



ARKANSAS

ENERGY & ENVIRONMENT

July 10, 2023

Brent R. Dobler, Utility Sup
City of Rogers
4300 Rainbow Road
Rogers, AR 72758
Email: brentdobler@rogersar.gov ; toddbeaver@rogersar.gov

RE: Rogers Pollution Control Fac. Inspection (Benton Co)
AFIN: 04-00155 **NPDES Permit No.: AR0043397**

Dear Mr. Dobler:

On May 24, 2023, 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 **July 24, 2023**.

If you require any assistance, please contact Inspector Supervisor Kerri McCabe at kerri.mccabe@adeq.state.ar.us or (501) 352-5641.

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: 04-00155	PERMIT #: AR0043397	DATE: 5/24/2023		
	COUNTY: 04 Benton	PDS #: 126028	MEDIA: WN		
	GPS LAT: 36.297937 LONG: -94.212331 LOCATION: General Area				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Rogers Pollution Control Fac. LOCATION: 4300 Rainbow CITY: Rogers		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 104111 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 5/24/2023 ENTRY TIME: 09:00 EXIT TIME: 15:00 PERMIT EFFECTIVE DATE: 1/31/2006 PERMIT EXPIRATION DATE: 2/28/2023			
NAME: / TITLE Brent R. Dobler / Utility Sup COMPANY: City of Rogers MAILING ADDRESS: 4300 Rainbow Road CITY, STATE, ZIP: Rogers AR 72758 PHONE & EXT: / FAX: 479-273-7378 / EMAIL: toddbeaver@rogersar.gov		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Todd Beaver, Plant Manager, City of Rogers; Kerri McCabe, Inspector Supervisor, DEQ; Will Cody, Water Inspector, DEQ; Garrett Grimes, Water Inspector, DEQ			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS	
<p>The following were noted during the inspection:</p> <ol style="list-style-type: none"> 1. Part I.A. of the permit, Final Effluent Limitations and Monitoring Requirements; <ol style="list-style-type: none"> a. Effluent residual chlorine limitations were exceeded in May 2022 and July 2022 (Attachment 1). 2. Part II.B.1.a. of the permit, Operation and Maintenance; <ol style="list-style-type: none"> a. At the time of the inspection, the compactor and a stair screen were out of service in the plant head works (Photos #1 - #2). Todd Beaver, Plant Manager, City of Rogers, stated that the facility was having some difficulty in obtaining parts to repair the gearbox in the compactor. According to Mr. Beaver, the loss of the compactor was increasing the frequency screenings needed to be removed from the facility and sent to a landfill, but it would not otherwise impact treatment. Mr. Beaver stated that the screen down for repair was damaged by a clog of rags and grease. Mr. Beaver also stated that the parts to repair the screen have been obtained, but the city will need to have them installed by a contract group. A second stair screen was in service at the time of the inspection (Photo #3). b. Excessive foam was observed in Biological Nutrient Removal (BNR) trains 1 & 2 as well as the clarifiers (Photos #4 - #10). This has been noted in previous Compliance Evaluation Inspection reports. According to Mr. Beaver, the foam is a known seasonal issue and it is expected to clear within several weeks following the inspection. Clarifier weirs were clear at the time of the inspection (Photos #11 - #13). 	

GENERAL COMMENTS

As noted above, foam was observed in BNR trains 1 & 2. These units have been modified and improved recently to increase control and efficiency, and foam levels appeared reduced compared to previous inspections. Mr. Beaver stated that the foam should not be impacting the plant's ability to meet effluent limits.


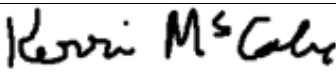
The current permit was issued on January 31, 2006 and it is administratively continued. A draft renewal permit had been provided to the city for a 5-day review prior to the inspection, but it has not yet been issued.

The City of Rogers is currently considering and drafting plans for future improvements to the plant and its collection system. These improvements will address I&I issues, reduce the reliance on equalization, increase redundancy, and address inefficiencies; according to Mr. Beaver. The Fact Sheet of the draft permit lists the proposed changes as increasing the design flow to 14 MGD from 6.7 MGD.

As noted above, the city is currently planning improvements to the plant. Currently, the plant experiences hydraulic overloads due to high I&I, which results in overflows within the plant. An example given during the inspection is the sand filter will overflow passed the filter beds when flows reach 24 MGD (Photos #14 - #15). Mr. Beaver stated that the sand filter is also inefficient and it may be addressed in improvement plans.

The city utilizes an in-house laboratory for monitoring and analysis of effluent and reports results on their monthly Discharge Monitoring Reports (DMRs). Calculation checks matched those reported by the city (see Pages 8 - 9). Lab records, QA/QC program, Chain of Custody forms (COC), and SOPs were not reviewed onsite. A records request form was provided to the facility (Attachment 2). Requested documents submitted to DEQ will be reviewed by the DEQ - Office of Water Quality - Laboratory Certification Program separately from this inspection. Biomonitoring conducted at the facility is contracted to an offsite laboratory. These reports are reviewed by the DEQ - Office of Water Quality - Planning Branch.

The city discharges through two outfalls. Outfall 001 discharges to Osage Creek and Outfall 002 discharges to the Pinnacle Golf Course "C" Lake on an "as needed" basis. Effluent visually appeared to be good quality at both outfalls (Photos #16 - #18). Plant personnel were helpful and knowledgeable during the inspection and answered questions thoroughly. Excluding the exceedances noted in the "Summary of Findings" section of this report, the city has discharged effluent quality within the limits of the permit.

INSPECTOR'S SIGNATURE: 	Garrett Grimes	DATE: 6/23/2023
SUPERVISOR'S SIGNATURE: 	Kerri McCabe	DATE: 7/5/2023

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: <u>Excursions noted in the "Summary of Findings" section.</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: <u>Evaluated separately</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>5'</u> TYPE OF DEVICE: <u>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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <u>Laboratory procedures reviewed by the DEQ - Office of Water Quality</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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	Trace	None	Clear	--
002	None	None	None	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 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:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **5/24/2023** Time: **11:04**

Head in Inches: **10.4"** Feet: **0.87'**

Type & Size of Primary Flow Measurement Device: **36" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Greyline SLT 5.0**

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **10.261 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **10.363 MGD**

(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 =	10.261	-	10.363	X 100
	10.363			

% Error =	-0.102	X 100
	10.363	

% Error =	-0.01	X 100
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% Error =	-1	%
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Comments:

DMR Calculation Check Outfall 001

Reporting Period: From 2022 11 1 To 2022 11 30
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>88.1</u>	<u>1.1</u>	<u>1.2</u>
Calculated Value:	<u>88.1</u>	<u>1.1</u>	<u>1.2</u>
Permit Value:	<u>1751</u>	<u>15</u>	<u>23</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2023 04 01 To 2023 04 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>77.4</u>	<u>1.1</u>	<u>11.2</u>
Calculated Value:	<u>77.4</u>	<u>1.1</u>	<u>11.2</u>
Permit Value:	<u>2335</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.				
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023	Time:	9:20
Witness:				Photo #:	1
Description:	Stair screen under repair.				



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023	Time:	9:23
Witness:				Photo #:	2
Description:	Parts for the stair screen.				



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	9:20
		Photo #:	3
Description:	Functional screen.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	9:49
		Photo #:	4
Description:	Foam in BNR train 1.		



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	9:49
		Photo #:	5
Description:	Foam in BNR train 2.		



May 24, 2023 09:49:21
36.29854402N 94.21417179W

Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	9:51
		Photo #:	6
Description:	Continued from Photo #5		



May 24, 2023 09:51:29
36.2987536N 94.21414934W

Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:22
		Photo #:	7
Description:	Clarifier 1 with foam.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:22
		Photo #:	8
Description:	Continued from Photo #7		



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:28
		Photo #:	9
Description:	Clarifier 2 with foam.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:36
		Photo #:	10
Description:	Clarifier 4 with foam.		



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:32
		Photo #:	11
Description:	Clarifier weirs.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:34
		Photo #:	12
Description:	Clarifier weirs continued.		



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:33
		Photo #:	13
Description:	Clarifier weirs continued.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:48
		Photo #:	14
Description:	Sand filters, note the high water line along the side wall.		



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	10:47
		Photo #:	15
Description:	Concrete barrier and discharge location (left of barrier) of the sand filter. Note the high water line.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	12:10
		Photo #:	16
Description:	Outfall 001.		



Office of Water Quality Photographic Evidence Sheet

Location:	Rogers Pollution Control Fac.		
Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	11:21
		Photo #:	17
Description:	Outfall 002.		



Photographer:	Garrett Grimes, Water Inspector	Date:	5/24/2023
Witness:		Time:	12:10
		Photo #:	18
Description:	Effluent.		



Attachment 1: Excursion summary from the DMR review.

DMR End Date	Disch-Desig	Parameter Desc	Reported DMR Value	Limit Value	Vio %
05/31/2022	001-B	Chlorine, total residual (INST MAX, mg/L)	0.29	.1	190%
07/31/2022	001-B	Chlorine, total residual (INST MAX, mg/L)	0.34	.1	240%

Attachment 2: Lab records request form provided to the city.



ARKANSAS
ENERGY & ENVIRONMENT

**Division of Environmental Quality
Office of Water Quality
LABORATORY DOCUMENT REQUEST**

Send the documents listed below within fourteen (14) calendar days of the receipt of this request to the address or email provided below:

DEQ, Office of Water Quality
ATTN: Richard Healey
5301 Northshore Drive
North Little Rock, Arkansas 72118

Richard Healey
waterlab@adeq.state.ar.us

Requested documents:

- For the past three (3) months, provide the following:
 - Quality Control and Quality Assurance records
 - Bench sheets and recorded data
 - Daily and/or weekly calibration reports
 - Flow measurements
 - Temperature records for instrumentation
- Provide all NIST certificates for laboratory instrumentation
- Certifications and/or training documents for technicians
- Last two (2) proficiency tests for each technician
- All standard operating procedures



**DIVISION OF
ENVIRONMENTAL QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

CERTIFIED MAIL: 9489 00090 0027 6186 0886 92

September 27, 2023

Brent R. Dobler, Utility Supervisor

City of Rogers

4300 Rainbow Road

Rogers, AR 72758

Via email to: brentdobler@rogersar.gov; toddbeaver@rogersar.gov

RE: Failure To Respond To Inspection 126028 (Benton Co.)

AFIN: 04-00155

Permit No.: AR0043397

Dear Mr. Dobler:

A letter dated July 10, 2023 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 Garrett Grimes' Compliance Evaluation inspection of the above-referenced facility. The letter requested a written response be submitted to the Office of Water Quality Compliance Branch by July 24, 2023. As of the date of this letter no response has been received.

A copy of the inspection report has been included for your convenience. 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 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 **10/12/2023**.

Thank you for your attention to this matter. Should you have any questions please contact me at (501) 944-2569 or email me at William.Cody@adeq.state.ar.us.

Sincerely,

A handwritten signature in blue ink that reads "Will Cody".

William Cody

Inspector, Office of Water Quality

ARKANSAS DEPARTMENT OF ENERGY AND ENVIRONMENT

ee.arkansas.gov | 5301 Northshore Drive, North Little Rock, AR 72118 | 501.682.0744

From: Kerri McCabe (adpce.ad)
Sent: Monday, October 2, 2023 9:20 AM
To: Uniqika Marshall (adpce.ad)
Cc: Jason Bolenbaugh (adpce.ad); William Cody (adpce.ad)
Subject: FW: Inspection Report Rogers Water Utilities
Attachments: DEQ Response to RPCF Inspection 7 23.pdf

Importance: High

Uniqika,

The other two reports were no violation, but I prefer this email and attachment be attached to PDS 126028. The other one contained info that isn't necessary for the public.

Thank you,

Ms. Kerri McCabe | Inspector Supervisor
**Division of Environmental Quality | Office of Water Quality
Compliance Branch**
775 Hwy 201 N, Ste A, PO Box 442 | Mountain Home, AR 72654-0442
t: 870.424.3322 ext. 3 | c: 501.352.5641 | e: Kerri.McCabe@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: William Cody (adpce.ad)
Sent: Thursday, September 28, 2023 10:41 AM
To: Kerri McCabe (adpce.ad) <Kerri.McCabe@adeq.state.ar.us>
Subject: FW: Inspection Report Rogers Water Utilities

Kerri,

I received this from Rogers Water Utility Superintendent yesterday and he wanted to discuss the inspection with me. I read through the response attached and it sounds like they had a different view on most of Garrett's comments. Would you like me to give Mr. Dobler a call or let someone else handle that? I don't know that he cc'd you in his email.

Thank you,

William Cody | District 1 Inspector
**Division of Environmental Quality | Office of Water Quality
Compliance Branch | Bentonville Area Office**
1011 NW J Street Suite 7 | Bentonville, AR 72712
c: [501.944.2569](tel:501.944.2569) | e: william.cody@adeq.state.ar.us



ARKANSAS ENERGY & ENVIRONMENT

From: Brent Dobler <brentdobler@RWU.ORG>
Sent: Wednesday, September 27, 2023 9:55 AM
To: William Cody (adpce.ad) <William.Cody@adeq.state.ar.us>
Cc: Todd Beaver <toddbeaver@RWU.ORG>; uniqika.marshall@adeq.stat
Subject: Inspection Report Rogers Water Utilities

Mr. Cody,

This response letter was printed, signed, and mailed from RWU's office. I did not send it by certified mail, but will do so today.

Please give me a call at your earliest convenience to discuss.

Thank you,

Brent Dobler | Superintendent
Rogers Water Utilities | www.rwu.org
601 S. 2nd Street, Rogers, AR 72756
(479) 936-5406 | brentdobler@rwu.org



ROGERS WATER UTILITIES (RWU) CONFIDENTIALITY NOTICE - THIS ELECTRONIC MAIL TRANSMISSION AND ANY DOCUMENTS ACCOMPANYING IT MAY CONTAIN CONFIDENTIAL INFORMATION CONCERNING RWU AND ITS CUSTOMERS THAT IS PROTECTED FROM DISCLOSURE BY THE ARKANSAS FREEDOM OF INFORMATION ACT (FOIA), CODIFIED AT ARK CODE ANN. § 25-19-101 ET SEQ. AND OTHER APPLICABLE LAW. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER TO ARRANGE FOR THE RETURN OF THE MESSAGE AND ANY ATTACHED DOCUMENTS. NOTHING IN THIS ELECTRONIC MAIL TRANSMISSION AND THE ACCOMPANY DOCUMENTS SHALL BE CONSTRUED AS A WAIVER, LIMIT, MODIFICATION, NULLIFICATION, OR ALTERATION OF THE TORT IMMUNITY AND OTHER RIGHTS AND IMMUNITIES GRANTED TO RWU, THE ROGERS WATERWORKS AND SEWER COMMISSION, AND THE CITY OF ROGERS, ARKANSAS PURSUANT TO ARK CODE ANN. § 21-9-301 AND OTHER APPLICABLE LAW.



July 12, 2023

Office of Water Quality
C/O Garrett Grimes
Inspector, Office of Water Quality
5301 North Shore Drive, North Little Rock, AR 72118

RE: Rogers Pollution Control Fac. Inspection (Benton Co)
AFIN: 04-00155 NPDES Permit No.: AR0043397

Dear Mr. Grimes:

Please accept this letter as the required written response to comments in summary of findings for the inspection dated 5/24/23.

1. That's correct. Both exceedances were due to a mechanical failure and remedied the same day.
2.
 - a. A. Mr. Beaver disagrees with the noted conversation. What was said is that the compactor does not impact treatment vs not further impact treatment. The compactor does not impact our treatment at all. Its impact is financial only. The compactor is not listed as part of our treatment equipment in the referenced permit and is maintained accordingly. That is why there is not a redundant compactor as well. This is the correct use of ratepayer resources to consider the long-term benefits of rush repairs on non-critical equipment. As noted during the inspection and noted in the photo 1, we are waiting on parts. The stair screen is critical equipment, is listed in our treatment on the permit, and is back in service as noted in photo 2.
 - b. The photos the report reference show nocardia and microthrix rather than foam from neglect. According to the requested photos 3-8, Mr. Beaver was correct. Microthrix and nocardia are entirely different from problematic foam, and as noted on previous inspection report's responses to the same comment, this bacteria is necessary for the treatment of our wastewater to meet the permit during cold water temperatures. As noted in your general comments those bacteria do a superb job meeting our permit. A more scientific discussion of the bacteria can be found here: P. Maza-Márquez, A. Castellano-Hinojosa, A. González-Martínez, B. Juárez-Jiménez, J. González-López, B. Rodelas, Abundance of total and metabolically active Candidatus Microthrix and fungal populations in three full-scale wastewater treatment plants, Chemosphere, Volume 232, 2019, Pages 26-34, ISSN 0045-6535. The impacts of the FM ratio needed to achieve very low nutrient limits utilizing temperature and sludge age are illustrated within.

Referencing your general comments:

In Mr. Beaver's comments, he did not say the foam should not be impacting the plant's ability to meet permit. He said it does not hurt the plant's ability to meet permit, it actually helps it. Where it can cause problems is in solids handling, which again does not affect our permit. It can also cause issues with our clarifier settling, however, we have a filter to take care of the minor spillover of filamentous solids when this occurs.

Our plant is already permitted for 14.0 MGD not being expanded to 14 MGD. The filters bypass a portion of flow at the high flow rates mentioned. They have never overflowed which your water line in the photo demonstrates.

Finally, RWU would like to request to see the criteria used in marking this facility “marginal” in the rating. I challenge you to find another facility that is taken care of as well as the Rogers Pollution Control Facility. It looks great, functions extremely well, trains well, runs safely, and has a robust maintenance program. This is obviously due to the expertise and pride of the team that oversees this facility. Nothing about that team is marginal!

Sincerely,

Brent Dobler, Superintendent
Rogers Water Utilities
601 S. 2nd St, Rogers, AR 72756



Photo 1 Compactor missing gearbox



Photo 2 Two working stair screens



Photo 3 Microthrix and Nocardia free clarifier and treatment train 4

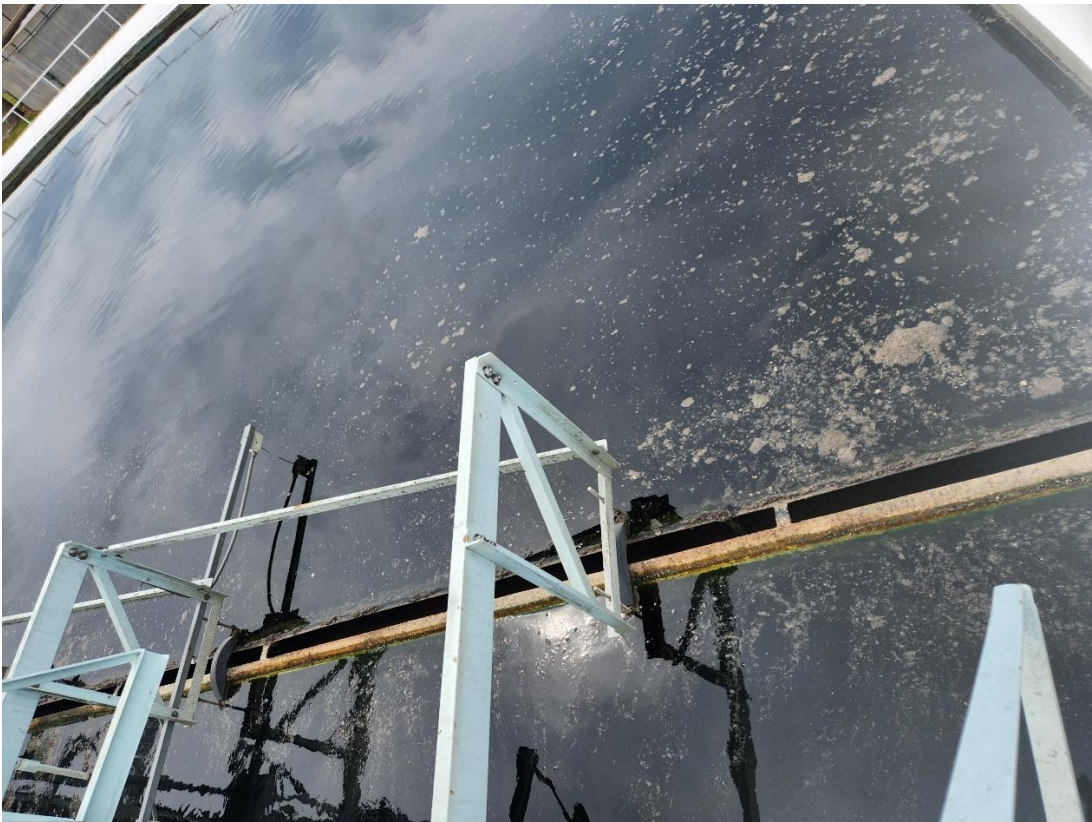


Photo 4 Photo 4Microthrix and Nocardia free Clarifeir 2



Photo 5 Microthrix and Nocardia free Clarifeir 1



Photo 6 nocardia and microthrix free aeration basin



Photo 7 nocardia and microthrix free fermentation cell



Photo 8 microthrix and nocardia free aeration basin



**DIVISION OF
ENVIRONMENTAL QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

October 18, 2023

Brent R. Dobler, Utility Supervisor

City of Rogers

4300 Rainbow Road

Rogers, AR 72758

Email Address: brentdobler@rogersar.gov; toddbeaver@rogersar.gov

RE: Adequate Response to Inspection 126028 – Rogers Water Utilities (Benton Co)
AFIN: 04-00155 **NPDES Permit No.: AR0043397**

Dear Mr. Dobler:

I have reviewed the response pertaining to my inspection of the Rogers Water Utilities facility. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this 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) 944-2569 or you may email me at William.Cody@adeq.state.ar.us.

Sincerely,

A handwritten signature in blue ink that reads "William Cody".

William Cody

Inspector, Office of Water Quality