

September 1, 2020

Honorable Jerald Marberry, Mayor
City of Flippin
P.O Box 40
Flippin, AR 72634

RE: City of Flippin POTW Inspection (Marion Co)
AFIN: 45-00021 NPDES Permit No.: AR0021717

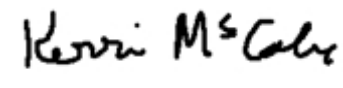
Dear Mayor Marberry:

On August 18, 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 Office of Water Quality Compliance Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e., photos) is due by **September 16, 2020**.


If I can be of any assistance, please contact me at mccabe@adeq.state.ar.us or (501) 682-0642.

Sincerely,



Kerri McCabe, Inspector Supervisor
Office of Water Quality – Compliance Branch
ADEE

CC: JL Wagoner, Public Works Director, City of Flippin, cofmaintenance@hotmail.com

		OFFICE OF WATER QUALITY INSPECTION REPORT				
		AFIN: 45-00021		PERMIT #: AR0021717		DATE: 8/18/2020
		COUNTY: 45 Marion		PDS #: 113170		MEDIA: WN
		GPS LAT: 36.282126 LONG: -92.584351 LOCATION: Entrance				
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: City of Flippin POTW LOCATION: 222 East Industrial Drive CITY: Flippin, AR			FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 84022 S - State	
RESPONSIBLE OFFICIAL NAME: / TITLE Honorable Jerald Marberry / Mayor COMPANY: City of Flippin MAILING ADDRESS: P.O Box 40 CITY, STATE, ZIP: Flippin AR 72634 PHONE & EXT: / FAX: 870-453-5722 / EMAIL: cofmaintenance@hotmail.com CONTACTED DURING INSPECTION: Yes			FACILITY EVALUATION RATING: 2 - Marginal		INSPECTION TYPE: Compliance Evaluation	
			DATE(S): 8/18/2020	ENTRY TIME: 09:00	EXIT TIME: 11:45	PERMIT EFFECTIVE DATE: 11/1/2017 PERMIT EXPIRATION DATE: 10/30/2022
			FAYETTEVILLE SHALE RELATED: N			
			FAYETTEVILLE SHALE VIOLATIONS: N			
			INSPECTION PARTICIPANTS			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: JL Wagoner, Public Works Director (Class III; Lic. #010535) Scott Garrison, Operator (Class III; Lic. #008578) Chance Sumpter, Operator (Class III; Lic. #012210)			
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
S	PERMIT	M	FLOW MEASUREMENT	S	STORMWATER	
M	RECORDS/REPORTS	**	LABORATORY	S	FACILITY SITE REVIEW	
U	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	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:						
<ol style="list-style-type: none"> 1.) The city has reported numerous effluent exceedances during the April – Nov 2019 record review. This is a violation of Part I, Section A of the permit. These exceedances have been reported with monthly DMR and no further response is required for this item. 2.) The secondary flowmeter has not been calibrated by a qualified technician since Oct 2010. This is a violation of Part III, Section C, 2 of the permit. The flowmeter must be calibrated annually by a qualified technician. 3.) Effluent exceedances require 24-hour reporting per Part III, Section D, 6 of the permit. This reporting is in addition to reporting on monthly DMR. The city has not reported Non-compliance Reports (NCR) for the effluent exceedances for 2019. This is a violation of Part III, Section D, 6, A of the permit. The city must start submitting NCR to the Enforcement Branch for effluent exceedances. 						
Additional Comments:						
Although not listed as violations, the following items require attention:						
<ul style="list-style-type: none"> • Blades on rotors are missing. The city is in the process of upgrading and repairing the treatment plant. • Floatables are accumulated on the oxidation ditch walkways. • Minor housekeeping with scum accumulation in clarifier troughs. • The contract lab needs to use the operator’s daily flow for loading calculations. 						

GENERAL COMMENTS

On Tue, Aug 18, 2020, an inspection was conducted with the inspection participants listed above. The inspection was conducted as a follow-up to the site visit performed by the Circuit Riders program in Feb 2020. The inspection consisted of a site assessment and a records review.

Site Assessment:

Treatment consists of onsite lift station, optional EQ basin (wet weather), preliminary (vortex screen with grit removal), oxidation ditch for activated sludge, secondary clarifiers (2; ran in series), dosing tank (flow equalization), intermittent sand filters (4; for polishing), UV disinfection, primary/secondary flow measurement, post-aeration, discharge to Outfall 001. Sludge is wasted to an aerobic digester, dewatered on sludge drying beds, and then hauled to landfill.

