



ARKANSAS
Department of Environmental Quality

March 12, 2013

Mayor James Sanders
City of Blytheville
P.O. Box 1784
Blytheville, AR 72316

RE: Inspection of Blytheville Wastewater Treatment Plants

West AFIN: 47-00544 NPDES Permit No.: AR0022560 & ARR00C337

South AFIN: 47-00926 NPDES Permit No.: AR0022578 & ARR00C338

North AFIN: 47-00929 NPDES Permit No.: AR0022586 & ARR000249

Dear Mayor Sanders:

On December 5 and 6, 2012, I performed routine compliance, sanitary sewer overflow and stormwater inspections of the three wastewater treatment facilities in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. These inspections revealed the following:

Compliance Inspections:

- 1. West (AR0022560) WWTP: There was an extensive accumulation of solids in both the clarifier and clarifier weir box (See Photos 1 & 2). This violates Part III, Section B.1.a. of the permit.**
- 2. South (AR0022578) WWTP: The refrigeration unit on the autosampler was malfunctioning. Samples must be cooled to <6°C during compositing (40 CFR Part 136). Although no samples were being collected at the time of the inspection, the temperature inside the autosampler was approximately 15°C due to the inoperable cooling unit.**
- 3. North (AR0022586) WWTP: No specific items were noted at this facility – see system wide items below.**
- 4. The following system wide items were noted:**
 - a. At least two times during the course of the inspection, the temperature of the water bath incubator used for Fecal Coliform Bacteria (FCB) was observed to be too cool. It must be maintained at a constant temperature of 44.5°C ±0.2°C. This is a repeat**

violation. If the incubator is unable to maintain the proper temperature, it may need to be repaired or replaced.

- b. The thermometers in both the lab and the automated samplers did not appear to have been calibrated. There were no recent calibration records or temperature adjustment information on the thermometers.**
- c. Flow charts used for performing calibration checks of the effluent flow meters need to be modified to provide more precise results. Currently the charts provide calculated flow values for head readings at ¼ inch intervals. In some cases this makes it impossible to determine if the flow meter is reporting values within ±10% of the actual flow.**
- d. Please provide an update regarding plans for lagoon closure and proper operation and maintenance of the sludge storage lagoons (including compliance with 10 States Standards) for each facility.**

Sanitary Sewer Overflow Inspections:

- 1. West AR0022560: There was an extensive accumulation of grease and other solids in the wet well of the 820 pump station (Old Air Base).**
- 2. South AR0022578: No specific items noted – please see System Wide comments below.**
- 3. North AR0022586: There was an extensive accumulation of grease and other solids in the wet well of the Wal-Mart (Located behind Lowes) pump station.**
- 4. System Wide: You should continue to comply with the current Consent Administrative Order (CAO) requiring the evaluation, repair and upgrade of the collection system including the installation of emergency backups and remote monitoring/alarms. Please provide a list of the stations that currently have provisions for emergency backup power and/or remote monitoring/alarms.**

Stormwater Inspections:

- 1. There was a minor amount of waste present around the dumpster at the West (ARR00C337) WWTP. In order to qualify for a No-Exposure Exclusion, all wastes, used equipment, and/or other materials contaminated with wastes must be protected from precipitation and run-on/run-off.**
- 2. No specific areas of concern were noted regarding compliance with the No-Exposure Exclusion at either the South (ARR00C338) or North (ARR000249) WWTPs.**

James Sanders, Blytheville WWTP Inspections

February 27, 2013

Page 3

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 **March 27, 2013**.

If I can be of any assistance, please contact me at walker@adeq.state.ar.us or 870-935-7221 ext.-12.

Sincerely,



Brent L. Walker
District 3 Field Inspector
Water Division



Form Approved
OMB No. 2040-0003

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

NPDES Compliance Inspection Report

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="2"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/> 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="0"/> <input type="text" value="5"/> 17 18 <input type="text" value="C"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----		
67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 <input type="text" value="2"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text"/>	74 <input type="text"/> 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 80	

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) Blytheville WWTP - West 4952 NCR 635 Blytheville, AR Mississippi Co.	Entry Time/Date 1045 12/5/2012 1030 12/6/2012	Permit Effective Date 8/1/2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) James Yankee/Pretreatment Coordinator/870-763-4961 Bonnie Boling/Lab Technician Kenneth Ellis/Wastewater Superintendent/870-763-4961	Exit Time/Date 1600 12/5/2012 1600 12/6/2012	Permit Expiration Date 7/31/2016
Name, Address of Responsible Official/Title/Phone and Fax Number James Sanders/Mayor/870-763-3602 City of Blytheville P.O. Box 1784 Blytheville, AR 72316	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data

Section C: Areas Evaluated During Inspection

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

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

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

Please see the attached letter, report and photos for additional information.

Currently under CAO (08-094) for past deficiencies – improvements noted since previous inspection.

Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i>	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax)	Date 12/5/2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NE

DETAILS:

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

S M U NA NE

DETAILS:

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: Y N NA NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
- a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
- b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
- c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
- d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
- e. RESULTS OF CALIBRATIONS: Y N NA NE
- f. RESULTS OF ANALYSES: Y N NA NE
- g. DATES AND TIMES OF ANALYSES: Y N NA NE
- h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NEDETAILS: **Sludge storage lagoon is overgrown with vegetation – old treatment lagoons were never properly closed.**

1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
2. TREATMENT UNITS PROPERLY MAINTAINED: Large solids in clarifier S M U NA NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA 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

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>28"rectangular 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:	<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 type="checkbox"/> Y <input checked="" 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

S M U NA 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 type="checkbox"/> Y <input checked="" 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 \geq 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 \geq 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>ETC</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring, Metals</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 S M U NA NE

DETAILS: Observation made at effluent weir/sample point.

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: | <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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Inspected under No-Exposure Exclusion ARR00C337

- | | |
|--|--|
| 1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___ | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

FLOW CALCULATION SHEET

Date: **12/5/2012** Time: **1140**

Head in Inches: **2-5/8"** Feet: **0.21875'**

Type & Size of Primary Flow Measurement Device:
28" Rectangular weir without end contractions

Name & Model of Secondary Flow Measurement Device: **Polysonic Transducer**

Date of last Calibration of Secondary Flow Device: **7/10/2012**

Recorded Flow at Date & Time Listed Above: **381.7 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **357 GPM**
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	381.7	-	357	X 100
	357			

% Error =	24.7	X 100
	357	

% Error =	0.069	X 100
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% Error =	6.9%	%
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Comments: **First attempt indicated 13.9% error using 2-1/2" on facility's flow table**
Recommend more precise method of performing manual calibration checks

DMR Calculation Check

Reporting Period: From 12 10 1 To 12 10 31
 Year Month Day Year Month Day

Parameter Checked: FCB

**Loading
Mass**

Mo. Avg. - lbs/day

**Concentration
Monthly**

Mo. Avg. –
CFU/100ml

7-day Avg. –
CFU/100ml

Reported Value: N/A 48 120

Calculated Value: N/A 48 120

Permit Value: N/A 1000 2000

If calculated value does not equal reported value, explain: Equal

DMR Calculation Check

Reporting Period: From 12 9 1 To 12 9 30
Year Month Day Year Month Day

Parameter Checked: Total Phosphorus as P

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>12.08</u>	<u>3.03</u>	<u>3.03</u>
Calculated Value:	<u>12.08</u>	<u>3.03</u>	<u>3.03</u>
Permit Value:	<u>Report</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain: Equal

Water Division NPDES Photographic Evidence Sheet

Location:	Blytheville WWTP - West					
Photographer:	Brent Walker			Witness:	None	
Photo #	1	Of	2	Date:	12/5/2012	Time:
Description:	Floating solids in clarifier.					



Photographer:	Brent Walker			Witness:	None	
Photo #	2	Of	2	Date:	12/5/2012	Time:
Description:	Solids accumulated in clarifier weir box.					



MAYOR:
James Sanders

CITY COUNCIL:
John Musgraves
Stan Parks
Shirley Overman
Monte Hodges
Mylas Jeffers
Missy Langston

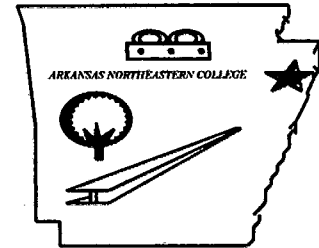
ATTORNEY:
Mike Bearden

**PUBLIC UTILITIES
DIRECTOR:**
Marvin Crawford

SUPERINTENDENT:
Kenneth Ellis

Blytheville Wastewater Dept.
P.O. Box 1784
Blytheville, AR 72316-1784

Phone: (870) 763-4961
Fax: (870) 763-8541



April 3, 2013

ADEQ
WATER DIVISION-INSPECTION BRANCH
5301 NORTSHORE DRIVE
NORTH LITTLE ROCK, AR. 72118-5317

RE: INSPECTION RESPONSE OF THE BLYTHEVILLE WASTEWATER
TREATMENT PLANTS.

COMPLIANCE INSPECTIONS REPLY:

1. West(AR0022560)WWTP: The extensive accumulation of solids in the clarifiers was due to problems with the return activated sludge system. Blockages in the return lines located at the bottom of the clarifiers became blocked and caused sludge to rise in the clarifiers.(pop-ups) These lines were blown out to remove and un-clog the sludge lines and will be implemented on a regular basis.
2. South(AR0022578)WWTP: The refrigeration unit on our composite sampler froze up due to a faulty fan in the unit. This has been replaced and is working properly.

- 4.A. The water bath incubator for fecal coliform testing will be closely monitored to insure a constant temperature of 44.5 C. If it will not maintain the required temperature we will replace the unit.
- B. The thermometers in the lab and automated samplers are calibrated quarterly. This was due to the lab tech being out because of surgery. The operators will now calibrate the thermometers to prevent this from happening.
- C. The flowcharts will be changed to measure the flow in 1/8 inch intervals. We will also install a stilling well or site glass to measure the flow more accurately to insure readings are within +/- 10%.
- D. Letter attached from SSR's Daniel Bowling, PE

NOTIFICATION ALARMS

AR0022560
820 pump station
shop pump station
21st ST pump station
Division pump station

AR0022578
McHaney ST. pump station
Lake ST. pump station
County RD. pump station

AR0022586
Walker Park lift station
Lockard ST. pump station
Walmart pump station

Line 4 part D

Consulting engineer is working with the ADEQ for proper procedure on closure and sludge storage lagoons maintenance and isolation of that lagoon. Contact person ADEQ.

SSO INSPECTION

Grease at 820 pump station will be removed and properly disposed of at landfill. We will continue to monitor this through pretreatment.

WALMART LIFT STATION

We can only remove this grease at certain times of the year due to getting on farmers property. We will do this in April 2013 and monitor this through pretreatment.

If you need more information please call me at (870)763-4961.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth Ellis". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Kenneth Ellis
Superintendent



2650 Thousand Oaks Boulevard
Suite 3200
Memphis, TN 38118
(901) 683-3900
FAX (901) 683-3990
www.ssr-inc.com

March 25, 2013

Arkansas Department of Environmental Quality
Attn: Brent Walker
2212 Fowler Ave. Suite B
Jonesboro, AR 72401-6115

Brent,

I have provided this lagoon closure plan correspondence summary at the request of the City of Blytheville Sanitary Sewer Department. The City of Blytheville and Smith Seckman Reid (SSR) are still in the process of negotiating a lagoon closure plan with ADEQ. This lagoon closure plan was submitted to ADEQ on October 21st, 2011. It is essentially an abandon-in-place plan, with soil tests showing that the soil in place is perfectly suitable for land application and does not warrant removal. This soil removal would be of significant cost to the City of Blytheville. Stephen Hogan with the ADEQ Water Division was the engineer assigned to review the plan. The initial response from ADEQ was received by SSR on March 26, 2012. Subsequent correspondence between SSR and ADEQ include a response e-mail from SSR dated March 27, 2012; a response e-mail from ADEQ dated June 7, 2012; and finally a response e-mail from SSR dated November 20, 2012. SSR will contact ADEQ again to determine the current status of the lagoon closure plan. The City of Blytheville has essentially waited to address the active lagoons until a decision is made related to the inactive lagoon cells. The active cells are oversized for their use, and will likely be consolidated eventually. Soils tests were done performed on the outer limits of these active cells as well.

Sincerely,

A handwritten signature in cursive script that reads "Daniel Bowling". The signature is written in black ink and is positioned above the typed name.

Daniel Bowling, PE

Division Street

These Premises
Protected by
ELECTRONIC GUARD
SILENT
Security Inc.
ALARMS & SERVICE
Phone: 714.274.9
Brynwood, Ar.

