

ADEQ

ARKANSAS
Department of Environmental Quality

July 6, 2017

Honorable Robert McCaslin, Mayor
City of Bentonville
117 West Central Avenue
Bentonville, AR 72712

RE: Bentonville WWTP Inspection
AFIN: 04-00154 Permit No.: AR0022403

Dear Mayor McCaslin:

On May 22, 2017, I performed a Compliance Evaluation, SSO, and Stormwater No-Exposure Inspections 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 Office of Water Quality Compliance 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 **July 21, 2017**.

If I can be of any assistance, please contact me at grimesg@adeq.state.ar.us or 479-267-0811 ext. 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 04-00154		PERMIT #: AR0022403		DATE: 5/22/2017
		COUNTY: 04 Benton		PDS #: 097896		MEDIA: WN
		GPS LAT: 36.390939 LONG: -94.203999 LOCATION: Entrance				
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: Bentonville WWTP LOCATION: 1901 NE "A" Street CITY: Bentonville			FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 104111 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL			DATE(S): 5/22/2017 ENTRY TIME: 09:20 EXIT TIME: 10:20 PERMIT EFFECTIVE DATE: 7/1/2015 PERMIT EXPIRATION DATE: 6/30/2020			
NAME / TITLE: Robert McCaslin / Mayor COMPANY: City of Bentonville MAILING ADDRESS: 117 West Central Avenue CITY, STATE, ZIP: Bentonville AR 72712 PHONE & EXT. / FAX: / EMAIL:			FAYETTEVILLE SHALE RELATED: N			
CONTACTED DURING INSPECTION: No			FAYETTEVILLE SHALE VIOLATIONS: N			
INSPECTION PARTICIPANTS						
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Nancy Busim, Interim WW Manager, 479-271-3163 Chris Earl, Operations Foreman Roman Rios, Laboratory Pretreatment Supervisor Tim McGee, Lab Pretreatment Technician						
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
S	PERMIT	S	FLOW MEASUREMENT	**	STORMWATER	
M	RECORDS/REPORTS	S	LABORATORY	**	FACILITY SITE REVIEW	
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM	
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT	
**	OTHER:					
SUMMARY OF FINDINGS						
The following violation was noted during the inspection: 1. CBOD and TSS data reported on the DMR for March 2017 is not consistent with calculations.						
GENERAL COMMENTS						
INSPECTOR'S SIGNATURE: 				DATE: 06/21/2017		
SUPERVISOR'S SIGNATURE: 				DATE: 6/27/2017		

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:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>2' Parshall Flume</u> TYPE OF DEVICE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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>1.) American Interplex 2.) Huther and Associates</u>	
b. LAB ADDRESS: <u>1.) 8600 Kanis Road, Little Rock, AR 2.) 1156 North Bonnie Brae, Denton, TX</u>	
c. PARAMETERS PERFORMED: <u>1.) Sludge testing 2.) 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

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	NA	NA	Clear	NA	NA	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input 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):						<u>Land applied in Kansas or Missouri</u>	
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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: **05/22/2017** Time: **10:01**

Head in Inches: **14.75"** Feet: **1.229'**

Type & Size of Primary Flow Measurement Device: **24" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **ISCO 3010**

Date of last Calibration of Secondary Flow Device: **03/01/2017**

Recorded Flow at Date & Time Listed Above: **1.227', 7.126 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **7.126 MGD**

(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 =	7.126	-	7.126	X 100	
	7.126				

% Error =	0	X 100	
	7.126		

% Error =	0	X 100	
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% Error =	0	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2017 03 01 To 2017 03 31
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>3.9</u>	<u>2.1</u>	<u>2.5</u>
Calculated Value:	<u>63.9</u>	<u>2.1</u>	<u>2.6</u>
Permit Value:	<u>333.6</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

May be a typographical error.

	A	B	C	D	E
1	Date	CBOD (mg/L)	Eff Flow (MGD)	(lb/d)	
2	3/1/2017	2.0	2.533	42.3	
3	3/6/2017	1.5	2.381	29.8	
4	3/7/2017	1.6	3.286	43.8	
5	3/8/2017	1.9	2.697	42.7	
6	3/13/2017	1.7	3.502	49.6	
7	3/14/2017	1.8	3.256	48.9	
8	3/15/2017	1.8	2.950	44.3	
9	3/20/2017	3.5	2.463	71.9	
10	3/21/2017	2.1	2.363	41.4	
11	3/22/2017	2.0	3.809	63.5	
12	3/27/2017	2.1	5.079	88.9	
13	3/28/2017	2.4	6.269	125.5	
14	3/29/2017	3.3	5.007	137.8	
15		Average (lb/d) = 63.9			
16					

DMR Calculation Check

Reporting Period: From 2017 03 01 To 2017 03 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>85.27</u>	<u>2.93</u>	<u>2.93</u>
Calculated Value:	<u>85.27</u>	<u>2.9</u>	<u>3.3</u>
Permit Value:	<u>500.0</u>	<u>15</u>	<u>23</u>

If calculated value does not equal reported value, explain:
Rounding for the monthly average. It appears that the monthly average mg/l was used for the 7-day average on the DMR.

Water Division Photographic Evidence Sheet

Location:	Bentonville WWTP			
Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017	
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:21	
Description:	18" Parshall Flume for influent flow measurement.		Photo #:	1



Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017	
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:24	
Description:	Bar screen for grit removal.		Photo #:	2



Water Division Photographic Evidence Sheet

Location:	Bentonville WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:25
Description:	Grit removal.	Photo #:	3



Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:27
Description:	Clarifier for further grit removal.	Photo #:	4



Water Division Photographic Evidence Sheet

Location:	Bentonville WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Time:	9:33	Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ
Photo #:	5	Description:	Anoxic Basin.

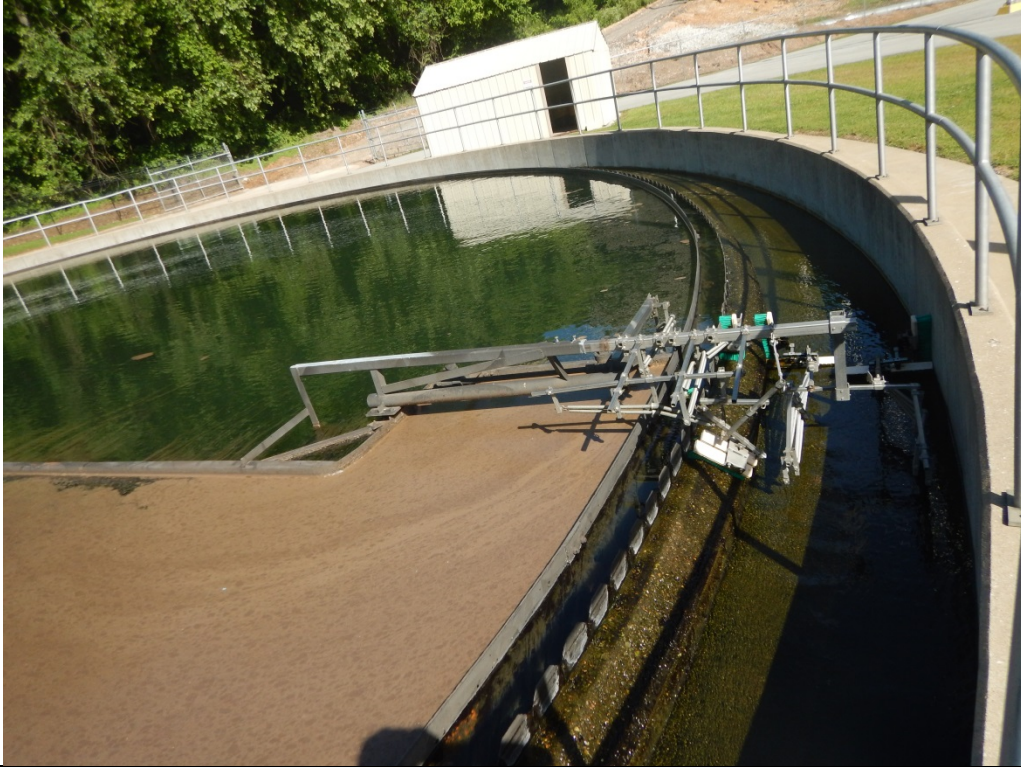


Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Time:	9:35	Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ
Photo #:	6	Description:	Oxidation ditch.



Water Division Photographic Evidence Sheet

Location:	Bentonville WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:47
Description:	Secondary clarifier.	Photo #:	7



Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:56
Description:	ISCO flow meter.	Photo #:	8



Water Division Photographic Evidence Sheet

Location:	Bentonville WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	9:57
Description:	24" Parshall Flume for effluent flow measurement.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ	Time:	10:04
Description:	Outfall 001.		



Water Division Photographic Evidence Sheet

Location:	Bentonville WWTP				
Photographer:	Garrett Grimes, District 1 Inspector	Date:	05/22/2017	Time:	10:17
Witness:	Jason Bolenbaugh, Compliance Branch Manager, ADEQ			Photo #:	11
Description:	Sludge digester.				

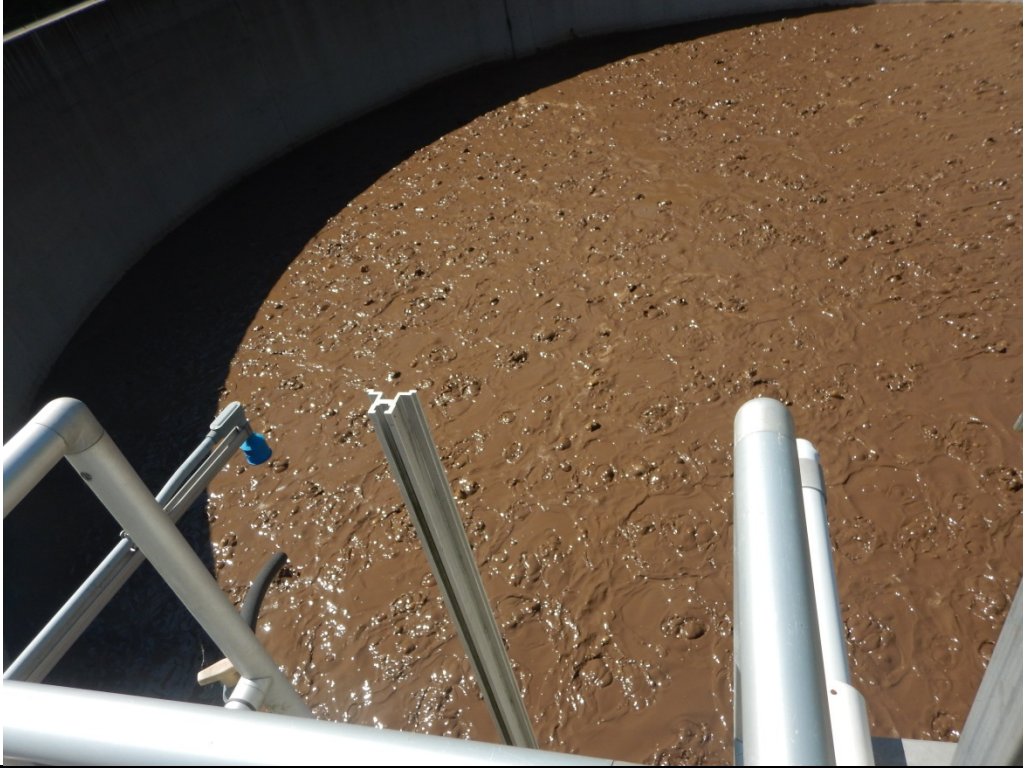


Figure 1: Map of Bentonville's Wastewater Treatment Plant.



From: [Nancy Busen](#)
To: [Water-Inspection-Report](#)
Cc: [Mike Bender](#); [Grimes, Garrett](#); [Bolenbaugh, Jason](#)
Subject: AR0022403 Response to Inspection Report
Date: Wednesday, July 19, 2017 1:32:48 PM
Attachments: [Signed Response to ADEQ Inspection Report.pdf](#)
[AR0022403DMR3-17 Corrected.pdf](#)
Importance: High

Attached please find the corrected DMR for March 20017 and a letter of response to results from the Bentonville Wastewater Utilities inspection conducted on May 22, 2017.

If there are questions, please contact me at 479-271-6749 or the email below.

Thank you,

*Nancy Busen, Manager
City of Bentonville Wastewater Utilities
1901 N.E. "A" Street
Bentonville, AR 72712
Phone: 479-271-3161
Fax: 479-271-3163
Email: nbusen@bentonvillear.com*

Code	Name	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 1		Req. <= 136.8 Monthly Average		Pounds per Day		<= 4.1 Monthly Average	<= 6.2 7 Day Average	Milligrams per Liter		Weekly	COMPOS
NODI:		NODI									
00630	Nitrite + Nitrate total [as N]	Smpl. = 145		lb/d		= 5.3	= 7.3	mg/L	0	02/07	CP
1 - Effluent Gross											
Season: 0		Req. Req Mon Monthly Average		Pounds per Day		Req Mon Monthly Average	<= 10 Daily Maximum	Milligrams per Liter		Twice Every Week	COMPOS
NODI:		NODI									
00665	Phosphorus, total [as P]	Smpl. = 1570		lb/yr		= 0.09	= 0.2	mg/L	0	01/07	CP
1 - Effluent Gross											
Season: 0		Req. <= 7310 Rolling Average		Pounds per Year		<= .6 Annual Average	<= 1.1 Daily Maximum	Milligrams per Liter		Weekly	COMPOS
NODI:		NODI									
50050	Flow, in conduit or thru treatment plant	Smpl. = 3.253	= 6.269	MGD					0	01/01	TM
1 - Effluent Gross											
Season: 0		Req. Req Mon Monthly Average	Req Mon Daily Maximum	Million Gallons per Day						Daily	TOTALZ
NODI:		NODI									
74055	Coliform, fecal general	Smpl.				= 3	= 5	#/100mL	0	01/07	GR
1 - Effluent Gross											
Season: 0		Req.				<= 200 30 Day Geometric	<= 400 7 Day Geometric	Number per 100 Milliliters		Weekly	GRAB
NODI:		NODI									
74062	Overflows	Smpl. = 1		occur/mo					1	999	999
S - See Comments										See Comments	See Comments
Season: 0		Req. Req Mon Monthly Total		Occurrences per Month							
NODI:		NODI									
74063	Overflow volume [SS0 volume, CS0 volume]	Smpl. = 1500		gal					1	999	999
S - See Comments										See Comments	See Comments
Season: 0		Req. Req Mon Monthly Total		Gallons						See Comments	See Comments
NODI:		NODI									
80082	BOD, carbonaceous [5 day, 20 C]	Smpl. = 63.9		lb/d		= 2.1	= 2.5	mg/L	0	01/07	CP
1 - Effluent Gross											
Season: 0		Req. <= 333.6 Monthly Average		Pounds per Day		<= 10 Monthly Average	<= 15 7 Day Average	Milligrams per Liter		Weekly	COMPOS
NODI:		NODI									

Edit Check Errors

No results.

DMR Comments

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 04-00154

Comments

Attachments

File Name	Type	Size	Remove
AR0022403-3-2017.pdf	Portable document format: Adobe Acrobat File	< 1 MB	

Report Last Saved By

User: ARL022403
Name: Nancy Busen
E-Mail: nbusen@bentonvillear.com
Date/Time: 07/19/17 8:13 CDT



Wednesday, July 19, 2017

To: Arkansas Department of Environmental Quality
Office of Water Quality Branch
5301 Northshore Drive
North Little Rock
AR 72118-5317

RE: Bentonville WWTP Inspection May 22, 2017
AFIN: 04-00154 Permit No. : AR0022403

To Whom It May Concern:

Regarding Section B, # 1., of the inspection conducted by District 1 Field Inspector Garrett Grimes on May 22, 2017.

I sincerely regret the reporting error on the DMR submitted for March 2017. The errors are corrected and the DMR is resubmitted as a corrected copy.

While this DMR was under thorough investigation, an error on the part of the Operator 10 Wastewater program was noted. Value #2, 0665 Phosphorous, Total (as P) was corrected from 0.2 to 0.09.

In the future, completed discharge monitoring reports will be printed and reviewed by two competent employees before final submission to the control authorities. Phosphorous and random spot checks will be recalculated in house to assure software accuracy.

The North Lift Station backup pump, noted as leaking in the report is ordered and will be replaced upon arrival of the new unit.

If you have further questions, please contact me at nbusen@bentonvillear.com or 479-721-6749

Respectfully submitted,

Nancy Busen, Wastewater Utilities Manager
City of Bentonville
1901 N.E. "A" Street,
Bentonville, AR 72712

City of Bentonville
Wastewater Utilities

1901 N. E. "A" Street
Bentonville, AR 72712

(479) 271-3161
FAX: (479) 271-3163

ADEQ

ARKANSAS
Department of Environmental Quality

July 21, 2017

Honorable Robert McCaslin, Mayor
City of Bentonville
117 West Central Avenue
Bentonville, AR 72712

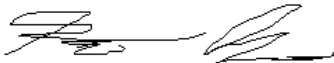
RE: Adequate Response to Inspection
AFIN: 04-00154 Permit No.: AR0022403

Dear Mayor McCaslin:

The Department has received your response to the inspection conducted on May 22, 2017. Your response adequately addresses the request in the Summary of Findings section of the report.

If I need further information concerning this matter, I will contact you. Thank you for your attention to this matter. If I can be any assistance please feel free to contact me at grimesg@adeq.state.ar.us or 479.267.0811 ext. 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality