



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

June 19, 2020

Tommy D. Smith, Vice President of Manufacturing
Georgia-Pacific Consumer Operations LLC - Crossett Paper Operations
P.O. Box 3333
Crossett, AR 71635

RE: Georgia-Pacific Consumer Operations Inspection (Ashley Co)
AFIN: 02-00013 NPDES Permit No.: AR0001210

Dear Mr. Smith:

On May 20, 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.

No violations were noted at the time of the inspection. Please refer to the attached inspection report for any comments.

If I can be of any assistance, please contact me at youngm@adeq.state.ar.us or (501) 837-2073.

Sincerely,

Michael Young
District 8 Inspector
Office of Water Quality

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 02-00013		PERMIT #: AR0001210		DATE: 5/20/2020	
		COUNTY: 02 Ashley		PDS #: 112276		MEDIA: WN	
		GPS LAT: 33.136393 LONG: -91.967238 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: Georgia-Pacific Consumer Opera LOCATION: 100 Mill Supply Road CITY: Crossett, AR			FACILITY TYPE: 2 - Industrial	INSPECTOR ID#: 101531 S - State			
RESPONSIBLE OFFICIAL NAME / TITLE: Tommy D. Smith / Vice President of Manufacturing COMPANY: Georgia-Pacific Consumer Operations LLC - Crossett Paper Operations MAILING ADDRESS: P.O. Box 3333 CITY, STATE, ZIP: Crossett AR 71635 PHONE & EXT: / FAX: 870-567-8310 / 870-364-9076 EMAIL: tommy.smith2@gapac.com CONTACTED DURING INSPECTION: No			FACILITY EVALUATION RATING: 5 - Satisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 5/20/2020	ENTRY TIME: 10:20	EXIT TIME: 13:02	PERMIT EFFECTIVE DATE: 11/1/2010 PERMIT EXPIRATION DATE: 10/31/2015	
			FAYETTEVILLE SHALE RELATED: N				
FAYETTEVILLE SHALE VIOLATIONS: N							
INSPECTION PARTICIPANTS							
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Rachel Johnson/GP Environmental Engineer/870-567-8170/Rachel.JOHNSON2@GAPAC.com							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER		
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW		
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM		
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
**	OTHER:						
SUMMARY OF FINDINGS							
No violations observed at the time of inspection.							

GENERAL COMMENTS

On May 20, 2020, I performed an inspection at Georgia-Pacific Consumer Operations LLC - Crossett Paper Operations (GP-Crossett) with the above participants. GP-Crossett manufactures paper products and has a treatment system consisting of a clarifier, equalization by a surge basin, biological treatment by an aerated stabilization basin (ASB), and chemical additions prior to sampling at Outfall 001. Following Outfall 001, there is polishing treatment in Mossy Lake and an Outfall SMS 002 prior to discharge at the Ouachita River (see Figures 1-3). On October 14, 2019, operations were reduced at the facility in which the bleached board machines, woodyard, pulp mill, chemical recovery, and solid fuel boilers were shut-down and plan to be decommissioned. This inspection consisted of a facility inspection, laboratory inspection, and records review.

Facility Inspection:



Internal Outfalls 101, 102, and 103 have discontinued monitoring after the bleached board machines were decommissioned. Therefore, this inspection started at the influent wastewater portion near the clarifier (see Photo 1). Influent wastewater was white and contained pulp material, but the color and quantity was substantially reduced from the past inspections completed. I observed the bar screen to be in operation (see Photo 2) and the clarifier contained blue-colored wastewater (see Photo 3). Screenings from the clarifier are pressed and landfilled, and there were no problems with the press operation (see Photos 4-5). At the time of inspection, water was being held in the surge basin to reduce the grass and unwanted vegetation (see Photo 6). Following the surge basin, water enters an aerated basin known as the "ASB" (see Photo 7). After aeration, water is discharged through a ditch that contains pH meters to automatically inject carbon dioxide when the pH is not favorable (see Photo 8-9). Flow is measured using a totalizer (see Photo 10) and samples are collected at Outfall 001 (see Photos 11-13). An additional sampling point is downstream of Outfall 001 after the polishing area known as "Mossy Lake" and the sampling point is SMS 002 (see Figure 1). At the time of inspection, this area was flooded by high water in the Ouachita River, and there was no site visit to the outfall.