2013/04/03 02:42 PM

Shop Pumping Station



2013/04/03 12:42 PM

West Plant



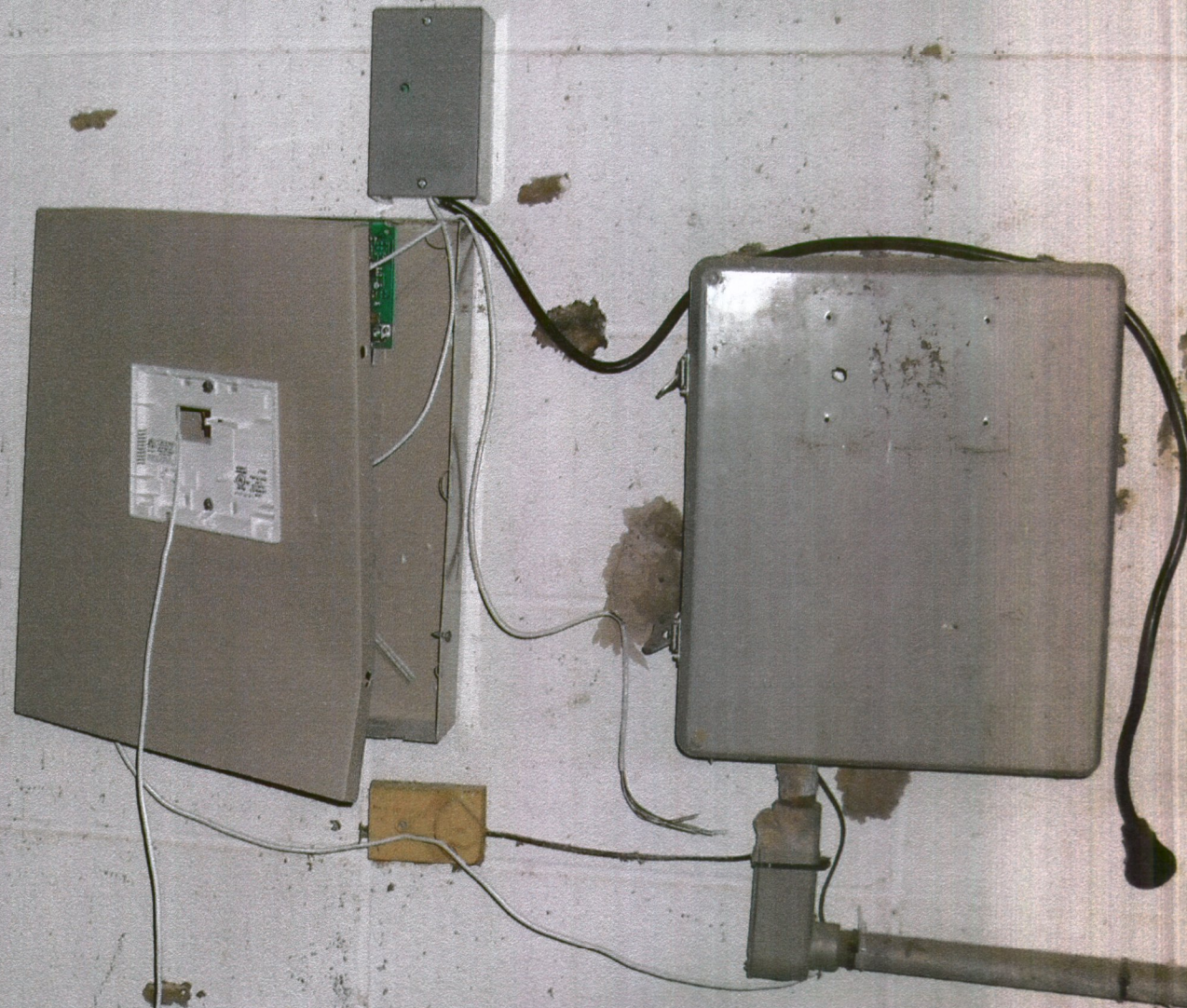
2013/04/03 12:53 PM

North Plant Generator
Online 4/4/2013



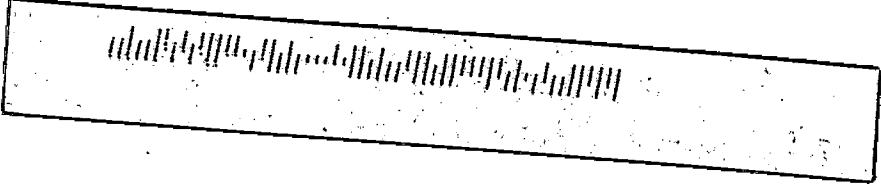
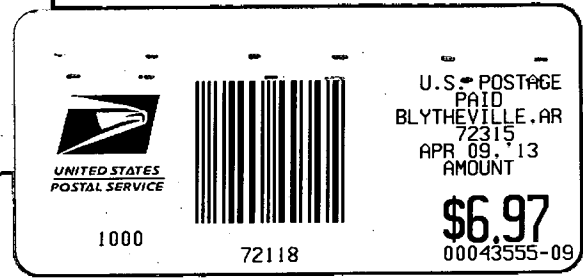
2013/02/04 08:03 AM

South Plant



2013/03/22 07:27 AM

Blytheville Wastewater Dept.
P.O. Box 1784
Blytheville, AR 72316



**RETURN RECEIPT
REQUESTED**

ADEQ
Water Division - Inspection Branch
5301 Northshore Drive
North Little Rock, AR 72118-5317

ADEQ

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

April 18, 2013

James Sanders
City of Blytheville
P.O. Box 1784
Blytheville, AR 72316

RE: Blytheville WWTP - Inspection Response
West AFIN: 47-00544 NPDES Permit No.: AR0022560 & ARR00C337
South AFIN: 47-00926 NPDES Permit No.: AR0022578 & ARR00C338
North AFIN: 47-00929 NPDES Permit No.: AR0022586 & ARR000249

Dear Mr. Sanders:

I have reviewed the response pertaining to my December 5 and 6, 2012, inspections of the Blytheville Wastewater Treatment Plants. 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.-12 or you may e-mail me at walker@adeq.state.ar.us.

Sincerely,



Brent L. Walker
District 3 Field Inspector
Water Division