

ADEQ

ARKANSAS
Department of Environmental Quality

June 9, 2014

Thomas Myers, Wastewater Superintendent
City of Siloam Springs
400 N. Broadway
Siloam Springs, AR 72761

RE: City of Siloam Springs Pollution **Control Facility** Inspection
AFIN: 04-00106 Permit No.: AR0020273, ARR000276

Dear Mr. Myers:

On May 29, 2014, Alison West, District 1 Field Inspector, and I performed a Compliance Evaluation 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. A copy of the inspection report is enclosed for your records.




Please refer to the “Summary of Findings” sections of the attached inspection reports and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **June 23, 2014**.

If I can be of any assistance, please contact me at holden@adeq.state.ar.us or 479-267-0811 ext. 16.

Sincerely,



Matt Holden
District 1 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 04-00106		PERMIT #: AR0020273		DATE: 5/29/2014
COUNTY: 04 Benton			PDS #: 078173		MEDIA: W	
GPS LAT: 36.1134 LONG: 94.3348 LOCATION: General Area						
FACILITY INFORMATION				INSPECTION INFORMATION		
NAME: City of Siloam Springs Pollution Control Facility LOCATION: 975 Anderson Ave. CITY: Siloam Springs, AR 72761				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 102078 S - State
				FACILITY EVALUATION RATING: ***		INSPECTION TYPE: Compliance Evaluation
				DATE(S): 05/29/2014	ENTRY TIME: 09:15	EXIT TIME: 12:28
RESPONSIBLE OFFICIAL				FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N		
NAME / TITLE: Thomas Myers / Wastewater Superintendent COMPANY: City of Siloam Springs MAILING ADDRESS: 400 N. Broadway CITY, STATE, ZIP: Siloam Springs AR 72761 PHONE & EXT. / FAX: 479-524-5623 / 479-524-4653 EMAIL: tmyers@siloamsprings.com CONTACTED DURING INSPECTION: Yes						
INSPECTION PARTICIPANTS						
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Matt Holden/District 1 Field Inspector/479-267-0811 ext. 16/holden@adeq.state.ar.us Alison West/District 1 Field Inspector/479-267-0811 ext. 12/west@adeq.state.ar.us Thomas Myers/Wastewater Superintendent/479-524-5623/tmyers@siloamsprings.com						
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER	
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW	
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM	
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT	
**	OTHER:					
SUMMARY OF FINDINGS						
The inspection revealed no violations for permit #AR0020273.						
GENERAL COMMENTS						
On May 29, 2014, Alison West, District 1 Field Inspector, and I conducted a compliance evaluation inspection of the above referenced facility. We met with Thomas Myers, Wastewater Superintendent, and Jack Harriston, Operator. A small amount of algae buildup was seen on weirs of final clarifier 1. We notified Mr. Myers of the algal buildup, and he stated that he was aware of the issue and the facility has a weekly cleaning schedule to prevent excess buildup of algae on the clarifiers. At the time of inspection, the facility was cleaning the weirs of final clarifier 2 to remove algal buildup. Oil from a spill was observed on the ground at the facility. A spill was also noted near the aluminum sulfate/sodium bisulfate storage tanks. A dumpster used to dispose of waste from the bar screen was observed with a hole in the bottom, and lime was observed on the ground near the dumpster and bar screen.						
INSPECTOR'S SIGNATURE:  Matt Holden				DATE: 06/04/2014		
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 6/9/2014		

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 checked="" type="checkbox"/> S <input 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 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	<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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input 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 checked="" type="checkbox"/> S <input 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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Testing Group</u>	
b. LAB ADDRESS: <u>1702 E. Central, Suite 10, Bentonville, AR 72712</u>	
c. PARAMETERS PERFORMED: <u>Ammonia, CBOD, Nitrate Nitrogen, Nitrate/Nitrite as N, Nitrite as N, Total Phosphorus, TSS</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	Slight	No	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>Wastemanagement Towntitown Landfill</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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>NA</u>							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <u>No Exposure Permit #ARR000276</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: **05/29/2014** Time: **10:49**

Head in Inches: Feet: **0.386**

Type & Size of Primary Flow Measurement Device: 5 foot rectangular weir without end contractions

Name & Model of Secondary Flow Measurement Device: **ISCO Signature Flow Meter**

Date of last Calibration of Secondary Flow Device: **05/26/2014**

Recorded Flow at Date & Time Listed Above: **1813 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1805 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 =	1813	-	1805	X 100
	1805			

% Error =	8	X 100
	1805	

% Error =	0.0044	X 100
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% Error =	0.44	%
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Comments:

DMR Calculation Check

Reporting Period: From 2013 12 01 To 2013 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>33</u>	<u>2.1</u>	<u>3.0</u>
Calculated Value:	<u>32.943</u>	<u>2.13</u>	<u>3.0</u>
Permit Value:	<u>734</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:
Reported values are rounded to nearest whole number (loading mass) or nearest tenth (concentration monthly) from calculated value.

