

# ADEQ

ARKANSAS  
Department of Environmental Quality

September 22, 2016

Michael L. Hohnadel, Vice Pres. of Manufacturing  
Georgia Pacific, LLC  
Crossett Operations P.O. Box 3333  
Crossett, AR 71635

**RE: Georgia Pacific, LLC-Crossett Inspection (Ashley Co)**  
**AFIN: 02-00013 NPDES Permit No.: AR0001210**

Dear Mr. Hohnadel:

On September 7, 2016, 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](mailto: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 **October 6, 2016**.

If I can be of any assistance, please contact me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us) or (501) 837-2073.

Sincerely,



Michael Young  
District 8 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality	<b>WATER DIVISION INSPECTION REPORT</b>				
	AFIN: <b>02-00013</b>	PERMIT #: <b>AR0001210</b>	DATE: <b>9/7/2016</b>		
	COUNTY: <b>02 Ashley</b>	PDS #: <b>092853</b>	MEDIA: <b>WN</b>		
	GPS LAT: <b>33.136393</b> LONG: <b>-91.967238</b> LOCATION: <b>Entrance</b>				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Georgia Pacific, LLC-Crossett</b> LOCATION: <b>100 Mill Supply Road</b> CITY: <b>Crossett, AR</b>		FACILITY TYPE: <b>2 - Industrial</b> INSPECTOR ID#: <b>101531 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>9/7/2016</b> ENTRY TIME: <b>09:02</b> EXIT TIME: <b>17:02</b> PERMIT EFFECTIVE DATE: <b>9/30/2010</b> PERMIT EXPIRATION DATE: <b>10/31/2015</b>			
NAME / TITLE: <b>Michael L. Hohnadel / Vice Pres. of Manufacturing</b> COMPANY: <b>Georgia Pacific, LLC</b> MAILING ADDRESS: <b>Crossett Operations P.O. Box 3333</b> CITY, STATE, ZIP: <b>Crossett AR 71635</b> PHONE & EXT. / FAX: <b>870-567-8144 /</b> EMAIL:		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Rachel Johnson/ Environmental Engineer/870-567-8170</b> <b>Sarah Ross/Environmental Manager/870-567-8170</b> <b>Tobin Fulmer/ADEQ District 8 Water Inspector</b>			
<b>AREA EVALUATIONS</b> (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>M</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>M</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>S</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
1.) Samples collected at Outfall 001 are transported to the laboratory without being maintained at 6°C for the entirety of transport. This is a violation of 40 CFR 136 Table II Footnote 2. SEE SAMPLE PRESERVATION COMMENTS.					
2.) Flow is being reported as a calculated flow for Internal Outfalls 101, 102, and 103. The permitted same type for these outfalls is instantaneous. This is a violation of permit condition Part III. (C.) (2.). SEE FLOW REPORTING COMMENTS.					

**GENERAL COMMENTS**

On September 7, 2016 I performed a Compliance Evaluation Inspection at Georgia-Pacific (G-P) Crossett with Tobin Fulmer, ADEQ District 8 Water Inspector. I completed the inspection with Sarah Ross, G-P Environmental Manager, and Rachel Johnson, G-P Environmental Engineer.

**SAMPLE PRESERVATION COMMENTS:**


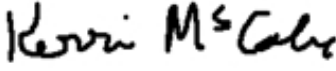
During the inspection; the collection, preservation, and analysis of samples at G-P Crossett was thoroughly discussed. The samples from Outfall 001 are collected by a composite sampler into a glass jug that collects a 24-hour composite sample that is composited according to flow. The samples are then transported to the G-P lab ~6 miles away from the outfall. During the transport, the samples cannot be ensured that they are maintaining  $\leq 6^{\circ}\text{C}$  because they are not being transported on ice or under refrigerated conditions. The regulation that samples maintain  $\leq 6^{\circ}\text{C}$  can be found in 40 CFR 136 Table 2. Also, be aware that samples requiring preservation using an additive (i.e., sulfuric acid, nitric acid, etc.) is quoted from Footnote 2 as follows, "Add the preservative to the sample container prior to sample collection when the preservative will not compromise the integrity of a grab sample, a composite sample, or an aliquot split from a composite sample; otherwise, preserve the grab sample, composite sample, or aliquot split from a composite sample within 15 minutes of collection." Additionally, I recommended that the laboratory log the temperature of samples when they arrive at the lab and prior to being refrigerated for analysis or packaged for shipping.

**FLOW REPORTING COMMENTS:**

There are three internal outfalls at G-P Crossett that are monitored under permit AR0001210. According to the permit, the sample type at these outfalls for flow is an instantaneous measurement. On the DMRs submitted, the facility indicates TOTALIZED flow as the sample type with a notation that "[...] totalized means a 24-hour average daily flow based on multiple totalized and estimated flows." Reporting of this flow was demonstrated to be based on a calculation and according to permit condition Part III. (C.) (2.), "Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges." The facility needs to change the sample type for the internal outfalls to calculated and submit the formulation for calculation to ADEQ Water Division Permits Branch.

