date 10:35 a.m./5-14-2012 | Permit Effective Date 6/1/2011 |
| | Exit Time/Date 4:07 p.m./5-14-2012 | Permit Expiration Date 5/31/2014 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Bill Eoff/Wastewater Plant Manager/479-738-2081/479-738-1285 | Other Facility Data PDS #065943 | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Larry Garrett City of Huntsville P.O. Box 430 Huntsville, AR 72740 479-738-6929 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

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

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit | M | Flow Measurement | S | Operations & Maintenance | S | Sampling |
| M | Records/Reports | M | Self-Monitoring Program | S | Sludge Handling/Disposal | N | Pollution Prevention |
| S | Facility Site Review | N | 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 following violations were noted:

- Dissolved oxygen records did not contain sampler and time sampled.
- A calibration check was performed during the inspection was 13.5%. On May 30, 2012, I spoke to Bill Eoff, Wastewater Plant Manager. Mr. Eoff stated that Epic Instrumentation had been to the facility to correct the problem. According to Mr. Eoff, there was a 6 second delay between the interior flow measurement and the exterior flow display.

| | | |
|---|---|-----------------------------|
| Name(s) and Signature(s) of Inspector(s) Alison West <i>Alison West</i> | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality- Fayetteville (479)267-0811, Ext. 12/(479) 267-0819 (Fax) | Date May 30, 2012 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

| | |
|---|---|
| SECTION A: PERMIT VERIFICATION | |
| PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 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: | <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-IV, 3-III, 2-II, 2-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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: | <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 | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| <p>1. DETAILS: A calibration check was performed during the inspection was 13.5%. On May 30, 2012, I spoke to Bill Eoff, Wastewater Plant Manager. Mr. Eoff stated that Epic Instrumentation had been to the facility to correct the problem. According to Mr. Eoff, there was a 6 second delay between the interior flow measurement and the exterior flow display.</p> | |
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>2 foot H 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 | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 ≥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 ≥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>Environmental Services Company, Inc.</u> | <u>American Interplex Corporation</u> |
| b. LAB ADDRESS: <u>1107 Century Avenue, Springdale, AR 72762</u> | <u>8600 Kanis Road, Little Rock, AR 72204</u> |
| c. PARAMETERS PERFORMED: <u>Ammonia Nitrogen, Total Phosphorous, Nitrate + Nitrite, CBOD, TSS, TDS</u> | <u>Chronic Biomonitoring</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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

| SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS | | | | | | | |
|---|-----------|--------|-----------|--------------|-----------------|---|-------|
| BASED ON VISUAL OBSERVATIONS ONLY | | | | | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
| 001 | None | None | Trace | None | None | Clear | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SECTION H: SLUDGE DISPOSAL | | | | | | | |
| SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS | | | | | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 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, AGRICULTURAL, PUBLIC CONTACT SITE): <u>Agricultural</u> | | | | | | | |
| SECTION I: SAMPLING INSPECTION PROCEDURES | | | | | | | |
| SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS | | | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 1. SAMPLES OBTAINED THIS INSPECTION: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 7. SAMPLE SPLIT WITH PERMITTEE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| SECTION J: STORM WATER POLLUTION PREVENTION PLAN | | | | | | | |
| STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS | | | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| DETAILS: <u>The facility has a no exposure certification.</u> | | | | | | | |
| 1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___ | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 8. LIST OF STRUCTURAL BMPS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 9. LIST OF NON-STRUCTURAL BMPS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |

FLOW CALCULATION SHEET

Date: 5-14-2012 Time: 11:55Head in Inches: _____ Feet: 0.85Type & Size of Primary Flow Measurement Device:
2 foot H FlumeName & Model of Secondary Flow Measurement Device:
Chessel Eurotherm Model 392Recorded Flow at Date & Time Listed Above: 1.152 (Facility Flow Meter)Calculated Flow at Date & Time Listed Above: 1.015
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

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

$$\% \text{ Error} = \frac{1.152 - 1.015}{1.015} \times 100$$

$$\% \text{ Error} = \frac{.1349}{1.015} \times 100$$

$$\% \text{ Error} = \frac{13.5}{100} \%$$

Comments: A calibration check was performed during the inspection was 13.5%. On May 30, 2012, I spoke to Bill Eoff, Wastewater Plant Manager. Mr. Eoff stated that Epic Instrumentation had been to the facility to correct the problem. According to Mr. Eoff, there was a 6 second delay between the interior flow measurement and the exterior flow display.

DMR Calculation Check

Reporting Period: From 12 02 01 To 12 02 29
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><46.8</u> | <u><4.0</u> | <u>6.0</u> |
| Calculated Value: | <u>46.8</u> | <u>4.0</u> | <u>6.0</u> |
| Permit Value: | <u>250</u> | <u>15.0</u> | <u>22.5</u> |

If calculated value does not equal reported value, explain:

ADEQ

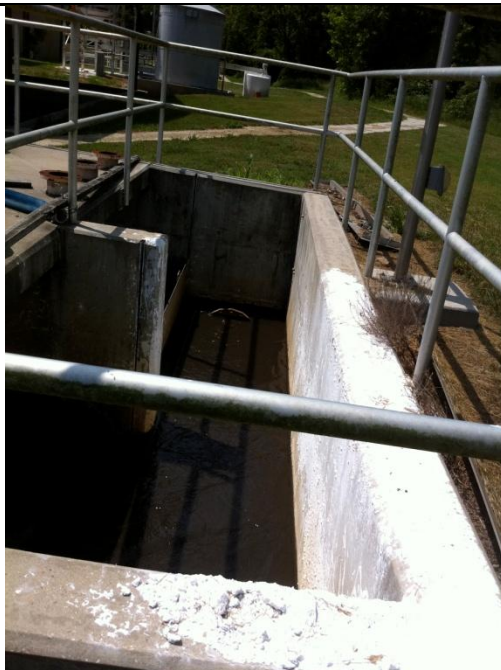
ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|----------------------|--|-----------|---|-----------------|-----------|--------------|------------|
| Location: | City of Huntsville POTW | | | | | | |
| Photographer: | Alison West | | | Witness: | None | | |
| Photo # | 1 | Of | 7 | Date: | 5-14-2012 | Time: | 11:15 a.m. |
| Description: | IMG1225. Solids on grate at the influent structure. Grates stored on the ground. | | | | | | |



| | | | | | | | |
|----------------------|--|-----------|---|-----------------|-----------|--------------|------------|
| Photographer: | Alison West | | | Witness: | None | | |
| Photo # | 2 | Of | 7 | Date: | 5-14-2012 | Time: | 11:25 a.m. |
| Description: | IMG1235. Lime on wall of splitter box. | | | | | | |



ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | |
|--|---|-----------|---|-----------------|-----------|--------------|-----------|
| Location: | City of Huntsville POTW | | | | | | |
| Photographer: | Alison West | | | Witness: | None | | |
| Photo # | 3 | Of | 7 | Date: | 5-14-2012 | Time: | 1:26 p.m. |
| Description: | IMGP1248. Biosolids hauling equipment parked outside of biosolid storage. | | | | | | |
|  | | | | | | | |
| Photographer: | Alison West | | | Witness: | None | | |
| Photo # | 4 | Of | 7 | Date: | 5-14-2012 | Time: | 1:26 p.m. |
| Description: | IMGP1250. Lime has spilled on the ground near covered biosolids storage area. | | | | | | |
|  | | | | | | | |

ADEQ

ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

| | | | | | | | | |
|----------------------|---|-----------|---|--|-----------------|-----------|--------------|-----------|
| Location: | City of Huntsville POTW | | | | | | | |
| Photographer: | Alison West | | | | Witness: | None | | |
| Photo # | 5 | Of | 7 | | Date: | 5-14-2012 | Time: | 1:29 p.m. |
| Description: | IMGP1252. Open dumpster exposed to precipitation. | | | | | | | |



| | | | | | | | | |
|----------------------|--|-----------|---|--|-----------------|-----------|--------------|-----------|
| Photographer: | Alison West | | | | Witness: | None | | |
| Photo # | 6 | Of | 7 | | Date: | 5-14-2012 | Time: | 1:40 p.m. |
| Description: | IMGP1255. Oil leakage/spillage on ground near office building. | | | | | | | |

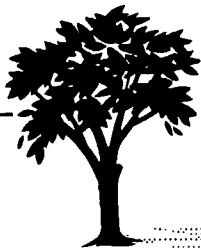


ADEQ

A R K A N S A S

Water Division Complaint Report

| | | | | | | | |
|-------------------------------------|---|---|---|--------------|-----------------|--------------|------------|
| Department of Environmental Quality | | City of Huntsville POTW | | | | | |
| Location: | | Alison West | | | Witness: | | None |
| Photographer: | 7 | Of | 7 | Date: | 5-14-2012 | Time: | 11:42 p.m. |
| Description: | | IMGP1245. D.O. calibration records lack sampler, time sampled, time analyzed, and date sampled. | | | | | |
| | | | | | | | |