From: [Steven Gorszcyk](#)
To: [Water-Inspection-Report](#)
Cc: [Tom Myers](#); [Madison Stewart](#)
Subject: Summary of Findings Response
Date: Monday, June 23, 2014 11:24:48 AM
Attachments: [Siloam Springs Wastewater Facility No. exposure Permit No. ARR000276_Rev1.pdf](#)

Dear Water Division Branch,

Please find attached a response letter to the Summary of Findings (Section D) of the NPDES Industrial No-Exposure Stormwater inspection report dated May 29, 2014. The letter is addressed to Mr. Matt Holden as he completed the inspection checklist. Accompanying the letter are photos to show the necessary corrections were made. A hard copy of the letter and photos will be sent by mail today.

Don't hesitate to contact me with any questions.

Thanks,

Steve Gorszcyk

Water/Wastewater Manager

City of Siloam Springs

479-238-0935 Office

479-228-4888 Cell

sgorszcyk@siloamsprings.com





June 23, 2014

Mr. Matt Holden
District 1 Field Inspector
Water Division Inspection Branch
Arkansas Department of Environmental Quality
5301 North Shore Drive
North Little Rock, AR 72118-5317

RE: Siloam Springs Wastewater Facility No-Exposure Permit No. ARR000276

Dear Mr. Holden,

Please accept this letter as response to the Routine Compliance Evaluation, No-Exposure Inspection Letter dated June 9, 2014, and received by our office on June 16, 2014. The letter resulted from an ADEQ inspection conducted on May 29 by you and Ms. Alison West.

Compliance Evaluation Inspection

Four violations were cited on permit number ARR000276 stating that our No-Exposure Permit was not in compliance with ADEQ standards. The violations were as follows:

1. Oil on the ground from a recent spill at the facility
2. A spill near the aluminum sulfate/sodium bisulfate storage tanks.
3. A dumpster near the bar screen with a hole in the bottom.
4. Lime on the ground near the bar screen.

The response to the violations are documented below:

Violation 1: Oil on the ground from a recent spill.

Our Kubota tractor mower transmission failed and discharged transmission fluid on the asphalt roadway. Staff immediately applied oil absorbent on the spill (as illustrated in photo #1 of the inspection report) and subsequently swept up the

oil absorbent and disposed of it correctly. Staff then contacted the Street Department to have a street sweeper clean up the area (see attached photo). Oil that was not picked up with absorbent material was absorbed into the asphalt.

Violation 2: Spill near aluminum sulfate/sodium bisulfate storage tanks.

A standard operational procedure has been implemented to halt future exposure, see attachment "A" and photo "4" which illustrates the correct monitoring and action to halt exposure. Please note: there were no contaminates-only a stained wall.

Violation 3: Dumpster near the bar screen with a hole in the bottom.

The Solid Waste Department was contacted and they substituted the faulty dumpster with one with a newly welded floor. There are no openings in the dumpster to allow any material to leave unit (see attached photo exhibit "2").

Violation 4: Lime on the ground near the bar screen.

While conducting routine maintenance of the bar screen, staff dropped some screen material on the ground adjacent to bar screen unit. Staff applied lime to this area (see photo exhibit "3"). The area has since been cleaned of lime residual.

The City of Siloam Springs takes our compliance with ADEQ seriously, and we have taken the necessary steps to comply with the deficiencies found in the inspection report.

If you have questions regarding these matters, please feel free to contact my office.

