

ADEQ

ARKANSAS
Department of Environmental Quality

February 11, 2020

Steve Metcalf, VP-Power Production & Delivery
Arkansas Electric Cooperative Corporation
P.O. Box 187
Camden, AR 71701

RE: John L. McClellan Generating Inspection (Ouachita Co)
AFIN: 52-00055 NPDES Permit No.: AR0000841

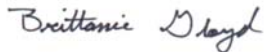
Dear Mr. Metcalf:

On January 16, 2020, 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 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 **February 25, 2020**.

If I can be of any assistance, please contact me at Brittanie.Gloyd@adeq.state.ar.us or (501) 837-2076.

Sincerely,



Brittanie Gloyd
District 8 Field Inspector
Office of Water Quality



AR K A N S A S
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 52-00055	PERMIT #: AR0000841	DATE: 1/16/2020
COUNTY: 52 Ouachita	PDS #: 110952	MEDIA: WN
GPS LAT: 33.564669 LONG: -92.794269 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION	
NAME: John L. McClellan Generating LOCATION: 1625 Bradley Ferry Road CITY: Camden	FACILITY TYPE: 2 - Industrial INSPECTOR ID#: 129177 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation DATE(S): 1/16/2020 ENTRY TIME: 08:45 EXIT TIME: 11:00 PERMIT EFFECTIVE DATE: 7/1/2016 PERMIT EXPIRATION DATE: 6/30/2021	
RESPONSIBLE OFFICIAL		
NAME / TITLE: Steve Metcalf / VP-Power Production & Delivery COMPANY: Arkansas Electric Cooperative Corporation MAILING ADDRESS: P.O. Box 187 CITY, STATE, ZIP: Camden AR 71701 PHONE & EXT. / FAX: 501-570-2466 / EMAIL: steve.metcalf@aecc.com CONTACTED DURING INSPECTION: No	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N <th style="text-align: center;">INSPECTION PARTICIPANTS</th> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Chris Voss / DEQ D8 Inspector Doug Stracener / Plant Manager Eric Busig / Asst. Plant Manager Stephen Cain / Manager of Environmental Compliance Genna Hargass / Office Manager/Chemist Logan Wilson / Maintenance Supervisor	INSPECTION PARTICIPANTS

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

SUMMARY OF FINDINGS

The following violations were noted at the time of inspection:

- 1) Samples taken out of the blowdown water pond are not taken to be representative of the volume and nature of the monitored discharge. The facility collects several samples from around the pond, consolidates them, then pours up the grabs. Samples need to be taken where the water is leaving the pond, such as the passage of Outfall 003. This is a violation of Part III.C.1 of the permit.
- 2) While conducting a DMR check, there were several months that I was unable to duplicate information that is to be submitted to the DMR for Outfall 001. The data from the flow records did not match all the Chains of Custody (COC), making it unclear as to what flow data were being used to calculate the DMR. This is a violation of Part III.C.5 of the permit.
- 3) An incorrect flow was used to generate the loading mass submitted to NetDMR. Flow data from Oct 1, 2019 was used to calculate the loading mass, while the composite sample was taken from Oct 2-2, 2019. This is a violation of Part III.C.5 of the permit. A corrected DMR must be submitted to the Enforcement Branch.
- 4) The times for the composite sampling on the COC were not always documented (i.e., start and end times). For example, samples collected on June 5 and June 6, the COC states "24 hours" and not specific dates/times. This is a violation of Part III.C.8 of the permit.
- 5) Dates and times were not documented at the time of sample collection. For Outfall 001 samples from August 11, 2019; the lab made a note stating, "Date collected' added by lab – per sample container bag

Inspection Report: **John L. McClellan Generating** , AFIN: **52-00055**, Permit #: **AR0000841**
used by client” and Outfall 001 samples from August 21-22, 2019, the lab made a note stating
“Date/time collected added by lab – info per Eric Busig.” This is a violation of Part III.C.8 of the permit.

GENERAL COMMENTS

On January 16, 2020, a compliance inspection was conducted with the participants listed above. A site assessment and record review was conducted at the time of inspection.

