



ARKANSAS
Department of Environmental Quality

June 25, 2012

Robert Moore, Plant Manager
City of Rogers
4300 Rainbow Road
Rogers, AR 72756

AFIN: 04-00155, NPDES Permit Nos: AR0043397 and ARR00C388 (No Exposure), Routine Compliance Inspection

Dear Mr. Moore

On May 21, 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 Rogers under NPDES Permit ARR00C388. The inspection revealed the following:

NPDES Permit AR0043397, Compliance Evaluation Inspection

1. Dissolved oxygen records did not include: the sampler, the time sampled, and the date sampled. This is in violation of Part II, Section C, 8a and 8b of your permit.
2. Duplicate samples are not analyzed on at least 10% of the dissolved oxygen samples. This is in violation of Part 2, C, 3 of your permit.

Calibration records for the dissolved oxygen meter document the date and time of the calibrations and the name of the person performing the calibrations. It is recommended that the results of the calibrations be recorded to show that steps H and I of your SOP are being noted. In addition, any maintenance of the dissolved oxygen meter needs to be recorded in a log.

NPDES Permit AR0043397, Pretreatment Compliance Inspection

The inspection revealed the City of Rogers is in compliance with the terms of your permit.

NPDES Permit ARR00C388 (No Exposure)

The inspection revealed the City of Rogers is in compliance with the “no exposure” certification for this facility.

Mr. Moore, Rogers Pollution Control Facility

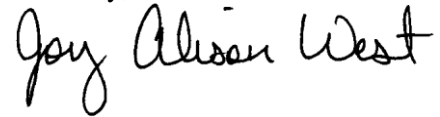
June 25, 2012

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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 July 6, 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 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 4 3 3 9 7 11 12 1 2 0 5 2 1 17 18 C 19 S 20 1					
Remarks					
A F I N 0 4 - 0 0 1 5 5					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70 4	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 Rogers 4300 Rainbow Road Rogers, AR 72756	Entry Time/Date 9:00 a.m./5-21-2012	Permit Effective Date 3/1/2006
	Exit Time/Date 4:30 p.m./5-21-2012	Permit Expiration Date 2/28/2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Robert Moore/Plant Manager/479-273-7378	Other Facility Data PDS #066416	
Name, Address of Responsible Official/Title/Phone and Fax Number Robert Moore/Plant Manager City of Rogers 4300 Rainbow Road Rogers, AR 72756 479-273-7378	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	S	Operations & Maintenance	S	Sampling
M	Records/Reports	S	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	M	Laboratory	N	Storm Water		Other:

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

- Dissolved oxygen records did not include: the sampler, the time sampled, and the date sampled. Mr. Moore updated the log during the inspection.
- Duplicate samples are not analyzed on at least 10% of the dissolved oxygen samples. This is in violation of Part 2, C, 3 of your permit.

Calibration records for the dissolved oxygen meter document the date and time of the calibrations and the name of the person performing the calibrations. It is recommended that the results of the calibrations be recorded to show that steps H and I of your SOP are being noted. In addition, any maintenance of the dissolved oxygen meter needs to be recorded in a log.

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 June 21, 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 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 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 type="checkbox"/> S <input checked="" 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	<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:	<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 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 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: Outfall 001-5 Foot Parshall Flume, Outfall 002-No Manual Flow Device

- 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: 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:

- 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: Huther & Associates, Inc ETG
 - b. LAB ADDRESS: 1156 North Bonnie Brae, Denton, TX 1702 E. Central, Ste. 10, Bentonville, AR
 - c. PARAMETERS PERFORMED: Chronic Biomonitoring Total Suspended Solids Sample ID's: 120178, 120181, 120184
- 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						<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	None	Trace	None	Clear	
002	None	None	None	Trace	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: <u>Clear Creek Environmental land applies waste in KS.</u>							
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):							
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>Facility has No Exposure Stormwater Certificate.</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: 5-21-2012 Time: 10:33 a.m.Head in Inches: 6.5" Feet: 0.54Type & Size of Primary Flow Measurement Device:
5 Foot Parshall FlumeName & Model of Secondary Flow Measurement Device:
Ultra Sonic TransducerRecorded Flow at Date & Time Listed Above: 5.08 MGD (Facility Flow Meter)Calculated Flow at Date & Time Listed Above: 4.862 MGD
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

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

$$\% \text{ Error} = \frac{5.08 - 4.862}{4.862} \times 100$$

$$\% \text{ Error} = \frac{.0448}{4.862} \times 100$$

$$\% \text{ Error} = \frac{4.48}{100} \%$$

Comments:

DMR Calculation Check

Reporting Period: From 2012 12 01 To 2012 12 31
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>22</u>	<u>0.3</u>	<u>2.1</u>
Calculated Value:	<u>22</u>	<u>0.3</u>	<u>2.1</u>
Permit Value:	<u>2335</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

ADEQ

ARKANSAS
Department of Environmental Quality

Water Division Photograph Sheet

Location:		City of Rogers						
Photographer:		Alison West			Witness:		None	
Photo #	1	Of	1	Date:		5-21-2012	Time:	11:56 a.m.
Description:		Dissolved oxygen records and calibration log.						

