

ADEQ

ARKANSAS
Department of Environmental Quality

April 24, 2018

Kevin Hatfield, Mayor
City of Huntsville
P.O. Box 430
Huntsville, AR 72740

RE: Huntsville WWTF Inspection
AFIN: 44-00018 Permit No.: AR0022004

Dear Mr. Hatfield:

On March 21, 2018, I performed a Compliance Evaluation Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted. This response should be mailed to the attention of the 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 **May 9, 2018**.

If I can be of any assistance, please contact me at grimesg@adeq.state.ar.us or 479.267.0811 extension 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality



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

OFFICE OF WATER QUALITY INSPECTION REPORT

| | | |
|---|----------------------------|------------------------|
| AFIN: 44-00018 | PERMIT #: AR0022004 | DATE: 3/21/2018 |
| COUNTY: 44 Madison | PDS #: 102451 | MEDIA: WN |
| GPS LAT: 36.11238 LONG: -93.732969 LOCATION: Outfall | | |

FACILITY INFORMATION

NAME:
Huntsville WWTF
LOCATION:
30187 Madison Hwy 23
CITY:
Huntsville

INSPECTION INFORMATION

| | | | |
|--|--|----------------------------|--|
| FACILITY TYPE: 1 - Municipal | INSPECTOR ID#: 104111 S - State | | |
| FACILITY EVALUATION RATING: 4 - Satisfactory | INSPECTION TYPE: Compliance Evaluation | | |
| DATE(S): 3/21/2018 | ENTRY TIME: 09:15 | EXIT TIME: 12:41 | PERMIT EFFECTIVE DATE: 6/1/2011 |
| | | | PERMIT EXPIRATION DATE: 05/31/2014 |

RESPONSIBLE OFFICIAL

NAME: / TITLE
Kevin Hatfield / Mayor
COMPANY:
City of Huntsville
MAILING ADDRESS:
P.O. Box 430
CITY, STATE, ZIP:
Huntsville AR 72740
PHONE & EXT: / FAX:
479.738.6929 /
EMAIL:

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Larry Garrett, Executive Director, Huntsville Water Utilities
Bill Eoff, Wastewater Manager, Huntsville Water Utilities

CONTACTED DURING INSPECTION: **No**

AREA EVALUATIONS

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

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

SUMMARY OF FINDINGS

The following violations were noted during the inspection:



- 1.) Records viewed during the inspection indicated that Dissolved Oxygen (DO) was not measured during the week of March 11-17, 2018 (Attachment 1). This is a violation of Part I, Section A. of the permit.
- 2.) During the inspection the display for the UV treatment system indicated that a bank of lights was not healthy, several bulbs were burned out or reporting errors, and the UV Intensity (UVI) was at 58% at 100% power (Photo #1). This is a violation of Part III, Section B.1. of the permit.
- 3.) The calibration check conducted during the inspection indicates that the measurement error of instantaneous flow exceeds 10% (Page 7 of the report). This is a violation of Part III, Section C.2. of the permit. Please verify the flow measurement device is accurately recording flow and is properly calibrated.
- 4.) The calibration records for dissolved oxygen does not state the pre and post calibration measurements and does not state the difference of the calibrated measure from the expected measure of dissolved oxygen at 100% saturation at a given temperature (Attachment 1). Records from the calibrations must be maintained by the facility. This is a violation of Part III, Section C.7. of the permit. Please maintain all calibration records and verify that the above information is included.

GENERAL COMMENTS

A map of the facility and treatment units are displayed in Attachment 2.

During the inspection some algae was observed growing in the clarifiers (Photo #2). Also, the sludge dryer appeared to be leaking tar from the insulation (Photo #3). The algae growing in the clarifier did not appear to be interfering with treatment, and Mr. Garrett and Mr. Eoff stated that the clarifiers are scrubbed. Mr. Eoff stated that the tar leaking from the sludge dryer was from insulation placed around the machine and would not contaminate the sludge. Even though the above concerns were not directly affecting treatment at the time of the inspection, the City of Huntsville should monitor and address these to avoid possible future operation and maintenance violations.

Outside of the violations and concerns previously noted, the facility appeared clean and well operated.

| | | |
|---|------------------|-------------------------|
| INSPECTOR'S SIGNATURE:  | Garrett Grimes | DATE: 04/17/2018 |
| SUPERVISOR'S SIGNATURE:  | Jason Bolenbaugh | DATE: 4/23/2018 |

| 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 checked="" type="checkbox"/> N <input 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 type="checkbox"/> Y <input checked="" 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>UV Treatment System panel indicated maintenance was needed.</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: <u>Backup generator</u> | <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: <u>Bill Eoff, Class IV Wastewater Certification</u> | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <u>Blocked line to plant in February 2018. Separate overflow from manhole.</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input 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: <u>Dissolved Oxygen not measured the week of March 11-17, 2018</u> | <input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: <u>Greyline OCF 5.0 calibrated 11/9/2017</u> | |
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>2'</u> TYPE OF DEVICE: <u>H Flume</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: | <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 checked="" 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: <u>Monthly</u> | <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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: | <input type="checkbox"/> Y <input checked="" 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>ESC, American Interplex</u> | |
| b. LAB ADDRESS: <u>ESC, 1107 Century St., Springdale; American Interplex, 8600 Kanis Road, Little Rock</u> | |
| c. PARAMETERS PERFORMED: <u>ESC=DMR, American Interplex=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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS | | | | | | | |
|--|-----------|--------|-----------|--------------|-----------------|---|-------|
| BASED ON VISUAL OBSERVATIONS ONLY | | | | | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
| 001 | None | None | None | None | None | 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): | | | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| | | | | | | Agricultural | |
| 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: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 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>Refer to separate IGP No Exposure Exclusion Inspection for additional information</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 | |

FLOW CALCULATION SHEET

Date: **03/21/2018** Time: **10:11**

Head in Inches: **10.8** Feet: **0.9**

Type & Size of Primary Flow Measurement Device: **2' H flume**

Name & Model of Secondary Flow Measurement Device: **Greyline OCF 5.0**

Date of last Calibration of Secondary Flow Device: **11/9/2017**

Recorded Flow at Date & Time Listed Above: **1.342 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.150 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 = | 1.342 | - | 1.150 | X 100 |
| | 1.150 | | | |

| | | |
|-----------|-------|-------|
| % Error = | 0.192 | X 100 |
| | 1.150 | |

| | | |
|-----------|------|-------|
| % Error = | 0.17 | X 100 |
|-----------|------|-------|

| | | |
|-----------|-----------|---|
| % Error = | 17 | % |
|-----------|-----------|---|

Comments: **Error exceeds 10%**

DMR Calculation Check

Reporting Period: From 2017 10 01 To 2017 10 31
 Year Month Day Year Month Day

Parameter Checked: Nitrate + Nitrite

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|-------------------|--|--|--------------------------|
| Reported Value: | <u>85.7</u> | <u>7.9</u> | <u>11.9</u> |
| Calculated Value: | <u>85.8</u> | <u>7.9</u> | <u>11.9</u> |
| Permit Value: | <u>166.8</u> | <u>10</u> | <u>15</u> |

If calculated value does not equal reported value, explain:
Likely differences in rounding.

DMR Calculation Check

Reporting Period: From 2017 10 01 To 2017 10 31
 Year Month Day Year Month Day

Parameter Checked: Total Phosphorous

| | Loading Mass | Concentration | |
|-------------------|---------------------------|------------------------|--------------------------|
| | Mo. Avg. - lbs/day | Mo. Avg. - mg/l | 7-day Avg. - mg/l |
| Reported Value: | <u>7.6</u> | <u>0.7</u> | <u>1.5</u> |
| Calculated Value: | <u>7.6</u> | <u>0.7</u> | <u>1.5</u> |
| Permit Value: | <u>83.4</u> | <u>5</u> | <u>7.5</u> |

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-------------------|
| Location: | Huntsville WWTF | | |
| Photographer: | Garrett Grimes, District 1 Inspector | Date: | 03/21/2018 |
| Witness: | | Time: | 09:57 |
| | | Photo #: | 1 |
| Description: | Control panel for the UV Treatment System. The screen indicates that the UVI is 58% at 100% power and that the bank is not healthy. Also, it appears that a column of lights is not correctly displayed. | | |



| | | | |
|---------------|--|----------|-------------------|
| Photographer: | Garrett Grimes, District 1 Inspector | Date: | 03/21/2018 |
| Witness: | | Time: | 09:54 |
| | | Photo #: | 2 |
| Description: | Secondary clarifier with algae growing. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|---|-------|-------------------|----------|--------------|
| Location: | Huntsville WWTF | | | | |
| Photographer: | Garrett Grimes, District 1 Inspector | Date: | 03/21/2018 | Time: | 10:15 |
| Witness: | | | | Photo #: | 3 |
| Description: | Sludge dryer with tar dripping from the insulation onto the floor of the building. | | | | |



Attachment 1: Dissolved Oxygen sheet with calibration. Records only state that the calibration was "OK" and does not show the actual calibration recordings. No Dissolved Oxygen measures are present from the week of March 11 – 17, 2018.

