

ADEQ

ARKANSAS
Department of Environmental Quality

November 20, 2014

Jon Kopp, City Water Works Manager
City of Walnut Ridge WWTP
216 SW 4th Street
Walnut Ridge, AR 72476

RE: City of Walnut Ridge WWTP Inspection
AFIN: 38-00040 Permit No.: AR0046566

Dear Mr. Kopp:

On October 21, 2014, I performed a routine Compliance Evaluation, Sanitary Sewer Overflow, and Industrial Stormwater Inspection of the above referenced wastewater treatment facility. 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. A copy of the inspection reports is enclosed for your records.




Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for the 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 the item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation is **due by December 8, 2014.**

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

Sincerely,



Michael Greenway
District 3 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 38-00040		PERMIT #: AR0046566		DATE: 10/21/2014	
		COUNTY: 38 Lawrence		PDS #: 080989		MEDIA: WN	
		GPS LAT: 36.067628 LONG: -90.972202 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: City of Walnut Ridge WWTP LOCATION: 1002 West Oak Street CITY: Walnut Ridge, AR			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 86009 S - State			
			FACILITY EVALUATION RATING: 1 - Unsatisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 10/21/2014	ENTRY TIME: 11:25	EXIT TIME: 15:00	PERMIT EFFECTIVE DATE: 11/1/2010	
					PERMIT EXPIRATION DATE: 10/31/2015		
RESPONSIBLE OFFICIAL			FAYETTEVILLE SHALE RELATED: N				
NAME / TITLE: Jon Kopp / City Water Works Manager COMPANY: City of Walnut Ridge WWTP MAILING ADDRESS: 216 SW 4th Street CITY, STATE, ZIP: Walnut Ridge AR 72476 PHONE & EXT. / FAX: 870-886-2312 / 870-886-7824 EMAIL:			FAYETTEVILLE SHALE VIOLATIONS: N				
CONTACTED DURING INSPECTION: No			INSPECTION PARTICIPANTS				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Jeremy Lewis / Operator / 870-886-2312				
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	M	FLOW MEASUREMENT	**	STORMWATER		
U	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW		
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	U	SELF-MONITORING PROGRAM		
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT		
**	OTHER:						
SUMMARY OF FINDINGS							
This routine Compliance Evaluation Inspection revealed the following: 1. The facility was reporting Dissolved Oxygen (DO) concentration values on the DMR's as a monthly average (Refer to the DMR calculation checks on pages 7-8). This violates Part 1 Sections A1 and A2 of the Permit which requires DO to be reported as an instantaneous minimum. A corrected DMR will need to be submitted for the months of September 2012 and September 2014. The permittee should also review all DMR's submitted after September 2011 and submit additional corrected copies as necessary.							
GENERAL COMMENTS							
Refer to the October 21, 2014 Sanitary Sewer Overflow, and Industrial Stormwater inspection reports for additional information.							
INSPECTOR'S SIGNATURE:  Michael Greenway				DATE: 11/19/2014			
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 11/20/2014			

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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: DO was reported as an average. Permit requires DO to be reported as instantaneous minimum.	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<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	<input type="checkbox"/> S <input checked="" 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: Excessive algae growth on weirs and staff gauge. Corrected 10/28/2014.	<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 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 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	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Monthly flow calibration checks were not documented.	
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: <u>Last calibration was 8/14/2014</u>	<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: <u>No checks performed by the operator.</u>	<input type="checkbox"/> Y <input checked="" 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 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 Laboratoioies;</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR, 72143</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, FCB, pH, TRC, DO, and NH3-N.</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Performed by ASU Ecotoxicology Research Facility</u>	<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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Effluent at the monitoring location appeared clear and adequately treated.</u>							
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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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						<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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>The facility was covered under the Stormwater no exposure exclusion. Permit ARR000538 evaluated separately.</u>							
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: **10/21/2014** Time: **12:50**

Head in Inches: Feet: **.525**

Type & Size of Primary Flow Measurement Device: **90 degree v-notch weir**

Name & Model of Secondary Flow Measurement Device: **ISCO 4210 Ultrasonic**

Date of last Calibration of Secondary Flow Device: **8/14/2014**

Recorded Flow at Date & Time Listed Above: **.524** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **.525**

(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 =	.524	-	.525	X 100	
	.525				

% Error =	-.001	X 100	
	.525		

% Error =	-.002	X 100	
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% Error =	-0.2	%	
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Comments: **The flow meter appeared to be adequately calibrated and in good operation.**

DMR Calculation Check

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

Parameter Checked: Dissolved Oxygen

			Instantaneous Minimum Concentration (mg/L)
Reported Value:	_____	_____	6.2
Calculated Value:	_____	_____	5.3
Permit Value:	_____	_____	5

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

The sample results from September 2012 revealed the following effluent DO concentrations (mg/L): 6.3, 6.0, 5.9, 6.4, 5.6, 6.0, 5.3, 5.5, 7.5, 6.4, 6.8, and 6.6. It appears the facility was reporting an average DO concentration instead of an instantaneous minimum as required by the Permit.

DMR Calculation Check

Reporting Period: From 2014 09 01 To 2014 09 30
Year Month Day Year Month Day

Parameter Checked: Dissolved Oxygen

			Instantaneous Minimum Concentration (mg/L)
Reported Value:	_____	_____	<u>6.7</u>
Calculated Value:	_____	_____	<u>6.0</u>
Permit Value:	_____	_____	<u>5.0</u>

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

The sample results from September 2014 revealed the following effluent DO concentrations (mg/L): 6.4, 6.6, 7.1, 6.2, 6.0, 6.0, 6.4, 7.0, 6.2, 7.0, 7.1, 7.3, 7.4, and 6.7. It appears the facility was reporting an average DO concentration instead of an instantaneous minimum as required by the Permit.

September 2014 TRC and pH results were also reviewed and found to be consistently reported as required by the Permit.


Water Division Photographic Evidence Sheet

Location:	City of Walnut Ridge WWTP		
Photographer:	Michael Greenway	Date:	10/21/2014
Witness:	None	Time:	11:28
		Photo #:	1
Description:	View of effluent and the outfall weir.		



Photographer:	Michael Greenway	Date:	10/21/2014
Witness:	None	Time:	11:29
		Photo #:	2
Description:	View of the chlorine contact chamber near the outfall.		



Water Division Photographic Evidence Sheet			
Location:	City of Walnut Ridge WWTP		
Photographer:	Michael Greenway	Date:	10/21/2014
Witness:	None	Time:	11:31
		Photo #:	3
Description:	View of the wastewater treatment plant.		
			

From: [Jonathan Kopp](#)
To: [Water-Inspection-Report](#)
Subject: Walnut Ridge AR0046566 October 21 violation response
Date: Tuesday, November 25, 2014 7:00:27 AM
Attachments: [Arkansas Testing Lab corrected dmr.pdf](#)

On October 21 2014 a site visit was conducted by Inspector Michael Greenway at the Walnut Ridge Wastewater Plant. The only violation noted was a discrepancy on monthly DMRs for DO Calculations. Walnut Ridge currently uses Arkansas Testing Labs for ALL DMR and Lab testing performed. Arkansas Testing has submitted to me a Corrected Copy of the DMRs in question and have taken measures to insure this does not happen again. Attached are the Corrected DMRs.

Thank You

Jon Kopp
Walnut Ridge Water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
EPA 823-B-93-004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WALNUT RIDGE-C/O ARKANSAS TESTING LABS
ADDRESS: 3301 LANGLEY DRIVE
SEARCY, AR 72143
FACILITY: WALNUT RIDGE WW TREATMENT PLANT
LOCATION: 1002 OAK ST
WALNUT RIDGE, AR 72476
ATTN: JON D. KOPP, MANAGER

Prepared by
AR 001-A
DISCHARGE NUMBER AR 001-A
MONITORING PERIOD
MM/DD/YYYY
09/30/2014

CORRECTED COPY

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	6.00	INST-MIN	7.09	INST-MIN	0	3/7	Grab
00300 1 0 Effluent Gross						Three Per Week	GRAB
pH					0	3/7	Grab
00400 1 0 Effluent Gross						Twice Per Month	GRAB
Solids, total suspended	11.3		< 3.5	MAXIMUM	0	3/7	Comp
00530 1 0 Effluent Gross	148.9	MO.AVG	15	MO.AVG		Three Per Week	COMP-6
Nitrogen, ammonia total [as N]	0.6		< 0.2		0	3/7	Comp
00610 1 0 Effluent Gross	39.7	MO.AVG	4	MO.AVG		Three Per Week	COMPOS
Flow, in conduit or thru treatment plant	0.432		1.159		0	3/7	Totz
50050 1 0 Effluent Gross						Five Per Week	TOTALZ
Chlorine, total residual					0	3/7	Grab
50060 1 0 Effluent Gross						Three Per Week	GRAB
Coliform, fecal general	< 20		< 43		0	3/7	Grab
74055 1 0 Effluent Gross			200	300 DA GEO		Three Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
TYPED OR PRINTED	NUMBER	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-00040

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
EPA No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: WALNUT RIDGE-C/O ARKANSAS TESTING LABS
ADDRESS: 3301 LANGLEY DRIVE
SEARCY, AR 72143
FACILITY: WALNUT RIDGE WW TREATMENT PLNT
LOCATION: 1002 OAK ST
WALNUT RIDGE, AR 72476
ATTN: JON D. KOPP, MANAGER

AR0046566
PERMIT NUMBER
09/01/2014
MONITORING PERIOD
MM/DD/YYYY
09/30/2014

001-A
DISCHARGE NUMBER

MAJOR SEARCY, AR 72143
001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

ARKANSAS TESTING LABORATORIES INC.
BMR-Monitoring ZIP 72143

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
BOD, carbonaceous, 05 day, 20 C	7.9	*****	*****	<2.4	<2.7	mg/l	0	3/7	Comp
80082 10 Effluent Gross	99.2 MO AVG	*****	*****	10 MO AVG	15 7-DA AVG	lb/d		Three Per Week	COMPOS

CORRECTED COPY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-00040

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

AR0046566
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

MM/DD/YYYY
 9/1/2012

MONITORING PERIOD
 MM/DD/YYYY
 9/30/2012

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 WALNUT RIDGE-C/O ARKANSAS TESTING LABS
 3301 LANGLEY DRIVE
 SEARCY, AR 72143

FACILITY: WALNUT RIDGE WW TREATMENT PLNT
 LOCATION: 1002 OAK ST
 WALNUT RIDGE, AR 72476

ATTN: LESTER HERRING, GENERAL MGR.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****	0	3/7	Grab
00300 1 0 Effluent Gross	*****	*****	5.3	*****	*****	*****	0	Three Per Week	GRAB
pH	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
00400 1 0 Effluent Gross	*****	*****	7.52	*****	*****	*****	0	Twice Per Month	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	0	3/7	COMP
00530 1 0 Effluent Gross	*****	*****	16.8	*****	*****	*****	0	Three Per Week	COMP-6
Nitrogen, ammonia total (as N)	*****	*****	0.63	*****	*****	*****	0	3/7	COMP
00610 1 0 Effluent Gross	*****	*****	0.467	*****	*****	*****	0	Three Per Week	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	1.266	*****	*****	*****	0	7/7	TOTZ
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Five Per Week	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	3/7	GRAB
50060 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Three Per Week	GRAB
Coliform, fecal general	*****	*****	*****	*****	*****	*****	1	Three Per Week	GRAB
74055 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Three Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA Code NUMBER

MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-00040

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

10/05/2011 Page 1

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

AR0046566
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: WALNUT RIDGE-C/O ARKANSAS TESTING LABS
 ADDRESS: 3301 LANGLEY DRIVE
 SEARCY, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge

MONITORING PERIOD

MM/DD/YYYY
 9/1/2012

DISCHARGE NUMBER
 001-A

FACILITY: WALNUT RIDGE WW TREATMENT PLNT
 LOCATION: 1002 OAK ST
 WALNUT RIDGE, AR 72476
 ATTN: LESTER HERRING, GENERAL MGR.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	10.6	lb/d	<3	mg/L	<3	mg/L	0	3/7	COMP
80082 1 0 Effluent Gross	99.2 MO AVG	lb/d	10 MO AVG	mg/L	15 7 DA AVG	mg/L		Three Per Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			AREA Code	NUMBER
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #10. SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 38-00040

REPORT OF NON COMPLIANCE

NAME OF FACILITY WALNUT RIDGE, CITY OF

PERMIT NUMBER AR0046566 001-A

PERIOD ENDING SEPTEMBER 2012

PARAMETER VIOLATED	FECAL 7 DAY GEO							
REPORTED VIOLATIONS	430							
PERMIT CONDITION	400							

WEEK OF Sep 26 12

Please fill out the following information

CAUSE OF VIOLATION _____

DURATION OF VIOLATION _____

CORRECTIVE ACTION _____

EXPECTED COMPLIANCE DATE _____

SIGNATURE / DATE

ADEQ

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

December 16, 2014

Jon Kopp, City Water Works Manager
City of Walnut Ridge WWTP
216 SW 4th Street
Walnut Ridge, AR 72476

RE: City of Walnut Ridge WWTP Inspection
AFIN: 38-00040 Permit No.: AR0046566

Dear Mr. Kopp:

I have reviewed the response pertaining to my October 21, 2014 inspection of the above referenced facility. The information provided sufficiently addresses the violation 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 greenway@adeq.state.ar.us.

Sincerely,



Michael Greenway
District 3 Field Inspector
Water Division