From: [Stout, Marilyn](#)
To: [Miller, Dennise](#)
Subject: FW: ADEQ LETTER 7-2-12
Date: Monday, July 02, 2012 12:45:07 PM
Attachments: [ADEQ Letter 7-2-12.pdf](#)
Importance: High

Response to inspection. Don't know if you already saw this or not.

Marilyn

From: Uyeda, Craig
Sent: Monday, July 02, 2012 12:42 PM
To: Sawyer, Sam; Stout, Marilyn
Subject: FW: ADEQ LETTER 7-2-12
Importance: High

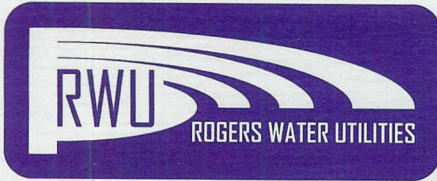
FYI

From: Robert Moore [<mailto:RobertMoore@RWU.ORG>]
Sent: Monday, July 02, 2012 12:30 PM
To: Water-Ispection-report@adeq.state.ar.us
Cc: Fleming, Eric; Shafii, Mo; Uyeda, Craig
Subject: ADEQ LETTER 7-2-12
Importance: High

In response to letter dated June 25,2012

Robert Moore
Plant Manager
Rogers Water Utilities
Pollution Control Facility
479-273-7378 ext 110

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ROGERS POLLUTION CONTROL FACILITY

"Serving Rogers - Protecting Our Environment"

Monday, July 02, 2012

Mr. Eric Fleming
NPDES Inspection Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: AFIN: No.: 04-00155, NPDES Permit AR0043397

This letter is in response to the letter from your department dated June 25, 2012. The compliance evaluation inspection section of this letter;

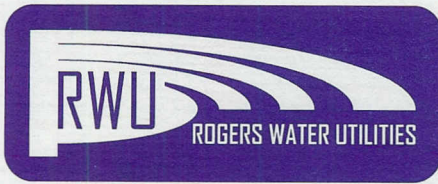
1. Stated that we did not include the sampler, time of sample and the date on our effluent dissolved oxygen form which put us in violation of part II section C, 8a and 8b of our permit.

We have included a copy of our form as exhibit (A). Please note that column 1 is the date, column 2 the person that calibrated the meter, and in column 3 is the time, in column 4 the D.O. reading, in column 5 is the person that took the reading and column 6 is the time the reading was taken. Exhibit (B) is the photocopy of our form (A) taken by your inspector on May 21, 2012. I believe exhibit (A) is a little easier to read.

We have changed our form as requested by your inspector; the new form is included as exhibit (C). Please note the only difference is now we take 2 samples within 15 min. to comply with the request. Other than that, the form is basically the same. It was also requested that we needed to add flow to the form. We do not understand the reason for adding flow to the form. Can you please clarify the reason?

In the letter dated June 25, 2012, Compliance Evaluation Inspection, the ADEQ Inspector asserts that:

2. Duplicate samples are not analyzed on at least 10% of the dissolved oxygen samples. This is in violation of Part 2, C, 3 of your permit.



ROGERS POLLUTION CONTROL FACILITY

"Serving Rogers - Protecting Our Environment"

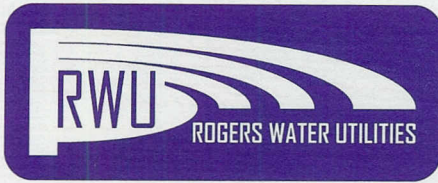
Rogers Pollution Control Facility (RPCF) is well aware of the requirement in our permit "At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples." RPCF takes pride in enforcing a stringent quality control program and strict compliance with 40 CFR as well as all NPDES permit requirements. We respectfully disagree with the finding we are in violation of our permit for not analyzing dissolved oxygen samples in duplicate.

40 CFR Vol. 77, No. 97 page 29769 states that in cases where one or more of the twelve QC elements do not apply to a given method, the lab may provide a written rationale for not including those elements in their standard operating procedures for that analysis. Please note that our permit requires spike analysis as well as duplicates, on a minimum of 10% of samples. The fact that spike analysis, which we do not do on DO samples, was not mentioned as a permit violation, seems to acknowledge that not all QC elements are applicable to all analyses. Please consider our rationale for not performing duplicate dissolved oxygen analyses.

The two methods for DO analysis are Iodometric, and Membrane Electrode. The Iodometric Method is not suited for field testing. It involves collecting a sample in a stoppered glass bottle, adding chemicals and titrating to a clear endpoint. This method is prone to interferences and requires analytical expertise to do correctly. As it is a laboratory procedure involving contained samples which can be preserved, this method lends itself to checking precision of analysis by analyzing duplicates.

The approved method RPCF follows is SM 4500-O G. Membrane Electrode Method. This method offers the advantage of analysis in situ, which eliminates the errors caused by sample handling and storage. And, as in situ monitoring eliminates sample collection, there is no opportunity for precision (duplicate) monitoring. As the dissolved oxygen content in a sample changes with contact with air or turbulence, there is no true duplicate sample analysis possible. If we analyze the Effluent stream twice, in rapid succession, we have two discrete results. We are not measuring the same water because it is moving. They are not duplicate samples.

