

ADEQ

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

September 8, 2015

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

Dear Mr. Myers:

On August 18-19, 2015, Alison West, District 1 Field Inspector, and I performed a Compliance Sampling 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.




No violations were noted at the time of the inspection. Please refer to the attached inspection report for any comments.

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	
COUNTY: 04 Benton		PDS #: 086351		MEDIA: WN	
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: 3 - Satisfactory INSPECTION TYPE: Compliance Sampling		
RESPONSIBLE OFFICIAL			DATE(S): ENTRY TIME: EXIT TIME: PERMIT EFFECTIVE DATE: 08/18/2015 09:28 10:59 10/1/2007 08/19/2015 09:20 10:20 9/30/2012		
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			FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N		
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					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
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					
<p>No violations were observed at the time of inspection.</p>					
GENERAL COMMENTS					
<p>On August 18-19, 2015, Alison West, District 1 Field Inspector, and I conducted a compliance sampling inspection at the above referenced facility. Thomas Myers, Wastewater Superintendent, and Jack Harriston, Operator, gave us a tour of the facility on August 18, 2015. On August 19, 2015, Alison and I returned to the facility and collected effluent samples from Outfall 001 for the compliance sampling inspection. Samples were transported to the ADEQ laboratory in North Little Rock for analysis. Sample analysis results indicated all parameters were within permit limits (Attachment 1). Photographs available upon request.</p>					
INSPECTOR'S SIGNATURE: 			DATE: 9/2/2015		
SUPERVISOR'S SIGNATURE: 			DATE: 9/4/2015		

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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> N <input 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: <u> </u> TYPE OF DEVICE: <u>5ft Rectangular Weir without end contractions</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 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:	
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
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
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
QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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
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
COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
LAB NAME: <u>Environmental Testing Group</u>	
LAB ADDRESS: <u>1702 E. Central, Suite 10, Bentonville, AR 72712</u>	
PARAMETERS PERFORMED: <u>Ammonia, CBOD, Nitrate Nitrogen, Nitrate/Nitrite as N, Nitrite as N, Total Phosphorus, TSS, Total Recoverable Copper</u>	
BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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	No	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>							
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	
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	
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
SAMPLES OBTAINED THIS INSPECTION: <u>Fecal Coliform, CBOD, TSS, Ammonia Nitrogen, DO, pH, Total Phosphorus, Total Recoverable Copper, Total Nitrate Nitrogen</u>						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:___ <input checked="" type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
SAMPLES PRESERVED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
FLOW PROPORTIONED SAMPLES OBTAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
SAMPLE SPLIT WITH PERMITTEE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>							
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	
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	
POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
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	
ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
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: **08/18/2015** Time: **09:55**

Head in Inches: **5.25** Feet: **0.4375**

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: **01/28/2015**

Recorded Flow at Date & Time Listed Above: **2357 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2181 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 =	2357	-	2181	X 100
	2181			

% Error =	176	X 100
	2181	

% Error =	0.0806	X 100
-----------	--------	-------

% Error =	8.06	%
-----------	-------------	---

Comments:

DMR Calculation Check

Reporting Period: From 2015 06 01 To 2015 06 30
 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>67.2</u>	<u>2.3</u>	<u>3.2</u>
Calculated Value:	<u>67.2</u>	<u>2.3</u>	<u>3.2</u>
Permit Value:	<u>734</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2015 04 01 To 2015 04 30
Year Month Day Year Month Day

Parameter Checked: Total Phosphorus

	Loading	Concentration	
	Mass	Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>2.56</u>	<u>0.11</u>	<u>0.16</u>
Calculated Value:	<u>2.56</u>	<u>0.11</u>	<u>0.16</u>
Permit Value:	<u>37</u>	<u>1.0</u>	<u>1.5</u>

If calculated value does not equal reported value, explain:

Attachment 1: Sample Analysis Results



5301 Northshore Drive
North Little Rock, AR 72118
Telephone: 501-682-0744

Client Report For: City of Siloam Springs pollution Control Facility CSI 2015 2244

Attention:

Client Address:

Report Date: September 02, 2015

LAB ID: AR15AUG19-06

Comment:

Approved By: _____

Date: September 02, 2015

□

Client: CSI	Client Sample ID: Siloam Springs - Outfall
Lab ID: 2015-2244	Collection Date: 8/19/2015 2:52:00 PM
	Matrix: Water

Analyses

<i>Fecal Coliforms</i>	<i>SM 9222 D</i>	<i>Batch: 15082108</i>	<i>Run: 1</i>		
	<u>Result</u>	<u>Reporting</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
		<u>Limit</u>			
Fecal Coliforms	110	4	4		cfu/100ml
Analyzed by	Melanie Ireat				
Analysis Date/Time	08/19/2015 15:30				

□

Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118

Laboratory Contact: Jeff Ruehr
 Ruehr@adeq.state.ar.us
 501-682-0955



Client: CSI	Client Sample ID: Siloam Springs - Outfall
Lab ID: 2015-2244	Collection Date: 8/19/2015 2:52:00 PM
Matrix: Water	

Analyses

<i>Ammonia as Nitrogen</i>	SM 4500-NH3 H (20th)	Batch: 15082112	Run: 1		
	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Ammonia as N	2.30	0.15	0.03		mg/L
Dilution Factor	5				
Analyzed By	Chad Carrington				
Analysis DateTime	8/19/2015 3:22:39 PM				

<i>Carb. Biochemical Oxygen Demand (CBOD) 5 Day</i>	SM 5210-B	Batch: 15082807	Run: 1		
	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Carbonaceous BOD	7.03	0.2	0.2		mg/L
Analyzed By	Robert Graddy				
Analysis DateTime	8-19-2015 1600				

<i>Nitrate and Nitrite</i>	SM 4500-NO3 I (20th)	Batch: 15082114	Run: 1		
	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Nitrate/Nitrite as N	1.42	0.03	0.03		mg/L
Dilution Factor	1				
Analyzed By	Chad Carrington				
Analysis DateTime	8/19/2015 3:50:46 PM				

<i>Total Dissolved Solids</i>	EPA 160.1	Batch: 15082008	Run: 1		
	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Total Dissolved Solids	662	5.0	5.0		mg/L
Analyzed By	Kathryn Hattenhauer				
Analysis DateTime	8/19/2015 9:00				

<i>Total Suspended Solids</i>	EPA 160.2	Batch: 15082007	Run: 1		
	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>

Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118

Laboratory Contact: Jeff Ruehr
 Ruehr@adeq.state.ar.us
 501-682-0955

Total Suspended Solids	4.0	1.0	1.0	mg/L
Analyzed By	Kathryn Hattenhauer			
Analysis DateTime	8/19/2015 7:30			

Total Phosphorus

SM 4500-P J (20th)

Batch: 15082115 Run: 1

	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Phosphorus-total	0.138	0.04	0.02		mg/L
Dilution Factor	2				
Analyzed By	Chad Carrington				
Analysis DateTime	8/20/2015 9:28:02 AM				

Inspection Report: **City of Siloam Springs Pollution Control Facility**, AFIN: **04-00106**, Permit #: **AR0020273**

Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118

Laboratory Contact: Jeff Ruehr
 Ruehr@adeq.state.ar.us
 501-682-0955

Client: CSI	Client Sample ID: Siloam Springs - Outfall
Lab ID: 2015-2244	Collection Date: 8/19/2015 2:52:00 PM
Matrix: Water	

Analyses

Total Metals by EPA 200.8

EPA 200.8

Batch: 15082506 Run: 1

	Result	Reporting Limit	MDL	Qual	Unit
Aluminum	131	20	20		ug/L
Antimony	<10	10	5		ug/L
Arsenic	<1	1	0.5		ug/L
Barium	22.2	10	2.0		ug/L
Beryllium	<0.5	0.5	0.1		ug/L
Boron	110	25	5.0		ug/L
Cadmium	<1	1	0.3		ug/L
Calcium	57.1	0.04	0.04		mg/L
Chromium	<1	1	0.3		ug/L
Cobalt	<1	1	0.5		ug/L
Copper	1.77	1	0.5		ug/L
Iron	95.0	20	10.0		ug/L
Lead	<1	1	0.1		ug/L
Magnesium	4.67	0.1	0.1		mg/L
Manganese	49.6	1	0.2		ug/L
Nickel	<2.5	2.5	0.5		ug/L
Potassium	32.6	1	0.05		mg/L
Selenium	<2	2	0.5		ug/L
Silver	<5	5	1.0		ug/L
Sodium	112	0.04	0.02		mg/L
Thallium	<2.5	2.5	0.05		ug/L
Vanadium	<2.5	2.5	1.0		ug/L
Zinc	17.8	3	2.0		ug/L
Dilution Factor	1				
Analyzed By	Robert Graddy				
Analysis DateTime	Aug 24 2015 9:52PM				
Prep By					
Prep DateTime					

□