

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 1, 2019

Gail Mainard, Assistant Director  
Arkansas Department of Correction  
P.O. Box 8707  
Pine Bluff, AR 71611

**RE: ADC North Central Unit Inspections (Izard Co)**  
**AFIN: 33-00036**                      **Permit No.: AR0044016**  
**AR0044016C**  
**5124-WR-1**

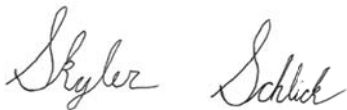
Dear Mr. Mainard:

On January 15, 2019, I performed a Compliance Evaluation Inspection, a State WWTP Construction Inspection, and a State No-Discharge 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 each of the inspection reports is enclosed for your records.


**Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e., photos) is due by **March 15, 2019**.

If I can be of any assistance, please contact me at [schlicks@adeq.state.ar.us](mailto:schlicks@adeq.state.ar.us) or (870) 424-3322 ext. 2.

Sincerely,



Skyler Schlick  
District 2 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>				
		AFIN: 33-00036		PERMIT #: AR0044016		DATE: 1/15/2019
		COUNTY: 33 Izard		PDS #: 106776		MEDIA: WN
		GPS LAT: 36.166551 LONG: -92.152031 LOCATION: General Area				
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>			
NAME: <b>ADC North Central Unit</b> LOCATION: <b>County Road 46</b> CITY: <b>Calico Rock</b>			FACILITY TYPE: <b>2 - Industrial</b>	INSPECTOR ID#: <b>117208 S - State</b>		
			FACILITY EVALUATION RATING: <b>2 - Marginal</b>	INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>1/15/2019</b>	ENTRY TIME: <b>08:30</b>	EXIT TIME: <b>11:35</b>	PERMIT EFFECTIVE DATE: <b>5/1/2016</b>  PERMIT EXPIRATION DATE: <b>4/30/2021</b>
<b>RESPONSIBLE OFFICIAL</b>						
NAME / TITLE: <b>Gail Mainard / Assistant Director</b> COMPANY: <b>Arkansas Department of Correction</b> MAILING ADDRESS: <b>P.O. Box 8707</b> CITY, STATE, ZIP: <b>Pine Bluff AR 71611</b> PHONE & EXT. / FAX: <b>870-367-6625 /</b> EMAIL: <b>gail.mainard@arkansas.gov</b>			FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>			<b>INSPECTION PARTICIPANTS</b>			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Chris Ashcraft/ Const/Maint. Coordinator/ (Lic #010923)/ chris.ashcraft@arkansas.gov</b>  <b>Rusty McFarren/ Maintenance Supervisor</b>  <b>Samuel Schratz/ ADEQ Inspector</b>			
<b>AREA EVALUATIONS</b>						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
<b>S</b>	PERMIT	<b>M</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER	
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW	
<b>M</b>	OPERATION & MAINTENANCE	<b>M</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM	
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT	
<b>**</b>	OTHER:					
<b>SUMMARY OF FINDINGS</b>						
The following violations were noted during the inspection:  1) There was floating grease observed at the discharge location. This is a violation of Part 1, Section A of the permit.  2) The following operation and maintenance items need to be addressed. These are a violation of Part III, Section B.1.A of the permit. <ul style="list-style-type: none"> <li>• Ammonia-based floor stripper is used and not properly disposed of in the prison and is causing issues at the plant.</li> <li>• There is vegetation growing in the equalization basin.</li> </ul>						

**GENERAL COMMENTS**

On January 15, 2019, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

**Records review:**

The records were not organized and should be better organized for future inspections. Records reviewed were for March, May, October, and December of 2018. There was no record of the date of the last calibration of the secondary flowmeter and it was reporting out of range during the calibration check.

**Site assessment:**

The treatment process consists of bar screen, oxidation ditch, clarifiers (15'), tertiary filter, and UV disinfection. There are two lift stations that bring the wastewater to headworks and both were operating properly. Sludge is returned twice daily. The plant is washed down daily. The UV lamps are cleaned once per month. There was grease observed in every component of the wastewater treatment plant.

INSPECTOR'S SIGNATURE: <i>Skyler Schlick</i> Skyler Schlick	DATE: 2/13/2019
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe DATE: 2/25/2019

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED: <u>Grease trap is not operating effectively or other issues with grease.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<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>Onsite 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>One Class III operator</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:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. 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
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>60 degree V-notch weir</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>No date of last calibration.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input 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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>McClelland Consulting Engineer, Inc.</u> <u>American Interplex</u>	
b. LAB ADDRESS: <u>7302 Kanis Rd Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>NH3-N, CBOD5, DO, FCB, pH, and TSS</u> <u>NO2+NO3, O&amp;G</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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>Observed after the UV disinfection.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	Yes	NO	NO	Yes	Clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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>See separate State No-Discharge inspection (5124-WR-1).</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): <u>Pasture</u>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Part II, Condition 5 requires BMPs for stormwater.</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:	<b>January 15, 2019</b>	Time:	<b>10:34</b>
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Head in Inches:	<b>4"</b>	Feet:	
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Type & Size of Primary Flow Measurement Device: **60 degree V-notch weir**

Name & Model of Secondary Flow Measurement Device: **Siemens HydroRanger 200**

Date of last Calibration of Secondary Flow Device: **Unknown**

Recorded Flow at Date & Time Listed Above: **60.41 gpm** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:

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

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

% Error =	60.41	-	40.51	X 100
	40.51			

% Error =	19.9	X 100
	40.51	

% Error =	0.4912	X 100
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% Error =	<b>49.12</b>	%
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Comments: **Not within +/- 10% range totalizer; totalizer is reporting OVER.**

**DMR Calculation Check**

Reporting Period: From 2018 05 01 To 2018 05 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Daily Max. - mg/l
Reported Value:	<u>3.5</u>	<u>2.8</u>	<u>2.8</u>
Calculated Value:	<u>3.49</u>	<u>2.82</u>	<u>2.82</u>
Permit Value:	<u>7.5</u>	<u>10.0</u>	<u>15.0</u>

If calculated value does not equal reported value, explain:

For May 2: 2.82 mg/L x 0.148600 MGD x 8.34 = 0.23 lbs/ day

Values are the same (rounding differences).



**DMR Calculation Check**

Reporting Period: From 2018 10 1 To 2018 10 31  
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>Daily Max. - mg/l</b>
Reported Value:	<u>0.2</u>	<u>0.3</u>	<u>0.3</u>
Calculated Value:	<u>0.23</u>	<u>0.3</u>	<u>0.3</u>
Permit Value:	<u>2.3</u>	<u>3.0</u>	<u>3.9</u>

If calculated value does not equal reported value, explain:

For Oct 3: 0.28 mg/L x 0.099700 MGD x 8.34 = 0.23 lbs/ day

Values are the same (rounding differences).

**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0844</b>
Description:	<b>Influent bar screen.</b>	Photo #:	<b>1</b>



Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0845</b>
Description:	<b>Influent bar screen.</b>	Photo #:	<b>2</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>				
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>	Time:	<b>0846</b>
Witness:	<b>Samuel Schratz</b>			Photo #:	<b>3</b>
Description:	<b>Oxidation ditch.</b>				



Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>	Time:	<b>0903</b>
Witness:	<b>Samuel Schratz</b>			Photo #:	<b>4</b>
Description:	<b>Clarifier.</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0909</b>
		Photo #:	<b>5</b>
Description:	<b>Clarifier.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0911</b>
		Photo #:	<b>6</b>
Description:	<b>Tertiary filter.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0920</b>
		Photo #:	<b>7</b>
Description:	<b>60 degree V-notch weir.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0923</b>
		Photo #:	<b>8</b>
Description:	<b>UV disinfection.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0924</b>
		Photo #:	<b>9</b>
Description:	<b>Discharge.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0925</b>
		Photo #:	<b>10</b>
Description:	<b>Equalization pond.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>0928</b>
		Photo #:	<b>11</b>
Description:	<b>Sludge drying beds.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1126</b>
		Photo #:	<b>12</b>
Description:	<b>Lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>ADC North Central Unit</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>1/15/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1130</b>
		Photo #:	<b>13</b>
Description:	<b>Lift station.</b>		

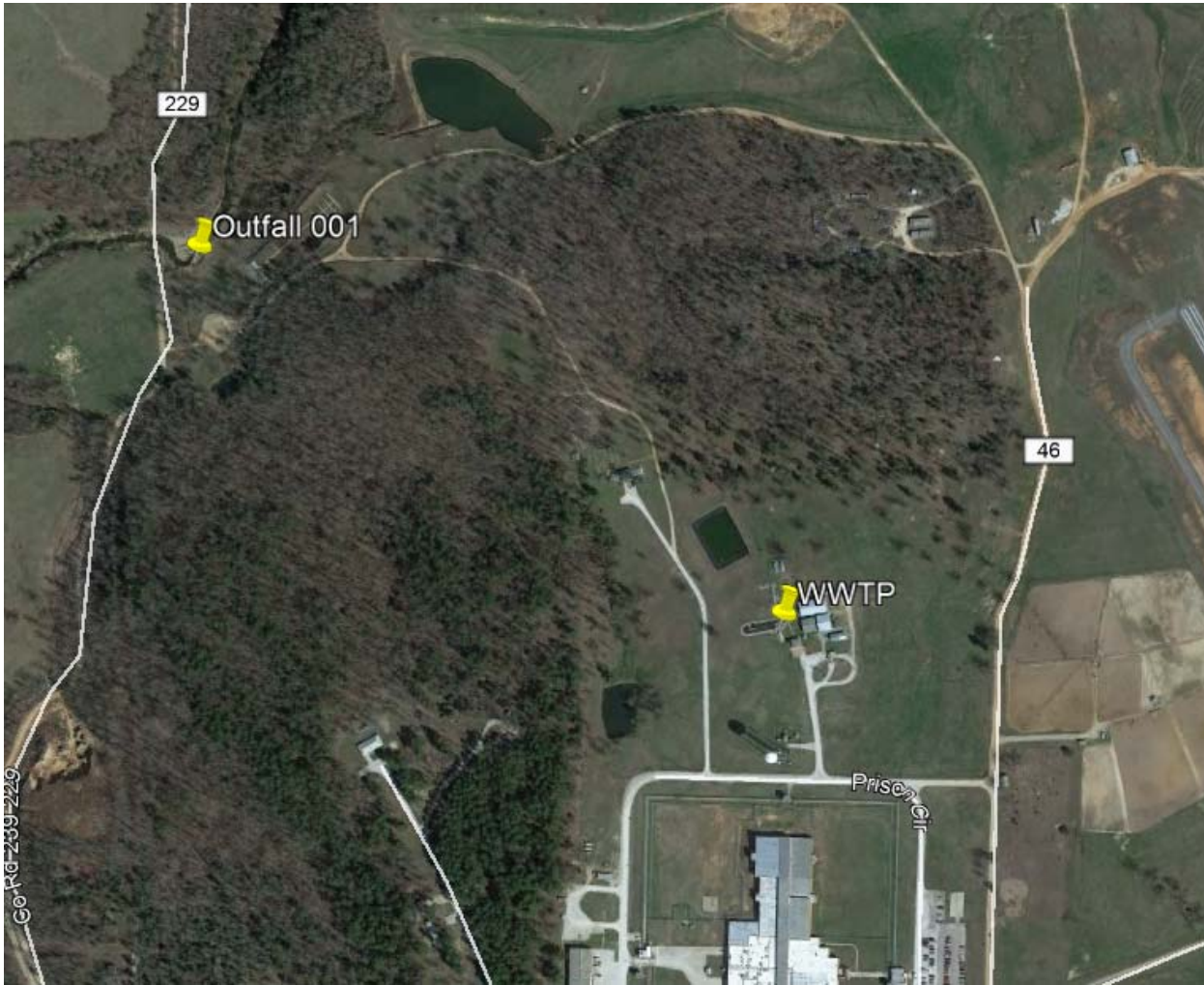




Figure 1. General overview of the WWTP with major components labeled (Google Earth: imagery date March 21, 2016).



Figure 2. General overview of the site with outfall labeled (Google Earth: imagery date March 21, 2016).



**From:** [Schlick, Skyler](#)  
**To:** [McConnell, Melissa](#)  
**Subject:** FW: North Central Unit ADEQ Response  
**Date:** Thursday, March 21, 2019 4:00:46 PM  
**Attachments:** [4460\\_001.pdf](#)  
[ADEQ\\_RESPONSE.pdf](#)

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Attached is the response from the PDS #106776, 106779, 106780

AR0004416, AR0044016C, 5124-WR-1

## **Skyler Schlick**

Inspector-Water Division District 2  
Arkansas Department of Environmental Quality  
Office- (870) 424-3322 ext. 2  
Cell – (501) 514-2126

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**From:** Travis Adair [mailto:Travis.Adair@arkansas.gov]  
**Sent:** Friday, March 15, 2019 8:21 AM  
**To:** Schlick, Skyler  
**Cc:** Gail Mainard; Connie Dean; William McFarren; Adam Triche (atrich@mce.us.com)  
**Subject:** North Central Unit ADEQ Response

Mr. Schlicks, please see the attached response to your Inspection Report that you sent us here at ADC. It is in the attached document "ADEQ RESPONSE". Your original letter is the "4460 001" document. Thank you. Should you have any questions you can call us. Thank you.

Travis Adair  
Fiscal Support Analyst  
Construction/Maintenance  
Ph# 870-267-6459  
Fax: 870-267-6166  
Email: [travis.adair@arkansas.gov](mailto:travis.adair@arkansas.gov)

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**Arkansas Department of Correction**

William McFarren,  
Maintenance Director  
AR Dept of Correction  
North Central Unit  
10 Prison Circle  
Calico Rock, Arkansas  
72519-0300  
Phone: (870) 297-3304  
Fax: (870) 297-4388  
William.McFarren@arkansas.gov

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To: Skyler Schlick – ADEQ Water Division District 2 Field Inspector  
From: Mr. William McFarren, Maintenance Director  
Date: March 1, 2019  
Re: ADC NCU Inspection (Izard Co) - Water Division Report

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This is the response to ADEQ Compliance Inspections. The Following inspections were performed by ADEQ on 1/15/19: Water Division Report on AFIN#33-00036, Permit #AR0044016, Izard Co. The inspection Violations were dealt with in the following manner:

1. There was floating grease observed at the discharge location. This is a violation of Part 1, Section A of the permit. Grease eating bugs were added to kitchen drain. The kitchen is collecting grease waste for disposal.
2. The following operation and maintenance items need to be addressed. These are a violation of Part III, Section B.1.A of the Permit.
  - Ammonia-based floor stripper is used and not properly disposed of in the prison and is causing issues at the plant. Wax crew is instructed to use 55 gallon barrels for wax and waste disposal.
  - There is vegetation growing in the equalization basin. The vegetation is in the process of removal.
3. The plant was cleaned of grease and records are filed to year and type.
4. Calibration of flow meter. Calibration & Controls was contacted and calibration was performed on 2/4/2019.

Sincerely,

William McFarren

CC:Warden N. Faust  
Chris Ashcraft

# CALIBRATION & CONTROLS, INC.

1156 Salem Road  
Benton, AR. 72019  
501 316 3285

DATE: 2-4-19

LOCATION: Northwest Unit

## Calibration & Certification Report

CALIBRATION TECH: Jeff Porterfield

Company		Site	
Manufacturer	SIMON	Tag or ID	RPP WEN & Flow Meter
Model Number	Hydro Meter 200	Serial Number	

### Calibrated Range/Span

	Span	Eng. Unit	Accuracy +/-	Tolerance +/-	Eng. Unit
Input	0	12"	2% R		
Output	0	67.60	2% R		6 Pm

### Calibration Data

Input	As Found				As Left	
	Actual	Desired	Actual	Error +/-	Actual	Error +/-
0.0						
25.0						
50.0	.60	.36	.33	-.03	.36	0
75.0						
100.0						
75.0						
50.0						
25.0						
0.0						

### Measuring & Test Equipment

Type	Name	Model #	Serial #	Calb. Due Date
	STAFF Gauge			
	Flow Board			

### Special Conditions or Comments

60° V Notch Weir

### Certification

Frequency	Calibration Date	Inspector Signature
yearly	2-4-19	Jeff Porterfield

This document certifies the above named equipment has been inspected and tested against the listed field standards. These standards are Certified and traceable to the National Institute of Standards Technology. Copies of Field Standards Certifications will be supplied upon request.