Because of the care that is taken in calibrating and checking our DO equipment, and because we have chosen the most accurate method of analysis possible, and because we monitor several times each week, we respectfully contend that our data and our quality control is adequate.



ROGERS POLLUTION CONTROL FACILITY

"Serving Rogers - Protecting Our Environment"

We firmly believe that RPCF has not violated Part 2, C, 3 of our permit. We request a telephone conference or meeting with Mr. Mo Shafii, Mr. Craig Uyeda and you to discuss this. Our hope is that this can be resolved with no changes in procedures that were established in 1997 and have been followed since then without problems. However, we will do whatever is necessary to meet your requirements. If there are issues that cannot be resolved during the discussion, we will subsequently offer a written response plan. Our only objective is to avoid the implementation of costly and unnecessary changes to a state of the art system that has served us well and protected the environment for over fourteen years.

Yours truly

A handwritten signature in black ink, reading 'Robert Moore', is positioned below the 'Yours truly' text.

Robert Moore
Plant Manager

Cc: Mo Shafii

Craig Uyeda

EFFLUENT DO METER READINGS

Caibration Preformed Per Operations SOP #8

Date	Calibrated By	Time	DO Reading	Read By	Time Read
4-11-12	MH	0845	14.18	MH	0931
4-16-12	AG	0905	11.01	AG	0927
4-17-12	AG	0907	11.55	AG	0935
4-18-12	AG	0847	11.14	AG	0936
4-23-12	MS	0822	11.10	MS	0923
4-24-12	MS	0817	11.38	MS	0854
4-25-12	MS	0815	11.26	MS	0855
4-30-12	JA	0755	10.36	JA	1149
5-1-12	JA	0800	9.06	JA	0845
5-2-12	JA	0745	10.77	JA	0930
5-7-12	MH	0843	10.38	MH	0902
5-8-12	MH	0847	10.28	MH	0857
5-9-12	MH	0822	10.19	MH	0926
5-14-12	AG	0820	11.60	AG	0856
5-15-12	AG	0823	10.72	AG	0848
5-16-12	AG	0816	10.35	AG	0900
5-21-12	MS	0819	10.73	MS	0859
5-22-12	MS	0826	9.55	MS	0854
5-23-12	MS	0822	10.43	MS	0854
5-29-12	JA	0915	9.44	JA	0940
5-30-12	JA	0955	9.34	JA	0950

COPY

EXhibit (A)

ADEQ

ARKANSAS
Department of Environmental Quality

Water Division Photograph Sheet

Location:		City of Rogers						
Photographer:		Alison West			Witness:		None	
Photo #	1	Of	1	Date:		5-21-2012	Time:	11:56 a.m.
Description:		Dissolved oxygen records and calibration log.						

Exhibit (B)

EFFLUENT DO METER READINGS

Calibration Performed Per Operations SOP #8

Calibration Date/Time	Analyst	DO mg/L Test-1/Time		DO mg/L Test-2/Time		Flow/MGD
5-31-12 0855	JA	9.68	1159	9.72	1202	4.86
6-4-12 / 0915	MH	8.95	0929	9.10	0936	6.40
6-5-12 / 0842	MH	9.29	1024	9.15	1029	4.92
6-6-12 / 0845	MH	8.95	0854	8.98	0857	3.77
6-11-12 / 0815	AG	11.09	0850	11.15	0855	3.17
6-12-12 / 0822	AG	9.46	0928	9.31	0940	4.39
6-13-12 / 0820	AG	9.91	0913	9.73	0918	4.45
6-18-12 / 0843	MS	9.20	0854	9.17	0900	4.44
6-19-12 / 0824	MS	9.48	0856	9.64	0902	4.67
6-20-12 / 0807	MS	9.40	0857	9.57	0903	4.23
6-25-12 / 0810	JA	8.90	0859	8.73	0902	5.14
6-26-12 / 0755	JA	9.22	6887	8.86	0904	5.27
6-27-12 / 0750	JA	8.90	0956	9.13	0959	4.56

COPY

COPY

Exhibit (c)

ADEQ

ARKANSAS
Department of Environmental Quality

July 5, 2012

Robert Moore, Plant Manager
City of Rogers
4300 Rainbow Road
Rogers, AR 72756

AFIN: 04-00155

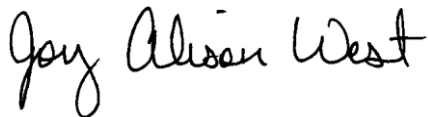
Permit No.: AR0043397

Dear Mr. Moore:

I have reviewed the response pertaining to my May 21, 2012, inspection of the Rogers Pollution Control Facility. Based on the information provided in your response, it has been determined that your facility was being operated in accordance with the requirements of the permit at the time of the inspection. At this time, the Department has no further comment concerning this particular inspection. 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, we will contact you. 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,



District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch