



ARKANSAS

ENERGY & ENVIRONMENT

December 12, 2022

Darrell Trahan, Mayor

City of Huntsville

P.O. Box 430

Huntsville, AR 72740

Via email: mayor@huntsvillear.org & sean.davis@huntsville-water.com

RE: Huntsville WWTF Inspection

AFIN: 44-00018

Permit No.: AR0022004

Dear Honorable Mayor Trahan:

On February 10, 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

 <div style="margin-left: 10px;"> ENVIRONMENTAL QUALITY </div>	OFFICE OF WATER QUALITY INSPECTION REPORT		
	AFIN: 44-00018		PERMIT #: AR0022004
	COUNTY: 44 Madison	PDS #: 123787	MEDIA: WN
	GPS LAT: 36.112386 LONG: -93.732969 LOCATION: General Area		
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Huntsville WWTF LOCATION: 30187 Madison Hwy 23 CITY: Huntsville		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 104111 S - State	
		FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation	
		DATE(S): 2/10/2022 ENTRY TIME: 9:10 EXIT TIME: 11:47	
RESPONSIBLE OFFICIAL		PERMIT EFFECTIVE DATE: 6/1/2011 PERMIT EXPIRATION DATE: 5/31/2014	
NAME: / TITLE Darrell Trahan / Mayor COMPANY: City of Huntsville MAILING ADDRESS: P.O. Box 430 CITY, STATE, ZIP: Huntsville AR 72740 PHONE & EXT: / FAX: 479-738-6929 / EMAIL: mayor@huntsville-ar.org & sean.davis@huntsville-water.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Bill Eoff, Wastewater Superintendent, City of Huntsville Water Utilities; Sean Davis, Executive Director, City of Huntsville Water Utilities; Garrett Grimes, District 1 Inspector, DEQ	
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	S	FLOW MEASUREMENT
M	RECORDS/REPORTS	S	LABORATORY
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
N	OTHER:	N	STORMWATER
		N	FACILITY SITE REVIEW
		S	SELF-MONITORING PROGRAM
		N	PRETREATMENT
SUMMARY OF FINDINGS			
The following items were noted during the inspection:			
<ol style="list-style-type: none"> Discharge Monitoring Report (DMR) calculation checks revealed differences compared to the reported values of Monthly Average Concentrations of Nitrate-Nitrite Nitrogen and Total Phosphorus (See report pages 7 & 8). These are violations of Part III.C.5 of the permit. Reported values must represent the monitoring results. Reported values must be rounded to the significance specified in the permit. On March 15, 2022, Bill Eoff, Wastewater Superintendent, contacted DEQ after being alerted to the discrepancies noted above. According to Mr. Eoff, a form of flow weighting is being used when calculating monthly average concentrations based off of previous guidance from DEQ. Mr. Eoff was informed during the conversation that language for flow weighting monthly average concentrations is not present in the current permit. At the time of the inspection, Mr. Eoff and Sean Davis, Executive Director, stated that the clarifiers had been recently cleaned. However, microbial growth was accumulating in the weirs of the clarifiers in several locations (Photo #1). In addition, wastewater was exiting through holes in the weirs (Photo #1). This is a violation of Part III.B.1.a of the permit. 			

GENERAL COMMENTS

- Significant erosion is occurring along the west perimeter including along the aeration basins (Photo #2). The City of Huntsville has attempted to create earthen trenches to redirect the flow, but these trenches do not fully remediate the problem according to Mr. Eoff and Mr. Davis (Photo #2). The City of Huntsville should consider additional stabilization methods/structures to prevent erosion and potential damage to the treatment units from occurring.
- Excessive turbulence was observed in the H-flume preceding Outfall 001 (Photo #3). This turbulence did not appear to affect the calibration check of the secondary flow measurement device. However, improvements to the facility to address this turbulence should be considered.
- During the previous November 6, 2019, inspection it was noted that the insulation from the sludge dryer was leaking onto the ground due to excessive heat. In 2020 the sludge dryer was damaged in a fire. During the walkthrough the sludge drying room was free of leaked insulation and none was observed leaking from the sludge dryer (Photos #4 - #5). The sludge dryer was operational at the time of the inspection and appeared to be operating within design specifications.
- Larry Garrett is currently the listed contact associated with this permit. However, Mr. Davis is the actual permit contact for this facility. The City of Huntsville must contact the DEQ Office of Water Quality – Permits Branch and update this information.
- Mr. Eoff and Mr. Davis were both enthusiastic and knowledgeable about the operation of the wastewater treatment facility. The facility appeared clean and well managed at the time of the inspection.

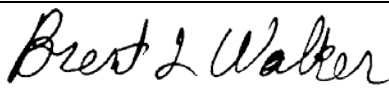
INSPECTOR'S SIGNATURE:



Garrett Grimes

DATE: 3/18/2022

SUPERVISOR'S SIGNATURE:



Brent L. Walker

DATE: 12/2/2022

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

- | | |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

☐S ☒M ☐U ☐NA ☐NE

DETAILS:

- | | |
|---|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>See attached calculation checks</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: | <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

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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: | <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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 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: | <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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>2'</u> TYPE OF DEVICE: <u>H-Flume</u>	<input 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: <u>Some turbulence present</u>	<input type="checkbox"/> Y <input checked="" 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>GTS, Inc.</u>	
b. LAB ADDRESS: <u>1915 N. Shiloh Drive, Fayetteville, AR 72704</u>	
c. PARAMETERS PERFORMED: <u>FCB, Total Phos, CBOD5, TSS, Ammonia-N, Nitrate + Nitrate Nitrogen</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

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

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

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☐S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☐S ☐M ☐U ☐NA ☐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

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: ☐Y ☐N ☒NA ☐NE
2. TYPE OF SAMPLE: ☐GRAB:___ ☐COMPOSITE:___ METHOD:___ FREQUENCY:___
3. SAMPLES PRESERVED: ☐Y ☐N ☒NA ☐NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: ☐Y ☐N ☒NA ☐NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: ☐Y ☐N ☒NA ☐NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: ☐Y ☐N ☒NA ☐NE
7. SAMPLE SPLIT WITH PERMITTEE: ☐Y ☐N ☒NA ☐NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: ☐Y ☐N ☒NA ☐NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: ☐Y ☐N ☒NA ☐NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___ ☐Y ☐N ☒NA ☐NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: ☐Y ☐N ☒NA ☐NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: ☐Y ☐N ☒NA ☐NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: ☐Y ☐N ☒NA ☐NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: ☐Y ☐N ☒NA ☐NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: ☐Y ☐N ☒NA ☐NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: ☐Y ☐N ☒NA ☐NE
8. LIST OF STRUCTURAL BMPS: ☐Y ☐N ☒NA ☐NE
9. LIST OF NON-STRUCTURAL BMPS: ☐Y ☐N ☒NA ☐NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: ☐Y ☐N ☒NA ☐NE
11. INSPECTIONS CONDUCTED AS REQUIRED: ☐Y ☐N ☒NA ☐NE

FLOW CALCULATION SHEET

Date:	2/10/2022	Time:	10:38	
Head in Inches:	12.6	Feet:	1.05	
Type & Size of Primary Flow Measurement Device: 2' H-Flume				
Name & Model of Secondary Flow Measurement Device: Greyline OCF 5.0				
Date of last Calibration of Secondary Flow Device: 10/15/2021				
Recorded Flow at Date & Time Listed Above: 1.589 (Facility Flow Meter)				
Calculated Flow at Date & Time Listed Above: 1.620				
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)				
% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			
% Error =	1.620	-	1.589	X 100
	1.620			
% Error =	0.031	X 100		
	1.620			
% Error =	0.019	X 100		
% Error =	1.9	%		
Comments:				

DMR Calculation Check

Reporting Period:	From	<u>2021</u>	<u>12</u>	<u>01</u>	To	<u>2021</u>	<u>12</u>	<u>31</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: Nitrogen,
Nitrate-Nitrite

	Loading Mass	Concentration Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>74.7</u>	<u>7.1</u>	<u>11.1</u>
Calculated Value:	<u>74.7</u>	<u>8</u>	<u>11</u>
Permit Value:	166.8	10	15

If calculated value does not equal reported value, explain:

Rounding. Unknown for the monthly average.

DMR Calculation Check

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

Parameter Checked: Total Phosphorus

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>10.1</u>	<u>0.9</u>	<u>1.2</u>
Calculated Value:	<u>10.1</u>	<u>1*</u>	<u>1</u>
Permit Value:	<u>33.3</u>	<u>2</u>	<u>3</u>

If calculated value does not equal reported value, explain:

Monthly average rounded to 1 from 0.75.

Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	2/10/2022
Witness:		Time:	10:16
		Photo #:	1
Description:	Clarifier with microbial growth and leak.		



Photographer:	Garrett Grimes, District 1 Inspector	Date:	2/10/2022
Witness:		Time:	10:08
		Photo #:	2
Description:	Trenched area where erosion is occurring.		



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	2/10/2022
Witness:		Time:	10:28
		Photo #:	3
Description:	H-flume with turbulence.		