**CITY OF CROSSETT CONTRACT COMMENTS:**

Georgia-Pacific Crossett and the City of Crossett have an agreement that G-P will receive treated effluent from the city. The treated wastewater from the City of Crossett is then discharged through Outfall 001 and SMS 002 and sampled according to the G-P permit. The agreement has TSS and CBOD5 limits that the city must meet and requirements for sampling and reporting results to G-P. During the inspection, Sarah Ross, Rachel Johnson, Tobin Fulmer, and I visited the City of Crossett and met with Jeff Harrison, City of Crossett Public Works Director. I inspected the documentation maintained by the City of Crossett and the facility that is used to treat wastewater. The City of Crossett maintains a collection system that contains nine (9) lift stations. The wastewater in Crossett is gravity fed to the lift stations, enters force mains, and is then discharged to the main lift station at the City's wastewater treatment lagoons (see Figure 1). The city maintains a two-cell lagoon system with baffle curtains in both lagoon cells (see Figure 1). During the inspection, the ponds were in operation and the levees had no deterioration that was observed. Flow is measured at a location prior to being gravity fed to the G-P effluent stream (see Figure 1). Flow is being measured using an improper secondary device (see Photos 1-3). Flow at this facility during the month of August 2016 ranged from flows of 0.12 MGD to 3.80 MGD. The design of this treatment system is stated to be 1 MGD. High flows of 3+ MGD are in association with rainfall recorded by the facility. Infiltration and inflow (I&I) issues may be causing the variations in flow, and a collection system inspection may be needed in the future to determine if sanitary sewer overflows (SSOs) are frequent and whether the system is able to operate efficiently during high flow events and storm events. There is no reporting requirement for SSOs in the City of Crossett or with the G-P permit.

INSPECTOR'S SIGNATURE: 	Michael Young	DATE: 9/21/2016
SUPERVISOR'S SIGNATURE: 	Kerri McCabe	DATE: 9/22/2016

<b>SECTION A: PERMIT VERIFICATION</b>	
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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
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: <u>March flood event</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA 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: <u>Transport samples from Outfall 001 on ice.</u>	<input type="checkbox"/> Y <input checked="" 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

S M U NA NE

DETAILS: Outfall 001

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>Parshall flume</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: <u>Totalizer</u>	<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 E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS: SMS 002; monitoring station was in flood stage (+62') and not being monitored.

10. 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
11. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
12. 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
13. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
14. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
15. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
16. 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
17. 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
18. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS: Internal Outfalls 101, 102, and 103.

19. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>Flow is calculated and estimated</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
20. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
21. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
22. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
23. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
24. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
25. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: <u>Closed pipe</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
26. 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
27. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS: <u>G-P Lab analyzes BOD5, TSS, pH, and TRC for WET Testing</u></b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>Summit Environmental Technologies/Environ/American Interplex/Test America</u>	
b. LAB ADDRESS: <u>3310 Win Street Cuyahoga Falls, OH 44223/Brentwood, TN/Savannah, GA</u>	
c. PARAMETERS PERFORMED: <u>AOX, Dioxin, Chloroform, Chlorinated Phenolics/WET Testing/Metals, Nutrients, Pesticides/Color</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N	N	N	N	N	Dark/Tannic	--
SMS 002	NE	NE	NE	NE	NE	NE	Flood Stage
Internal 101, 102 and 103	NE	NE	NE	NE	NE	NE	Hazardous observation

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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE: <u>June 2016</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**FLOW CALCULATION SHEET**

Date: **09/07/2016**      Time: **15:22**

Head in Inches: **19.75**      Feet: **1.64**

Type & Size of Primary Flow Measurement Device: **8 foot Parshall flume**

Name & Model of Secondary Flow Measurement Device: **Milltronics OCM II**

Date of last Calibration of Secondary Flow Device: **Monthly/Daily**

Recorded Flow at Date & Time Listed Above: **43.88** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **45.79**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	43.88	-	45.79	X 100
	45.79			

% Error =	-1.91	X 100
	45.79	

% Error =	0.04	X 100
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% Error =	<b>4</b>	%
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Comments: **Within 10%**



**DMR Calculation Check**

Reporting Period: From 2016 06 01 To 2016 06 30  
 Year Month Day Year Month Day

Parameter Checked: TSS – Outfall  
001

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>6320</u>	<u>15</u>	<u>27</u>
Calculated Value:	<u>6320</u>	<u>15</u>	<u>27</u>
Permit Value:	<u>37720</u>	<u>119.6</u>	<u>222.4</u>

If calculated value does not equal reported value, explain:

Equal

**DMR Calculation Check**

Reporting Period: From 2016 03 01 To 2016 03 31  
 Year Month Day Year Month Day

Parameter Checked: Phosphorus  
as P

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>326.0</u>	<u>0.78</u>	<u>0.97</u>
Calculated Value:	<u>326.0</u>	<u>0.78</u>	<u>0.97</u>
Permit Value:	<u>Req. Monthly</u>	<u>Req. Monthly</u>	<u>Req. Monthly</u>

If calculated value does not equal reported value, explain:

Equal

**Water Division Photographic Evidence Sheet**

Location:	<b>Georgia Pacific, LLC-Crossett</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>09/07/2016</b>
Witness:	<b>Tobin Fulmer; Sarah Ross; Rachel Johnson; Jeff Harrison</b>	Time:	<b>14:30</b>
Description:	<b>Secondary device designed by the facility to provide a reading from primary device.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>09/07/2016</b>
Witness:	<b>Tobin Fulmer; Sarah Ross; Rachel Johnson; Jeff Harrison</b>	Time:	<b>14:30</b>
Description:	<b>White PVC is a "stilling well" where secondary flow measurements are achieved.</b>		



Water Division Photographic Evidence Sheet			
Location:	Georgia Pacific, LLC-Crossett		
Photographer:	Michael Young	Date:	09/07/2016
Witness:	Tobin Fulmer; Sarah Ross; Rachel Johnson; Jeff Harrison	Time:	14:30
		Photo #:	3
Description:	Primary flow measurement device has a staff gauge. Facility needs to use staff gauge or approved secondary device as according to G-P.		
			



**Figure 1. City of Crossett wastewater lagoons. Cell 1 has a baffle curtain installed throughout the entirety of the lagoon. Cell 2 has baffle curtains that separate the water into four (4) sections. Flow is measured prior to being discharged to G-P effluent stream.**



**From:** [Johnson, Rachel M. \(Crossett\)](#)  
**To:** [Water-Inspection-Report](#)  
**Cc:** [Young, Michael](#)  
**Subject:** Georgia-Pacific Crossett LLC - NPDES Permit #AR0001210  
**Date:** Thursday, October 06, 2016 4:47:04 PM  
**Attachments:** [Response to Inspection Findings - Oct 2016.pdf](#)

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Please accept the attached letter from Georgia-Pacific Crossett LLC (NPDES Permit #AR0001210) in response to the inspection report dated September 22, 2016. Feel free to contact me if there are any questions or concerns regarding this submittal.

Sincerely,  
Rachel M. Johnson  
Environmental Engineer  
Crossett Paper Operation  
(870) 567-8170



Georgia-Pacific Crossett LLC  
Consumer Products

Crossett Paper Operations  
100 Mill Supply Road  
P.O. Box 3333  
Crossett, AR 71635  
(870) 567-8000  
(870) 364-9076 (fax)  
www.gp.com

October 6, 2016

Water Division – Inspection Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Reference: Georgia-Pacific Crossett LLC  
NPDES Permit # **AR0001210**

Dear Sir or Madam:

On September 7, 2016, Michael Young, District 8 Field Inspector, performed an inspection of the Georgia-Pacific Crossett Paper Operations' - NPDES Permit # **AR0001210**. Two findings were noted during the inspection and were included in the written report dated September 22, 2016. Please see below for a response to each finding.

**Finding 1.** Samples collected at Outfall 001 are transported to the laboratory without being maintained at 6°C for the entirety of transport. This is a violation of 40 CFR 136 Table II footnote 2.

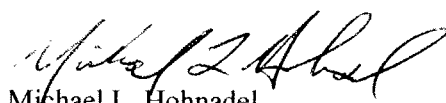
**Response to Finding 1.** Coolers of ice have been utilized in transporting samples back to the lab since the date of the inspection. Sampling procedures have been updated to include the transportation of samples on ice for all samples collected at Outfall 001. This will ensure that samples are maintained at 6°C or less.

**Finding 2.** Flow is being reported as a calculated flow for Internal Outfalls 101, 102, and 103. The permitted sample type for these outfalls is instantaneous. This is a violation of permit condition Part III. (C.) (2.).

**Response to Finding 2.** This item had already been identified by the facility and has been addressed in the NPDES permit renewal process. A request was submitted to Loretta Reiber as part of our comments on the Pre-Draft Permit dated May 6, 2016 to allow calculated flow measurements from the Internal Outfalls 101, 102 and 103 in the renewal permit. Based on discussions with Ms. Reiber, the permit language will be revised to accommodate this request.

If you have any questions or need additional information, please feel free to contact Sarah Ross at (870) 567-8670 or by email at [sarah.ross@gapac.com](mailto:sarah.ross@gapac.com).

Sincerely,

  
Michael L. Hohnadel  
Vice President of Manufacturing  
Crossett Paper Operations

cc: Michael Young

# ADEQ

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

October 14, 2016

Michael L. Hohnadel, Vice Pres. of Manufacturing  
Georgia Pacific, LLC  
Crossett Operations P.O. Box 3333  
Crossett, AR 71635

**RE: Response to Inspection (Ashley Co)**  
**AFIN: 02-00013** **NPDES Permit No.: AR0001210**

Dear Mr. Hohnadel:

I have reviewed the response pertaining to my September 7, 2016 inspection of the Georgia-Pacific facility in Crossett, AR. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 837-2073 or you may e-mail me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us).

Sincerely,



Michael Young  
District 8 Field Inspector  
Water Division