

September 30, 2014

Lyn Hyke, Construction and Contract Manager Fayetteville Utilities Department City of Fayetteville 113 West Mountain St. Fayetteville, Arkansas 72701

RE: City of Fayetteville-Paul R. Noland WWTP

AFIN: 72-00781 NPDES Permit No.: AR0020010 72-00781 ARR00C377

Dear Mr. Hyke:

On September 24, 2014, I performed a routine compliance evaluation inspection of the wastewater treatment facility and of the No Exposure Exclusion under the Industrial Stormwater Permit in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated there under. These inspections revealed the following:

AR0020010

At the time of the inspection, it appeared that your facility was being operated in accordance with the terms of your permit.

ARR00C377

This inspection revealed that the facility appeared to meet all the conditions of the No Exposure Certification Exclusion.

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

Sincerely,

Alison West

District 1 Field Inspector

alisan West

Water Division

≎ EPA							Form Approved OMB No. 2040-0003		
		UNIT	TED STATES ENVIRONM		TION AG	ENCY			
	NPDES	S (Complianc	e Inspe	ectio	on I	Report		
							ystem Coding		
Transaction Code				Yr/Mo/Day 4 0 9 1 7 17	Ins	pec. Type Inspector Fac. Type C 19 S 20 1			
	Inspection Work Days 67 69	1	Facility Evaluation R	C	Rema BI 71 N	<u> </u>	QA	<u> </u> :	Reserved
				Section	on B: F:	_ acility	Data		
incli City	ne and Location of Facility Inspected ude POTW name and NPDES permit of Fayetteville-Paul R. Noland W	num	ber)				Entry Time/Date 10:50 a.m./09-24-2014		Permit Effective Date 3-1-2013
	ON. Fox Hunter Road etteville, AR 72701						Exit Time/Date 16:00 p.m./09-24-2014		Permit Expiration Date 2-28-2018
Tin Ma	Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tim Luther/CH2M Hill Operations Manager/479-443-3292/479-443-5613 Mayo Miller/CH2M Hill Assistant Project Manager Tim Tensley/CH2MHill Operator/479-443-3292/479-443-5613 PDS # 080121							·	
Lyr Fay City 113	ne, Address of Responsible Official/1 1 Hyke, Construction and Contract etteville Utilities Department of Fayetteville West Mountain St. etteville, Arkansas 72701			oer			Contacted Yes No 1		
							uring Inspection isfactory, N = Not Evaluated)		
S	Permit	S	Flow Measuremen		S	T	perations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring P		S	┤ ^	idge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Scheo	dules	S	7	etreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory		N	Ste	orm Water	N	Other:
						,	tach additional sheets if necessar	,	
At the time of the inspection, it appeared that your facility was being operated in accordance with the terms of your permit. Discharge monitoring reports were reviewed f or December 2013, January and February of 2014. No excursion of permit limits was noted.									
Name(s) and Signature(s) of Inspector(s) Alison West Alison West AR Dept. of Environmental Quality-Fayetteville 479-267-0811, ext. 12/479-267-0819									
Sig	Signature of Reviewer Agency/Office/Phone and Fax Numbers ADEQ/Water Division/501-682-0659 Date 10/2/2014								
Jaso	Jason Bolenbaugh ADEQ/Water Division/301-062-0039								

ADEQ Water NPDES Inspection	AFIN: 72-00781	Permit #: AR0020010

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:	
ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	ØY □N □NA □NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	⊠S □M □U □NA □NE
a. DATES AND TIME(S) OF SAMPLING:	ØY □N □NA □NE
b. EXACT LOCATION(S) OF SAMPLING:	ØY □N □NA □NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	ØY □N □NA □NE
d. ANALYTICAL METHODS AND TECHNIQUES:	ØY □N □NA □NE
e. RESULTS OF CALIBRATIONS:	ØY □N □NA □NE
f. RESULTS OF ANALYSES:	ØY □N □NA □NE
g. DATES AND TIMES OF ANALYSES:	ØY □N □NA □NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	ØY □N □NA □NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: Contract Lab	□S □M □U □NA ☑NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	ØS □M □U □NA □NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	ØY □N □NA □NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	⊠S □M □U □NA □NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	⊠s □m □u □na □ne
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: 2 Standby Generators-stationary/1 portable genarator	⊠S □M □U □NA □NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: SCADA	⊠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:	ØS □M □U □NA □NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	ØY □N □NA □NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	ØY □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