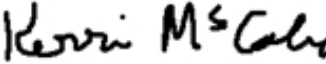

The system had been off bypass for about two months (dry weather conditions), and the city was utilizing the intermittent sand filters for polishing. Sludge color in the oxidation ditch was still a bit dark, but sludge quality had improved. The sludge blanket in the first clarifier was high, but sludge looked healthy. There was little to no sludge blanket in the second clarifier. The intermittent sand filters were being used during the inspection, and there were some accumulated sludge/algae on the beds. The treatment plant is under-designed and experiences excessive I&I, which causes several O&M issues throughout the plant, to include: clogging preliminary, turbulence in the oxidation ditch, washing sludge out of the clarifiers, clogging intermittent sand filters (requires bypass), and sludge build-up at the outfall. The city is scheduled for major repairs/upgrades to the collection system and treatment plant starting in late 2020.

As a contingency for wet weather, the city has emptied the EQ basin and is keeping the intermittent sand filters rotated and cleaned.

As a follow-up to the Circuit Riders evaluation, the city acknowledged the importance for process control measures and documentation, and they have plans to establish more refined protocols once the treatment plant is stabilized.

Records Review:

Records for April and Nov 2019 were requested and supplied. The city collects/analyzes for flow, DO, and pH; and a contract lab conducts the other conventional parameters. Records were organized and readily available. With the exception of the items mentioned in "Summary of Findings," records were complete. In-house records for DO and pH will be reviewed with the city on August 24, 2020.

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 8/21/2020
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 8/31/2020

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: <u>Coordinates for outfall need to be adjusted during permit renewal.</u>	<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: <u>Operator collects/analyzes for flow, DO, and pH; contract lab for CBOD5, TSS, NH3-N, and FCB.</u>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>See DMR Calculation Checks; NCR are to be submitted for exceedances.</u>	<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 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: <u>Contract lab is using flow measured during sample collection for loading calculations; April 2019 cannot be duplicated.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Preliminary (vortex screening with grit removal), EQ basin, activated sludge oxidation ditch, clarifiers (2), dosing tank (equalize flow), intermittent sand filters (4), UV disinfection, primary/secondary flow measurement, and post-aeration. Sludge is routed to a digester and dewatered on drying beds (4) before hauling to landfill.</u>	
1. TREATMENT UNITS PROPERLY OPERATED: <u>Plant is under-designed and experiences excessive I&I; operated at the best of their abilities.</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Rotors are missing blades; minor housekeeping.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>Generator onsite.</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Three Class III; one Class II</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: <u>More refined process control procedures will be established once the city has a stabilized treatment plant.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>Can route to EQ basin and digester.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <u>Bypass of intermittent sand filters due to excessive flows from I&I.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <u>Plant and collection system are scheduled for major upgrades and repairs starting 2020.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>Effluent quality has suffered due to hydraulic overload and subsequent bypasses.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Operator collects/analyzes for flow, DO, and pH; contract lab for CBOD5, TSS, NH3-N, and FCB.</u>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> S <input checked="" 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>6" open flow nozzle (parabolic)</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>ISCO 4230 Bubbler Flowmeter</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated by qualified technician in Oct 2010; operator completes accuracy checks and can calibrate meter.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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: <u>Operator collects/analyzes for flow, DO, and pH; contract lab for CBOD5, TSS, NH3-N, and FCB.</u>	
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 Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3-N, and FCB</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Observed at primary device and receiving stream; visual observations only.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	SLIGHT; not persistent	NO	CLEAR	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge is routed to aerobic digester, dewatered on sludge drying beds, and then hauled to landfill.</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: <u>Hydraulic overloading causes sludge to wash-out.</u>						<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 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): <u>N/A</u>							
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Part II, Condition 6 requires BMP for stormwater protection; no issues noted during inspection.</u>							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

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

Parameter Checked: NH3-N

	Loading	Concentration	
	Mass (lbs/day)	(mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>13.35</u>	<u>6.9</u>	<u>6.9</u>
Calculated Value:	<u>18.2</u>	<u>6.9</u>	<u>6.9</u>
Permit Value:	<u>5.8</u>	<u>4</u>	<u>4</u>

If calculated value does not equal reported value, explain:

4/3: 6.9 mg/l x 0.316 MGD x 8.34 = 18.2 lbs/day; used operator's daily flow.

The results cannot be duplicated using daily flow, instaneous flow measured during sample collection, or Monthly Average flow. This is a REPEAT issue from the 2017 inspection. The contract lab is to use the DAILY FLOW supplied by the operator for loading calculations reported on DMR.

NH3-N is exceeded for Loading and Concentration; no Non-compliance Report (NCR) is available for review.

DMR Calculation Check



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

Parameter Checked: CBOD5

	Loading	Concentration	
	Mass (lbs/day)	(mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>9</u>	<u>10.5</u>	<u>10.5</u>
Calculated Value:	<u>16.6</u>	<u>10.5</u>	<u>10.5</u>
Permit Value:	<u>15</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:
11/6: 10.5 mg/l x 0.190 MGD x 8.34 = 16.6 lbs/day; used operator's daily flow.
Values are not the same; contract lab used flowmeter reading for loading calculation. The contract lab is to use the DAILY FLOW supplied by the operator for loading calculations reported on DMR.

CBOD5 is exceeded for Loading and Concentration; no Non-compliance Report (NCR) is available for review.

Office of Water Quality Photographic Evidence Sheet			
Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1005
		Photo #:	1
Description:	The only lift station for the entire collection system for the city.		
 <p style="text-align: right; color: orange;">18.08.2020 10:05</p>			
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1007
		Photo #:	2
Description:	EQ basin; note water level is low for contingency for wet weather.		
 <p style="text-align: right; color: orange;">18.08.2020 10:07</p>			

Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1009
		Photo #:	3
Description:	Onsite generator for mechanical plant.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1009
		Photo #:	4
Description:	Preliminary consisting of vortex screening and grit removal (funnel-shaped chamber); screenings placed in dumpster and hauled to landfill.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1011
		Photo #:	5
Description:	RAS and influent combining prior to oxidation ditch; screening installed for when preliminary is shut-off during I&I.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1011
		Photo #:	6
Description:	Oxidation ditch; note color of sludge and blades missing from rotors.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1013
		Photo #:	7
Description:	Activated sludge is dark and foamy.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1014
		Photo #:	8
Description:	Flows into oxidation ditch cause excessive turbulence.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1015
		Photo #:	9
Description:	First clarifier with sludge blanket at top; trough needs to be cleaned.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1020
		Photo #:	10
Description:	Second clarifier (in series) with little to no sludge.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1022
		Photo #:	11
Description:	Dosing tank to equalize flow into intermittent sand filters.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1024
		Photo #:	12
Description:	Intermittent sand filter in use during inspection.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1029
		Photo #:	13
Description:	UV disinfection		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1037
		Photo #:	14
Description:	Laundry to keep UV bulbs submerged in effluent.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1031
		Photo #:	15
Description:	Secondary flowmeter; last calibrated in Oct 2010.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1039
		Photo #:	16

Description: **Primary flow device (parabolic nozzle) with bubbler flowmeter installed in correct location.**



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1040
		Photo #:	17

Description: **Post-aeration prior to receiving stream.**



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1043
		Photo #:	18

Description: **Outfall 001 at receiving stream; algae accumulation only; slight foaming**



Office of Water Quality Photographic Evidence Sheet

Location:	City of Flippin POTW		
Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1007
		Photo #:	19
Description:	Aerobic digester for wasted sludge.		



Photographer:	Kerri McCabe	Date:	Aug 18, 2020
Witness:		Time:	1006
		Photo #:	20
Description:	Sludge drying beds to dewater sludge prior to hauling to landfill.		



Figure 1. Google Earth image dated May 4, 2014 depicting City of Flippin POTW with major components identified.



From: [McCabe, Kerri](#)
To: [McConnell, Melissa](#)
Subject: FW: INSPECTION REPORT RESPONSE
Date: Wednesday, September 16, 2020 7:39:17 AM
Attachments: [image001.png](#)

Melissa,

Please attach this email to City of Flippin (AR0021717). You processed it and should have the PDS number written down somewhere. Thank you.

Ms. Kerri McCabe | Inspector Supervisor
**Division of Environmental Quality | Office of Water Quality
Compliance Branch**

5301 Northshore Drive | North Little Rock, AR 72118
t: 501.682.0642 | c: 501.352.5641 | e: mccabe@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: J.L. Wagoner [<mailto:cofmaintenance@hotmail.com>]
Sent: Tuesday, September 15, 2020 11:31 AM
To: McCabe, Kerri
Subject: INSPECTION REPORT RESPONSE

#2. Secondary Flowmeter-Calibration:

Instrument Supply completed the test to calibrate today.

#3. Effluent exceedances-

We have been reporting to our Enforcement officer(Layne Pemberton).

We have been attaching the NCR on the DMR per Layne and reporting SSO/Bypasses within the 24 hour period.

*J.L. Wagoner
Public Works Director
Work 870-453-8300
City of Flippin
P.O. Box 40
Flippin Ar. 72634*