



ARKANSAS
Department of Environmental Quality

January 8, 2013

John D. Kopp, Manager
Walnut Ridge WWTP
216 Southwest Fourth Street
Walnut Ridge, AR 72476

RE: Compliance Inspection
AFIN: 38-00040, NPDES Permit No.: AR0046566 and ARR000538

Dear Mr. Kopp:

On December 13, 2012, I performed a routine compliance evaluation inspection of the above referenced waste water treatment facility. Sanitary sewer overflow and industrial stormwater inspections were also performed during this visit. These inspections were conducted 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 following items were noted:

1. Improper operation and maintenance. This violates Part III, Section B, Item 1.a. of the permit. The following items were noted:
 - a) Air lines in the aeration basin were leaking.
 - b) The sanitary sewer overflow inspection revealed excessive grease and solids in the wet well of the Village Creek lift station. Additionally, it was also noted that emergency contact information was not posted at the lift stations that were visited during the inspection.
2. The correct effluent dilution series was not used for biomonitoring. This violates Part II, Item 11 of the permit.
3. The 8- hour holding time for FCB samples collected on October 30, 2012 was exceeded. This violates Part III, Section C, Item 3 of the permit.
4. Values on the Discharge Monitoring Reports were not reported with a less than (<) symbol when analytical results were below the detection limit. Additionally, it appeared that CBOD5 and TSS values were rounded to the nearest whole number. Please refer to the NPDES Reporting Requirements Handbook available at the web address below for additional information and instructions.

http://www.adeq.state.ar.us/water/branch_permits/individual_permits/pdfs_forms/dmrmanual.pdf

Mr. John Kopp, Walnut Ridge WWTP

January 04, 2013

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5. The industrial stormwater inspection revealed that a leaking dumpster was used at the wastewater treatment plant. This violates the conditions of your no exposure exclusion (Permit # ARR000538).

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 below, 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 documentations (i.e. photos) is due by **January 22, 2013**.

If I can be of assistance, please contact me at greenway@adeq.state.ar.us or 870-935-7221 ext.-15.

Sincerely,



Michael B. Greenway
District 3 Field Inspector
Water Division



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

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type				
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="6"/>	11 <input type="text" value="1"/> 12 <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/>	17 <input type="text" value="C"/>	18 <input type="text" value="S"/>	19 <input type="text" value="S"/>	20 <input type="text" value="1"/>				
Remarks									
<input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="L"/> <input type="text" value="A"/> <input type="text" value="W"/> <input type="text" value="R"/> <input type="text" value="E"/> <input type="text" value="N"/> <input type="text" value="C"/> <input type="text" value="E"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="U"/> <input type="text" value="N"/> <input type="text" value="T"/> <input type="text" value="Y"/> <input type="text" value=""/>									
Inspection Work Days		Facility Evaluation Rating		BI		QA		Reserved	
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69		70 <input type="text" value="1"/>		71 <input type="text" value="N"/>		72 <input type="text" value="N"/>		73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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) Walnut Ridge WWTP West end of Oak Street Walnut Ridge, AR Lawrence County	Entry Time/Date 10:55 / December 13, 2012	Permit Effective Date November 01, 2010
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) John Kopp / Manager / 870-886-2312 / fax: 870-886-7824 Jeremy Lewis / Operator / 870-886-2312 / fax: 870-886-7824	Exit Time/Date 14:30 / December 13, 2012	Permit Expiration Date October 31, 2015
Name, Address of Responsible Official/Title/Phone and Fax Number John Kopp / Manager / 870-886-2312 Walnut Ridge WWTP 216 Southwest Fourth Street Walnut Ridge, AR 72476	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other Facility Data 36.067628 -90.972202 PDS# 069506

Section C: Areas Evaluated During Inspection

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

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

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

This routine compliance inspection revealed the following:

1. Air lines in the aeration basin were leaking.
2. The proper dilution series was not used for biomonitoring.
3. The 8- hour holding time for FCB samples collected on October 30, 2012 was exceeded.
4. The facility was not reporting "<" values on DMR's when sample results were below detection limits and CBOD5 and TSS values appeared to be rounded to the nearest whole number.
5. DMR's were not updated. Mr. Lester Herring was still shown on the DMR's as the General Manger of this facility.

Name(s) and Signature(s) of Inspector(s) Michael B. Greenway	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 15 / (870) 935-4715 (Fax)	Date December 13, 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: | <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

S M U NA NE

DETAILS:

- | | |
|---|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: " <u><</u> " values were not reported. CBOD5 and TSS values were rounded to the nearest whole number. | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input checked="" 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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input 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 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

S M U NA 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: <u>Air leaks were observed in the aeration system.</u> | <input type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" 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: <u>FCB holding time was exceeded once in Oct. 2012.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>pH</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>90 degree v-notch weir</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: <u>Last calibration was 8-8-2012</u>	<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: <u>Aeration prior to weir causes slight turbulence.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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>Arkansas Testing Laboratories,</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR, 72143</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, FCB, pH, TRC, DO, NH3-N, P (Biomonitoring performed by Bio-Analytical Laboratories)</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" 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: <u>Series (%) 31, 42, 56, 75, and 100 was used. The correct series (%) is: 32, 42, 56, 80, 100.</u>	<input type="checkbox"/> Y <input checked="" 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 S M U NA NE

DETAILS: Effluent and receiving stream appeared to be in good condition.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Low	None	None	Clear	--

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): Agricultural.

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: The facility is covered under the no exposure exclusion (ARR000538), evaluated separately.

- 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

FLOW CALCULATION SHEET

Date:	12/13/2012	Time:	11:10		
Head in Inches:		Feet:	0.31		
Type & Size of Primary Flow Measurement Device: 90 degree v-notch weir					
Name & Model of Secondary Flow Measurement Device:				ISCO 4210 Ultrasonic Flow Meter.	
Date of last Calibration of Secondary Flow Device:				08/08/2012	
Recorded Flow at Date & Time Listed Above:			0.089 MGD	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			0.0865 MGD		
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)</small>					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	0.089	-	0.0865	X 100	
	0.0865				
% Error =	0.0025	X 100			
	0.0865				
% Error =	0.0289	X 100			
% Error =	2.9	%			
Comments:	Flow meter was within ± 10% of true discharge rate.				

DMR Calculation Check

Reporting Period: From 2012 10 01 To 2012 10 31
Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>7.5</u>	<u>2</u>	<u>3</u>
Calculated Value:	<u>< 7.4</u>	<u>< 2.4</u>	<u>3.0</u>
Permit Value:	<u>99.2</u>	<u>10.0</u>	<u>15.0</u>

If calculated value does not equal reported value, explain:

Not equal. It appears the facility was rounding the TSS average concentrations to the nearest whole number. Additionally, less than (<) values were not reported on the DMR when sample results were below detection limits.

DMR Calculation Check

Reporting Period: From 2012 09 01 To 2012 09 30
Year Month Day Year Month Day

Parameter Checked: FCB

	Geometric Monthly Avg. (CFU / 100 ml)	Geo. 7-day Avg. (CFU / 100 ml)
Reported Value: _____	57	430
Calculated Value: _____	< 57	430
Permit Value: _____	200	400

If calculated value does not equal reported value, explain:

Not equal. It appears the facility was not reporting less than (<) values when results were below detection limits. A NCR was submitted for exceeding FCB 7-day average during the month of September 2012.

Water Division NPDES Photographic Evidence Sheet

Location:	City of Walnut Ridge WWTP						
Photographer:	Michael Greenway			Witness:	None		
Photo #	1	Of	2	Date:	12/13/2012	Time:	11:34
Description:	View of the treatment plant. Air leaks were observed in the aeration basin.						



Photographer:	Michael Greenway			Witness:	None		
Photo #	2	Of	2	Date:	12/13/2012	Time:	N/A
Description:	Lab result showing FCB samples were analyzed approximately 26 hours after being collected. Also note that CBOD was reported as < 2 mg/l. The "<" value was not reported on the DMR.						

Arkansas Testing Laboratories
 3301 Langley Drive · Searcy, AR 72143 (501) 268-6431 f(501) 268-9314

NPDES Wastewater Monitoring
 Water and Wastewater Analysis
 Concrete, Asphalt, and Aggregate Testing
 Geotechnical Testing
 Industrial and Construction Quality Control

WALNUT RIDGE

Collection Date / Time: Start October 30, 2012 9:00 AM
 End October 31, 2012 9:00 AM WALNUT RIDGE

