



**DIVISION OF
ENVIRONMENTAL
QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

December 18, 2023

Roch J. Byrne, Deputy to the Commander
Pine Bluff Arsenal
10020 Kabrich Circle
Pine Bluff, AR 71602
Email Address: roch.j.byrne.civ@mail.mil

RE: Pine Bluff Arsenal Inspection- PDS# 127792
AFIN: 35-00116 Permit No.: AR0001678

Dear Deputy Com. Byrne:


On September 21, 2023, I performed a Compliance Evaluation Inspection (CEI) 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.

No violations were noted at the time of the inspection. Please refer to the inspection report for any comments. If I can be of any assistance please contact me at Michael.young@adeq.state.ar.us or 501-837-2073.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Young".

Michael Young
Inspector Supervisor, Office of Water Quality

| | | | | | |
|---|---|----------|--|-----------------------------|--|
|  ENVIRONMENTAL QUALITY | OFFICE OF WATER QUALITY INSPECTION REPORT | | | | |
| | AFIN: 35-00116 | | PERMIT #: AR0001678 | | DATE: 9/21/2023 |
| | COUNTY: 35 Jefferson | | PDS #: 127792 | | MEDIA: WN |
| | GPS LAT: 34.302354 LONG: -92.085929 LOCATION: Entrance | | | | |
| FACILITY INFORMATION | | | INSPECTION INFORMATION | | |
| NAME: Pine Bluff Arsenal LOCATION: 10020 Kabrich Circle CITY: Pine Bluff, AR | | | FACILITY TYPE: 4 - Federal | | |
| | | | INSPECTOR ID#: 101531 S - State | | |
| | | | FACILITY EVALUATION RATING: 5 - Satisfactory | | INSPECTION TYPE: Compliance Evaluation |
| | | | DATE(S): 9/21/2023 | ENTRY TIME: 10:42 | EXIT TIME: 13:26 |
| | | | PERMIT EFFECTIVE DATE: 2/1/2023 | | |
| | | | PERMIT EXPIRATION DATE: 1/31/2028 | | |
| RESPONSIBLE OFFICIAL | | | | | |
| NAME / TITLE: Roch J. Byrne / Deputy to the Commander COMPANY: Pine Bluff Arsenal MAILING ADDRESS: 10020 Kabrich Circle CITY, STATE, ZIP: Pine Bluff AR 71602 PHONE & EXT: / FAX: 870-540-3004 / 870-540-2818 EMAIL: roch.j.byrne.civ@mail.mil | | | FAYETTEVILLE SHALE RELATED: N | | |
| CONTACTED DURING INSPECTION: Yes | | | FAYETTEVILLE SHALE VIOLATIONS: N | | |
| | | | INSPECTION PARTICIPANTS | | |
| | | | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Sarah Clem/Environmental Specialist and Restoration Manager/870-540-2806/sarah.a.clem2.civ@mail.mil | | |
| AREA EVALUATIONS | | | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | |
| S | PERMIT | S | FLOW MEASUREMENT | S | STORMWATER |
| S | RECORDS/REPORTS | S | LABORATORY | S | FACILITY SITE REVIEW |
| S | OPERATION & MAINTENANCE | S | EFFLUENT/RECEIVING WATER | S | SELF-MONITORING PROGRAM |
| S | SAMPLING | S | SLUDGE HANDLING/DISPOSAL | N | PRETREATMENT |
| ** | OTHER: | | | | |



SUMMARY OF FINDINGS**No violations observed at the time of inspection.**

GENERAL COMMENTS

On September 21, 2023 I performed a compliance Evaluation Inspection at Pine Bluff Arsenal (PBA) in Jefferson County, Arkansas with the above participants in attendance. Pine Bluff Arsenal is a Federal United States Army facility whose core primary missions include: conventional ammunition, chemical biological defense, engineering and technical support, mobile and powered system support, and base operations support to numerous tenant activities. There are four (4) outfalls permitted at PBA and they are Outfall 01C, Outfall 008, Outfall 010, and Outfall 012 (see Figure 1). Outfall 01C is permitted to discharge stormwater runoff from the closed chemical and manufacturing areas and the associated treatment system is a settling basin (lagoon). Outfall 008 is permitted to discharge stormwater runoff from the bombing mat and treatment is a lined settling pond. Outfall 010 is permitted to discharge wastewater from the North Area Treatment Plant (NATP) and treatment consists of bar screens, primary clarifier with sludge digester, oxidation pond, chlorine disinfection, and pH adjustment. Outfall 012 is permitted to discharge wastewater from the Central Waste Treatment Facility (CWTF). Pretreatment of white phosphorus, red phosphorus, and terephthalic acid waste streams consists of acid preparation, inclined plate clarifier, filter press, oxidation tank with UV and hydrogen peroxide dosing, and pH neutralization. Pretreated waste streams are then routed to the CWTF for treatment consisting of an equalization basin with aeration, activated carbon filters, chemical flocculation, settling lagoon with baffles, and pH adjustment. Treated wastewater from the CWTF and SATF is combined prior to sampling at Outfall 012.

Facility Evaluation:

I started the inspection by traveling to the location of Outfall 012 sampling. After sampling at Outfall 012 water is discharged to the Arkansas River via pumping. I observed the sample port (see photo 1) and there was a composite sampler for WET testing at the outfall (see photo 2). I did not observe any issues with the aerated equalization basin (see photos 3-4) or the settling basin that has baffle curtains installed (see photos 5-6). Flow is measured after the CWTF and SATF are combined (see photo 7) and there is a monitoring location to sample just the SATF (see photo 8). There were no issues observed at the SATF (see photos 9-10). At Outfall 010 there is chlorine contact (see photo 11) and flow is measured after chlorination in a rectangular weir with end contractions see photo 12). A long term project at this facility has been to monitor Philips Creek, which runs through the area near Outfall 010 (see Figure 1). I was escorted to the location of sampling for "PC-1" which is a monitoring location for Philips Creek (see photos 13-14). At Outfall 01C there was no discharge occurring at the time of inspection (see photo 15). Outfall 008 was also not discharging at the time of inspection and there were no issues observed with the treatment system (see photo 16).

| | |
|---|-------------------------|
| INSPECTOR'S SIGNATURE:  Michael Young | DATE: 12/7/2023 |
| SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh | DATE: 12/17/2023 |

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: ☒Y ☐N ☐NA ☐NE2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: ☐Y ☐N ☒NA ☐NE3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: ☒Y ☐N ☐NA ☐NE4. ALL DISCHARGES ARE PERMITTED: ☒Y ☐N ☐NA ☐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: ☒Y ☐N ☐NA ☐NE2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: ☒S ☐M ☐U ☐NA ☐NEa. DATES AND TIME(S) OF SAMPLING: ☒Y ☐N ☐NA ☐NEb. EXACT LOCATION(S) OF SAMPLING: ☒Y ☐N ☐NA ☐NEc. NAME OF INDIVIDUAL PERFORMING SAMPLING: ☒Y ☐N ☐NA ☐NEd. ANALYTICAL METHODS AND TECHNIQUES: ☒Y ☐N ☐NA ☐NEe. RESULTS OF CALIBRATIONS: ☒Y ☐N ☐NA ☐NEf. RESULTS OF ANALYSES: ☒Y ☐N ☐NA ☐NEg. DATES AND TIMES OF ANALYSES: ☒Y ☐N ☐NA ☐NEh. NAME OF PERSON(S) PERFORMING ANALYSES: ☒Y ☐N ☐NA ☐NE3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: ☒S ☐M ☐U ☐NA ☐NE4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: ☒S ☐M ☐U ☐NA ☐NE5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: ☒Y ☐N ☐NA ☐NE**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

1. TREATMENT UNITS PROPERLY OPERATED: ☒S ☐M ☐U ☐NA ☐NE2. TREATMENT UNITS PROPERLY MAINTAINED: ☒S ☐M ☐U ☐NA ☐NE3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: ☒S ☐M ☐U ☐NA ☐NE4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: ☒S ☐M ☐U ☐NA ☐NE5. ALL NEEDED TREATMENT UNITS IN SERVICE: ☒S ☐M ☐U ☐NA ☐NE6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: ☒S ☐M ☐U ☐NA ☐NE7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: ☒S ☐M ☐U ☐NA ☐NE8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: ☒Y ☐N ☐NA ☐NE9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: ☒Y ☐N ☐NA ☐NE10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: ☒Y ☐N ☐NA ☐NE11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: ☐Y ☒N ☐NA ☐NE12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: ☐Y ☐N ☒NA ☐NE13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: ☐Y ☐N ☒NA ☐NE14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: ☐Y ☒N ☐NA ☐NE15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: ☐Y ☐N ☒NA ☐NE

| SECTION D: SAMPLING | |
|---|---|
| PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| | |
| SECTION E: FLOW MEASUREMENT | |
| PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: Outfall 01C, Outfall 008, Outfall 010, Outfall 012 | |
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u> </u> TYPE OF DEVICE: <u>Rectangular weir, Staff gage, rectangular weir w/ end contractions, 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: <u>Totalizers</u> | <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>Arkansas Analytical</u> | <u>Great Lakes Environmental Center</u> |
| b. LAB ADDRESS: <u>Little Rock</u> | <u>Columbus, OH</u> |
| c. PARAMETERS PERFORMED: <u>Hg, BOD, O&G, Arsenic, Metals, DDT, Perchlorate</u> | <u>WET Testing</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 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 |
| 01C | ND | ND | ND | ND | ND | ND | -- |
| 008 | ND | ND | ND | ND | ND | ND | |
| 010 | N | N | N | N | N | Colorless | |
| 012 | N | N | N | N | N | Colorless | |
| | | | | | | | |
| 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): | | | | | | | |
| | | | | | | | |
| 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 | |
| | | | | | | | |

