



ARKANSAS

ENERGY & ENVIRONMENT

March 11, 2021

Billy Ray Jones, Mayor
City of Nashville
426 Main Street
Nashville, AR 71852

RE: City of Nashville WWTP Inspections (Howard Co)
AFIN: 31-00036 **NPDES Permit No.: AR0021776**
ARR000453

Dear Mayor Jones:

On December 30, 2020, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial Stormwater (No-Exposure) Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of each of the inspection reports is enclosed for your records.


Please refer to the “Summary of Findings” section of each of the inspection reports and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **March 25, 2021**.

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

Sincerely,

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

Brittanie Gloyd
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

| | | | |
|---|--------------------------------|---|--------------------------|
|  ENVIRONMENTAL QUALITY | OFFICE OF WATER QUALITY | | |
| | INSPECTION REPORT | | |
| | AFIN: 31-00036 | PERMIT #: AR0021776 | DATE: 12/30/2020 |
| | COUNTY: 31 Howard | PDS #: 115204 | MEDIA: WN |
| GPS LAT: 33.919997 LONG: -93.861332 LOCATION: Entrance | | | |
| FACILITY INFORMATION | | INSPECTION INFORMATION | |
| NAME: City of Nashville WWTP LOCATION: 743 Highway 27 South CITY: Nashville | | FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 129177 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation | |
| RESPONSIBLE OFFICIAL | | DATE(S): 12/30/2020 ENTRY TIME: 09:30 EXIT TIME: 13:00 PERMIT EFFECTIVE DATE: 12/1/2020 PERMIT EXPIRATION DATE: 11/30/2025 | |
| NAME: / TITLE Billy Ray Jones / Mayor COMPANY: City of Nashville MAILING ADDRESS: 426 Main Street CITY, STATE, ZIP: Nashville AR 71852 PHONE & EXT: / FAX: 870-845-7400 / EMAIL: npw@nashar.org | | FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N | |
| CONTACTED DURING INSPECTION: No | | INSPECTION PARTICIPANTS | |
| | | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Kerri McCabe / OWQ Inspector Supervisor Larry Dunaway / Public Works Director | |
| AREA EVALUATIONS | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | |
| S | PERMIT | ** | FLOW MEASUREMENT |
| M | RECORDS/REPORTS | S | LABORATORY |
| M | OPERATION & MAINTENANCE | S | EFFLUENT/RECEIVING WATER |
| S | SAMPLING | U | SLUDGE HANDLING/DISPOSAL |
| ** | OTHER: | | |
| SUMMARY OF FINDINGS | | | |
| The following violations were noted at the time of inspection: | | | |
| <ol style="list-style-type: none"> 1) Build-up of sludge was noted in treatment Pond 2. This is a violation of Part III. Section B. 1. of the permit. 2) The facility reported "No Discharge" for their quarterly sampling requirements. The facility had flow during the 2Q 2019 and had sampled for selenium, cyanide, and WET testing, as required. The facility must submit an updated DMR to the OWQ Enforcement Branch. | | | |
| Note: This inspection replaces any findings that were noted during the Feb 27, 2019 inspection. No report was drafted for that inspection. | | | |

GENERAL COMMENTS

On December 30, 2020, an inspection was conducted with the participants listed above. A site assessment and record review were conducted at the time of inspection.

Record Review:

The facility provided sampling documents for May 2019. The facility contracts with Ana-Lab to sample Ammonia Nitrogen, Total Phosphorus, Nitrate + Nitrite Nitrogen, Total Recoverable Cyanide, and Total Recoverable Selenium. The facility conducts analysis of CBOD5, TSS, FCB, DO, and pH in the lab onsite. I conducted a DMR check for the month and did not notice any discrepancies that could not be explained by rounding differences. For the quarterly reporting for total cyanide and total selenium, the facility reported “No Discharge” and did not submit the results that Ana-Lab provided to them. A corrected DMR must be submitted to address this issue.

Site Assessment:

The facility overall was in decent shape, with a few items needing attention. Influent comes in and goes through a bar screen, which at this point, magnesium is added. The wastewater is then directed toward a T and directed into the treatment ponds. There are two treatment ponds (Pond 1 and Pond 2) in which the wastewater is directed to. The facility is currently not utilizing Pond 1 in the treatment, as they are under contract to have sludge removed and cleaned out. They are still aerating Pond 1 to keep it from going septic. Pond 2 had sludge build-up on the north-side that is near the influent point from the bar screen wastewater. The facility has an option to direct wastewater into a large equalization pond, which at the time of inspection was extremely low. Pond 1 and Pond 2 both have aeration installed, which are ran by a series of blowers that run one at a time and alternate to ensure run time is similar. After the wastewater has sat in the treatment ponds, the wastewater is directed to a lift station, which pushes the wastewater to the clarifiers. The clarifiers are approximately 14 feet deep and had minimal algae growth at the time of inspection. Once the wastewater is at the clarifiers, it is either sent back to the treatment ponds (Return Activated Sludge/RAS) or to be disinfected by UV. After UV treatment, the treated water is directed to an 18” Parshall flume and then to step aeration. Samples from the composite sampler and grabs are collected at the base of step aeration. Once the treated water has gone through step aeration, it is then gravity flowed to Outfall 001, which is a ditch that flows to Mine Creek. There were solids (feminine products and other waste) throughout the facility that needed to be attended to. The lift station between ponds and clarifiers had solids built within it as well as the clarifiers having solids within the core of them. The levees of the ponds were in good shape and I did not note any issues with integrity.

| | | |
|---|-----------------|-----------------|
| INSPECTOR'S SIGNATURE: <i>Brittanie Gloyd</i> | Brittanie Gloyd | DATE: 2/18/2021 |
| SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> | Kerri McCabe | DATE: 3/10/2021 |

| 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 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Sludge build-up on north-side of Pond 2.</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: | <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>Y</u> TYPE OF DEVICE: <u>18" 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: | <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 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>Ana-Lab Corp</u> | |
| b. LAB ADDRESS: <u>4720 Viking Drive, Suite A, Bossier City, LA 71111</u> | |
| c. PARAMETERS PERFORMED: <u>Ammonia, Phosphorous, Nitrate-Nitrite Nitrogen, Total Cyanide, Total Selenium</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 001 was discharging at the time of inspection. | | | | | | | |
| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
| 001 | None | None | None | None | None | Clear | -- |
| | | | | | | | |
| SECTION H: SLUDGE DISPOSAL | | | | | | | |
| SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS | | | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: | | | | | | <input type="checkbox"/> s <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" 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: Facility holds a No-Exposure Exclusion IGP; no SWPPP required. | | | | | | | |
| 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: **12/30/2020** Time: **10:45**

Head in Inches: **6.12"** Feet: **0.51'**

Type & Size of Primary Flow Measurement Device: **18" Parshall Flume w/ staff gauge**

Name & Model of Secondary Flow Measurement Device: **Totalizer**

Date of last Calibration of Secondary Flow Device: **Monthly checks**

Recorded Flow at Date & Time Listed Above: **994 gpm** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **956 gpm**

(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 = | 994 | - | 956 | X 100 | |
| | 956 | | | | |

| | | | |
|-----------|-----|-------|--|
| % Error = | 38 | X 100 | |
| | 956 | | |

| | | | |
|-----------|--------|-------|--|
| % Error = | 0.0397 | X 100 | |
|-----------|--------|-------|--|

| | | | |
|-----------|-------------|---|--|
| % Error = | 3.97 | % | |
|-----------|-------------|---|--|

Comments: **Within error limits.**

DMR Calculation Check

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

Parameter Checked: Total Phosphorus

| | Loading Mass Mo. Avg. - lbs/day | Concentration Mg/l | |
|-------------------|---------------------------------------|-----------------------|---------------|
| | | Monthly Avg. | Weekly Avg. |
| Reported Value: | <u>2.85</u> | <u>0.1164</u> | <u>0.167</u> |
| Calculated Value: | <u>2.85</u> | <u>0.118</u> | <u>0.167</u> |
| Permit Value: | <u>Report</u> | <u>Report</u> | <u>Report</u> |

If calculated value does not equal reported value, explain:
Values are the same.

DMR Calculation Check

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

Parameter Checked: TSS

| | Loading Mass lbs/day Monthly Avg. | Concentration Mg/l Monthly Avg. | Weekly Avg.Max |
|-------------------|---|---------------------------------------|----------------|
| Reported Value: | <u>59</u> | <u>2.46</u> | <u>2.83</u> |
| Calculated Value: | <u>61.57</u> | <u>2.5</u> | <u>2.83</u> |
| Permit Value: | <u>438</u> | <u>15</u> | <u>22.5</u> |

If calculated value does not equal reported value, explain:
Values are the same.

Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|-------------------------------|----------|-------------------|
| Location: | City of Nashville WWTP | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:15 |
| | | Photo #: | 1 |

Description: **View of influent coming to the facility at the time of inspection.**



| | | | |
|---------------|------------------------|----------|-------------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:15 |
| | | Photo #: | 2 |

Description: **View of the bar screen area and dumpster.**



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|--|----------|-------------------|-------|--------------|
| Location: | City of Nashville WWTP | | | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:19 |
| Witness: | Kerri McCabe | Photo #: | 3 | | |
| Description: | View of the box junction for deciding which pond influent is directed to. | | | | |



| | | | | | |
|---------------|-----------------------------|----------|-------------------|-------|--------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:19 |
| Witness: | Kerri McCabe | Photo #: | 4 | | |
| Description: | View of the blowers. | | | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|-------------------------------|----------|-------------------|
| Location: | City of Nashville WWTP | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:19 |
| | | Photo #: | 5 |
| Description: | Overview of Pond 1. | | |



| | | | |
|---------------|----------------------------|----------|-------------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:19 |
| | | Photo #: | 6 |
| Description: | Overview of Pond 2. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|---|----------|-------------------|-------|--------------|
| Location: | City of Nashville WWTP | | | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:21 |
| Witness: | Kerri McCabe | Photo #: | 7 | | |
| Description: | View of sludge build-up on the north-side of Pond 2. | | | | |



| | | | | | |
|---------------|--|----------|-------------------|-------|--------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:23 |
| Witness: | Kerri McCabe | Photo #: | 8 | | |
| Description: | View of the influent into the equalization pond (note the low level). | | | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-------------------|
| Location: | City of Nashville WWTP | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:24 |
| | | Photo #: | 9 |
| Description: | View of the equalization pond (note the low levels). | | |



| | | | |
|---------------|---|----------|-------------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:48 |
| | | Photo #: | 10 |
| Description: | View of the lift station directing water to the clarifiers from the ponds. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|--|----------|-------------------|-------|--------------|
| Location: | City of Nashville WWTP | | | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:48 |
| Witness: | Kerri McCabe | Photo #: | 11 | | |
| Description: | View inside the lift station directing wastewater from the ponds to the clarifiers. | | | | |



| | | | | | |
|---------------|---------------------------------------|----------|-------------------|-------|--------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:34 |
| Witness: | Kerri McCabe | Photo #: | 12 | | |
| Description: | View of one of the clarifiers. | | | | |



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|---------------------------------------|----------|-------------------|-------|--------------|
| Location: | City of Nashville WWTP | | | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:35 |
| Witness: | Kerri McCabe | Photo #: | 13 | | |
| Description: | View of one of the clarifiers. | | | | |



| | | | | | |
|---------------|---|----------|-------------------|-------|--------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:42 |
| Witness: | Kerri McCabe | Photo #: | 14 | | |
| Description: | View of the UV disinfection basin. | | | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|------------------------------------|----------|-------------------|
| Location: | City of Nashville WWTP | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:42 |
| | | Photo #: | 15 |
| Description: | View of the Parshall flume. | | |



| | | | |
|---------------|---------------------------------|----------|-------------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 |
| Witness: | Kerri McCabe | Time: | 10:45 |
| | | Photo #: | 16 |
| Description: | View of the staff gauge. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|-----------------------------------|----------|-------------------|-------|--------------|
| Location: | City of Nashville WWTP | | | | |
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:45 |
| Witness: | Kerri McCabe | Photo #: | 17 | | |
| Description: | View of the step aeration. | | | | |



| | | | | | |
|---------------|-----------------------------|----------|-------------------|-------|--------------|
| Photographer: | Brittanie Gloyd | Date: | 12/30/2020 | Time: | 10:54 |
| Witness: | Kerri McCabe | Photo #: | 18 | | |
| Description: | View of Outfall 001. | | | | |