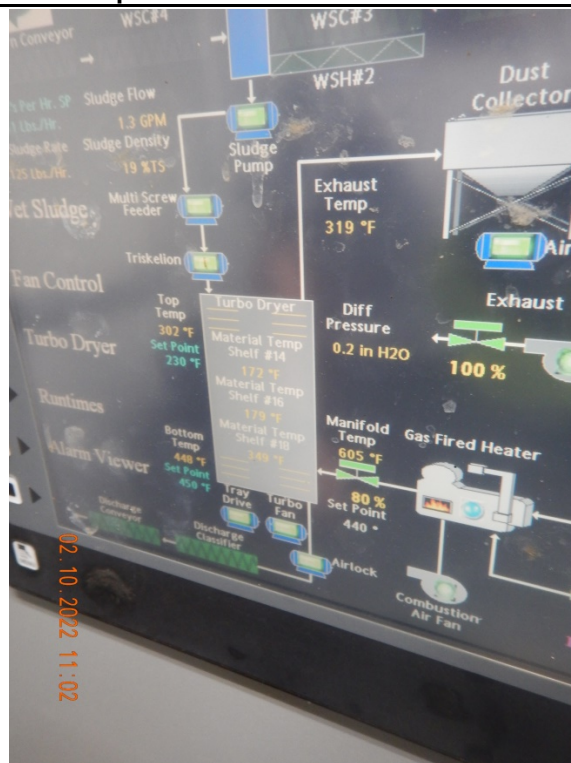


Photographer:	Garrett Grimes, District 1 Inspector	Date:	2/10/2022
Witness:		Time:	10:57
		Photo #:	4
Description:	Sludge dryer area.		



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF		
Photographer:	Garrett Grimes, District 1 Inspector	Date:	2/10/2022
Witness:		Time:	11:02
		Photo #:	5
Description:	Sludge dryer control panel.		



From: [Garrett Grimes \(adpce.ad\)](#)
To: [Uniqika Marshall \(adpce.ad\)](#)
Subject: FW: Huntsville Inspection Responses
Date: Thursday, January 26, 2023 4:50:23 PM
Attachments: [image001.png](#)
[image001.png](#)
[image003.png](#)

Uniqika,

Could you please attach this response to the City of Huntsville's CEI and No-exposure inspections (PDS123787 & 124063).

Thank you,

Garrett Grimes | District 1 Inspector
Division of Environmental Quality | Office of Water Quality
5301 Northshore Drive | North Little Rock, AR 72118
c: [501.837.2067](tel:501.837.2067) | e : garrett.grimes@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Sean Davis [<mailto:sean.davis@huntsville-water.com>]
Sent: Wednesday, January 25, 2023 8:40 PM
To: Garrett Grimes (adpce.ad)
Subject: Re: Huntsville Inspection Responses

See attached. I apologize for forgetting to add them earlier.

On Wed, Jan 25, 2023, 3:01 PM Garrett Grimes ([adpce.ad](#)) <Garrett.Grimes@adeq.state.ar.us> wrote:

Sean,

Could you submit photographs of the lid and clarifiers referenced in your response. I do not see these photographs attached.

Thank you,

Garrett Grimes | District 1 Inspector
Division of Environmental Quality | Office of Water Quality
5301 Northshore Drive | North Little Rock, AR 72118
c: [501.837.2067](tel:501.837.2067) | e : garrett.grimes@adeq.state.ar.us



From: Sean Davis [mailto:sean.davis@huntsville-water.com]
Sent: Wednesday, January 25, 2023 1:18 PM
To: Garrett Grimes ([adpce.ad](#))
Subject: Huntsville Inspection Responses

Garrett,

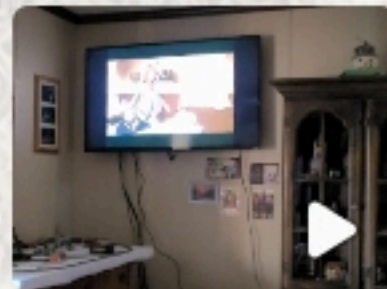
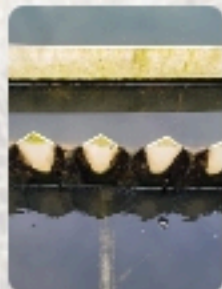
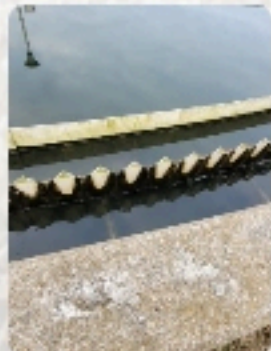
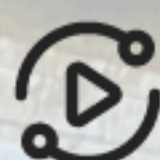
Attached are the responses I sent regarding last year's inspection.

--

Thank you,

Sean Davis
Huntsville Water Utilities
(479)738-6929







ARKANSAS

ENERGY & ENVIRONMENT

January 30, 2023

Darrell Trahan, Mayor
City of Huntsville
P.O. Box 430
Huntsville, AR 72740
Via email: mayor@huntsvillear.org ; sean.davis@huntsville-water.com

RE: City of Huntsville CEI - Response to Inspection (Madison Co)
AFIN: 44-00018 **NPDES Permit No.: AR0022004**

Honorable Mayor Trahan:

I have reviewed the response pertaining to my Compliance Evaluation Inspection of the City of Huntsville's Wastewater Treatment Facility. The information provided sufficiently addresses the items referenced in my inspection report. 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 garrett.grimes@adeq.state.ar.us.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Garrett Grimes'.

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