Site Assessment:

There are two ponds onsite that are used as process water ponds. One pond (Spray Pond) is to the east of the facility. This pond has spray bars along the entirety of the pond. The process water that is routed to this pond is from the condenser. The condenser’s water source is the Ouachita River. The spray pond is only utilized when temperatures are in excess and they need to cool it down prior to discharge. There was plenty of freeboard (~ 6ft) at the time of inspection. Outfall 001 is the location where water is discharged from the condenser and the cooling pond. There is barring located next to Outfall 001 for easy deployment of vessels and baffles/curtains in the case of a spill. The second pond (Blowdown Pond) is to the west and is where blowdown process water is directed. The source for the blowers is city water. The city water is then treated by an RODI system onsite. The wastewater from the RODI system as well as the blowdown water is directed to the treatment pond to the west. This pond had a staff gauge, which read less than 2ft at the time of inspection, and it is used to calculate/estimated flow. When asked how they sample the pond, they informed me that they take several samples around the pond. This is not a representative sample for pond discharge as they have no way to get to the middle or deeper areas of the pond, which is stationary sampling.

Record Review:

At the site, I requested the information necessary to conduct a DMR accuracy check, which included lab results and flow records. There were several flow records that did not align with when the COC stated samples were taken. For September 2018, flow for the Sept 19-20, 2018 composite sample is missing, but the facility had two flow measurements for Sept 18, 2018 documented (see Figure 2). Composite samples were taken on Sept 16-17, Sept 17-18, and Sept 19-20, where the flows were documented for Sept 16, Sept 17, Sept 18 (twice), and Sept 25. For October 2019 samples from Outfall 001, flow from Oct 1, 2019 was used to calculate mass loading, while the 24-hour composite sample was pulled from Oct 2-3, 2019. The pH calibration records were in good order and have the date, tester, time, and initial/calibrated pH readings for Buffers 4.0, 7.0, and 10.0 with the slope for all three buffers noted. There is also a section that has the outfalls’ analysis readings. The lab is running Quality Control (QC) tests each time samples are ran. Other than the few COC that were missing the dates and times of sample collection, the COC had all the pertinent information on them, including preservation, bottle type, and how they were received in the lab (e.g., custody seals, correct containers, COC labels, received on ice, and temp). The two operator names given to me by the facility have licenses, but they need to ensure they have submitted renewal paperwork to be valid for July 1, 2019- June 30, 2021. The Enforcement Branch gives a one year grace period to get the paperwork submitted with the required amount of hours.

INSPECTOR'S SIGNATURE: <i>Brittanie Gloyd</i>	Brittanie Gloyd	DATE: 2/6/2020
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 2/10/2020

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING: <u>Outfall 001 – missing start and end dates; lab added information given on one; Outfall 003 – lab had to put information onto COC.</u>	<input type="checkbox"/> Y <input checked="" 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<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>Joey Dodson: #11282; Richard Clardy: #11265</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <u>Condenser pond has not overflowed, but the Ouachita River has flooded its banks and overtaken the pond.</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: <u>Discussed with them to report when the pond is flooded.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <u>Natural cause: therefore, no corrective action available.</u>	<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: <u>Composite sample for Copper taken for Outfall 001.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>Closed pipe</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Differential calculated by a computer, then totaled.</u>	<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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Analytical, Inc.</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>Outfall 001: Total Recoverable Copper; Outfall 003: Copper, Iron, Oil & Grease, TSS</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

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: No discharge was occurring at the time of inspection.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	--
003	N/A	N/A	N/A	N/A	N/A	N/A	-
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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: No sludge generated.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: IGP inspected by Chris Voss (see separate report for details).							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2019 Oct 01 To 2019 Oct 31
 Year Month Day Year Month Day

Parameter Checked: Copper
(Outfall 001)

	Loading Mass (lbs/day)		Concentration (µg/l)	
	Mon Avg/Daily Max		Mon Avg	Daily Max
Reported Value:	<u>4.5/4.5</u>		<u>13.7</u>	<u>13.7</u>
Calculated Value:	<u>5.51/5.51</u>		<u>13.7</u>	<u>13.7</u>
Permit Value:	<u>9.23/18.53</u>		<u>17.99</u>	<u>36.10</u>

If calculated value does not equal reported value, explain:
Values are not the same. The incorrect flow was used to generate the numbers. The facility used October 1, 2019 flow, while the samples were collected on October 2-3, 2019. The facility needs to submit a corrected DMR to Enforcement Branch.

DMR Calculation Check

Reporting Period: From 2019 May 01 To 2019 May 31
 Year Month Day Year Month Day

Parameter Checked: Iron
(Outfall 003)

	Loading Mass (lbs/day)		Concentration Monthly (mg/l)	
	Mon Avg/Daily Max		Mon Avg	Daily Max
Reported Value:	<u>8.79/8.79</u>		<u>0.543</u>	<u>0.543</u>
Calculated Value:	<u>8.79/8.79</u>		<u>0.543</u>	<u>0.543</u>
Permit Value:	<u>11.9/11.9</u>		<u>1.0</u>	<u>1.0</u>

If calculated value does not equal reported value, explain:

Values are the same.

Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating		
Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	08:57
		Photo #:	1
Description:	View of the spray pond to control high temperatures from the condenser.		



Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:03
		Photo #:	2
Description:	View of Outfall 001.		



Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating		
Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:24
		Photo #:	3
Description:	View of the blowdown water pond and Outfall 003.		



Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:24
		Photo #:	4
Description:	View of Outfall 003.		



Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating				
Photographer:	Brittanie Gloyd	Date:	01/16/2020	Time:	09:25
Witness:	Chris Voss			Photo #:	5
Description:	View of the blowdown pond.				



Photographer:	Brittanie Gloyd	Date:	01/16/2020	Time:	09:25
Witness:	Chris Voss			Photo #:	6
Description:	View of the staff gauge in the blowdown pond showing the depth of the pond.				



Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating		
Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:40
		Photo #:	7
Description:	View of the auto sampler used for composite samples.		



Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:40
		Photo #:	8
Description:	View of the location samples are taken for Outfall 001.		



Figure 1. Google Earth aerial imagery dated Nov 19, 2015 showing components of the facility.



From: [Gloyd, Brittanie](#)
To: [McConnell, Melissa](#)
Subject: Inspection Response
Date: Tuesday, March 17, 2020 3:45:30 PM
Attachments: [2020-02-12 McClellan ADEQ Inspection Responses.pdf](#)
[AR0000841_insp_20200116.pdf](#)
[image001.png](#)

Melissa,

Please attach to McClellan Generation Station (PDS # 110952) as their response.

Brittanie Gloyd | Inspector

**Division of Environmental Quality | Office of Water Quality
Compliance Branch**

3286 West Hillsboro Street, Suite B | El Dorado, AR 71730

t: [870.862.5941](tel:870.862.5941) | c: [501.837.2076](tel:501.837.2076) | e: brttanie.gloyd@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Stephen Cain [<mailto:Stephen.Cain@aecc.com>]
Sent: Wednesday, February 12, 2020 3:29 PM
To: Water-Inspection-Report
Cc: Gloyd, Brittanie; Rob Smith; Curtis Warner; Doug Stracener; Eric Busig; Casey Shepard; Jennifer Loiacano
Subject: McClellan Gen Station Inspection Response

Please find attached AECC's response to the ADEQ NDPES inspection report dated February 11, 2020 (also attached) for the McClellan Generating Station in Camden, Arkansas.

Stephen Cain

Manager – Environmental Compliance
501-570-2420



**Arkansas Electric
Cooperative Corporation**



Arkansas Electric Cooperative Corporation

Reliable · Affordable · Responsible

1 Cooperative Way
P.O. Box 194208
Little Rock, Arkansas 72219-4208
(501) 570-2200

Submitted electrically to water-inspection-report@adeq.state.ar.us on February 12, 2020

Brittanie Gloyd, Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72218

RE: John L. McClellan Generating Station Inspection
Permit No. AR0000841 AFIN 52-00055

Dear Ms. Gloyd:

Arkansas Electric Cooperative Corporation (AECC) received your February 11, 2020 report on a Compliance Evaluation Inspection that was performed on January 16. Please see the responses to the summary of findings below.

The deficiencies noted in the inspection report and the corrective actions discussed above will be incorporated into AECC's environmental permit compliance training. AECC conducts this training with AECC plant staff at the McClellan plant as well as other AECC facilities that have NPDES permits. Training for the McClellan plant staff is scheduled for March 10.

Compliance Evaluation Inspection

Finding 1

Samples taken out of the blowdown water pond are not taken to be representative of the volume and nature of the monitored discharge. The facility collects several samples from around the pond, consolidates them, then pours up the grabs. Samples need to be taken where the water is leaving the pond, such as the passage of Outfall 003. This is a violation of Part III.C.1 of the permit.

Response 1

Samples will be pulled from the Outfall 003 effluent moving forward.

Finding 2

While conducting a DMR check, there were several months that I was unable to duplicate information that is to be submitted to the DMR for Outfall 001. The data from the flow records

did not match all the Chains of Custody (COC), making it unclear as to what flow data were being used to calculate the DMR. This is a violation of Part III.C.5 of the permit.

Response 2

Flow data for September 2018 was inadvertently duplicated. Individual worksheets attached (Compliance Data Sheets for September 18, 2018 and September 19, 2018) show the correct data was used, but the second “9/18/18” on the plant’s Monthly Compliance Summary sheet was a typo and should have read “9/19/18.”

Finding 3

An incorrect flow was used to generate the loading mass submitted to NetDMR. Flow data from Oct 1, 2019 was used to calculate the loading mass, while the composite sample was taken from Oct 2-2 [*sic*], 2019. This is a violation of Part III.C.5 of the permit. A corrected DMR must be submitted to the Enforcement Branch.

Response 3

The corrected October 2019 DMR was submitted to NetDMR on February 12.

Finding 4

The times for the composite sampling on the COC were not always documented (i.e., start and end times). For example, samples collected on June 5 and June 6, the COC states “24 hours” and not specific date/times. This is a violation of Part III.C.8 of the permit.

Response 4

Specific dates and start/end times for composite sampling will be documented on the COC moving forward.

Finding 5

Dates and times were not documented at the time of sample collection. For Outfall 001 samples from August 11, 2019; the lab made a note stating, “Date collected’ added by lab – per sample container bag used by client” and Outfall 001 samples from August 21-22, 2019, the lab made a note stating “Date/time collected by lab – info per Eric Busig.” This is a violation of Part III.C.8 of the permit.

Response 5

Specific dates and start/end times for composite sampling will be documented on the COC at the time of sample collection moving forward.

Please contact Casey Shepard at casey.shepard@aecc.com or 501-570-2102 if you require additional information.

Sincerely,

A handwritten signature in cursive script that reads "Stephen Cain". The signature is written in black ink and is positioned below the word "Sincerely,".

Stephen Cain
Manager – Environmental Compliance

NPDES Permit No. AR0000841
McClellan Generating Station
Camden, AR

Compliance Data Sheet

DATE: 9-18-18

T ₁	UPSTREAM RIVER TEMPERATURE, 3' BELOW SURFACE	<u>84.6</u> deg F
T ₂	COOLING WATER DISCHARGE TEMPERATURE	<u>101.91</u> deg F
L	RIVER LEVEL FROM PLANT GAGE	<u>8.43</u> Feet
Q ₁	RIVER FLOW FROM TABLE	<u>2991</u> MGD
Q ₂	COOLING WATER FLOW	<u>39.42</u> MGD

$$T_3 = \frac{(Q_1 - Q_2)T_1 + Q_2T_2}{Q_1}$$

T ₃	DOWNSTREAM RIVER TEMPERATURE	<u> </u> deg F
----------------	------------------------------	-----------------------------------

$$DT = T_3 - T_1$$

DT	UPSTREAM-DOWNSTREAM TEMPERATURE DIFFERENCE	<u> </u> deg F
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NPDES Permit No. AR0000841
McClellan Generating Station
Camden, AR

Compliance Data Sheet

DATE: 9-19-18

T ₁	UPSTREAM RIVER TEMPERATURE, 3' BELOW SURFACE	<u>84.4</u> deg F
T ₂	COOLING WATER DISCHARGE TEMPERATURE	<u>102.63</u> deg F
L	RIVER LEVEL FROM PLANT GAGE	<u>9.72</u> Feet
Q ₁	RIVER FLOW FROM TABLE	<u>3812</u> MGD
Q ₂	COOLING WATER FLOW	<u>38.63</u> MGD

$$T_3 = \frac{(Q_1 - Q_2)T_1 + Q_2T_2}{Q_1}$$

T ₃	DOWNSTREAM RIVER TEMPERATURE	<u> </u> deg F
----------------	------------------------------	-----------------------------------

$$DT = T_3 - T_1$$

DT	UPSTREAM-DOWNSTREAM TEMPERATURE DIFFERENCE	<u> </u> deg F
----	--	-----------------------------------

ADEQ

ARKANSAS
Department of Environmental Quality

February 11, 2020

Steve Metcalf, VP-Power Production & Delivery
Arkansas Electric Cooperative Corporation
P.O. Box 187
Camden, AR 71701

RE: John L. McClellan Generating Inspection (Ouachita Co)
AFIN: 52-00055 NPDES Permit No.: AR0000841

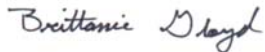
Dear Mr. Metcalf:

On January 16, 2020, 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 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 **February 25, 2020**.

If I can be of any assistance, please contact me at Brittanie.Gloyd@adeq.state.ar.us or (501) 837-2076.

Sincerely,



Brittanie Gloyd
District 8 Field Inspector
Office of Water Quality



AR K A N S A S
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 52-00055	PERMIT #: AR0000841	DATE: 1/16/2020
COUNTY: 52 Ouachita	PDS #: 110952	MEDIA: WN
GPS LAT: 33.564669 LONG: -92.794269 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION	
NAME: John L. McClellan Generating LOCATION: 1625 Bradley Ferry Road CITY: Camden	FACILITY TYPE: 2 - Industrial INSPECTOR ID#: 129177 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation DATE(S): 1/16/2020 ENTRY TIME: 08:45 EXIT TIME: 11:00 PERMIT EFFECTIVE DATE: 7/1/2016 PERMIT EXPIRATION DATE: 6/30/2021	
RESPONSIBLE OFFICIAL		
NAME / TITLE: Steve Metcalf / VP-Power Production & Delivery COMPANY: Arkansas Electric Cooperative Corporation MAILING ADDRESS: P.O. Box 187 CITY, STATE, ZIP: Camden AR 71701 PHONE & EXT. / FAX: 501-570-2466 / EMAIL: steve.metcalf@aecc.com CONTACTED DURING INSPECTION: No	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N <th style="text-align: center;">INSPECTION PARTICIPANTS</th> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Chris Voss / DEQ D8 Inspector Doug Stracener / Plant Manager Eric Busig / Asst. Plant Manager Stephen Cain / Manager of Environmental Compliance Genna Hargass / Office Manager/Chemist Logan Wilson / Maintenance Supervisor	INSPECTION PARTICIPANTS

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

SUMMARY OF FINDINGS

The following violations were noted at the time of inspection:

- 1) Samples taken out of the blowdown water pond are not taken to be representative of the volume and nature of the monitored discharge. The facility collects several samples from around the pond, consolidates them, then pours up the grabs. Samples need to be taken where the water is leaving the pond, such as the passage of Outfall 003. This is a violation of Part III.C.1 of the permit.
- 2) While conducting a DMR check, there were several months that I was unable to duplicate information that is to be submitted to the DMR for Outfall 001. The data from the flow records did not match all the Chains of Custody (COC), making it unclear as to what flow data were being used to calculate the DMR. This is a violation of Part III.C.5 of the permit.
- 3) An incorrect flow was used to generate the loading mass submitted to NetDMR. Flow data from Oct 1, 2019 was used to calculate the loading mass, while the composite sample was taken from Oct 2-2, 2019. This is a violation of Part III.C.5 of the permit. A corrected DMR must be submitted to the Enforcement Branch.
- 4) The times for the composite sampling on the COC were not always documented (i.e., start and end times). For example, samples collected on June 5 and June 6, the COC states "24 hours" and not specific dates/times. This is a violation of Part III.C.8 of the permit.
- 5) Dates and times were not documented at the time of sample collection. For Outfall 001 samples from August 11, 2019; the lab made a note stating, "Date collected' added by lab – per sample container bag

Inspection Report: **John L. McClellan Generating** , AFIN: **52-00055**, Permit #: **AR0000841**
used by client” and Outfall 001 samples from August 21-22, 2019, the lab made a note stating
“Date/time collected added by lab – info per Eric Busig.” This is a violation of Part III.C.8 of the permit.

GENERAL COMMENTS

On January 16, 2020, a compliance inspection was conducted with the participants listed above. A site assessment and record review was conducted at the time of inspection.

Site Assessment:

There are two ponds onsite that are used as process water ponds. One pond (Spray Pond) is to the east of the facility. This pond has spray bars along the entirety of the pond. The process water that is routed to this pond is from the condenser. The condenser’s water source is the Ouachita River. The spray pond is only utilized when temperatures are in excess and they need to cool it down prior to discharge. There was plenty of freeboard (~ 6ft) at the time of inspection. Outfall 001 is the location where water is discharged from the condenser and the cooling pond. There is barring located next to Outfall 001 for easy deployment of vessels and baffles/curtains in the case of a spill. The second pond (Blowdown Pond) is to the west and is where blowdown process water is directed. The source for the blowers is city water. The city water is then treated by an RODI system onsite. The wastewater from the RODI system as well as the blowdown water is directed to the treatment pond to the west. This pond had a staff gauge, which read less than 2ft at the time of inspection, and it is used to calculate/estimated flow. When asked how they sample the pond, they informed me that they take several samples around the pond. This is not a representative sample for pond discharge as they have no way to get to the middle or deeper areas of the pond, which is stationary sampling.

Record Review:

At the site, I requested the information necessary to conduct a DMR accuracy check, which included lab results and flow records. There were several flow records that did not align with when the COC stated samples were taken. For September 2018, flow for the Sept 19-20, 2018 composite sample is missing, but the facility had two flow measurements for Sept 18, 2018 documented (see Figure 2). Composite samples were taken on Sept 16-17, Sept 17-18, and Sept 19-20, where the flows were documented for Sept 16, Sept 17, Sept 18 (twice), and Sept 25. For October 2019 samples from Outfall 001, flow from Oct 1, 2019 was used to calculate mass loading, while the 24-hour composite sample was pulled from Oct 2-3, 2019. The pH calibration records were in good order and have the date, tester, time, and initial/calibrated pH readings for Buffers 4.0, 7.0, and 10.0 with the slope for all three buffers noted. There is also a section that has the outfalls’ analysis readings. The lab is running Quality Control (QC) tests each time samples are ran. Other than the few COC that were missing the dates and times of sample collection, the COC had all the pertinent information on them, including preservation, bottle type, and how they were received in the lab (e.g., custody seals, correct containers, COC labels, received on ice, and temp). The two operator names given to me by the facility have licenses, but they need to ensure they have submitted renewal paperwork to be valid for July 1, 2019- June 30, 2021. The Enforcement Branch gives a one year grace period to get the paperwork submitted with the required amount of hours.

INSPECTOR'S SIGNATURE:	<i>Brittanie Gloyd</i> Brittanie Gloyd	DATE: 2/6/2020
SUPERVISOR'S SIGNATURE:	<i>Kerri McCabe</i> Kerri McCabe	DATE: 2/10/2020

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING: <u>Outfall 001 – missing start and end dates; lab added information given on one; Outfall 003 – lab had to put information onto COC.</u>	<input type="checkbox"/> Y <input checked="" 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<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>Joey Dodson: #11282; Richard Clardy: #11265</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <u>Condenser pond has not overflowed, but the Ouachita River has flooded its banks and overtaken the pond.</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: <u>Discussed with them to report when the pond is flooded.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <u>Natural cause: therefore, no corrective action available.</u>	<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: <u>Composite sample for Copper taken for Outfall 001.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>Closed pipe</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Differential calculated by a computer, then totaled.</u>	<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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Analytical, Inc.</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>Outfall 001: Total Recoverable Copper; Outfall 003: Copper, Iron, Oil & Grease, TSS</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