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CI	ECTION D: SAMPLING	
		☑S □M □U □NA □NE
	ERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	M2 LIM LU LINA LINE
	ETAILS: Outfall 001-White River	
1.	SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	ØY □N □NA □NE
2.	LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	ØY □N □NA □NE
3.	FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	ØY □N □NA □NE
4.	SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	ØY □N □NA □NE
5.	SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	ØY □N □NA □NE
6.	SAMPLE COLLECTION PROCEDURES ADEQUATE:	ØY □N □NA □NE
	a. SAMPLES REFRIGERATED DURING COMPOSITING:	Øy □n □na □ne
b	D. PROPER PRESERVATION TECHNIQUES USED:	☑Y □N □NA □NE
С	: CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	ØY □N □NA □NE
7.	IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	ØY □N □NA □NE
	ECTION E: FLOW MEASUREMENT	
	ERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	☑S □M □U □NA □NE
DE	ETAILS: Outfall 001-White River	
1.	PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: 36" Parshall FI	ume ✓Y □N □NA □NE
2.	FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y □N □NA □NE
3.	SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	☑Y □N □NA □NE
4.	CALIBRATION FREQUENCY ADEQUATE:	☑Y □N □NA □NE
5.	RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☑Y □N □NA □NE
6.	CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: 1/wk	☑Y □N □NA □NE
7.	FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	☑Y □N □NA □NE
8.	FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☑Y □N □NA □NE
9.	HEAD MEASURED AT PROPER LOCATION:	☑Y □N □NA □NE
SI	ECTION F: LABORATORY	
PE	RMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	☑S □M □U □NA □NE
DE	ETAILS:	
1.	EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	☑Y □N □NA □NE
2.	IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☑Y □N □NA □NE
3.	SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y □N □NA □NE
4.	QUALITY CONTROL PROCEDURES ADEQUATE:	☑Y □N □NA □NE
5.	DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y □N □NA □NE
6.	SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y □N □NA □NE
7.	COMMERCIAL LABORATORY USED:	☑Y □N □NA □NE
a	n. LAB NAME: ECOTox, Arkansas State University	
b	D. LAB ADDRESS: P.O. Box 847, State University, AR 72467	
c	: PARAMETERS PERFORMED: Chronic Biomonitoring	
8.	BIOMONITORING PROCEDURES ADEQUATE:	Øy □n □na □ne
	a. PROPER ORGANISMS USED:	Øy □n □na □ne
	p. PROPER DILUTION SERIES FOLLOWED:	Øy □n □na □ne
	:. PROPER TEST METHODS AND DURATION:	Øy □n □na □ne
	I. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	□Y □N ØNA □NE
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BASED ON VISUAL OBSERVATIONS ONLY DETAILS: OUTFALL #: OIL SHEEN GREASE TURBIDITY VISIBLE FOAM FLOATING SOLIDS COLOR OTHER OUTFALL #: OIL SHEEN GREASE TURBIDITY VISIBLE FOAM FLOATING SOLIDS COLOR OTHER OUTFALL #: OIL SHEEN GREASE TURBIDITY VISIBLE FOAM FLOATING SOLIDS COLOR OTHER OUTFALL #: OIL SHEEN None None None None Clear SECTION H: SLUDGE DISPOSAL SLUDGE DISPOSAL SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS DISPOSAL GREASE DISPOSAL GREASE GREASE DISPOSAL GREASE GREA	SECTION	G: EFFLUE	NT/RECEIVIN	IG WATERS	OBSERVATION	ONS			
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SECTION H: SLUDGE DISPOSAL SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS DETAILS: Sludge goes to thermal dryer. Facility maintains a contract with Oakridge and Eco-Vista Landfills. SLUDGE MANAGEMENT ADQUART TO MAINTAIN EFFLUENT QUALITY: SLUDGE MANAGEMENT ADQUART TO MAINTAIN EFFLUENT QUALITY: SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: SECTION I: SAMPLING INSPECTION PROCEDURES SECTION I: SAMPLING INSPECTION PROCEDURES SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS DETAILS: SAMPLES OBTAINED THIS INSPECTION: SAMPLES OBTAINED THIS INSPECTION: METHOD: FREQUENCY: SAMPLES OBTAINED THIS INSPECTION: SAMPLES OBTAINED THIS MAPPLIED OBTAINED: SAMPLES OBTAINED THIS MAPPLING INSPECTION: SAMPLES OBTAINED THIS MAPPLING DEVICE: SAMPLE GRADEL: SAMPLE GRADEL GLARB. CHAIN-OF-CUSTODY PROCEDURES SAMPLING DEVICE: CHAIN-OF-CUSTODY PROCEDURES SAMPLES OBTAINED: SAMPLE SPLITWITH PERMITTEE: CHAIN-OF-CUSTODY PROCEDURES SAMPLES OBTAINED: SAMPLES SPLITWITH PERMITTEE: DY IN INA MENE CHAIN-OF-CUSTODY PROCEDURES SAMPLING DEVICE: SAMPLES SPLITWITH PERMITTEE: DY IN INA MENE SCRING WATER MANAGEMENT MEETS PERMIT REQUIREMENTS STORM WATER		COLOR	OTHER						
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FLOW CALCULATION SHEET								
		Outfa	all 001-	White	River			
Date:	9-24-2014	Time: 11	:48					
		a.r	n.					
Head ir	n Inches: 10.0	Feet						
Type &	Size of Primary F	low Measure	ment D	evice:	: 36" Pars	hall Flu	ıme	
	& Model of Secon	<u> </u>		nent D	evice:			
Millitro	nic OCM III Oper	n Channel Me	eter					
Date of	last Calibration o	f Secondary I	Flow De	evice:	May 24, 2	014		
Record	led Flow at Date 8	k Time Listed	Above:	5.8	3 MGD		(Facility Flow Meter)	
Calcula	ted Flow at Date	& Time Listed	Above	e: 5.	79 MGD			
(Flow is ca	alculated using flow char	ts in: ISCO Open (Channel F	low Mea	surement Hand	lbook-5 th I	Edition)	
% Erro	r _ Recorded V	alue	- Calculated Value lated Value					
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DMR Calculation Check

Reporting Period: From 13 12 01 To 13 12 31 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass	Concentration Monthly			
	Mo. Avg lbs/day	Mo. Avg mg/l	7-day Avg mg/l		
Reported Value:	157	3.1	3.4		
Calculated Value:	157	3.1	3.4		
Permit Value:	1401	15.0	22.0		

If calculated value does not equal reported value, explain: