



ARKANSAS
Department of Environmental Quality

September 8, 2015

Charles Gillian,
Waste Management of Arkansas
100 Two Pine Drive
North Little Rock, AR 72117

RE: Eco-Vista Landfill Inspection
AFIN: 72-00144 Permit No.: ARG160045

Dear Mr. Gillian:


On August 26, 2015, 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” section of the attached inspection report 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 **September 18, 2015**.

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: 72-00144		PERMIT #: ARG160045		DATE: 8/26/2015	
		COUNTY: 72 Washington			PDS #:		MEDIA: WN
		GPS LAT: 36.131724 LONG: -94.252428 LOCATION: General Area					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: Eco-Vista Landfill LOCATION: 2210 Waste Management Drive CITY: Springdale, AR 72762			FACILITY TYPE: 2 - Industrial		INSPECTOR ID#: 102078 S - State		
			FACILITY EVALUATION RATING: 1 - Unsatisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 8/26/2015		ENTRY TIME: 10:40		EXIT TIME: 12:00
RESPONSIBLE OFFICIAL					PERMIT EFFECTIVE DATE: 3/1/2015		
					PERMIT EXPIRATION DATE: 2/29/2020		
NAME / TITLE: Charles Gillian / COMPANY: Waste Management of Arkansas MAILING ADDRESS: 100 Two Pine Drive CITY, STATE, ZIP: North Little Rock AR 72117 PHONE & EXT: / FAX: 479-361-2069 / EMAIL: cgillian@wm.com			FAYETTEVILLE SHALE RELATED: N				
CONTACTED DURING INSPECTION: Yes			FAYETTEVILLE SHALE VIOLATIONS: N				
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 Steve Peck, Gas Plant Manager David Phillips, Facility Manager							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER		
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW		
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM		
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT		
**	OTHER:						
SUMMARY OF FINDINGS							
<p>The following violations were observed at the time of inspection:</p> <ol style="list-style-type: none"> 1. Trees and shrubs were observed growing along the levees and inside the sedimentation ponds, which could impair the integrity of the ponds. This is in violation of Part 4.1 of your permit. 2. Lab Analyses from samples taken from Outfall 001A on June 22, 2015 indicate that the facility was unable to meet the holding time for pH as required by 40 CFR Part 136 (Attachment 1). This is in violation of Part 5.3 of your permit. 3. The Chain of Custody (COC) for samples taken from Outfall 001A on June 22, 2015 did not include preservatives used, type of sample (grab or composite), container type, sample matrix, or analyses requested (Attachment 2). This is in violation of Part 5.8 of your permit. <p>On August 27, 2015, I requested details on how the facility monitors instantaneous flow in the event of a discharge. To this date, I have not received a response from the facility. In addition to the above items, please provide detailed information on how the facility monitors instantaneous flow from both Outfall 001A and Outfall 003A. Please include flow measurement device calibration records in your response.</p>							
<p>PDS #086374</p>							

GENERAL COMMENTS

On August 26, 2015, Alison West, District 1 Field Inspector, and I conducted a compliance evaluation inspection of the above referenced facility. Upon arrival at the facility, we met with Steve Peck, Gas Plant Manager, for a tour of the facility. We observed both sedimentation ponds. Trees and shrubs were observed growing along the levees and inside the sedimentation ponds. Mr. Peck stated the levees are mowed once a year. No flow monitoring device was observed at either Outfall 001A or Outfall 003A during the inspection. Please see Attachment 3 for aerial view of Outfall 001A and Outfall 003A.

INSPECTOR'S SIGNATURE:  Matt Holden	DATE: 09/04/2015
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Chain of Custody did not include preservative used, type of sample (grab or composite), container type, sample matrix, or analyses requested.</u>	
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>Trees and shrubs observed growing along levees and in sedimentation ponds.</u>	
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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Facility does not appear to have a primary or secondary flow measurement device. Additional information has been requested in the response.	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>American Interplex</u>	
b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>COD, TSS, pH, Oil & Grease</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: No Discharge at time of inspection							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001							--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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):							
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:							
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

No Discharge at time of inspection.

Date: Time:

Head in Inches: Feet:

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device:

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

Calculated Flow at Date & Time Listed Above:

(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 =		-		X 100	

% Error =			X 100		

% Error =			X 100		

% Error =		%			

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>NA</u>	<u>32</u>	<u>32</u>
Calculated Value:	<u>NA</u>	<u>32</u>	<u>32</u>
Permit Value:	<u>NA</u>	<u>100</u>	<u>100</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2015 06 01 To 2015 06 30
 Year Month Day Year Month Day

Parameter Checked: COD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>NA</u>	<u>56</u>	<u>56</u>
Calculated Value:	<u>NA</u>	<u>56</u>	<u>56</u>
Permit Value:	<u>NA</u>	<u>75</u>	<u>75</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet			
Location:	Eco-Vista Landfill		
Photographer:	Matt Holden	Date:	08/26/2015
Witness:	Alison West	Time:	11:09
		Photo #:	1
Description:	DSCN0320. Sedimentation pond 001A (west pond). Note trees and shrubs growing on levee and in pond.		
			
Photographer:	Matt Holden	Date:	08/26/2015
Witness:	Alison West	Time:	11:10
		Photo #:	2
Description:	DSCN0322. Outfall 001A.		
			


Water Division Photographic Evidence Sheet

Location:	Eco-Vista Landfill		
Photographer:	Matt Holden	Date:	08/26/2015
Witness:	Alison West	Time:	11:16
		Photo #:	3
Description:	DSCN0325. Sedimentation pond 003A (east pond). Note trees and shrubs growing on levee and in pond.		



Photographer:	Matt Holden	Date:	08/26/2015
Witness:	Alison West	Time:	11:16
		Photo #:	4
Description:	DSCN0326. Sedimentation pond 003A (east pond). Note trees and shrubs growing on levee and in pond.		



Water Division Photographic Evidence Sheet					
Location:	Eco-Vista Landfill				
Photographer:	Matt Holden	Date:	08/26/2015	Time:	11:17
Witness:	Alison West	Photo #:	5		
Description:	DSCN0328. Outfall 003A.				
					



Waste Management Eco-Vista, LLC
2210 Waste Management Drive
Springdale, AR 72762

June 26, 2015
Control No. 191722
Page 2 of 4

SAMPLE INFORMATION

Project Description:

One (1) water sample(s) received on June 23, 2015
ECO-VISTA
P.O. No. 500870284832

Receipt Details:

A Chain of Custody was provided. The samples were delivered in one (1) ice chest.
Ice chest #1 was delivered with shipping documentation.

Each sample container was checked for proper labeling, including date and time sampled. Sample containers were reviewed for proper type, adequate volume, integrity, temperature, preservation, and holding times. Any exceptions are noted below:

Sample Identification:

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
191722-1	SB-1	22-Jun-2015 0800	

Qualifiers:

H Analytical holding time exceeded regulatory requirements

Case Narrative:

Table II of 40 CFR Part 136.3 indicates analysis of pH, Total Residual Chlorine, and Dissolved Oxygen are to be performed on site or immediately after collection. American Interplex Corporation analyzes these parameters as soon as possible after laboratory receipt.

References:

"Methods for Chemical Analysis of Water and Wastes", EPA/600/4-79-020 (Mar 1983) with updates and supplements EPA/600/5-91-010 (Jun 1991), EPA/600/R-92-129 (Aug 1992) and EPA/600/R-93-100 (Aug 1993).
"Test Methods for Evaluating Solid Waste Physical/Chemical Methods (SW846)", Third Edition.
"Standard Methods for the Examination of Water and Wastewaters", (SM).
"American Society for Testing and Materials" (ASTM).
"Association of Analytical Chemists" (AOAC).



Waste Management Eco-Vista, LLC
2210 Waste Management Drive
Springdale, AR 72762

ANALYTICAL RESULTS

AIC No. 191722-1

Sample Identification: SB-1 22-Jun-2015 0800

Analyte	Result	RL	Units	Qualifier
COD HACH 8000	56	10	mg/l	
	Prep: 26-Jun-2015 0922 by 271	Analyzed: 26-Jun-2015 1150 by 271	Batch: W52389	
pH SM 4600-H+ B 2000	7.4		Units	H
	Analyzed: 23-Jun-2015 1729 by 93		Batch: W52367	
Total Suspended Solids USGS 3765	32	4	mg/l	
	Prep: 24-Jun-2015 0958 by 100	Analyzed: 24-Jun-2015 1328 by 100	Batch: W52361	
Oil and Grease EPA 1664A	< 5	5	mg/l	
	Prep: 25-Jun-2015 1456 by 301	Analyzed: 25-Jun-2015 1621 by 301	Batch: B9572	



June 26, 2015
Control No. 191722
Page 4 of 4

Waste Management Eco-Vista, LLC
2210 Waste Management Drive
Springdale, AR 72762

DUPLICATE RESULTS

Analyte	AIC No.	Result	RPD	RPD Limit	Preparation Date	Analysis Date	Dil	Qual
pH	191722-1	7.4 Units				23Jun15 1729 by 93		H
	Batch: W52357 Duplicate	7.4 Units	0.135	5.00		23Jun15 1730 by 93		H
Total Suspended Solids	191731-1	63 mg/l			24Jun15 0958 by 100	24Jun15 1328 by 100		
	Batch: W52361 Duplicate	62 mg/l	1.07	20.0	24Jun15 0959 by 100	24Jun15 1328 by 100		
Total Suspended Solids	191733-1	27 mg/l			24Jun15 0958 by 100	24Jun15 1328 by 100		
	Batch: W52361 Duplicate	27 mg/l	1.48	20.0	24Jun15 0959 by 100	24Jun15 1328 by 100		

LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
COD	100 mg/l	101	85.0-115			W52389	25Jun15 0922 by 271	25Jun15 1150 by 271		
pH	-	99.7	98.0-102			W52357		23Jun15 1730 by 93		
Oil and Grease	40 mg/l	98.5	78.0-114			B9572	25Jun15 1456 by 301	25Jun15 1621 by 301		
	40 mg/l	98.5	78.0-114	2.05	20.0	B9572	25Jun15 1456 by 301	25Jun15 1621 by 301		

MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
COD	191700-1	100 mg/l	103	80.0-120	W52389	25Jun15 0922 by 271	25Jun15 1150 by 271		
	191700-1	100 mg/l	106	80.0-120	W52389	25Jun15 0922 by 271	25Jun15 1150 by 271		
	Relative Percent Difference:		2.87	10.0		W52389			

LABORATORY BLANK RESULTS

Analyte	Result	RL	PQL	QC Sample	Preparation Date	Analysis Date	Qual
COD	< 10 mg/l	10	10	W52389-1	25Jun15 0922 by 271	25Jun15 1150 by 271	
Total Suspended Solids	< 4 mg/l	4	4	W52361-1	24Jun15 0959 by 100	24Jun15 1328 by 100	
Oil and Grease	< 2 mg/l	2	5	B9572-1	25Jun15 1456 by 301	25Jun15 1621 by 301	



CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

Client: WASTE MANAGEMENT Project: ECO-VISTA LANDFILL		PO No. _____ SAMPLE MATRIX: _____ W A T E R L _____ G R A B _____ C O M P _____		NO OF BOTTLES: 3		ANALYSES REQUESTED: _____ H = HCl to pH2 B = NaOH to pH12		PAGE OF _____ AIC CONTROL NO: 19172 AIC PROPOSAL NO: _____ Carrier/Tracking No. UPS Received Temperature C 78°F 0.1	
Reference: ECO-VISTA Manager: DAVID PHILLIPS		Sampled By: DAVID PHILLIPS Date/Time Collected: 6-22-15 8:00 AM		NO = none V = VOA vials N = Nitric acid pH2		T = Sodium Thiosulfate Z = Zinc acetate		Received Date/Time: 6-22-15 8:00 AM By: DAVID PHILLIPS	
Sample Identification No. SB-1 SOUTH BASIN		Date/Time Collected: 6-22-15 8:00 AM		Relinquished Date/Time: _____ By: _____		Relinquished Date/Time: _____ By: _____		Received in Lab Date/Time: _____ By: _____	
Container Type: _____ Preservative: _____		G = Glass NO = none P = Plastic S = Sulfuric acid pH2		Turnaround Time Requested: (Please circle) NORMAL or EXPEDITED IN _____ DAYS		Field pH calibration on 6.85 @ _____ Buffer: _____		Remarks: Air uses per sample labeled 72085 230015	
Who should AIC contact with questions: _____ Phone: _____ Fax: _____		Report Attention to: _____ Report Address to: _____		Comments: COPY TO JOO TAYLOR & DAVID PHILLIPS (jtaylor@ewm.com) (dphillips@ewm.com)		FORM 0060		UPS # 1Z AEW428 019467 6650	

Inspection Report: **Eco-Vista Landfill**, AFIN: **72-00144**, Permit #: **ARG160045**
Attachment 3: Aerial View of Outfall 001 and Outfall 003 (red line indicates drainage).



From: [Taylor, Jodi](#)
To: [Water-Inspection-Report](#); [Holden, Matthew](#)
Cc: [Phillips, David](#); [Murray Sr, Tim](#)
Subject: Stormwater Inspection Response
Date: Friday, September 18, 2015 3:27:14 PM
Attachments: [EVLf - Stormwater inspection response.pdf](#)

Good afternoon! Attached please find our response to the stormwater inspection conducted on August 26, 2015. Please do not hesitate to contact me should you have questions or require further information.

Thank you,

Jodi Taylor
Environmental Protection Manager - Arkansas
jtaylo28@wm.com

Waste Management of Arkansas, Inc.
Arkansas Tennessee Alabama Kentucky Market Area
100 Two Pine Drive
North Little Rock, AR 72117
Office 501.982.7336
Direct 501.487.6160
Cell 501.993.8966
Fax 501.982.2606

Waste is a resource. Waste Management captures value from waste streams by recycling and generating clean, renewable energy. Surprised? Learn how at www.wm.com.

Recycling is a good thing. Please recycle any printed emails.



Eco-Vista, LLC
2210 Waste Management Drive
Springdale, Arkansas 72762
(479) 361-2069 Phone
(479) 362-5935 Fax

September 18, 2015

Arkansas Department of Environmental Quality
Attention: Mr. Matthew Holden, Stormwater Division
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

Re: Eco-Vista Landfill – Stormwater Inspection, August 26, 2015
AFIN 72-00144; Permit Number ARG160045
Response to ADEQ Stormwater Inspection

Dear Mr. Holden:

As requested in your letter dated September 8, 2015, following are responses to the ADEQ Stormwater Inspection conducted on August 26, 2015 at the Eco-Vista Landfill. This submittal will address the items identified in the inspection letter and incorporate our comments to the inspection items. Your comments are listed first **in bold** print followed by the appropriate response from Eco-Vista, LLC, a Waste Management company.

Comment 1: Trees and shrubs were observed growing along the levees and inside the sedimentation ponds, which could impair the integrity of the ponds. This is in violation of Part 4.1 of your permit.

Response: WM is currently assessing the area for vegetation removal; however, this activity will involve dewatering of the ponds and rental of special equipment to access the area. Cleaning of vegetation from the pond cannot be safely accomplished until the ground is dry enough and stable enough to safely support the heavy equipment. WMA would like to plan a cleanout event for late Spring-early Summer when the ground should be drier and able to support the heavy equipment that will be used.

Comment 2: Lab Analyses from samples taken from Outfall 001A on June 22, 2015 indicate that the facility was unable to meet the holding time for pH as required by 40 CFR Part 136 (Attachment 1). This is in violation of Part 5.3 of your permit.

Response: WM personnel pulled field pH readings on site during sample collection and noted this on the chain of custody; however, the note was made in the calibration section so it was rather unclear. American Interplex stated they will automatically add a disclaimer to their laboratory report that the “analytical holding time exceeds regulatory requirements” because the regulation states the pH must be taken as soon as possible.

Comment 3: The Chain of Custody (COC) for samples taken from Outfall 001A on June 22, 2015 did not include preservatives used, type of sample (grab or composite), container type, sample matrix, or analyses requested (Attachment 2). This is in violation of Part 5.8 of your permit.

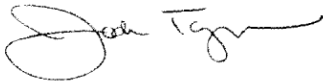
Response: Failure to properly complete the COC has been reviewed with site personnel.

Because the Eco-Vista Landfill rarely discharges stormwater, a flow meter has not been installed. WM-Eco-Vista Landfill calculates instantaneous flow by using a five-gallon bucket during discharge. This method utilizes a 5-gallon bucket and a watch or clock with a second hand to complete the following procedure.

1. Count how many seconds it takes to fill the bucket with the water leaving the geothermal heat pump's water coil.
2. Divide 5 (gallons) by the number of seconds it took to fill the bucket, and then multiply by 60 (seconds).

We greatly appreciate your time and attention in this matter. Should you have questions or require further information, please do not hesitate to contact me at 501-982-7336 or 501-993-8966.

Sincerely,
Waste Management of Arkansas, Inc.

A handwritten signature in black ink, appearing to read "Jodi Taylor". The signature is fluid and cursive, with a large initial "J" and a long, sweeping tail.

Jodi Taylor
Environmental Protection Manager – Arkansas

ADEQ

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

October 1, 2015

Charles Gillian
Waste Management of Arkansas
100 Two Pine Drive
North Little Rock, AR 72117

Re: Eco-Vista Landfill Inspection Response
AFIN: 72-00144 Permit No.: ARG160045

Dear Mr. Gillian:

I have reviewed your response pertaining to my August 26, 2015, inspection of the above referenced facility. However, the information provided does not sufficiently address the violations referenced in my inspection report. Please provide the following:

1. Calibration records for on-site pH monitoring. Specifically, please provide pH meter calibration records for the last discharge at the facility.
2. Photographs of the geothermal heat pump's water coil where flow monitoring is measured.

The above item requires your immediate attention. Please submit a written response to these items to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-report@adeq.state.ar.us. This response is due by October 14, 2015.

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

From: [Taylor, Jodi](#)
To: [Water-Inspection-Report](#)
Cc: [Holden, Matthew](#)
Subject: Response to October 1, 2015 Eco-Vista Inspection Letter
Date: Friday, October 09, 2015 1:31:52 PM
Attachments: [EVLf - Stormwater inspection response 2-10.15.pdf](#)

Attached please find our response to the October 1, 2015 letter regarding the Eco-Vista Landfill stormwater discharge.

Thank you!

Jodi

Jodi Taylor
Environmental Protection Manager - Arkansas
jtaylo28@wm.com

Waste Management of Arkansas, Inc.
Arkansas Tennessee Alabama Kentucky Market Area
100 Two Pine Drive
North Little Rock, AR 72117
Office 501.982.7336
Direct 501.487.6160
Cell 501.993.8966
Fax 501.982.2606

Waste is a resource. Waste Management captures value from waste streams by recycling and generating clean, renewable energy. Surprised? Learn how at www.wm.com.

Recycling is a good thing. Please recycle any printed emails.



Eco-Vista, LLC
2210 Waste Management Drive
Springdale, Arkansas 72762
(479) 361-2069 Phone
(479) 362-5935 Fax

October 9, 2015

Arkansas Department of Environmental Quality
Attention: Mr. Matthew Holden, Stormwater Division
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

Re: Eco-Vista Landfill – Stormwater Inspection, August 26, 2015
AFIN 72-00144; Permit Number ARG160045
ADEQ Stormwater Inspection Letter dated October 1, 2015

Dear Mr. Holden:

Below please find responses to the October 1, 2015 ADEQ Stormwater Inspection correspondence regarding the Eco-Vista Landfill. Your comments are listed first in **bold** print followed by the appropriate response from Eco-Vista, LLC, a Waste Management company.

Request 1: Please provide calibration records for on-site pH monitoring. Specifically, please provide pH meter calibration records for the last discharge at the facility.

Response: Please see attached records.

Request 2: Please provide photographs of the geothermal heat pump's water coil where flow monitoring is measured.

Response: The Eco-Vista Landfill does not have a geothermal heat pump. This was a typographic error in the standard operating procedure. This response should have read:

Because the Eco-Vista Landfill rarely discharges stormwater, a flow meter has not been installed. WM-Eco-Vista Landfill calculates instantaneous flow by using a five-gallon bucket during discharge. This method utilizes a 5-gallon bucket and a watch or clock with a second hand to complete the following procedure.

- 1. Count how many seconds it takes to fill the bucket with the water leaving the stormwater pond.*
- 2. Divide 5 (gallons) by the number of seconds it took to fill the bucket, and then multiply by 60 (seconds).*

We greatly appreciate your time and attention in this matter. Should you have questions or require further information, please do not hesitate to contact me at 501-982-7336 or 501-993-8966.

Sincerely,
Waste Management of Arkansas, Inc.

Jodi Taylor
Environmental Protection Manager – Arkansas

ECO-VISTA
PH METER CALIBRATION LOG

12/22/14

CALIBRATED BY STEVE PECY

≠ DAVID PHILLIP

STORMWATER SAMPLES

6/22/15

CALIBRATED BY DAVID PHILLIP

STORMWATER SAMPLES

ADEQ

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

October 13, 2015

Charles Gillian,
Waste Management of Arkansas
100 Two Pine Drive
North Little Rock, AR 72117

Re: Eco-Vista Landfill Inspection Response
AFIN: 72-00144 Permit No.: ARG160045

Dear Mr. Gillian:

I have reviewed the response pertaining to my August 26, 2015, inspection of the above referenced facility. The Department requests that all future monitoring procedures and records comply with section 5.3 Monitoring Procedures and section 5.8 Record Contents of your permit. Please be aware that monitoring and record contents must be in accordance with 40 CFR Part 136, and record contents must include: time and methods of sampling, analytical techniques used, sampling equipment used (Automated electrode meter), as well as slope and temperature at device calibration. 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 Inspector
Water Division