

# ADEQ

ARKANSAS  
Department of Environmental Quality

February 28, 2017

Jonathan Kopp, General Manager  
City of Walnut Ridge  
216 Southwest Fourth Street  
Walnut Ridge, AR 72476

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

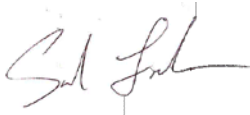
Dear Mr. Kopp:

On January 26, 2017, I performed a Compliance Evaluation Inspection and SSO/Collection System 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 reports are 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 **March 14, 2017**.

If I can be of any assistance, please contact me at 870-935-7221 ext.-15 or [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division



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

## WATER DIVISION INSPECTION REPORT

AFIN: <b>38-00040</b>	PERMIT #: <b>AR0046566</b>	DATE: <b>1/26/2017</b>
COUNTY: <b>38 Lawrence</b>	PDS #: <b>095543</b>	MEDIA: <b>WN</b>
GPS LAT: <b>36.067628</b> LONG: <b>-90.97220</b> LOCATION: <b>Entrance</b>		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>City of Walnut Ridge</b> LOCATION: <b>1002 West Oak Street</b> CITY: <b>Walnut Ridge</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>112347 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>1/26/2017</b> ENTRY TIME: <b>09:30</b> EXIT TIME: <b>14:30</b> PERMIT EFFECTIVE DATE: <b>7/1/2016</b> PERMIT EXPIRATION DATE: <b>6/30/2021</b>
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: <b>***</b> FAYETTEVILLE SHALE VIOLATIONS: <b>***</b>
NAME / TITLE: <b>Jonathan Kopp / General Manager</b> COMPANY: <b>City of Walnut Ridge</b> MAILING ADDRESS: <b>216 Southwest Fourth Street</b> CITY, STATE, ZIP: <b>Walnut Ridge AR 72476</b> PHONE & EXT. / FAX: <b>/</b> EMAIL:	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: <b>No</b>	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jeremy Lewis/Wastewater Operator</b>

### AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

<b>S</b>	PERMIT	<b>M</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>M</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>M</b>	FACILITY SITE REVIEW
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>M</b>	SELF-MONITORING PROGRAM
<b>M</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				

### SUMMARY OF FINDINGS

The following violations were noted at the time of the inspection:

1. **Improper Operation and Maintenance in violation with Part III, Section B of the permit.**
  - a. Clarifier is in need of cleaning (Photos 1-3)
  - b. Bar screen not operational and is in the process of being repaired
  - c. Two mixers were not operational
2. **Regular flow meter calibration checks were not performed in violation of Part III, Section C.2 of the permit. Calibration checks ensure the flow meter is working properly.**
3. **Flow records available did not have a time recorded or the initial of the person taking the measurements in violation of Part III, Section C.8 of the permit.**
4. **The temperature was not properly recorded from the composite sampler. The operator must ensure that the temperature is adequate for sample preservation by keeping a temperature log.**



**GENERAL COMMENTS**

**Operator and General Manager met with the Enforcement Branch earlier in the week to discuss the Consent Administration Order and Corrective Action Plan.**

**The facility is a Biolac plant that was built in 1994 and is showing signs of age and deterioration. The Operator informed us that the City is looking at possibilities to build a new plant.**

**Brent Walker, District 3 Water Inspector, also participated in this inspection.**

**A SSO/Collection System Inspection was performed in conjunction with this inspection. Please view letter for further details.**

INSPECTOR'S SIGNATURE:  <b>Sarah Frasher</b>	DATE: <b>2/24/2017</b>
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>	DATE: <b>2/27/2017</b>

<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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" 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 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: <u>Time not recorded for flow records</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES: <u>Person measuring flow not recorded</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Clarifier needs cleaning</u>	<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 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE: <u>Mixers and bar screen not operational</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 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

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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>Temperature log of composite sampler not recorded</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
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Calibration checks not routinely performed</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>90° V-notch weir</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Ultrasonic Flow Meter ISCO</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input 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>Arkansas Testing</u>	
b. LAB ADDRESS: <u>Searcy, AR</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3+NO2-N, Total Recoverable Mercury, pH, Chronic WET Testing</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	Low	N/A	N/A	clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL MEETS 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:</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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): <u>Agricultural</u>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
<b>SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: <b>1/26/2017</b>				Time: <b>10:22</b>	
Head in Inches:		Feet: <b>0.55</b>			
Type & Size of Primary Flow Measurement Device: <b>Ultrasonic Flow Meter ISCO</b>					
Name & Model of Secondary Flow Measurement Device:				<b>90° V-notch</b>	
Date of last Calibration of Secondary Flow Device:				<b>8/2/2016</b>	
Recorded Flow at Date & Time Listed Above:			<b>0.375</b>	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			<b>0.3625</b>		
<small>(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u>)</small>					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	0.375	-	0.3625	X 100	
	0.3625				
% Error =	0.0125	X 100			
	0.3625				
% Error =	0.0345	X 100			
% Error =	<b>3.45</b>	%			
Comments: <b><u>Within acceptable range</u></b>					

**DMR Calculation Check**

Reporting Period: From 2016 11 01 To 2016 11 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD

	<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>9.5</u>	<u>&lt;2.04</u>	<u>2.5</u>
Calculated Value:	<u>9.5</u>	<u>&lt;2.04</u>	<u>2.2</u>
Permit Value:	<u>99.2</u>	<u>10.0</u>	<u>15.0</u>

If calculated value does not equal reported value, explain: Differences due to rounding



**DMR Calculation Check**

Reporting Period: From 2016 10 01 To 2016 10 31  
 Year Month Day Year Month Day

Parameter Checked: NH4-N

	<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>0.5</u>	<u>0.16</u>	<u>0.2</u>
Calculated Value:	<u>0.5</u>	<u>0.17</u>	<u>0.2</u>
Permit Value:	<u>39.7</u>	<u>4.0</u>	<u>6.0</u>

If calculated value does not equal reported value, explain: Differences due to rounding

**Water Division Photographic Evidence Sheet**

Location:	<b>City of Walnut Ridge</b>				
Photographer:	<b>Sarah Frasher</b>	Date:	<b>1/26/2017</b>	Time:	<b>11:51</b>
Witness:	<b>Brent Walker</b>	Photo #:	<b>1</b>		
Description:	<b>View of the Clarifier facing east. Note accumulation of algae on weir plates.</b>				



Photographer:	<b>Sarah Frasher</b>	Date:	<b>1/26/2017</b>	Time:	<b>11:52</b>
Witness:	<b>Brent Walker</b>	Photo #:	<b>2</b>		
Description:	<b>Close-up view of the Clarifier. Note the accumulation of algae.</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Walnut Ridge</b>				
Photographer:	<b>Sarah Frasher</b>	Date:	<b>1/26/2017</b>	Time:	<b>11:53</b>
Witness:	<b>Brent Walker</b>	Photo #:	<b>3</b>		
Description:	<b>View of the Clarifier facing west. Note the accumulation of algae.</b>				





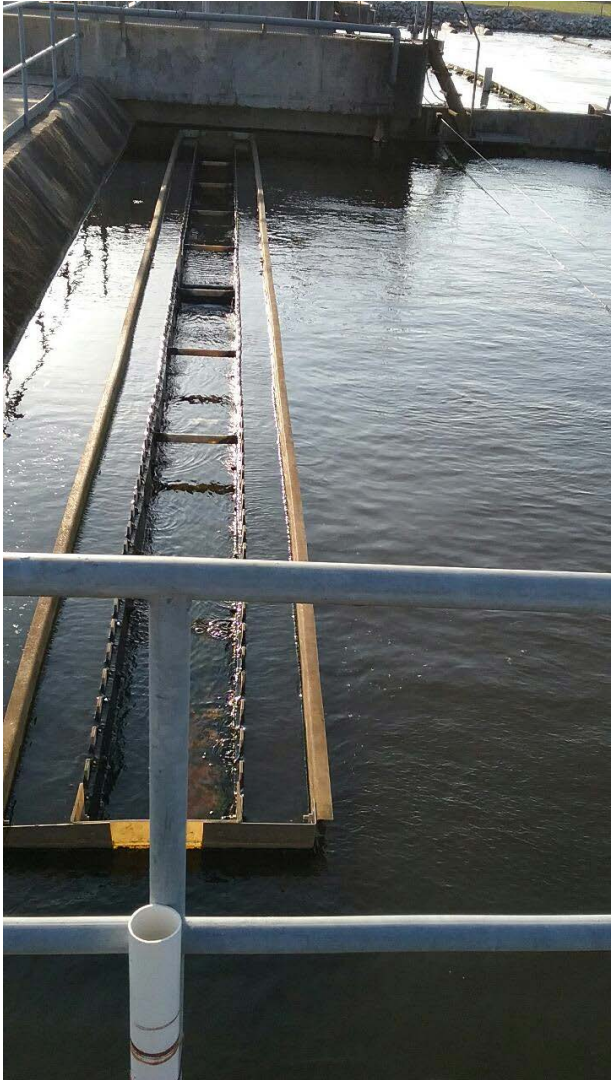
**From:** [Jonathan Kopp](#)  
**To:** [Water-Inspection-Report](#)  
**Subject:** Walnut Ridge Permit # AR0046566 Inspection report response  
**Date:** Monday, March 13, 2017 9:37:53 AM  
**Attachments:** [ADEQ site inspection reply March 2017.doc](#)

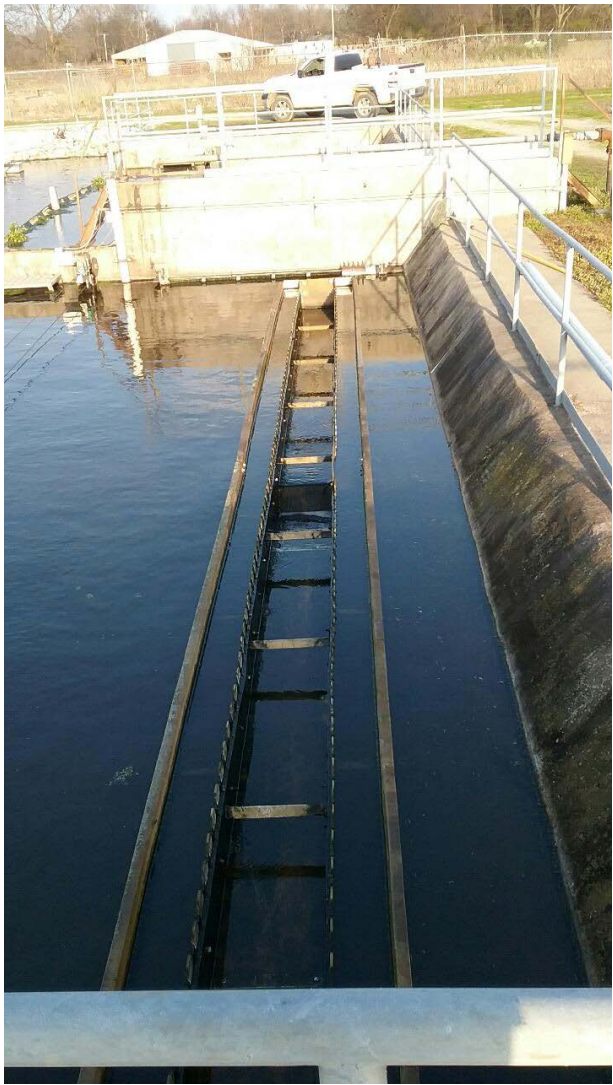
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I have attached the inspection report response conducted by the ADEQ on January 26, 2017. I have also attached photos to illustrate action taken to correct the findings in the inspection.

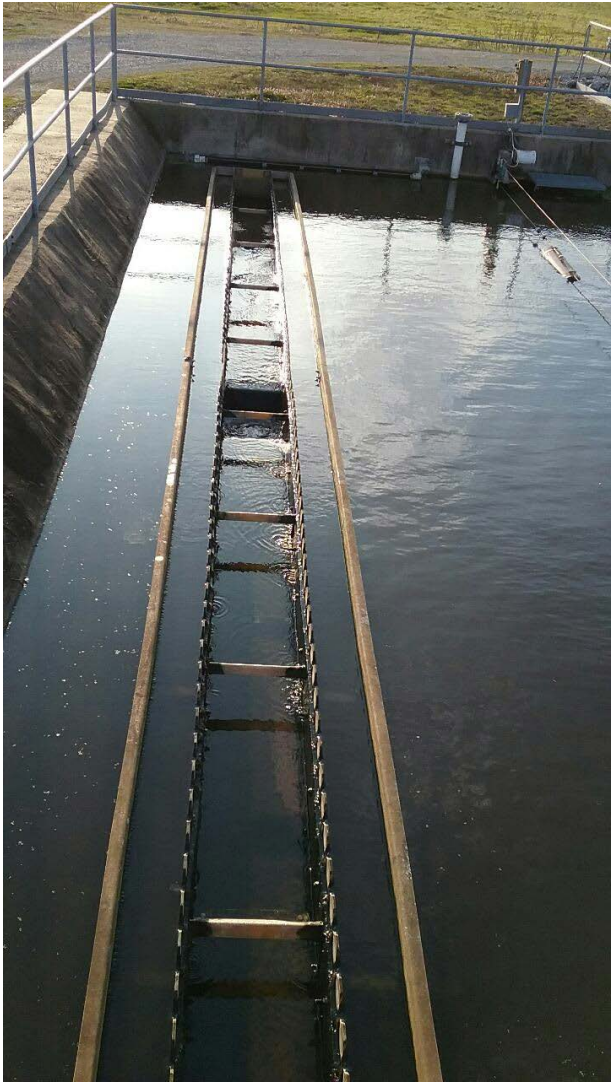












Thank You

## **Jon Kopp**

*Superintendent*

*City Water Works*

*216 SW 4th Street*

*Walnut Ridge AR 72476*

[jonathan.kopp@yahoo.com](mailto:jonathan.kopp@yahoo.com)

*(870)886-2312 office*

*(870)886-7824 fax*



*Commissioners:*  
Gary Little (chair)  
Leroy Johnson  
Ronnie Pierce  
Bill Wilcoxson  
Matt Nichols

# *City Water Works*

*216 SW 4<sup>th</sup> Street*

*Walnut Ridge, Arkansas 72476*

*PH: 870-886-2312 – FAX: 870-886-7824*

*Manager*  
*Jon Kopp*

All,

On January 26<sup>th</sup> 2017 a site visit was conducted at the Walnut Ridge Wastewater Plant and Collection System by Sarah Frasher. The following is a list of the corrective action and completed dates for summary of findings completed by the City Water Works.

Photos of work completed are also attached.

- Clarifier in need of cleaning: Clarifiers are skimmed daily to ensure no excess solids or growth becomes a hindrance in the treatment process.
- Wet Well at “Wal-Mart pump station” has been opened so as to allow access to wet well.
- Bar Screen out of operation and being repaired: At the time of inspection the bar screen was being repaired due to mechanical malfunction. The bar screen was put back into service on Tuesday the 31<sup>st</sup> of January. The bar screen was out of working condition for approximately a week during the time of rebuild.
- Mixers in the Northeast and Northwest corners of the aeration basin were being rebuilt: Both aeromix mixers were rebuilt and reinstalled on Thursday February 2<sup>nd</sup>.
- Regular Flow calibration checks not performed: A new flow calibration schedule has been created. Flow Calibrations will be conducted monthly starting immediately. Records will be kept on site.
- Temperature not properly recorded on composite sampler: Temperature for the sampler has been added to the operation report to be filled out daily.
- Flows recorded did not have time recorded or initial of person taking the measurements: Initial and time spaces have also been added to the operation sheet to be recorded daily.
- The wet well at the Village Creek Pump stations is scheduled to have excessive solids removed at the end of March.

Please let us know if there is any other action needed to be taken in order to stay in compliance with the NPDES Permit.

Thanks Again

Jon Kopp  
Superintendent  
City Water Works  
Walnut Ridge AR 72476

# ADEQ

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

March 23, 2017

Jonathan Kopp, General Manager  
City of Walnut Ridge  
216 Southwest Fourth Street  
Walnut Ridge, AR 72476

RE: Walnut Ridge Inspection Response  
Permit No.: AR0046566      AFIN: 38-00040

Dear Mr. Kopp:

I have reviewed the response pertaining to my January 26, 2017 inspection of the City of Walnut Ridge. 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 870-935-7221 ext.-15 or you may e-mail me at [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division