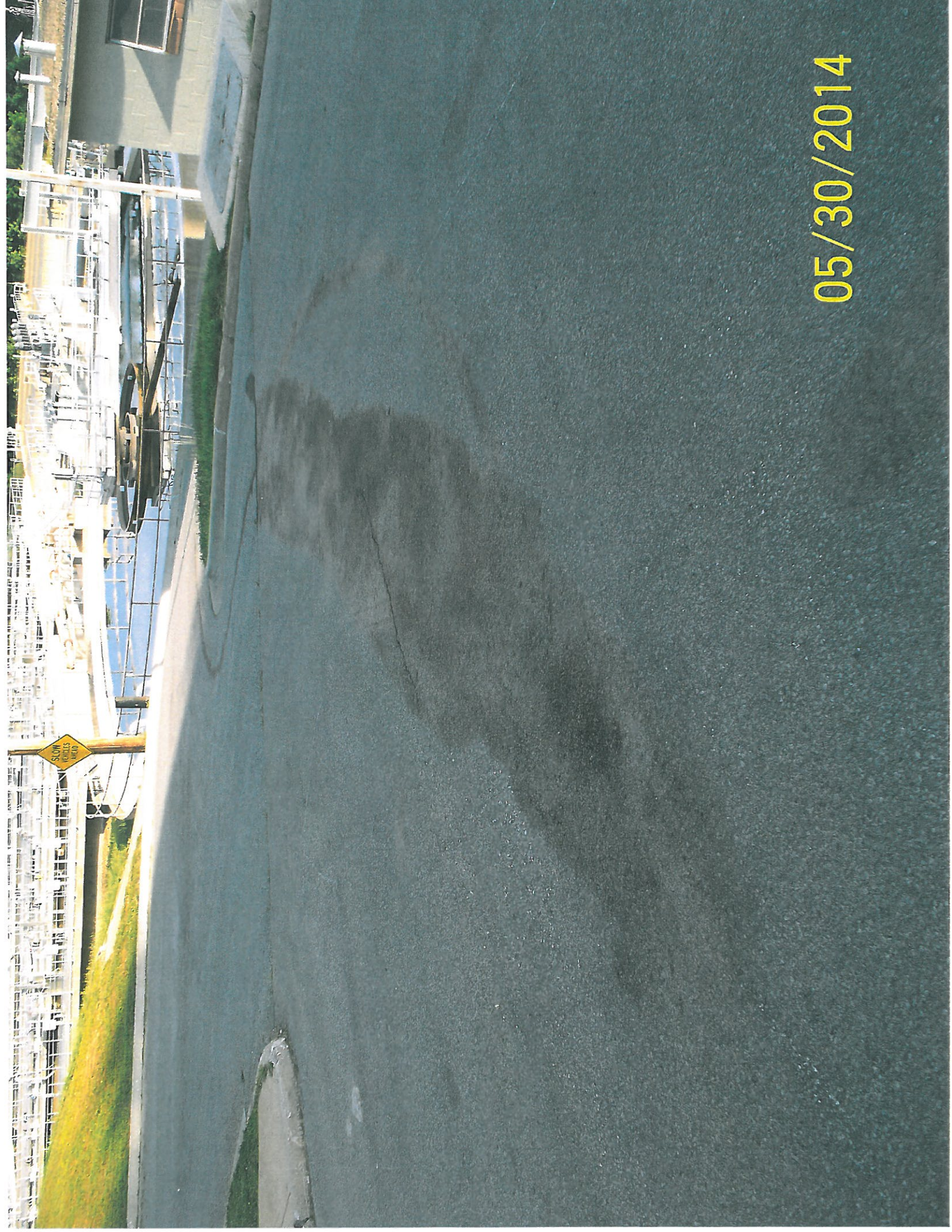
Sincerely,



Steve Gorszczyk

Water/Wastewater Manager

cc: Peggy Woody, City Clerk (w/attachments)
Tom Myers, Wastewater Superintendent (w/attachments)

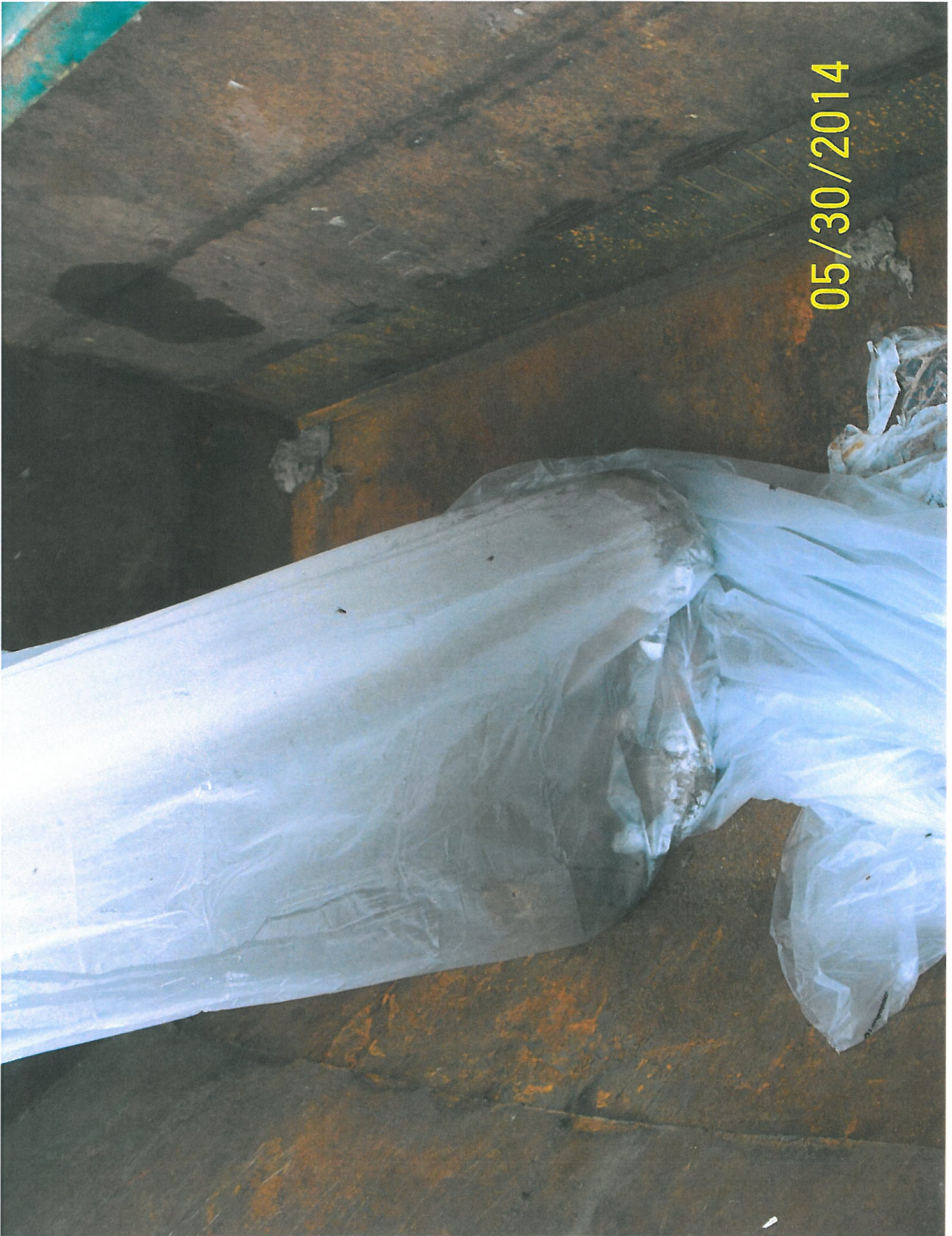


05/30/2014

05/30/2014



05/30/2014





05/30/2014

⚠ DANGER
WARNING: High Voltage
Electrical Equipment
May Be Present. Do Not
Touch. See Back Panel
For Safety Instructions.
© 2014 Pulsar
Model: P-1000-1000-1000

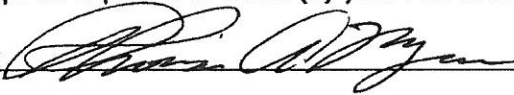
Pulsar

City of Siloam Springs
Wastewater Department

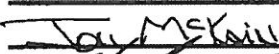
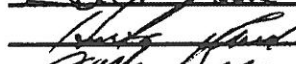
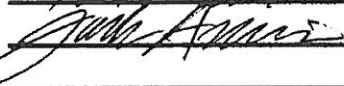
POLICY & PROCEDURE FOR STORMWATER MONITORING NO-EXPOSURE TRAINING

Purpose: The purpose of annual Training or when employee request additional training is to outline the procedures to be followed by all employees of the Wastewater department for the proper monitoring stormwater no-exposure requirements and handling and controlling all areas at Wastewater Plant.

1. **Scope:** This Operating Procedure applies to all Wastewater personnel under the direction of the Wastewater Superintendent.
2. **Responsibility:** The Wastewater Superintendent will be responsible for the procedure and adherence of the policy in which this policy is outlined. The Wastewater Superintendent of will be responsible to discipline any employee, which fails to follow this policy.
3. **Requirements:** Operation staff will be required to understand all operations and monitoring needed to properly maintain no-exposure requirements for stormwater control.
4. **Procedure:**
 - o Annually conduct Stormwater training.
 - o Daily conduct on site visual monitoring while conducting plant rounds.
 - o Record on daily log rounds sheet sites is clean.
 - o Provide additional training upon employee request.
 - o Certify when chemicals are unloaded and handled they comply to no-exposure guidelines.
5. **Reports:**
The operator must notify the supervisor verbally of any circumstance that prevents the adherence of this policy.
6. **Records:**
Training records must be kept for a period of three (3) years on training data.

Wastewater Superintendent  Thomas A. Meyer
Effective Date: 6-4-2014

By signing below I acknowledge I have read and understand the above Policy & Procedure

Name	Initial	Date
	S.M.	6-19-14
	HA	6-18-14
	JLH	6/20/14

ADEQ

ARKANSAS
Department of Environmental Quality

June 26, 2014

Thomas Myers, Wastewater Superintendent
City of Siloam Springs
400 N. Broadway
Siloam Springs, AR 72761

RE: Response to Inspection
AFIN: 04-00106 Permit No. AR0020273, ARR00276

Dear Mr. Myers:

I have reviewed the response pertaining to my May 29, 2014 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 479-267-0811 ext. 16 or you may e-mail me at holden@adeq.state.ar.us.

Sincerely,



Matt Holden
District 1 Field Inspector
Water Division