



ARKANSAS

ENERGY & ENVIRONMENT

December 12, 2022

Tim McKinney, Mayor
City of Berryville
PO Box 227
Berryville, AR 72616

Via email: mayortim@berryvillear.gov & dwayne@berryvillear.gov

RE: Berryville WWTP Inspection
AFIN: 08-00034 Permit No.: AR0021792

Honorable Mayor McKinney:

On March 17, 2022, 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 inspection report 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 **December 29, 2022**.

If I can be of any assistance please contact me at grimes@adeq.state.ar.us or 501-837-2067.

Sincerely,

A handwritten signature in blue ink that reads 'Garrett Grimes'.



Garrett Grimes
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 08-00034	PERMIT #: AR0021792	DATE: 3/17/2022		
	COUNTY: 08 Carroll	PDS #: 123784	MEDIA: WN		
	GPS LAT: 36.35721 LONG: -93.57875 LOCATION: General Area				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Berryville WWTP LOCATION: 1000 West Cedarville Road CITY: Berryville		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 104111 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 3/17/2022 ENTRY TIME: 10:30 EXIT TIME: 12:00 PERMIT EFFECTIVE DATE: 11/1/2016 PERMIT EXPIRATION DATE: 10/31/2026			
RESPONSIBLE OFFICIAL		INSPECTION PARTICIPANTS			
NAME: / TITLE Tim McKinney / Mayor COMPANY: City of Berryville MAILING ADDRESS: PO Box 227 CITY, STATE, ZIP: Berryville AR 72616 PHONE & EXT: / FAX: 870-423-4414 / EMAIL: mayortim@berryvillear.gov & dwayne@berryvillear.gov		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Michael Maynard, Lead Operator, Jacobs; Thom Vincen, Operations Supervisor, Jacobs; Brad Karnes, Operator, Jacobs; Doug Johnson Operator, Jacobs; Garrett Grimes, District 1 Inspector, DEQ			
CONTACTED DURING INSPECTION: No					
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
M	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	N	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				
SUMMARY OF FINDINGS					
The following items were noted during the inspection:					
<ol style="list-style-type: none"> 1. Effluent limitations, Part I.A of the permit; <ol style="list-style-type: none"> a. An excursion of Fecal Coliform Bacteria occurred in February 2021. A Non-Compliance Report (NCR) was submitted addressing this excursion. b. Multiple exceedances were found during Whole Effluent Toxicity (WET) Testing events in the years 2020 – 2021. 2. Sanitary Sewer Overflow (SSO), Part II.5 of the permit; <ol style="list-style-type: none"> a. Multiple SSOs were recorded on Discharge Monitoring Reports (DMRs) in November 2021 and February 2022. 24-hour and 5-day reports were not submitted to DEQ following the permittee becoming aware of the overflow occurring. 3. Operation and maintenance, Part III.B.1.A of the permit; <ol style="list-style-type: none"> a. The weirs within the clarifiers were heavily corroded at the time of the inspection (Photos #1 - #3). Michael Maynard, Lead Operator, Jacobs Engineering, stated that the City was assessing quotes for the replacement of the weirs in Clarifier #2 at the time of the inspection. b. A rubber flap on the grit clarifier arm was worn and no longer making contact with the clarifier wall (Photo #4). 					

- c. **Several lights were non-functional in the UV disinfection system at the time of the inspection (Photo #5).**

GENERAL COMMENTS

- **Aeration Basin #2 was not in operation at the time of the inspection. The City is currently in the process of repairing the expansion joints in Aeration Basin #2 (Photo #6). Mr. Maynard stated that repairs have been completed in Aeration Basin #1 (Photo #7).**
- **The mixing unit for aeration was undergoing repair in Aeration Basin #2 at the time of the inspection (Photo #8). Mr. Maynard stated that the mixing unit was experiencing general wear-and-tear from use over the years and that repairs were being completed while the basin was down for additional repair. Mr. Maynard stated that the City does not require both units to be in operation at the same time to meet permit limits.**
- **At the time of the inspection, the facility appeared clean and organized. Plant and City personnel were helpful and knowledgeable of the facility and its operations.**

INSPECTOR'S SIGNATURE:  Garrett Grimes	DATE: 4/26/2022
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 12/8/2022

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" 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: <u>Permit limit excursions have occurred.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input 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>750 kw</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: <u>Part SCADA/call out</u>	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>Sample containers not on GTS COC, but are included on Jacobs COC</u>	<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>18"</u> TYPE OF DEVICE: Parshall Flume	<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 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>Environmental Testing Group (ETG) Pre 2021, Geotechnical and Testing Services (GTS) 2021 – current.</u>	
b. LAB ADDRESS: <u>1702 East Central Avenue Suite 10, Bentonville, AR (ETG);</u>	
c. PARAMETERS PERFORMED: <u>All permitted excluding DO, pH</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	None	None	None (clear)	Trace	None	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:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>NA</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 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: **3/17/22** Time: **12:00**

Head in Inches: **7.25** Feet: **0.6**

Type & Size of Primary Flow Measurement Device: **18" Parshall Flume**

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device: **11/18/21**

Recorded Flow at Date & Time Listed Above: **1.67 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.62 MGD**

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

% Error =	1.67	-	1.62	X 100
	1.62			

% Error =	0.05	X 100
	1.62	

% Error =	0.03	X 100
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% Error =	3	%
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Comments:

DMR Calculation Check

Reporting Period: From 2021 12 01 To 2021 12 31
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>24.7</u>	<u>2</u>	<u>2</u>
Calculated Value:	<u>24.7</u>	<u>2</u>	<u>2</u>
Permit Value:	<u>200.2</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2020 09 01 To 2020 09 30
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>9.3</u>	<u>1</u>	<u>1.8</u>
Calculated Value:	<u>9.3</u>	<u>1</u>	<u>1.8</u>
Permit Value:	<u>300.2</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Berryville WWTP				
Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022	Time:	11:02
Witness:				Photo #:	1
Description:	Clarifier #1 showing corrosion.				



Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022	Time:	11:05
Witness:				Photo #:	2
Description:	Clarifier #2 showing corrosion.				



Office of Water Quality Photographic Evidence Sheet

Location:	Berryville WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022
Witness:		Time:	11:06
		Photo #:	3
Description:	Continued from Photo #2.		

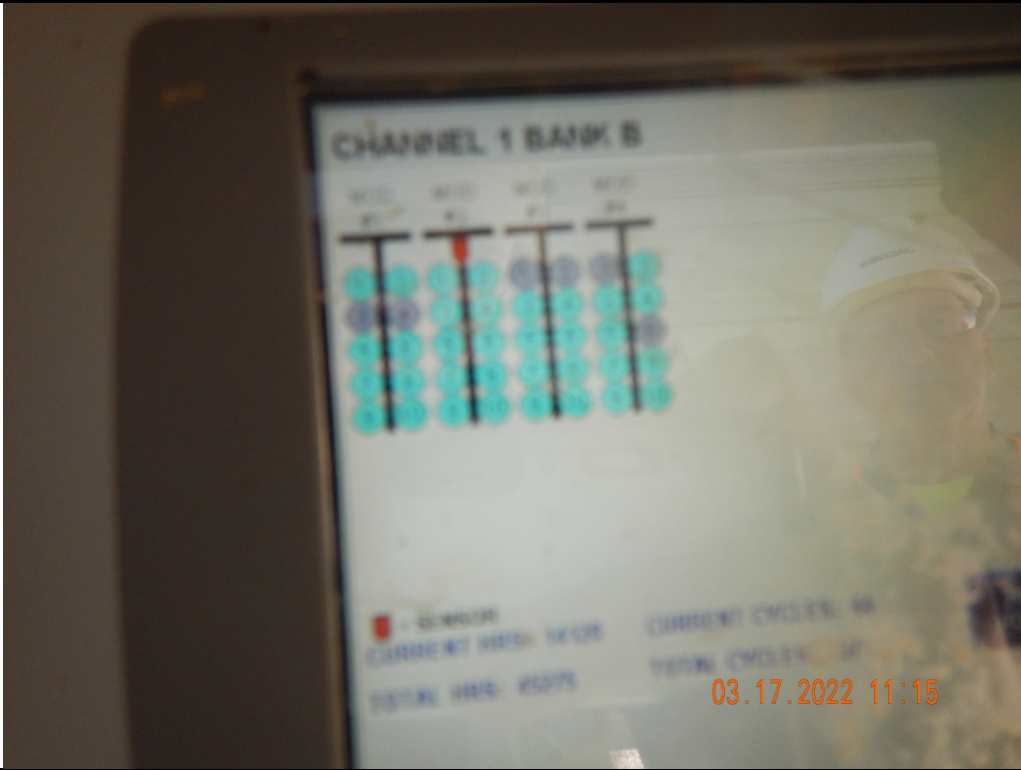


Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022
Witness:		Time:	10:34
		Photo #:	4
Description:	Grit clarifier with arm. Rubber flap on the end of the arm was not making contact with the side wall.		



Office of Water Quality Photographic Evidence Sheet

Location:	Berryville WWTP		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022
Witness:		Time:	11:15
		Photo #:	5
Description:	UV chamber control panel showing several lights as non-functional.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022
Witness:		Time:	10:39
		Photo #:	6
Description:	Expansion joint in Aeration Basin 2.		



Office of Water Quality Photographic Evidence Sheet

Location:	Berryville WWTP				
Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022	Time:	10:46
Witness:				Photo #:	7
Description:	Repaired expansion joint in Aeration Basin #1.				



Photographer:	Garrett Grimes, District 1 Inspector	Date:	3/17/2022	Time:	10:49
Witness:				Photo #:	8
Description:	Mixing unit in Aeration Basin #2.				





ARKANSAS

ENERGY & ENVIRONMENT

January 18, 2023

Tim McKinney, Mayor
City of Berryville
PO Box 227
Berryville, AR 72616
Via email: mayortim@berryvillear.gov & dwayne@berryvillear.gov

Re: City of Berryville - Response to Inspection (Carroll Co)
AFIN: 08-00034 **NPDES Permit No.: AR0021792**

Honorable Mayor McKinney:

I have reviewed your response pertaining to my March 17, 2022 Compliance Evaluation Inspection of City of Berryville's Wastewater Treatment Facility. Upon review, the information provided does not sufficiently address the violations referenced in my inspection report.

Report Item #3.a: Please submit an update on the timeline to replace the corroded weirs.

Report Item #3.b: Please state if the repairs have been completed and submit photographs showing the completed repair.

Report Item #3.c: Please submit an update on the assessment and repair status of the UV system.

This documentation should be completed as soon as possible. Please provide the information no later than **February 1, 2023**. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 837-2067 or email me at garrett.grimes@adeq.state.ar.us.

Sincerely,

A handwritten signature in blue ink that reads "Garrett Grimes".

Garrett Grimes
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

From: [Dwayne Allen](#)
To: [Water-Inspection-Report](#)
Subject: AR0021792
Date: Tuesday, January 31, 2023 1:58:04 PM

Water Quality Compliance Branch, I attached our response to Mr. Grimes concerning the inspection of our wastewater facility performed on March 17, 2022.

D Allen

Public Works Director
305 East Madison Aveune
Berryville, AR 72616-4055
(870) 423-4074



Public Works Department
305 Madison Avenue
Berryville, Arkansas 72616-4055

Office of the Director, Dwayne Allen
Phone: (870) 423-4074
E-mail: dwayne@berryvillear.gov

January 30, 2023

Garrett Grimes
Inspector, Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118

Re: Permit AR0021792 AFIN: 08-00034

Mr. Grimes:

Transmitted herewith is a response to your letter dated January 18, 2023, relating to the Berryville Wastewater Treatment Plant inspection conducted on March 17, 2022. If you have any questions or need additional information, please contact Joshua Alleman at J.oshua.alleman@jacobs.com, or he can be reached by cell phone at (479) 502-0963.

Item 3. a The weirs within the clarifiers were heavily corroded at the time of the inspection (Photos #1 - #3).

Response: We have received a quote from Multi Craft contractors in the amount of \$55,124.00. We have requested quotes from two other companies for this project, Nabholz Construction, and Nomad Piping & Fabrication. We have not received their quotes yet. Follow-up contact has been completed, and they are to send their quotes any day now. We expect this project to take around 6-8 months for a completion date. This would give time for city approval, materials to be ordered and received, assuming no long lead times, and scheduling replacement of weirs.

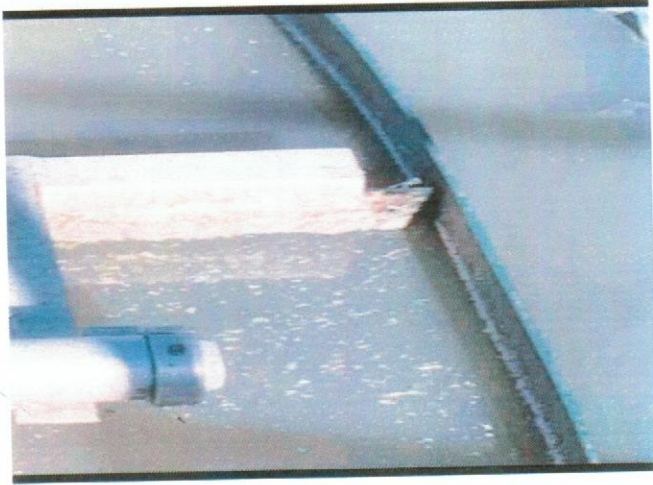
Item 3. b A rubber flap on the grit clarifier arm was worn and no longer contacted the clarifier wall (Photo #5).

Response: The sweep arm rubber flap was repaired on January 3, 2023. The photo is attached on the following page.

CITY OF
BERRYVILLE

Public Works Department
305 Madison Avenue
Berryville, Arkansas 72616-4055

Office of the Director, Dwayne Allen
Phone: (870) 423-4074
E-mail: dwayne@berryvillear.gov



Item 3. c Several lights were non-functional in the UV disinfection system at the time of the inspection (Photo #5).

Response: There were multiple issues discovered following the UV disinfection system troubleshooting by the vendor. Feedback for needed repairs was received from Xylem (the UV manufacturer) on January 17, 2023. They have requested that we give them a few more weeks to prepare a formal proposal on their field service findings. We are expecting a final report and quote for needed repairs at any time. Once the quote for services/pricing is received, the formal bid will need to be presented to City Council for approval. The UV System issues require specialized parts and services for which there is only one supplier. We have expressed our urgency to the vendor. We have been assured that they are doing everything possible to provide us with an accurate repair plan and pricing information.

I assure you that the City of Berryville will complete long-term solutions to both projects and will update you as soon as start dates are set.

Please call me at 870-423-4074 if you have any questions.

Sincerely,

Dwayne Allen,



ARKANSAS

ENERGY & ENVIRONMENT

March 13, 2023

Tim McKinney, Mayor
City of Berryville
PO Box 227
Berryville, AR 72616
Via email: mayortim@berryvillear.gov & dwayne@berryvillear.gov

RE: City of Berryville - Response to Inspection (Carroll Co)
AFIN: 08-00034 **NPDES Permit No.: AR0021792**

Honorable Mayor McKinney:

I have reviewed the response pertaining to my March 17, 2022 inspection of the City of Berryville Wastewater Treatment Plant. The information provided sufficiently addresses the items referenced in my inspection report. Long term maintenance noted in your response will be evaluated during the next inspection cycle. At this time, the Division has no further comment concerning this particular inspection. Acceptance of this response by the Division does not preclude any future enforcement action deemed necessary at this site or any other site.

If I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 837-2067 or you may email me at inspector@adeq.state.ar.us.

Sincerely,

A handwritten signature in blue ink that reads "Garrett Grimes".

Garrett Grimes
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118