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: No discharge was occurring at the time of inspection.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	--
003	N/A	N/A	N/A	N/A	N/A	N/A	-
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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: No sludge generated.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: IGP inspected by Chris Voss (see separate report for details).							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2019 Oct 01 To 2019 Oct 31
 Year Month Day Year Month Day

Parameter Checked: Copper
(Outfall 001)

	Loading Mass (lbs/day)		Concentration (µg/l)	
	Mon Avg/Daily Max		Mon Avg	Daily Max
Reported Value:	<u>4.5/4.5</u>		<u>13.7</u>	<u>13.7</u>
Calculated Value:	<u>5.51/5.51</u>		<u>13.7</u>	<u>13.7</u>
Permit Value:	<u>9.23/18.53</u>		<u>17.99</u>	<u>36.10</u>

If calculated value does not equal reported value, explain:
Values are not the same. The incorrect flow was used to generate the numbers. The facility used October 1, 2019 flow, while the samples were collected on October 2-3, 2019. The facility needs to submit a corrected DMR to Enforcement Branch.

DMR Calculation Check

Reporting Period: From 2019 May 01 To 2019 May 31
 Year Month Day Year Month Day

Parameter Checked: Iron
(Outfall 003)

	Loading Mass (lbs/day)		Concentration Monthly (mg/l)	
	Mon Avg/Daily Max		Mon Avg	Daily Max
Reported Value:	<u>8.79/8.79</u>		<u>0.543</u>	<u>0.543</u>
Calculated Value:	<u>8.79/8.79</u>		<u>0.543</u>	<u>0.543</u>
Permit Value:	<u>11.9/11.9</u>		<u>1.0</u>	<u>1.0</u>

If calculated value does not equal reported value, explain:

Values are the same.

Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating		
Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	08:57
		Photo #:	1
Description:	View of the spray pond to control high temperatures from the condenser.		



Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:03
		Photo #:	2
Description:	View of Outfall 001.		



Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating		
Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:24
		Photo #:	3
Description:	View of the blowdown water pond and Outfall 003.		



Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:24
		Photo #:	4
Description:	View of Outfall 003.		



Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating				
Photographer:	Brittanie Gloyd	Date:	01/16/2020	Time:	09:25
Witness:	Chris Voss			Photo #:	5
Description:	View of the blowdown pond.				



Photographer:	Brittanie Gloyd	Date:	01/16/2020	Time:	09:25
Witness:	Chris Voss			Photo #:	6
Description:	View of the staff gauge in the blowdown pond showing the depth of the pond.				



Water Division Photographic Evidence Sheet

Location:	John L. McClellan Generating		
Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:40
		Photo #:	7
Description:	View of the auto sampler used for composite samples.		



Photographer:	Brittanie Gloyd	Date:	01/16/2020
Witness:	Chris Voss	Time:	09:40
		Photo #:	8
Description:	View of the location samples are taken for Outfall 001.		



Figure 1. Google Earth aerial imagery dated Nov 19, 2015 showing components of the facility.





ARKANSAS
Department of Environmental Quality

May 15, 2020

Steve Metcalf, VP-Power Production & Delivery
Arkansas Electric Cooperative Corporation – McClellan Generating Plant
P.O. Box 187
Camden, AR 71701

RE: McClellan Generating Plant - Response to Inspection (Ouachita Co)
AFIN: 52-00055 **NPDES Permit No.: AR0000841**

Dear Mr. Metcalf:

I have reviewed the response pertaining to my January 16, 2020 inspection of the John L. McClellan Generating Plant. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 837-2076 or you may e-mail me at Brittanie.gloyd@adeq.state.ar.us.

Sincerely,

A handwritten signature in cursive script that reads "Brittanie Gloyd".

Brittanie Gloyd
District 8 Field Inspector
Office of Water Quality