DISSOLVED OXYGEN READINGS

| SAMPLER TYPE | | GRAB | LOCATION | SAMPLED | DATE | TIME | METHOD OF ANALYSIS | 4500-00-2001 | RESULTS | MONTH |
|---------------|---------|------|----------|---------|---------|------|--------------------|--------------|---------|-------|
| ANALYST | ANALYST | | | | | | | | | |
| CT | CT | | EFFLUENT | 10:55 | 3/11/18 | 1120 | | | 9.0 | 11/18 |
| | | | EFFLUENT | | | | | | | |
| | | | EFFLUENT | | | | | | | |
| | | | EFFLUENT | | | | | | | |
| CALIBRATION * | | | DATE | TIME | ANALYST | | | | | |
| | | | 3/11/18 | 10:50 | CT | | | | | |

* INSTRUMENT CALIBRATED TO MANUFACTURER'S SPECIFICATIONS
 AND LOCATION FOR ABOVE LOCATION IS AS FOLLOWS
 SERIAL 001 AFTER FINAL TREATMENT

03.21.2018 09:37

Attachment 2: Map showing treatment units at the facility.



From: [Larry Garrett](#)
To: [Water-Inspection-Report](#)
Subject: Inspection response
Date: Tuesday, May 08, 2018 9:45:39 AM
Attachments: [doc00053120180508091539.pdf](#)

Please accept our response to Inspection Report, as all concerns have been addressed.

If you have questions please contact myself, Bill Eoff or William Alexander.

Thank you,

Larry D. Garrett

Director

Huntsville Water Utilities

Response to March 21st Compliance Evaluation

Dear Mr. Grimes,

In the Summary of Findings section of your report there were 4 violations in question. The following are the corrected responses to the violations.

1. Records viewed during inspection indicated that Dissolved Oxygen was not measured during the week of March 11th-17th 2018.

Response: The D.O. analysis had been completed during that time period, however the operator had failed to transfer the readings from the scrap sheet he used in the field onto the bench sheet in the lab. I had already noticed this and addressed it before reporting on the monthly DMR. I have instructed my operators to be sure and transfer the information to the lab bench sheet as soon as possible each day.

2. During the inspection the UV treatment system indicated that a bank of lights was not healthy and the UVI UV intensity was at 58%.

Response: There was a connection problem that day with the #3 light bank which caused it to not communicate properly. We have since ordered a new communications cable and are planning to install it as soon as it arrives, however we were able to adjust the cable on inspection day so that it would make a satisfactory connection and it has remained connected adequately since. After speaking with the manufacturer about the UVI reading I was told that it was probably a bad sensor and it wasn't indicative of treatment at that

time, he indicated that it had no bearing on whether the UV Transmittance was turned up or down automatically and that some systems didn't even have that sensor on them. We are looking into replacing the sensor. (Refer to photo#1)

3.The Effluent calibration check conducted during inspection indicated that the instantaneous flow exceeded 10%.

Response: We determined that the meter we have, has a 3 second delay in displaying the data of the flow as it happens, which as we noticed on inspection day can lead to guessing what the actual flow in head is, at a given time. We have determined, by taking a photo of the flow measurement at the effluent instead of trying to guess where the level is exactly at a point in time, that the meter is accurate within 5%. We are in the process of looking into a meter that reads exactly what it is without the time delay.

4.Calibration records for D.O. does not state the pre and post calibration measurements or the expected D.O. at 100% saturation at a given temperature.

Response: We have changed our bench sheet to include these items and will continue to do so in the future.

Under the general Comments section (photo #2) algae growth in clarifiers. We had cleaned the weirs very recently. It is a never ending fight to keep the algae controlled considering it is the perfect environment for algae growth. We will continue to do our best to keep this situation under control.

(photo #3) tar leaking from ducts on sludge dryer. We have scraped it up as best as possible and will continue to do so in the future as it leaks out.

General findings summary part 2

1. Dirt piles found at the wastewater treatment plant.

Response: Earthen piles have been removed, the area has been raked, and straw and seed has been placed on the area. (Refer to photo#2)

General findings summary part 3

1. Grease build-up was observed in the Cain street lift station (photo #1).

Response: All grease and debris was vacuumed from within the lift station and lift station grease maintainer was added. (Refer to photo #3)

2. No emergency contact information was posted at the Curtis Hutchins Way lift station.

Response: All fourteen lift stations have been numbered and had new emergency contact information posted. (Refer to photos #4A, 4B, and 4C)

General comments part 3

1. An open PVC pipe was observed located next to Cain St. lift station (photo #2). Mr. Garrett stated that he did not believe the pipe was installed into the sewer line.

Response: Pipe in question was excavated and found to lead to nothing. It was removed, top soiled, seeded, and covered in straw. (Refer to photo #5)

2. The lift station located at Curtis Hutchins Way, south of highway 412 and east of Wal-Mart had signs of rodent activity under a concrete slab supporting the station's power box (photo #3).

Response: The location of suspected rodent activity was filled in with dirt and top soil, seeded, and covered in straw. It will be monitored to stay ahead of future problems. (Refer to photo #6)

3. The valve box at the lift station south of highway 412 and adjacent to Cleaver Farm and Home was inundated with rain water (photo #4).

Response: The valve box was pumped out and will be monitored to assure it does not fill with water again. (Refer to photo #7)

Sincerely,



Larry Garrett

Executive Director

Huntsville Water Utilities

photo #5



U.V. Light
1# of 1

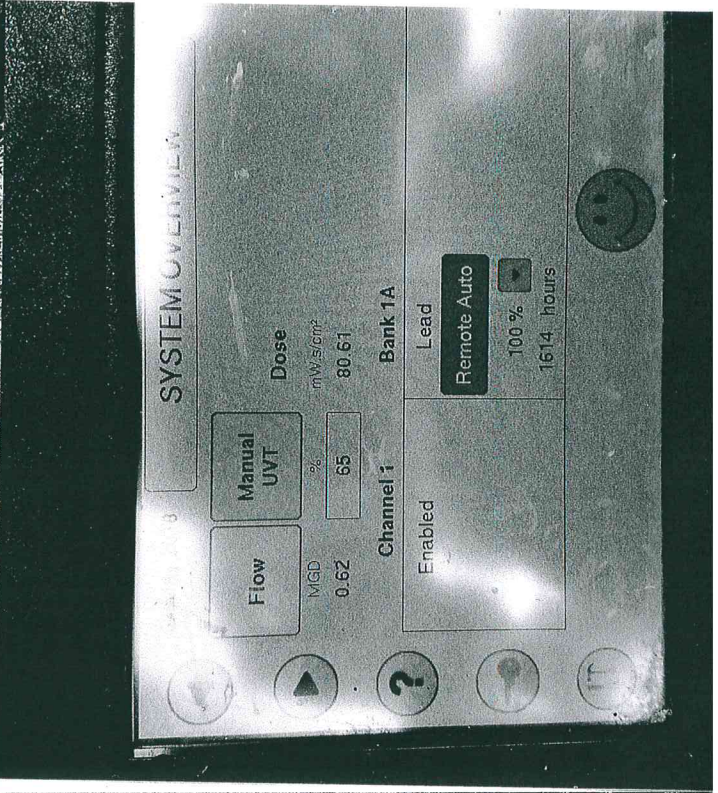


photo #3

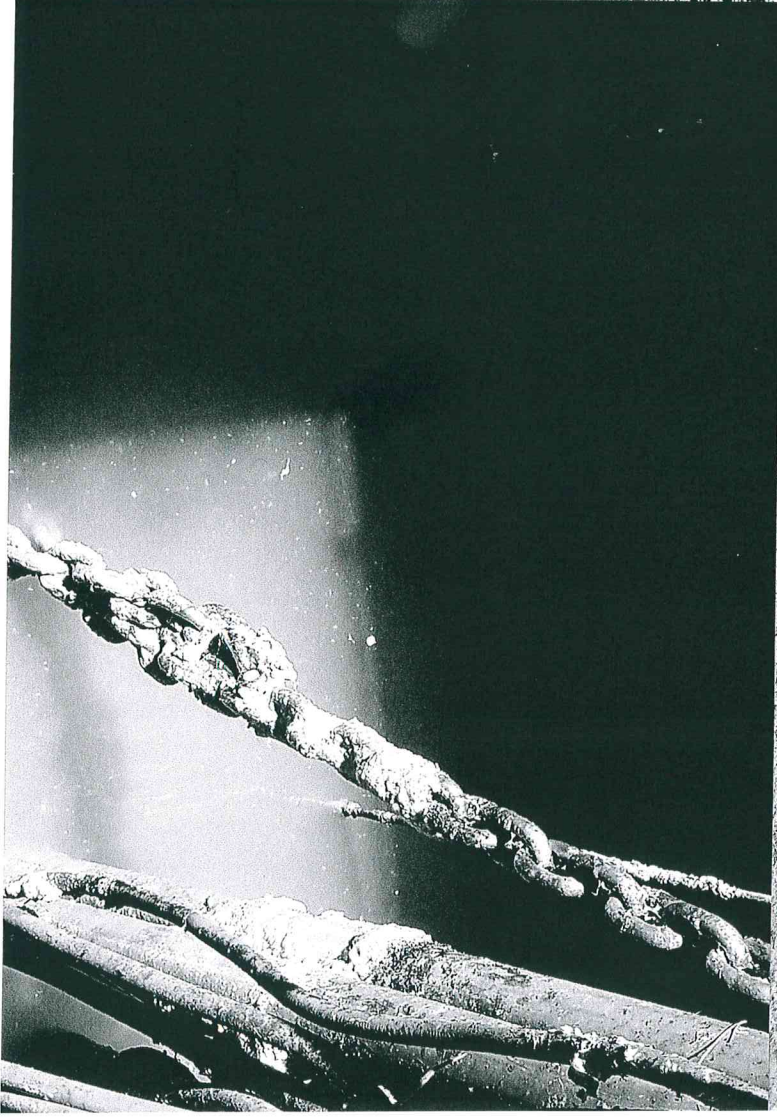
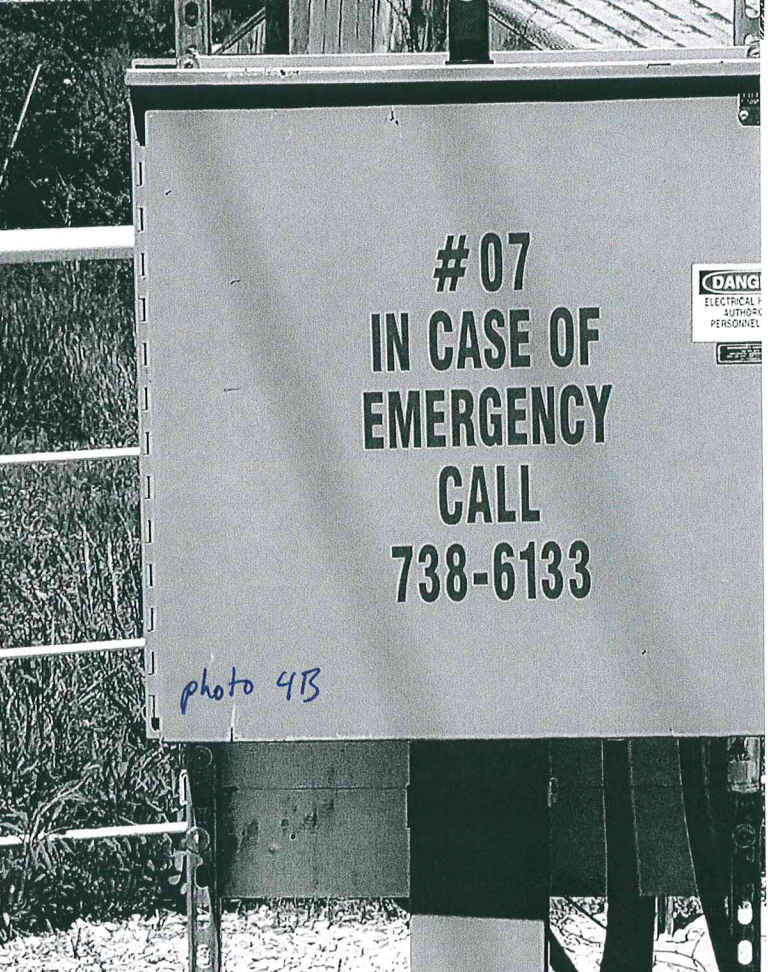
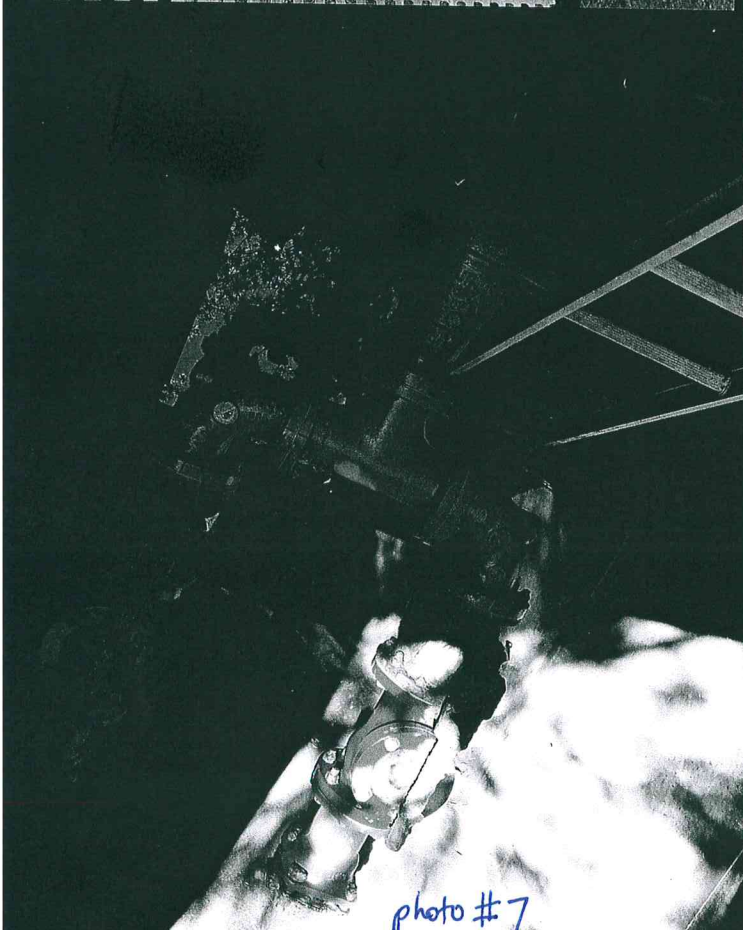
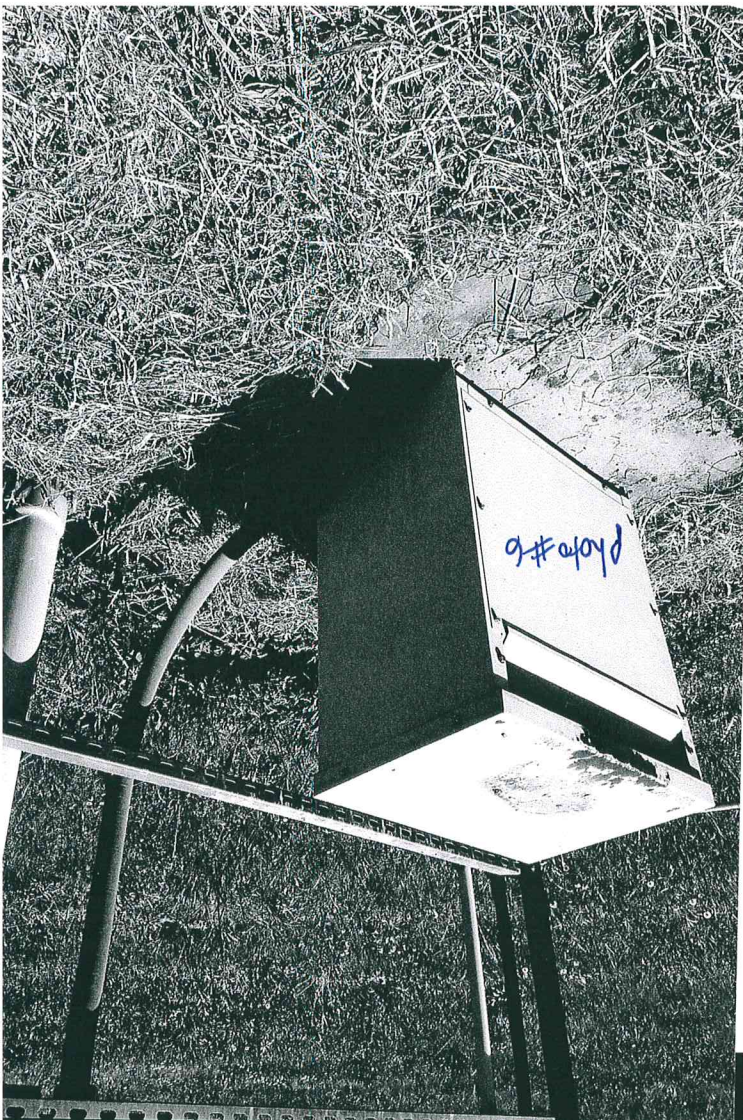


photo #2



Car TIES
Hutchinson's
KITCH
Station

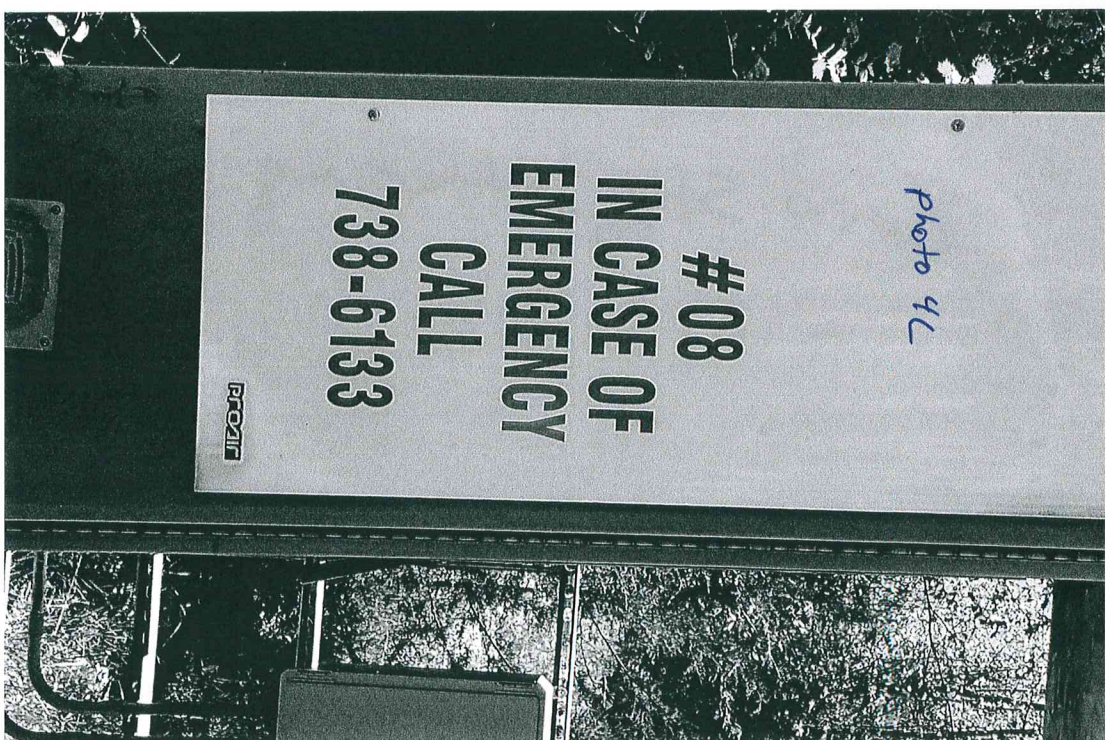
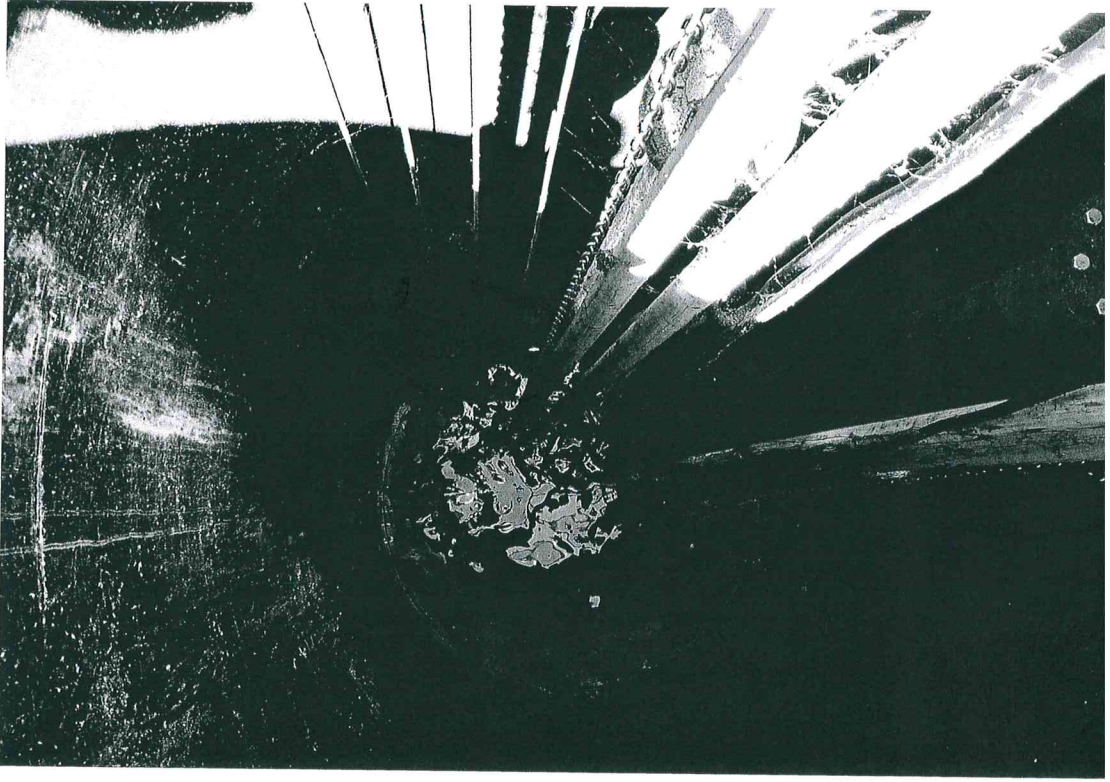


photo 4c

08
IN CASE OF
EMERGENCY
CALL
738-6133

PROJIT

From: [Grimes, Garrett](#)
To: [McConnell, Melissa](#)
Subject: FW: D.O. Calibration
Date: Tuesday, May 08, 2018 11:38:22 AM
Attachments: [D.O. MASTER.xls](#)

Melissa,

Please attach this email as part of The City of Huntsville's CEI Response.

Thank you,
Garrett

From: Bill Eoff [mailto:Bill9Eoff@hotmail.com]
Sent: Wednesday, May 02, 2018 4:23 PM
To: Grimes, Garrett
Subject: D.O. Calibration

Dear Garrett,

Attached please see an edited copy of my bench sheet showing the additional information you asked for. Please review and advise if this will fulfill the needs required in #4 of the summary of findings.

Thanks,
Bill Eoff
Wastewater Manager
Huntsville Water Utilities

| DISSOLVED OXYGEN READINGS | | | METHOD OF ANALYSIS: 4500-OG-2001 | | | | | | MONTH |
|---------------------------|---------|-----------|----------------------------------|---------|----------|----------|---------|-----------|---------|
| SAMPLE TYPE: GRAB | | | TIME | DATE | TIME | DATE | RESULTS | | |
| SAMPLER | ANALYST | LOCATION* | SAMPLED | SAMPLED | ANALYZED | ANALYZED | 1ST | DUPLICATE | AVERAGE |
| | | EFFLUENT | | | | | | | |
| | | EFFLUENT | | | | | | | |
| | | EFFLUENT | | | | | | | |
| | | EFFLUENT | | | | | | | |
| | | EFFLUENT | | | | | | | |
| | | | | | PRE CAL | POST CAL | TEMP | EXPECTED | |
| CALIBRATION ^ | | DATE | TIME | ANALYST | D.O. | D.O. | CEL | D.O. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

^ INSTRUMENT CALIBRATED TO MANUFACTURERS SPECIFICATIONS
 ALL ANALYSIS MUST BE COMPLETED WITHIN 15 MINUTES OF SAMPLE TIME
 * SAMPLING LOCATION FOR ABOVE LOCATION IS AS FOLLOWS:
 EFFLUENT: EFFLUENT OUTFALL 001 AFTER FINAL TREATMENT

ADEQ

ARKANSAS
Department of Environmental Quality

May 22, 2018

Kevin Hatfield, Mayor
City of Huntsville
P.O. Box 430
Huntsville, AR 72740

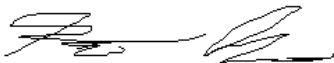
RE: Adequate Response to Compliance Evaluation Inspection
AFIN: 44-00018 Permit No.: AR0022004

Dear Mr. Hatfield:

The Department has received your response to the inspection conducted on March 21, 2018. Your response adequately addresses the request in the Summary of Findings section of the report. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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