Huntsville Water Utilities

P.O. Box 430
Huntsville, Arkansas 72740
501-738-6929

06/14/2012

Arkansas Department of Environmental Quality
Enforcement Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: Response to Compliance Inspection at City of Huntsville Wastewater Facility
Permit # AR0022004 & ARR000005

1. Dissolved oxygen did not contain: sampler, time sampled, time analyzed, and date sampled.
Response: Dissolved oxygen records have been re-configured to show sampler, time sampled, time analyzed, and date sampled. Sheet enclosed
2. Calibration check during inspection was 13.5%.
Response: Epic Instrumentation came to the facility and reprogrammed meter to remove a six second delay between interior flow measurement and the exterior flow display.

In reference to ARR000005 (No Exposure)

1. Biosolids hauling equipment parked outside of biosolids storage area.
Response: Equipment has been moved inside storage area until burned concrete with sump area can be completed and pumped back into headworks.
2. Solids on grate at influent structure and stored on ground.
Response: Old and not in use Grates were cleaned and removed.
3. Lime on splitter box wall.

Response: lime on splitter box wall has been cleaned and operators instructed to clean after each time that lime might be added by hand, which is not often.

4. Lime has spilled on the ground near the covered biosolids storage area.
Response: Lime has been cleaned up in that area and operators instructed to clean that area after each use.
5. Open Dumpster exposed to precipitation.
Response: Dumpster lids have been closed and signage on dumpster to keep lids closed.
6. Oil leakage/spillage on ground near office building.
Response: Oil spillage has been cleaned up and we are addressing this issue to make sure if we have this problem again that it gets cleaned immediately.

We have contacted engineers to help develop a management plan to insure that certification of our stormwater permit is maintained. We will also be contacting the Water Division's Stormwater Section of your department for input on this issue.

Thank you,



Larry D. Garrett
Director
Huntsville Water Utilities

| DISSOLVED OXYGEN READINGS | | | METHOD OF ANALYSIS: 4500-OG SM 18TH EDITION | | | | MONTH | | |
|---------------------------|---------|-----------|---|---------|----------|----------|---------|-----------|---------|
| SAMPLE TYPE: GRAB | | | TIME | DATE | TIME | DATE | RESULTS | | |
| SAMPLER | ANALYST | LOCATION* | SAMPLED | SAMPLED | ANALYZED | ANALYZED | 1ST | DUPLICATE | AVERAGE |
| | | EFFLUENT | | | | | | | |
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| | | EFFLUENT | | | | | | | |

* SAMPLING LOCATION FOR ABOVE LOCATION IS AS FOLLOWS:
EFFLUENT: EFFLUENT OUTFALL 001 AFTER FINAL TREATMENT

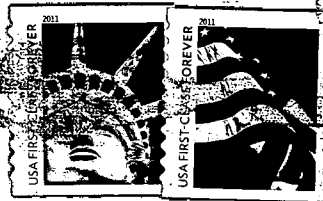


Huntsville Water Utilities

P.O. Box 430
Huntsville, Arkansas 72740
501-738-6929

POST OFFICE BOX 430
HUNTSVILLE AR 72740

19 JUN 2012 PM 12 L



Arkansas Department of Environmental Quality
Enforcement Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

721185317



ADEQ

ARKANSAS
Department of Environmental Quality

June 22, 2012

Mr. Larry Garrett
City of Huntsville
P.O. Box 430
Huntsville, AR 72740

AFIN: 44-00018

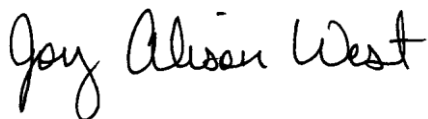
Permit Nos.: AR0022004 and ARR000005

Dear Mr. Garrett:

I have reviewed the response pertaining to my May 14, 2012, inspections of the City of Huntsville. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time the Department has no further comment concerning these particular inspections. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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 479-267-0811, ext. 12 or you may e-mail me at west@adeq.state.ar.us.

Sincerely,



Alison West
District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch