

ADEQ

ARKANSAS
Department of Environmental Quality

January 4, 2018

William Johnson, Mayor
West Memphis Utilities
205 South Redding
West Memphis, AR 72301

RE: West Memphis WWTP Inspection
AFIN: 18-00879 Permit No.: AR0022039

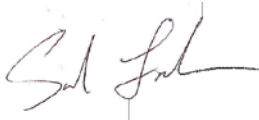
Dear Mayor Johnson:

On August 22, 2017, I performed a Compliance Evaluation Inspection, SSO/Collection System Inspection, and Industrial Stormwater Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **January 19, 2018**.

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

Sincerely,



Sarah Frasher
District 3 Field Inspector
Water Division



WATER DIVISION INSPECTION REPORT		
AFIN: 18-00879	PERMIT #: AR0022039	DATE: 8/22/2017
COUNTY: 18 Crittenden	PDS #: 100772	MEDIA: WN
GPS LAT: 35.124212 LONG: -90.179016 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: West Memphis WWTP LOCATION: 502 South Loop Rd. CITY: West Memphis	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State <hr/> FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation <hr/> DATE(S): 8/22/2017 ENTRY TIME: 09:28 EXIT TIME: 16:00 PERMIT EFFECTIVE DATE: 8/1/2013 PERMIT EXPIRATION DATE: 7/31/2018
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: William Johnson / Mayor COMPANY: West Memphis Utilities MAILING ADDRESS: 205 South Redding CITY, STATE, ZIP: West Memphis AR 72301 PHONE & EXT: / FAX: / EMAIL:	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: No	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Paul Holloway/Director of Wastewater/870-735-9862 Patricia Dixon/ Lab Analyst Todd Pedersen/ Assistant General Manager

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	M	EFFLUENT/RECEIVING WATER	M	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS

The following were noted during the inspection in violation of Part III, Section B.1.a. of the permit for Improper Operation and Maintenance:

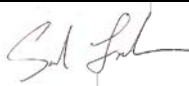

1. Accumulation of algae and floatable solids were observed on clarifier weirs (Photos 6-8)
2. Floatable solids was observed in the final outfall (Photo 12)

GENERAL COMMENTS

EQ Basin was observed with high vegetation inside levee and accumulation of sediment (Photo 16). Plans are in place to not only move the sediment near the pipe but also rework the entire basin. Mr. Holloway should be mindful of vegetation. Trees and other woody vegetation possess extensive root systems that can infiltrate lagoon levees resulting in leaks/seeps that could weaken levees to such a degree that a complete failure occurs.

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

A SSO/Collection System Inspection and Industrial Stormwater Inspection were performed in conjunction with this inspection. Please view attached letter for details.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 12/29/2017
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 1/3/2018

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input 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>Algae on clarifier weirs; floatable solids in final outfall</u>	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input 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>Yes</u> TYPE OF DEVICE: <u>ISCO Signature Flowmeter</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>Waypoint Analytical</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring, P, Nitrate, Nitrite</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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Floatable solids observed in final outfall</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	Moderate	N/A	Marginal	green	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge disposed in landfill</u>							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>(See the Industrial Stormwater Inspection Report)</u>							
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	

DMR Calculation Check

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

Parameter Checked: FCB

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>210</u>	<u>492</u>
Calculated Value:	<u>N/A</u>	<u>210</u>	<u>492</u>
Permit Value:	<u>N/A</u>	<u>1,000</u>	<u>2,00</u>

If calculated value does not equal reported value, explain: Equal

DMR Calculation Check

Reporting Period: From 2016 07 01 To 2016 07 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1,098</u>	<u>30</u>	<u>42.5</u>
Calculated Value:	<u>1,098</u>	<u>30</u>	<u>42.5</u>
Permit Value:	<u>1,576.3</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain: Equal

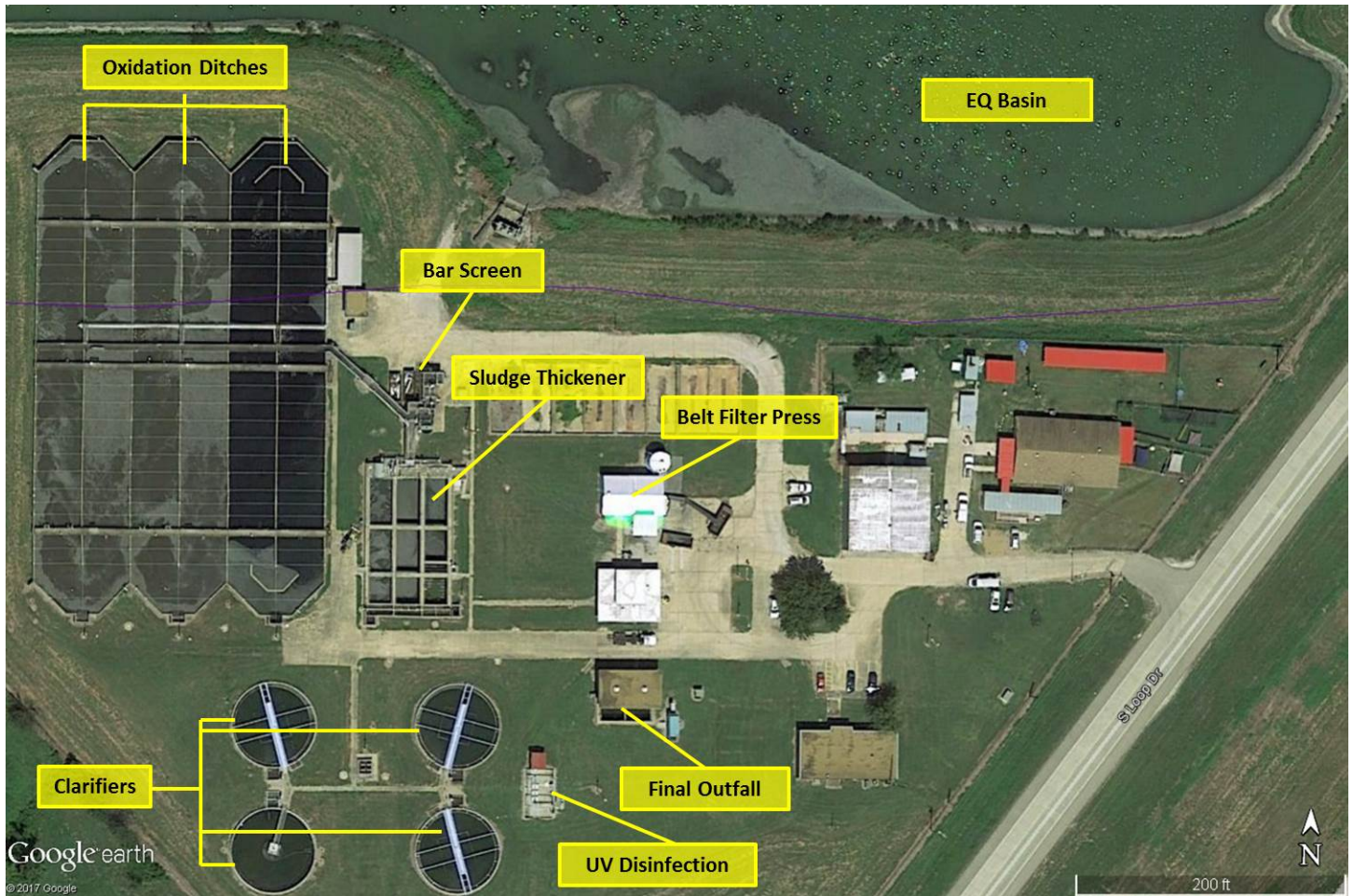


Figure 1. Google map of West Memphis WWTP with labels indicating the different parts of treatment at the facility.

Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:42
		Photo #:	1
Description:	View of the bar screen.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:43
		Photo #:	2
Description:	Southward view of Oxidation Ditches.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:44
		Photo #:	3
Description:	Northward view of the Oxidation Ditches.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:44
		Photo #:	4
Description:	Southward view of the Oxidation Ditches.		

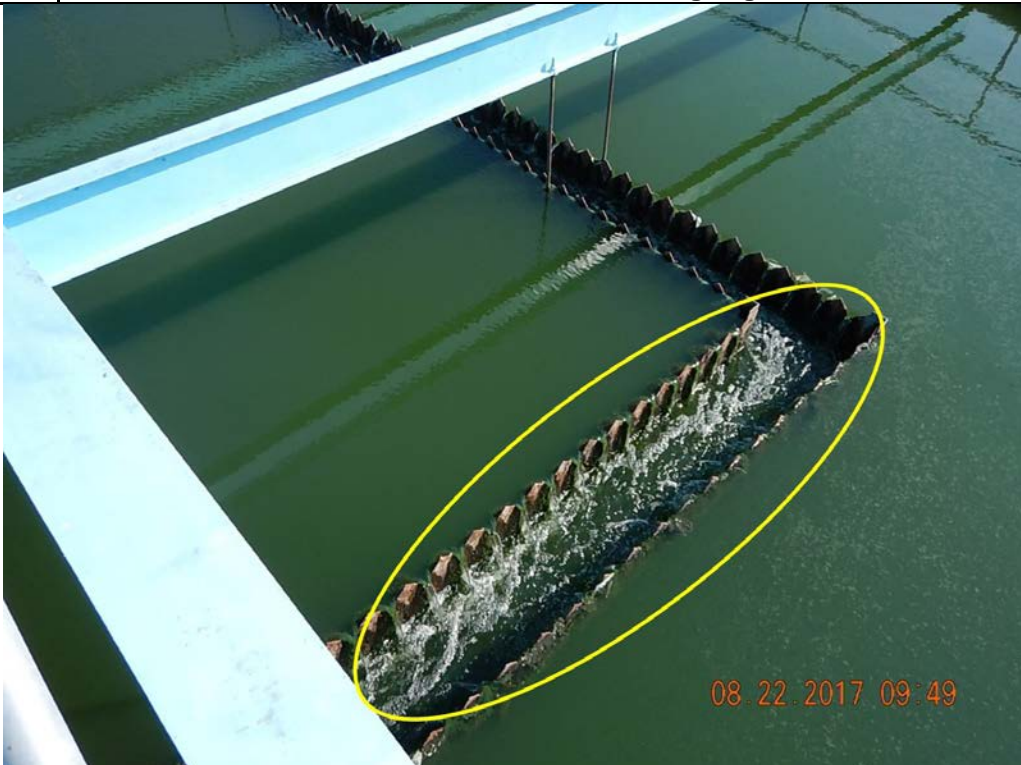


Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:48
		Photo #:	5
Description:	Overall view of the clarifiers.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:49
		Photo #:	6
Description:	View of clarifier weir. Note the accumulation of algae growth.		

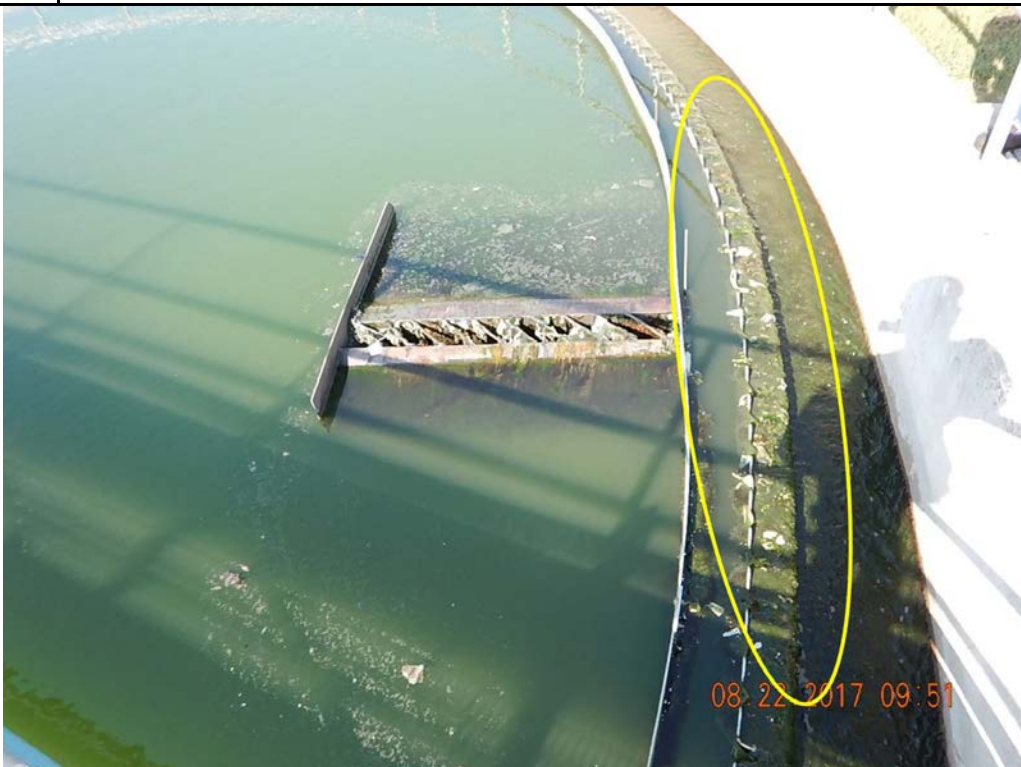


Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:53
		Photo #:	7
Description:	View of clarifier weir. Note the accumulation algae.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:51
		Photo #:	8
Description:	View of clarifier weir and scum trough. Note the accumulation of algae and floatable solids.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:58
Description:	View of the UV Disinfection.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	10:04
Description:	View of the flow measurement from the flow meter.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	10:04
		Photo #:	11
Description:	View of the modified sampler.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	10:05
		Photo #:	12
Description:	View of the final outfall. Note the floatable solids and green color.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:40
		Photo #:	13
Description:	View of the Sludge Thickener.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	9:38
		Photo #:	14
Description:	View of the Belt Filter Press.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	12:05
		Photo #:	15
Description:	View of the dumpster used for sludge disposal after the Belt Filter Press.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	12:00
		Photo #:	16
Description:	View of the EQ Basin. Note the vegetation and accumulation of sediment.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	11:59
		Photo #:	17
Description:	View of old sludge drying beds no longer in use.		





WEST MEMPHIS UTILITY COMMISSION
P O Box 1868 604 East Cooper
Phone: 870-735-3355 Fax: 870-732-7623
West Memphis, AR 72301

January 18, 2018

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

Re: Compliance Evaluation Inspection

This letter is in response to the Compliance Evaluation Inspection, SSO/Collection System Inspection and Industrial Stormwater Inspection date August 22, 2017. The findings and responses are listed below:

Summary of Finding for the Compliance Evaluation:

1. Accumulation of algae and floatable solids were observed on clarifier weirs
Our weirs were cleaned two weeks before the inspection. We are going to keep a better handle on the weir cleaning,
2. Floatable solids were observed in the final outfall.
The wet well behind the pump station is a trap for catching solids. We are getting new bar screens in 2018. This should help clean up the floating solids in the effluent.

General Comments on the Compliance Evaluation:

EQ Basin was observed with high vegetation inside the levee and accumulation of sediment.

The EQ Basin was cleaned of trees and stumps sprayed to help keep trees from returning. This was completed by October 31, 2017. (Photos are included)

Summary of findings for the SSO/Collection System:

1. High accumulation of grease/solids was observed in the wet well of The Villa's Pump Station.
West Memphis Utilities continue to look for ways to address this issue, knowing that we live in a community that uses a high content of oil and grease in their cooking. We are using a couple of different types of chemical treatments within the pump stations to address this issue. We are also looking for a way to remove grease mechanically. West Memphis Utility is committed to finding the most effective and economical way of addressing this issue.
2. The electrical box was unlocked. This is also in violation of item 41.2 for 10 States Standards.
This issue has been corrected and is show in picture 1 which is included. The issue was stressed and will continue to be stressed to the Pump Mechanics that are responsible for inspecting the Pump Stations daily.

General Comments on the SSO/Collection Systems:

Pump Station 8 was experiencing a malfunction with their pump and temporary emergency pump had to be used. The emergency pump appeared adequate to meet the needs of the collection system. The city is experiencing problems with some of their pumps and is looking at installing bypass pumps for the larger pump stations.

Pump Station 8 was on bypass mode due to failure of the pumps. The station was also being modified to handle larger pumps more effectively and safely. The station has been modified and is no longer in bypass mode. Photos 2 and 3 enclosed shows the completed pump station.

Summary of findings for 112347 S-State:

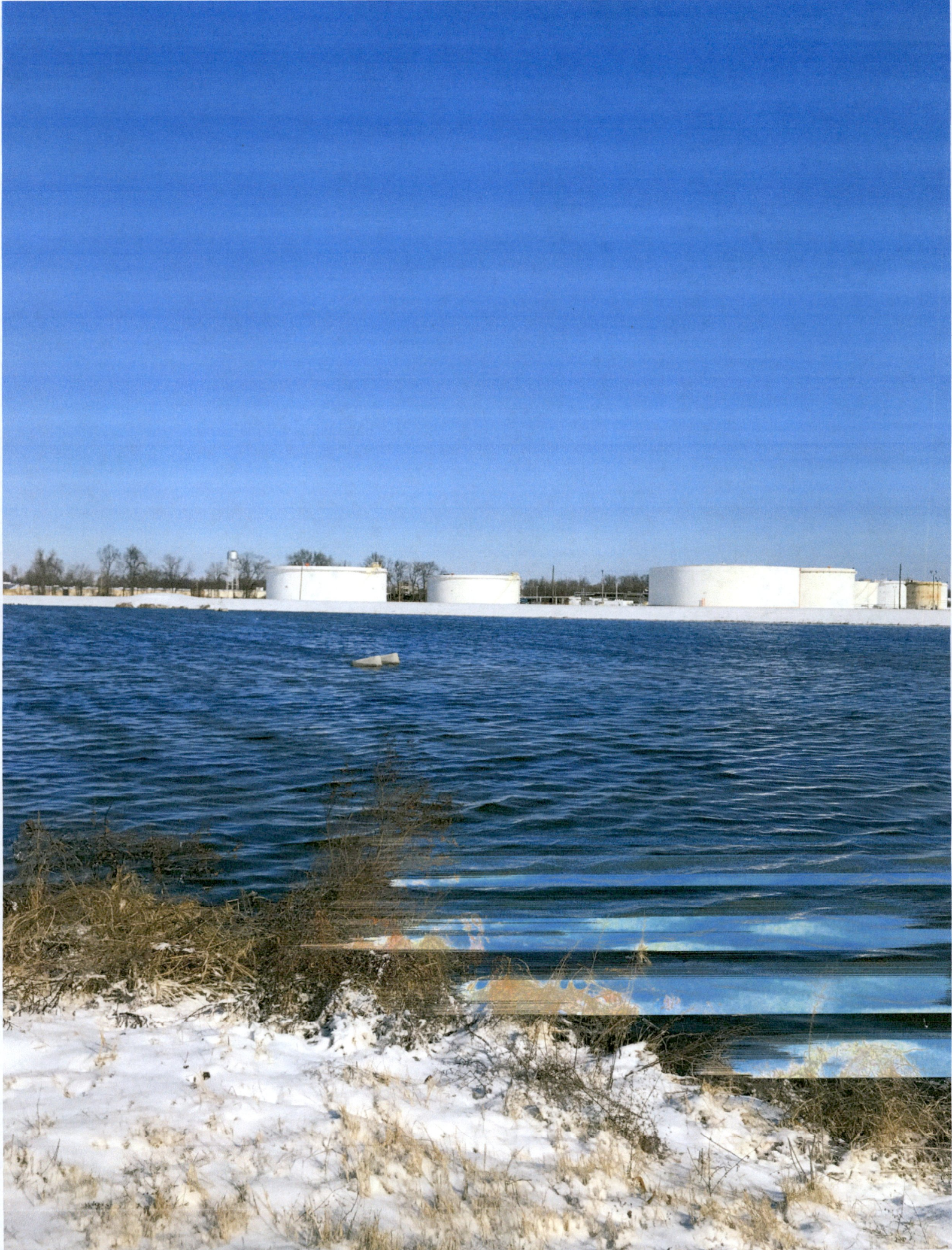
The SWPPP available at this time of inspection was from 2008 in violation of Part 4.1 of the permit. The facility should have updated their SWPPP by July 1, 2014. Please send a copy of the updated SWPPP with your response. The SWPPP was updated on January 16, 2018 and a copy is included.

If I can be of any assistance, please contact me at 870-702-5110 or tpedersen@citywm.com.

Sincerely,

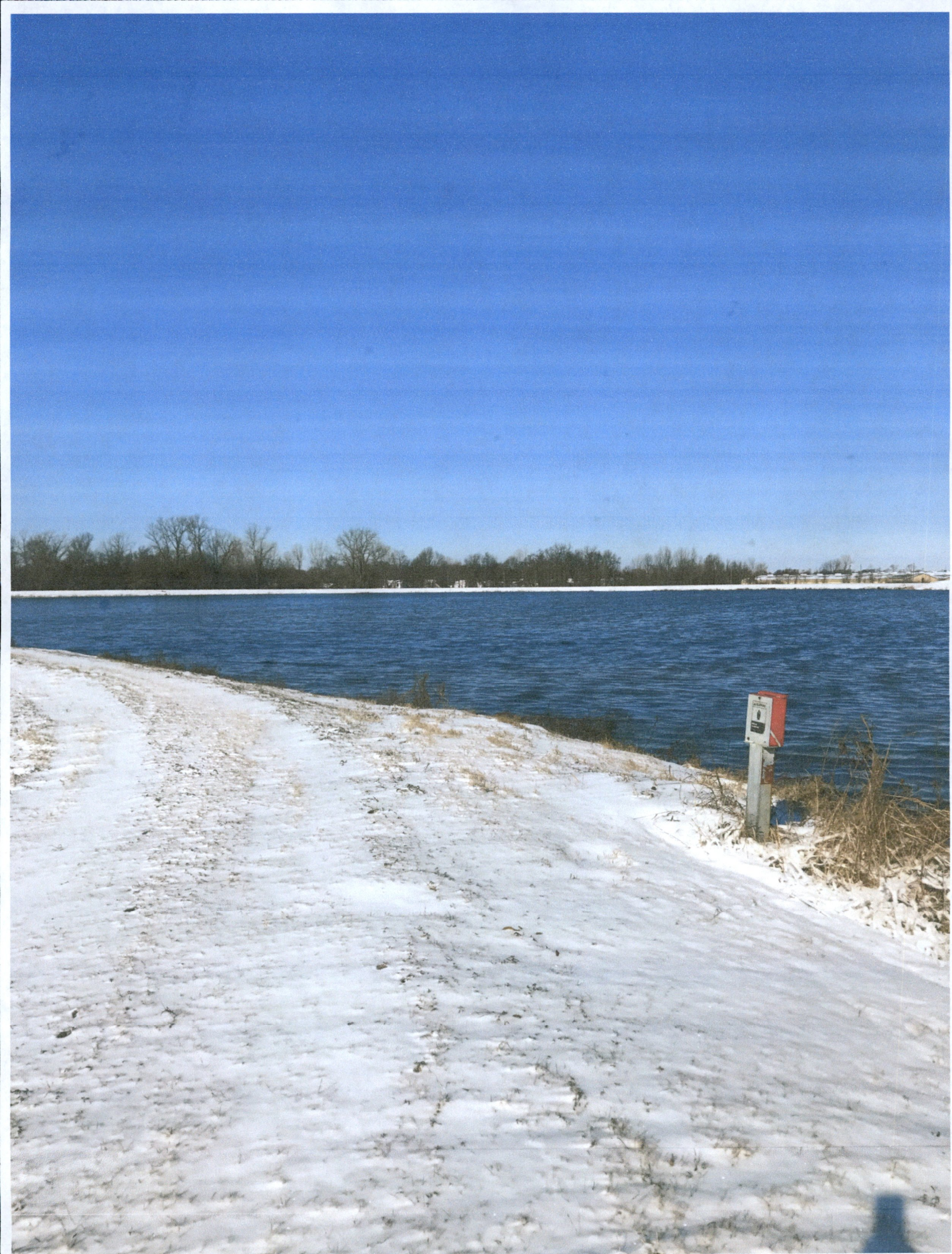


Todd Pedersen
General Manager
West Memphis Utility











Picture 1

Pumping Station 37 – The Villas



Picture 2

Pumping Station 8



Picture 3

Pumping Station 8

Tables of Contents:

SUMMARY

SITE DRAINAGE

RAINFALL EVENT

ELEMENT 1 MEMBER ROSTER

ELEMENT 2 POTENTIAL POLLUTION SOURCE

ELEMENT 3 SITE MAP

ELEMENT 4 INVENTORY OF EXPOSED MATERIALS

ELEMENT 5 SIGNIFICANT SPILLS

ELEMENT 6 SAMPLING DATA

ELEMENT 7 SUMMARY OF POTENTIAL POLLUTION SOURCE

ELEMENT 8 A,B,D

ELEMENT 8 (PART C)

ELEMENT 9 EMPLOYEE TRAINING

ELEMENT 10 RECORD KEEPING

ELEMENT 11 STORMWATER DISCHARGE

ELEMENT 12 SEDIMENT AND EROSION CONTROL

ELEMENT 13 ANNUAL SITE EVALUATION

ELEMENT 14 CONSISTANCY WITH OTHER PLANS

ELEMENT 15 SAMPLING

SIGNATURE

SUMMARY FOR SWPPP: UpDated January16,2018

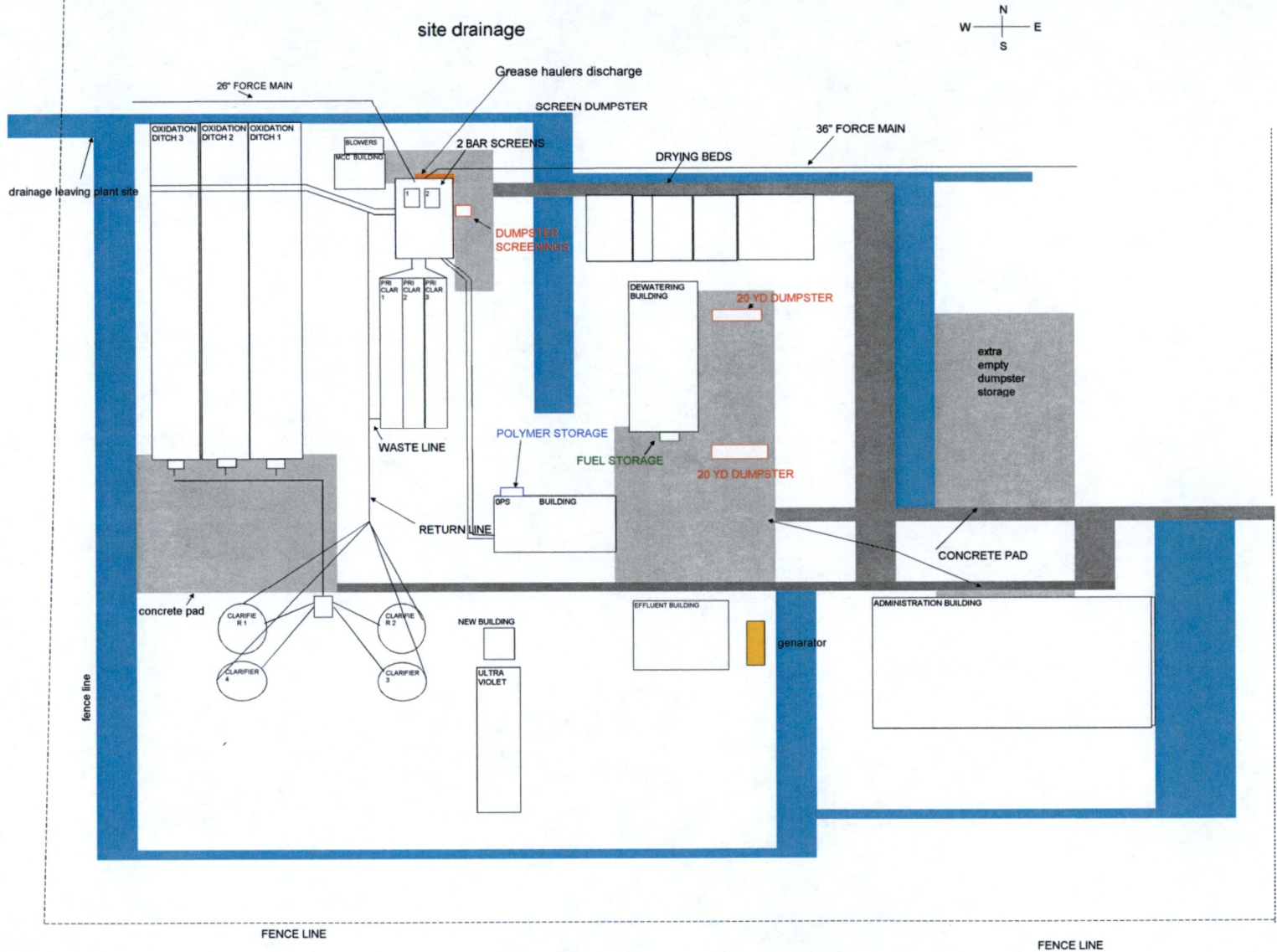
This Stormwater Pollution Prevention Plan (SWPPP) is prepared for the West Memphis Wastewater Treatment Plant (WMWTP) at 502 Rushing Street in West Memphis, Arkansas. The WMWTP has voluntarily prepared this (SWPPP), which complies with the requirements of our NPDS Permit.

The preparation of this (SWPPP) reflects the (WMWTP's) commitment to clean water. The primary purpose of this SWPPP is to identify potential source of stormwater and non stormwater contamination and to identify appropriate best management practice to reduce or eliminate the potential for stormwater contamination.

This SWPPP:

1. Describes the West Memphis Wastewater Treatment Plant and presents facility drainage map.
2. Identifies a Pollution Prevention Team responsible for implementation and maintenance of this plan.
3. Describes non-stormwater discharges
4. Identifies source control best management practices including material storage and handling site's, parking, and roadway area's
5. Identifies source control best management practices including soil erosion, sedimentation control practices, road house keeping practices, preventive maintenance practices, outdoor maintenance, visual inspection, spill prevention and response practices, and employee training
6. Describes monitoring requirements including evaluation of non-stormwater discharges, visual monitoring and annual facility site compliance inspections.

WEST MEMPHIS WASTEWATER TREATMENT PLANT



Updated 1/16/2018

- CONCRETE PAD+PARKING
- PROPERTY DRAINAGE
- DUMPSTERS
- STREET
- POLYMER STORAGE
- FUEL STORAGE
- Grease haulers discharge
- Generator

West Memphis Stormwater Pollution Prevention Plan

Created January 16,2018

PLANT INFORMATION	Plant name: West Memphis Wastewater Treatment Plant Address: 502 Rushing Street West Memphis, AR 72301 Phone number: (870) 735-9862
--------------------------	--

POLLUTION PREVENTION TEAM MEMBER ROSTER	Element #1 Completed by: Paul Holloway Title: Superintendent Date: 1/16/2018
--	---

Leader: Paul Holloway	Title: Superintendent
	Office Phone: (870)735-9862
Responsibilities: Monitor rain events, runoff from plant site grounds. Assure that no chemicals are exposed Moitor pond for trees	
Members:	
(1): Patricia Dixon	Title: Lab Analyst
	Office phone: (870)735-9862
Responsibilities: Monitor rain event, runoff from plant site grounds. Record inches of rainfall per rain event.Employee Training.	
(2): Robert Johnson	Title: Wastewater Operator
	Office phone: (870)735-9862
Responsibilities: Monitor rain event, runoff from plant site grounds. Clean up of plant site.	
(3): Tyries Rolfe	Title: Wastewater Operator
	Office phone: (870)735-9862
Responsibilities: Monitor rain event, runoff from plant site grounds. Clean up of plant site.	

**Description of Potential
Pollutant Sources**

Element # 2

Completed by: Paul holloway

Title: Superintendent

Date: 1/16/2018

Instructions: List areas that are potential sources of pollutants, e.g., wash down pad, fuel storage tanks.

1 Sludge site for Rolloff Dumpster's.

2 Screening Dumpster

3 Grease Haulers discharge station

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Developing A Site Map

Elements#3

Completed by: Paul Holloway

Title: Superintendent

Date: 1/16/2018

Instructions: Draw a map of your site including a footprint of all buildings, structures, paved areas, and parking lots. The information below describes additional elements required by EPA's General Permit.

The General Permit requires that you indicate the following features on your site map:

	yes	no
• All outfalls and stormwater discharges	x	
• Drainage areas of each stormwater outfall	x	
• Direction of stormwater flow	x	
• Structural storm water pollution control measures, such as:		x
-Flow diversion structures		x
-Retention/detention ponds		x
-Vegetative swales		x
-Sediment traps		x
• Name of receiving waters (or if through a Municipal Separate Storm Sewer System)		x
• Locations of exposed significant materials	x	
• Locations of past spills and leaks (document under Element #5)		x
• Locations of any of the following which are exposed to precipitation:		
-Fuel storage tanks and pumps		x
-Engine maintenance and repair		x
-Vessel maintenance and repair		x
-Pressure washing		x
-Painting		x
-Sanding		x
-Blasting		x
-Welding		x
-Metal fabrication		x
-Loading/unloading areas	x	
-Locations for treatment storage or disposal of wastes	x	
-Liquid storage (e.g., paint, solvents)	x	
-Material storage areas (e.g., blasting media)	x	
-Other areas of concern (specify:		

INVENTORY OF EXPOSED MATERIALS

Element #4

Completed by: Paul Holloway

Title: Superintendent

Date: 1/16/2018

Instructions: List materials used, stored, or produced on site that may potentially be exposed to precipitation.

Materials	Method and location of on-site Storage or Disposal (e.g., pile, drum)	Discription, including location, of bestmanagement practices used to minimize contact with storm water run off.	Description of any treatment the storm water receives.
None			

SAMPLING DATA	Worksheet #6						
	Completed by: <u>Paul Holloway</u>						
	Title: <u>Superintendent</u>						
	Date: <u>1/16/2018</u>						

Instructions: This element is required if you have a bilge water treatment system, i.e., oil/water separator. It is also required if noncontact cooling waters are discharged to waters of the State. Discharges of noncontact cooling water to the ground do not need to be monitored.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	NOTES
	Monthly Average	Daily Maximum	Units	Minimum	Monthly Average	Daily Maximum	Units			
CBOD							ppm (mg/l)	Once per year	Grab	
Residual oil and grease							ppm (mg/l)			
TSS								Once per year	Grab	
PH							S.U.			

**RISK IDENTIFICATION AND SUMMARY OF
POTENTIAL POLUTANT SOURCES**

Element #7

Completed by: Paul Holloway

Title: Superintendent

Date: 1/16/2018

Instructions: List all identified storm water pollutant sources and describe existing management practices that contain those sources. In the third column, list BMP options that can be incorporated into the plan to address remaining sources of pollutants.

Activity	Pollutant of Concern (e.g. oil, paint)	Existing Management Practices	Description of New BMP Options
1. Loading and unloading activities, e.g., fuel deliveries	None		
2. Out door storage			
3 Outdoor manufacturing or processing, e.g., welding			
4. Abrasive blasting, sanding and painting			
5. On-site waste disposal			
6.			
7.			
8.			
9.			

MEASURES AND CONTROLS: a. Good Housekeeping b. Preventative Maintenance d. Inspections	Elements #8 (Parts A, B, and D) Completed by: Paul Holloway Title: Superintendent Date: 1/16/2018
---	--

Instructions: Describe the storm water management practices or devices that you have selected to control pollutants from the activities noted below.

ACTIVITY/SOURCE	BRIEF DESCRIPTION OF STORMWATER MANAGEMENT PRACTICE	PLAN FOR PROPER MAINTENANCE OF STORMWATER MANAGEMENT PRACTICE OR DEVICE(e.g., clean sediment traps, change filters)	IDENTIFY STAFF MEMBER TO INSPECT EACH SOURCE AREA MONTHLY (Record inspection results under Element #10)
Vessel Washing Area	None		
Blasting Areas			
Painting Areas			
Material Storage Areas			
Engine Maintenance and Repair Areas			
Material Handling Areas (e.g., fuel dock)			
General Yard Area			
Other:			

MEASURES AND CONTROLS**c. Spill Prevention
and Response
Procedures**

Element #8 (Part C)

Completed by: Paul HollowayTitle: SuperintendentDate: 1/16/2018

Instructions: Specify procedures for cleaning up spills associated with all potential pollutant sources. Note: If you have a certified *Spill Prevention, Control and Countermeasure Plan* (SPCC) include it by reference here in lieu of completing the fuel storage and dispensing elements of this worksheet.

POTENTIAL POLLUTION SOURCE**SPILL RESPONSE PROCEDURES**

Blasting and Painting Areas

Material Storage Areas (e.g., fuel tanks,
recycling collection areas)Material Handling Areas (e.g., paint mixing
shed, fuel loading area)

Fuel Dispensing Area (e.g., fuel dock)

General Yard Area

Other:

Other:

EMPLOYEE TRAINING**Element #9****Completed by: Paul Holloway****Title: Superintendent****Date: 1/18/2018**

Instructions: Employees must be trained twice per calendar year on the following topics as applicable. Training should be documented using this worksheet. Also inform independent contractors and customers about pollution prevention measures (e.g., through contracts or signs)

Training Topics	Brief Description of Training Program/Materials, e.g., film, fact sheet, discussion	Schedule for Training (list dates)	Attendees
Used Oil Management	None		
Spent Solvent Management	None		
Disposal of Spent Abrasives	None		
Disposal of Vessel Wastewater	None		
Spill Prevention and Control	None		
Fueling Procedures	None		
General Good Housekeeping Practices	None		
Painting and Blasting Procedures	None		
Used Battery Management	None		

<p>NON-STORMWATER DISCHARGES</p>	<p>Element #11 Completed by: Paul Holloway _____ Title: Superintendent _____ Date: 1/16/2018 _____</p>
<p>This item is generally not applicable to plants. If you have waste water discharges from sources other than those related to vessel maintenance or stormwater runoff, the discharge must be tested.</p>	
<p>If testing is necessary (see above), contact an environmental consultant. The testing certification must include:</p> <ul style="list-style-type: none"> • Identification of potential significant sources of non-stormwater on site • Results of test/evaluation for the presence of non-stormwater discharges • Evaluation criteria used • Date of testing • On site drainage points that were directly observed during testing 	

<p>SEDIMENT AND EROSION CONTROL</p>	<p>Element # 12 Completed by: Paul Holloway _____ Title: Superintendent _____ Date: 1/16/2018 _____</p>
<p>Instructions: Only necessary if there is on-going sedimentation due to activities such as construction or landscaping or the presence of unpaved roads or lots.</p>	
<p>Identify areas which have high potential for significant soil erosion.</p>	<p>Describe measures in place (e.g. structural, vegetative) to reduce pollutants from stormwater discharges.</p>
<p>1.</p>	
<p>2.</p>	
<p>3.</p>	
<p>4.</p>	
<p>5.</p>	

<p>NON-STORMWATER DISCHARGES</p>	<p>Element #11 Completed by: Paul Holloway _____ Title: Superintendent _____ Date: 1/16/2018 _____</p>
<p>This item is generally not applicable to plants. If you have waste water discharges from sources other than those related to vessel maintenance or stormwater runoff, the discharge must be tested.</p>	
<p>If testing is necessary (see above), contact an environmental consultant. The testing certification must include:</p> <ul style="list-style-type: none"> • Identification of potential significant sources of non-stormwater on site • Results of test/evaluation for the presence of non-stormwater discharges • Evaluation criteria used • Date of testing • On site drainage points that were directly observed during testing 	

<p>SEDIMENT AND EROSION CONTROL</p>	<p>Element # 12 Completed by: Paul Holloway _____ Title: Superintendent _____ Date: 1/16/2018 _____</p>
<p>Instructions: Only necessary if there is on-going sedimentation due to activities such as construction or landscaping or the presence of unpaved roads or lots.</p>	
<p>Identify areas which have high potential for significant soil erosion.</p>	<p>Describe measures in place (e.g. structural, vegetative) to reduce pollutants from stormwater discharges.</p>
<p>1.</p>	
<p>2.</p>	
<p>3.</p>	
<p>4.</p>	
<p>5.</p>	

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION	Element # 13 Completed by: <u>Paul holloway</u> Title: <u>Superintendent</u> Date : <u>1/16/2016</u>
--	--

Instructions: Keep records of an annual site inspection conducted by the manager or designated team member. During the inspection verify that the description of potential pollutant sources is accurate, the site map reflects current conditions, and the pollution control measures are being implemented and are adequate.

Date	Name of Inspector	Is description of potential pollutants accurate (see Worksheet #2)? If 'No,' note necessary changes.	Is site map accurate? If 'No,' note necessary changes.	Are the existing pollution control measures adequate (see Worksheet # 8 a-b-d)? If 'No,' note necessary changes.

**CONSISTENCY WITH
OTHER PLANS**

Element #14

Completed by: Paul Holloway

Title: Superintendent

Date: 1/16/2016

Instructions: Ensure that elements of this Storm Water Pollution Prevention (SWPP) plan are consistent with any other plans required for the facility such as a Spill Prevention, Control and Countermeasure (SPCC) plan.

Other plan required for Plant	Consistent with SWPP plan?	Recommendations for Consistency

Sampling

Element #15

Completed by: Paul Holloway

Title: Superintendent

Date: 1/16/2018

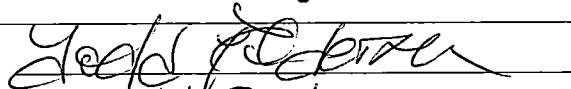
Instructions: Sample at recommended point designated on site map.

REQUIRED SIGNATURES

Instructions: Make sure the correct individual from your organization signs and dates this plan.

- Corporate officer for a corporation
 - General partner for a partnership
 - Proprietor for a sole proprietorship
 - Principal executive officer or ranking elected official if municipal, state, federal or other public agency.
-

Signature:



Print Name:

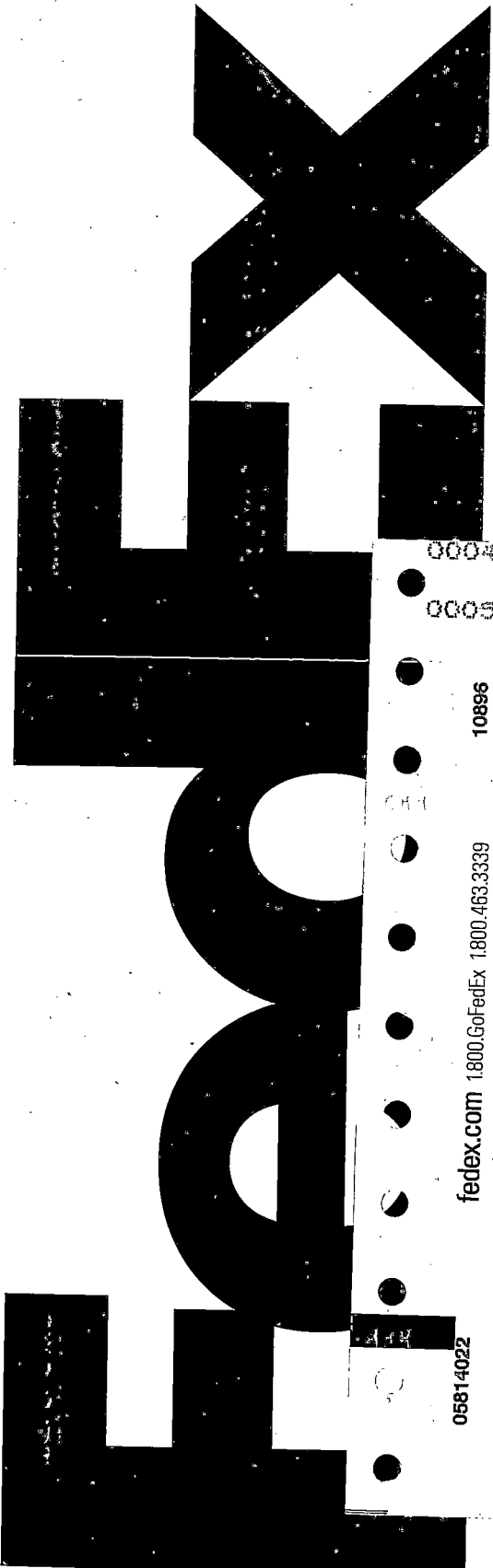
Todd Pedersen

Title:

General Manager

Date:

Jan. 18, 2018



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Date 1-19-18

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City WEST MEMPHIS State AR ZIP 72301-3249

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Company Arkansas Lt. Governor's Campaign in 2018
Walter Division Inspection Branch

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City North Little Rock State AR ZIP 72118-5317



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