Laboratory Inspection:

GP-Crossett analyzes Biochemical Oxygen Demand (BOD5), Total Suspended Solids (TSS), pH, and Dissolved Oxygen (DO). I conducted a laboratory inspection by viewing the analytical methods and instrumentation. A vacuum filtering apparatus (see Photo 14) is used to filter water through filter papers (see Photo 15); and after filtering, the paper is placed in the drying oven and desiccant (see Photos 16-17). After drying, the paper is weighed on a scale that had been recently calibrated (see Photos 18-19). Field meters are utilized to collect DO and pH measurements, and the instruments were following the correct calibration methods (see Photos 20-21). I observed the refrigerator for the BOD5 analysis (see Photo 22) and did not identify any laboratory issues.

Records Review:

All records reviewed were consistent with the information entered into NetDMR. There were no issues with the paperwork and analysis methods utilized by 3rd party contract laboratories.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 6/15/2020
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 6/18/2020

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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>8' Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Totalizer</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Summit Environmental Technologies/Environ/American Interplex/Test America</u>	
b. LAB ADDRESS: <u>3310 Win Street Cuyahoga Falls, OH 44223/Brentwood, TN/Savannah, GA</u>	
c. PARAMETERS PERFORMED: <u>AOX, Dioxin, Chloroform, Chlorinated Phenolics/WET Testing/Metals, Nutrients, Pesticides/Color</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	Dark tannic	--
SMS 002							Flooded
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **5/20/2020** Time: **11:39**

Head in Inches: **8.5** Feet: **0.7**

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device: **Milltronics OCM III**

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

Recorded Flow at Date & Time Listed Above: **11.50** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **11.885**

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

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

% Error =	11.50	-	11.885	X 100	
	11.885				

% Error =	-0.385	X 100	
	11.885		

% Error =	-0.03	X 100	
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% Error =	3	%	
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Comments: **Less than 10%**

DMR Calculation Check

Reporting Period: From 2020 01 01 To 2020 01 31
 Year Month Day Year Month Day

Parameter Checked: Outfall 001 – TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>2731/7036</u>	<u>13</u>	<u>19</u>
Calculated Value:	<u>2731/7036</u>	<u>13</u>	<u>19</u>
Permit Value:	<u>37720/70188</u>	<u>119.6</u>	<u>222.4</u>

If calculated value does not equal reported value, explain:

Equal

DMR Calculation Check

Reporting Period: From 2019 11 01 To 2019 11 30
 Year Month Day Year Month Day

Parameter Checked: SMS – BOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1120/1463</u>	<u>3.6</u>	<u>5.2</u>
Calculated Value:	<u>1120/1463</u>	<u>3.6</u>	<u>5.2</u>
Permit Value:	<u>8000/12000</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain:

Equal

Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Time:	10:56	Witness:	
Photo #:	1		

Description: **Raw influent wastewater entering the bar screen and clarifier.**



Photographer:	Michael Young	Date:	05/20/2020
Time:	11:00	Witness:	
Photo #:	2		

Description: **Bar screen utilized on waste stream.**



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:55
		Photo #:	3

Description: **Discharge from clarifier.**



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:06
		Photo #:	4

Description: **Sludge press that is contracted by GP-Crossett.**



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:07
		Photo #:	5
Description:	Loading area and truck for pressed sludge.		



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:13
		Photo #:	6
Description:	Surge basin holding water to reduce vegetation.		



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera				
Photographer:	Michael Young	Date:	05/20/2020	Time:	11:22
Witness:				Photo #:	7
Description:	Aerators in aeration stabilization basin.				



Photographer:	Michael Young	Date:	05/20/2020	Time:	11:37
Witness:				Photo #:	8
Description:	Carbon dioxide containers at Outfall 001.				



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:38
		Photo #:	9

Description: Discharge of water from the aeration stabilization basin to Outfall 001.



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:39
		Photo #:	10

Description: Totalizer for flow at Outfall 001.



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:40
		Photo #:	11

Description: Discharge through the Parshall flume and continuous pH meter.



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	11:41
		Photo #:	12

Description: Discharge after aeration stabilization basin. Location of pH meter and carbon dioxide lines identified.



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Time:	11:43	Witness:	
Photo #:	13		

Description: Composite sampler utilized in refrigerator.



Photographer:	Michael Young	Date:	05/20/2020
Time:	10:30	Witness:	
Photo #:	14		

Description: Vacuum for filtering through TSS filters.



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:30
		Photo #:	15

Description: **Filters used for TSS measurement.**



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:30
		Photo #:	16

Description: **Drying oven used for TSS filters.**



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Time:	10:30	Witness:	
Photo #:	17		

Description: **Desiccant for TSS filters.**



Photographer:	Michael Young	Date:	05/20/2020
Time:	10:30	Witness:	
Photo #:	18		

Description: **Balance for weighing TSS filters.**



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:30
		Photo #:	19

Description: **Scale used for TSS weighing has been recently calibrated.**



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:31
		Photo #:	20

Description: **Field meter used to analyze pH.**



Water Division Photographic Evidence Sheet

Location:	Georgia-Pacific Consumer Opera		
Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:32
		Photo #:	21
Description:	Buffer used to calibrate pH meter.		



Photographer:	Michael Young	Date:	05/20/2020
Witness:		Time:	10:34
		Photo #:	22
Description:	Refrigerator with BOD samples.		



Figure 1. Overview of Georgia-Pacific Consumer Operations LLC - Crossett Paper Operations with the clarifier, aeration stabilization basin, Outfall 001, Mossy Lake, SMS 002, and the point of discharge to the Ouachita River identified.

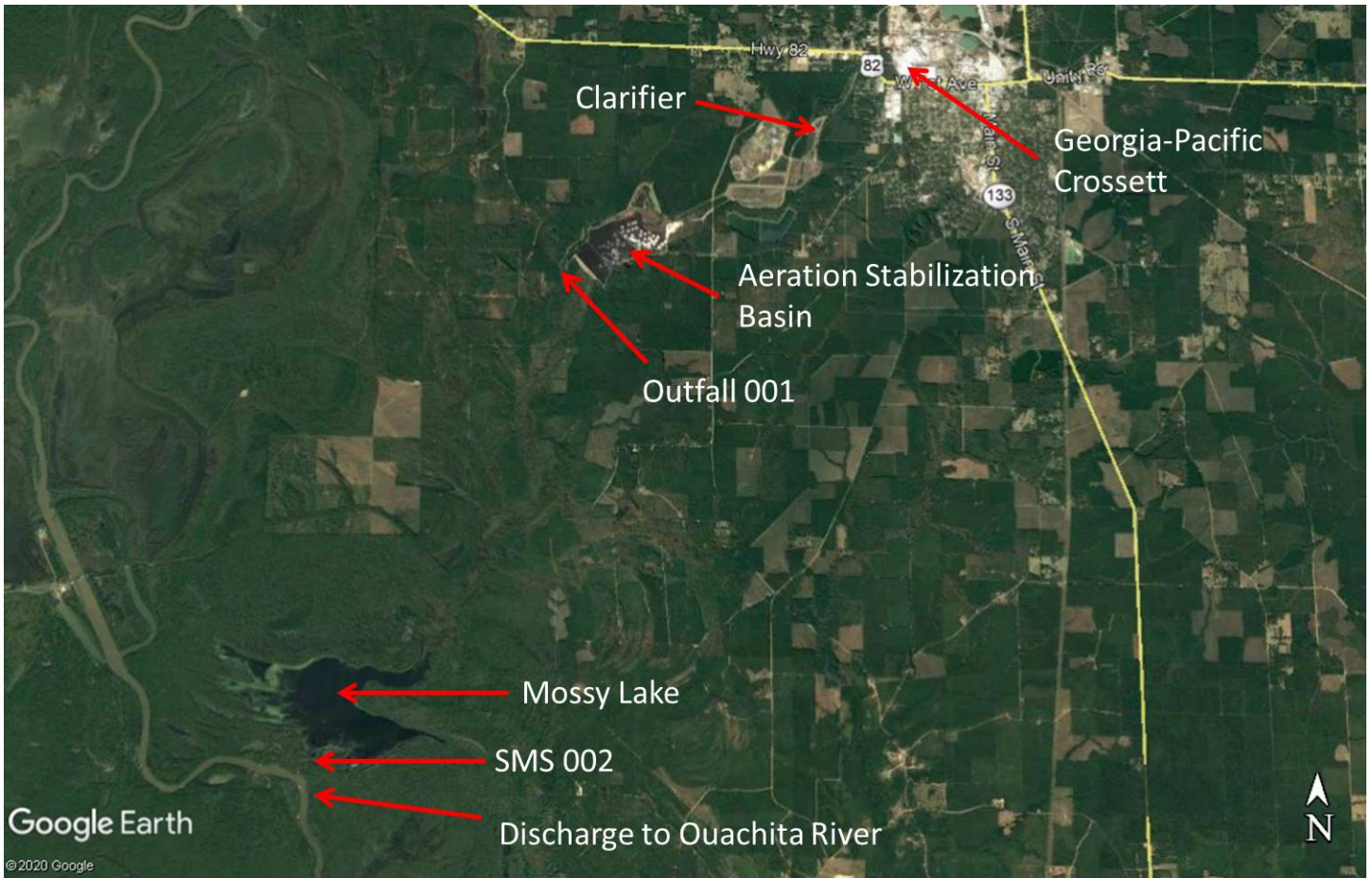


Figure 2. Overview of Georgia-Pacific Consumer Operations LLC - Crossett Paper Operations wastewater treatment system with clarifier, abandoned ash basins, and surge basin identified.