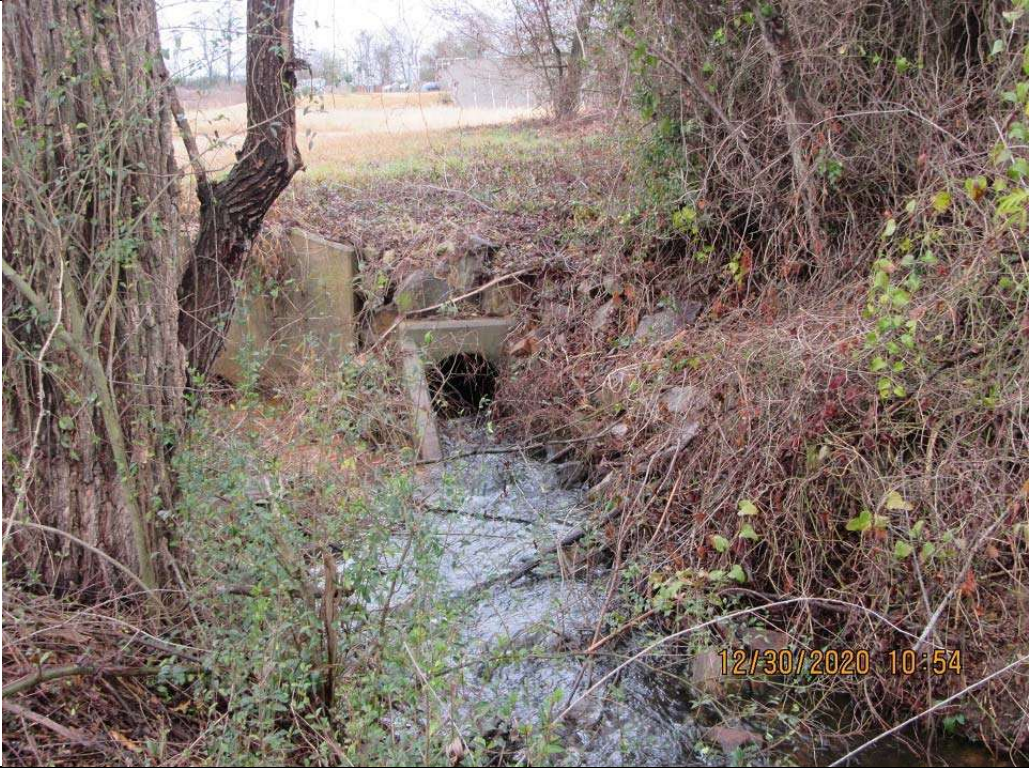


Figure 1. Google Earth aerial imagery dated Nov 2, 2020 showing the first half of treatment components.



Figure 2. Google Earth aerial imagery dated Nov 2, 2020 showing the second half of treatment components.





ARKANSAS

ENERGY & ENVIRONMENT

CERTIFIED MAIL: 9489009000276226508388

August 10, 2022

Billy Ray Jones, Mayor
City of Nashville
426 Main Street
Nashville, AR 71852
Via email to: npw@nashar.org

Re: City of Nashville - Failure to Respond to Inspection (Howard Co)
AFIN: 31-00036 **NPDES Permit No.: AR0021776**
ARR000453

Dear Mayor Jones:

A letter dated March 11, 2021, was sent to you by the Office of Water Quality - Compliance Branch of the Arkansas Department of Energy and Environment, Division of Environmental Quality. The letter outlined the findings of Inspector Gloyd's December 30, 2020 inspection of the above-referenced facility. The letter requested that a written response be submitted to the Office of Water Quality Compliance Branch by March 25, 2021. To date, no response has been received.

Please submit a written response by **August 29, 2022**. A copy of the inspection report has been included for your convenience. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 231-0062 or email me at Trey.Butler@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Trey Butler'.

Trey Butler
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

From: [Butler, Trey](#)
To: [Marshall, Uniqika](#)
Cc: [McCabe, Kerri](#)
Subject: FW: Nashville Response Letter
Date: Monday, August 29, 2022 11:06:20 AM
Attachments: [Trey Butler ADEQ letter.pdf](#)
[image002.png](#)

Uniqika,

Can you please add this response to PDS 115204 (AR0021776)?

Thanks,

Trey Butler | Inspector

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

2215 W Hillsboro Street | El Dorado, AR 71730

c: [501.231.0062](tel:501.231.0062) | e : Trey.Butler@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: npw@nashar.org [mailto:npw@nashar.org]
Sent: Thursday, August 25, 2022 1:47 PM
To: Butler, Trey
Subject: Nashville Response Letter

Trey,

Here is the response on the WWTP inspection.

Thank you

Larry

LARRY DUNAWAY
PUBLIC WORKS DIRECTOR
CITY OF NASHVILLE, AR
870-845-4015



Nashville Public Works
Larry Dunaway
426 N Main St
Nashville, AR 71852

Cell 870-557-1953
Office 870-845-4015
Fax 870-845-7409
e-mail: npw@nashar.org

August 25, 2022

Trey Butler
ADEQ
5301 Northshore Dr
North Little Rock, AR 72118

RE: Response to WWTP inspection 12/30/2020


Dear Trey,

This letter is in response to your letter dated August 10, 2022. Since the inspection of the Nashville Waste Water Treatment Plant on December 30th of 2020 the sludge has been removed from pond 2.

In regards to the second quarter 2019 report of selenium and cyanide, there are two DMRs that were submitted after the original "No Discharge" DMR. They are listed on NetDMR as being submitted on January 1, 2020 and February 5, 2020. These two DMRs should be what Brittanica was looking for.

If you have any questions or need any other information, please give me a call at one of my numbers listed above.

Thank you,


Larry Dunaway,
Public Works Director
City of Nashville

sp