Collection Place: Final Discharge Point

Grab Collection: Fecal, pH, Cl, DO October 30, 2012 4:35 PM BET

Wastewater Analysis

Parameter	Analysis Begin Date / Time		Analysis End Date / Time		Results	Unit	Loading lb/dy	Analyst	% Spike	Rel %	Sample Type	Ref #
Flow	NA		NA		NA	MGD	NA	NA	NA	NA	NA	
CBOD	11/02	8:00 AM	11/07	8:00 AM	< 2	mg/l	NA	KLB / KLB	95.3	3.57	FWC	1
TSS	11/05	1:00 PM	NA		1	mg/l	NA	JDR	NA	8.33	FWC	2
Fecal Coliform	10/31	6:30 PM	11/01	6:20 PM	16	N/100mls	NA	BET / BET	NA	0.00	GRAB	3
pH	10/30	4:37 PM	NA		7.93	S.U.	NA	BET	NA	0.38	GRAB	4
Chlorine Residual	10/30	4:37 PM	NA		0.02	mg/l	NA	BET	NA	0.00	GRAB	5
Dissolved Oxygen	10/30	4:37 PM	NA		6.6	mg/l	NA	BET	NA	1.53	GRAB	6
Ammonia Nitrogen	11/02	8:45 AM	NA		0.2	mg/l	NA	JDR	96.8	3.57	FWC	7

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂; Oil & Grease, Ammonia, COD

Bolenbaugh, Jason

From: Jonathan Kopp <jonathan.kopp@yahoo.com>
Sent: Thursday, February 07, 2013 1:05 PM
To: Water-Inspection-Report
Subject: Fw: Walnut Ridge Compliance Inspection
Attachments: letter from Bio analytical.pdf; roto rooter invoice.pdf; arkansas testing response ADEQ.pdf; photo.JPG; photo (1).JPG; photo.PNG

--- On **Thu, 2/7/13, Jonathan Kopp** <jonathan.kopp@yahoo.com> wrote:

From: Jonathan Kopp <jonathan.kopp@yahoo.com>
Subject: Walnut Ridge Compliance Inspection
To: greenway@adeq.state.ar.us
Date: Thursday, February 7, 2013, 6:47 PM

ADEQ Compliance Inspection Division

Walnut Ridge Wastewater Plant Corrective Action Plan

January 21, 2013

On December 13th 2012 a routine compliance inspection was completed at the Walnut Ridge Wastewater Plant. The following action has been taken to correct the violations noted in the inspection.

1. New airlines have been installed to the aeration basin. Roto-Rooter has been contracted to pump out wet well at the Village Creek Lift Station.
2. Emergency contact information was posted on the outside of every lift station that the city maintains.
3. Bio-analytical Labs were contacted about dilution series violation on bio-monitoring reports. Corrective action was taken by the lab to assure problem was solved.
4. Arkansas Testing Labs was contacted to correct the problems with the DMRs, analytical results, and holding time for samples taken on October 30th 2012.
5. A water tight dumpster has been purchased for the wastewater plant in order to be in compliance with the no exposure permit. Also, steps are being taken to construct a cover for the dumpster to insure that no contaminants are washed away from plant site.

This will take care of all violations found in the compliance inspection. Documentation from both Bio-Analytical as well as Arkansas Testing Labs has been included. Photo documentation has been attached to assure that corrective action has been taken to fix the violations noted in the report.

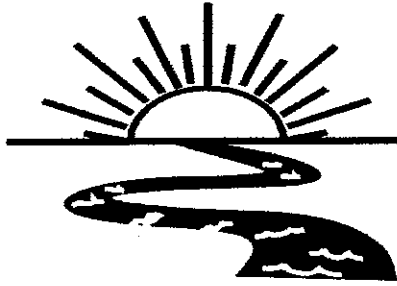
Jon Kopp

City Water Works Manager

216 S.W. 4th Street

Walnut Ridge AR, 72476

Phone: 870-886-2312 Email: jonathan.kopp@yahoo.com



Bio-Analytical Laboratories

3240 Spurgin Road
Post Office Box 527
Doyline, LA 71023

(318) 745-2772
1-800-259-1246
Fax: (318) 745-2773

January 18, 2013

Mr. John Kopp

City of Walnut Ridge

216 S.W. 4th Street

Walnut Ridge, AR 72476

Re: WETT testing for Permit AR0046566

Dear Mr. Kopp,

I received the City's current permit via email from you on January 10, 2013. It was effective on November 1, 2010. We have been using the dilution series from the old permit (i.e. 31, 42, 56, 75, and 100%). The dilution series of the current permit varies slightly (i.e. 32, 42, 56, 80, 100%) and, of course, we will start using that series until permit expiration. We also need to collect grab samples of upstream receiving water to use as the dilution water and the control unless it is classified as intermittent or it invalidates the tests. This satisfies the section in the WETT section of the permit on Dilution Water and must be done each time a new permit is issued. If the receiving stream is intermittent, please send me a letter stating that for my records.

If you have any questions, please contact me.

Sincerely,

Erin "Ginger" Briggs, BS

Technical Director

Arkansas Testing Laboratories

3301 LANGLEY DRIVE • SEARCY, AR 72143
NEVILLE S. ADAMS, OWNER

OFFICE (501) 268-6431 • FAX (501) 268-9314
ARKATL@SBCGLOBAL.NET

January 15, 2013

John D Kopp, Manager
Walnut Ridge WWTP
216 Southwest Fourth Street
Walnut Ridge, AR 72476

RE: ADEQ Compliance Inspection Findings Items 3 & 4

Mr. Kopp:

I have reviewed the two issues presented to me and my findings are as follows:

3. *"The 8 hour holding time for FCB samples collected on October 30, 2012 was exceeded."* After reviewing the report in question, it was found that the grab date was incorrect on the report. As you can see on the Chain of Custody, Gene Templeman collected the grab sample on October 31, 2012 at 4:35PM.

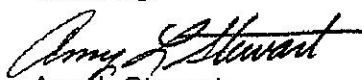
The report has been corrected and is attached to this letter.

4a. *"Values on the Discharge Monitoring Reports were not reported with a less than (<) symbol when analytical results were below the detection limit."* Through email correspondence with Inspector Mike Greenway, I see where symbols were left off. I have included corrected DMRs from September through November 2012 showing the added symbol. I want to note that the added symbol does not change the numbers and that only the symbol was left off the reports. I will make sure future data is reported by the handbook specifications.

4b. *"Additionally, it appeared that CBOD5 and TSS values were rounded to the nearest whole number."* I reviewed the "Rounding and Significant Figures" section of the DMR handbook and I see where the rounding standards have been adjusted for concentration values. From this point forward (January 9, 2013), I will adjust my rounding calculations for reporting specifications.

If you have any other questions or concerns please call me at 501-268-6431.

Sincerely,


Amy L Stewart,



Sewer & Drain Service • Plumbing Service

1-800-284-1311

CITY OF WALNUT RIDGE
 ATTN: WATER WORKS DEPT.
 216 SW 4TH
 WALNUT RIDGE, AR 72476

Date of Service: 01/17/2013 STATEMENT
 Ordered By:
 Address: LIFT STATION
 Service City: WALNUT RIDGE
 Account #: 5568

Invoice #: 062527

Amount Due \$3,850.00

Amount Enclosed \$ _____

To ensure proper credit, please detach and return the top portion with your payment.

DATE	INVOICE #	VENDOR #	PO #	AMOUNT
01/17/2013	062527			3,850.00
	DESCRIPTION			
	PUMPED OUT BIG LIFT STATION, LAST ONE BEFORE SEWER POND, DOWN FROM HOSPITAL, HAULED THREE LOADS OFF TO THEIR CITY POND, LOTS OF CHUNKS OF GREASE, 4 FEET OF SLUDGE AT LOW END TO 2 FEET AT HIGH END, ROCKS, BRICKS, METAL, PLASTIC BUCKET (WORKED FROM 9:00 A.M. TO 4:00 P.M. CLEANING THE PIT) EQUIPMENT AND LABOR TO COMPLETE THE JOB			
	THANK YOU! NET 30 DAYS.			

Thank You For Your Business!

PLEASE PAY LAST
 AMOUNT IN THIS
 COLUMN

REMIT TO:

1705 N 8Th Ave.
 PARAGOULD, AR 72450

P.O. Box 52
 JONESBORO, AR 72403

JONESBORO
 PHONE
 (870) 935-0300

PARAGOULD
 PHONE
 (870) 236-8966

BLYTHEVILLE
 PHONE
 (870) 763-4708

WALNUT RIDGE
 & POCAHONTAS, AR
 PHONE (870) 886-3757

**For Emergency
Call**

870-886-2525







ADEQ

ARKANSAS
Department of Environmental Quality

February 12, 2013

John D. Kopp, Manager
Walnut Ridge WWTP
216 Southwest Fourth Street
Walnut Ridge, AR 72476

RE: Inspection Response
AFIN: 38-00040; Permit No.: AR0046566 and ARR000538

Dear Mr. Kopp:

I have reviewed the response pertaining to my December 13, 2012 inspection of the above referenced facility. The information provided sufficiently addresses the violations referenced in my inspection report. 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 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 870-935-7221 ext. 15, or you may e-mail me at greenway@adeq.state.ar.us.

Sincerely,



Michael B. Greenway
District 3 Field Inspector
Water Division