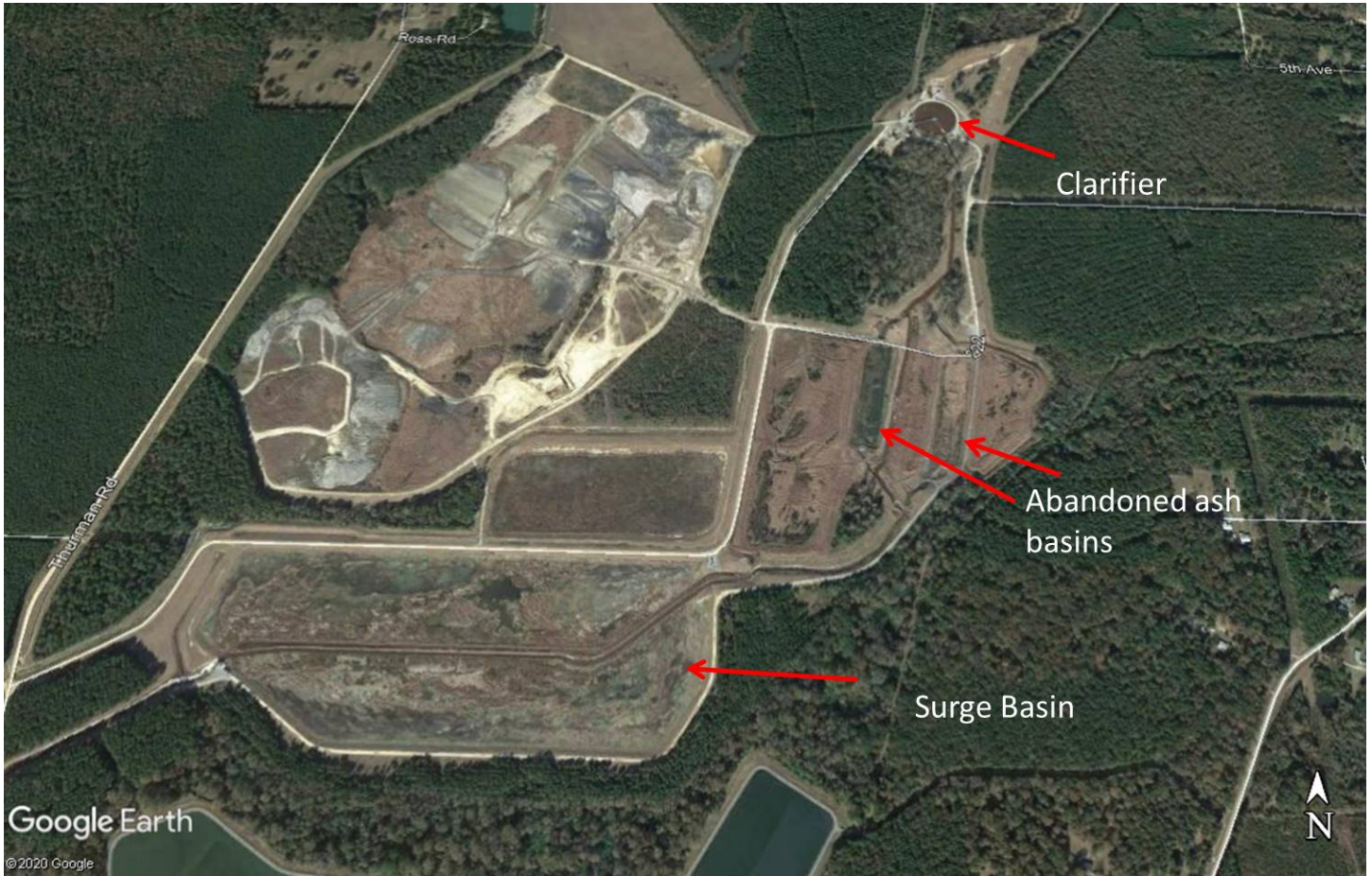


Figure 3. Overview of Georgia-Pacific Consumer Operations LLC - Crossett Paper Operations wastewater treatment system with aeration stabilization basin and Outfall 001 identified.