DMR Calculation Check

| | | | | | | | | |
|-------------------|------|-------------|-----------|-----------|----|-------------|-----------|-----------|
| Reporting Period: | From | <u>2023</u> | <u>07</u> | <u>01</u> | To | <u>2023</u> | <u>07</u> | <u>31</u> |
| | | Year | Month | Day | | Year | Month | Day |

Parameter Checked: TSS – Outfall
012

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|-------------------|---------------------------------------|---|-------------------|
| Reported Value: | 6.8/15.7 | 4.4 | 6.0 |
| Calculated Value: | 6.8/15.7 | 4.4 | 6.0 |
| Permit Value: | 1083.3/1628.8 | Report | Report |

If calculated value does not equal reported value, explain:

Equal.

DMR Calculation Check


| | | | | | | | | |
|-------------------|------|-------------|-----------|-----------|----|-------------|-----------|-----------|
| Reporting Period: | From | <u>2023</u> | <u>07</u> | <u>01</u> | To | <u>2023</u> | <u>07</u> | <u>31</u> |
| | | Year | Month | Day | | Year | Month | Day |



Parameter Checked: BOD5 – Outfall 010


| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|-------------------|---------------------------------------|---|-------------------|
| Reported Value: | <u>9.6/10.3</u> | <u>7.3</u> | <u>8.0</u> |
| Calculated Value: | <u>9.6/10.3</u> | <u>7.3</u> | <u>8.0</u> |
| Permit Value: | <u>360.3/540.4</u> | <u>30</u> | <u>45</u> |



If calculated value does not equal reported value, explain:



Equal.



| Office of Water Quality Photographic Evidence Sheet | | | | | |
|--|---|-------|-------------------|----------|--------------|
| Location: | Pine Bluff Arsenal | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: | 11:23 |
| Witness: | | | | Photo #: | 1 |
| Description: | Location of sampling for Outfall 012 prior to discharging to Arkansas River. | | | | |
|  | | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: | 11:26 |
| Witness: | | | | Photo #: | 2 |
| Description: | Composite sampler used for WET testing at Outfall 012. | | | | |
|  | | | | | |



| Office of Water Quality Photographic Evidence Sheet | | | |
|--|--|----------|-------------------|
| Location: | Pine Bluff Arsenal | | |
| Photographer: | Michael Young | Date: | 09/21/2023 |
| Time: | 11:28 | | |
| Witness: | | Photo #: | 3 |
| Description: | Equilization basin associated with Central Waste Treatment Plant. | | |
|  <p>2023 09 21 11 28</p> | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 |
| Time: | 11:28 | | |
| Witness: | | Photo #: | 4 |
| Description: | Aerated equalization basin at Central Waste Treatment Plant. | | |
|  <p>2023 09 21 11 28</p> | | | |

| Office of Water Quality Photographic Evidence Sheet | | | | |
|--|--|-------|-------------------|--------------------|
| Location: | Pine Bluff Arsenal | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: 11:28 |
| Witness: | | | Photo #: | 5 |
| Description: | Settling basin with baffle curtains at Central Waste Treatment Plant. | | | |
|  | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: 11:28 |
| Witness: | | | Photo #: | 6 |
| Description: | Settling basin for Central Waste Treatment Plant. | | | |
|  | | | | |

| Office of Water Quality Photographic Evidence Sheet | | | |
|--|---|-------|-------------------|
| Location: | Pine Bluff Arsenal | | |
| Photographer: | Michael Young | Date: | 09/21/2023 |
| Time: | 11:29 | | |
| Witness: | | | Photo #: |
| 7 | | | |
| Description: | Flow monitoring for Outfall 012. | | |
|  | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 |
| Time: | 11:31 | | |
| Witness: | | | Photo #: |
| 8 | | | |
| Description: | Sampling location for internal sampling of South Area Waste Treatment Plant. | | |
|  | | | |

| Office of Water Quality Photographic Evidence Sheet | | | | | |
|--|--|-------|-------------------|----------|--------------|
| Location: | Pine Bluff Arsenal | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: | 11:31 |
| Witness: | | | | Photo #: | 9 |
| Description: | Pond associated with South Area Waste Treatment Plant. | | | | |
|  | | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: | 11:32 |
| Witness: | | | | Photo #: | 10 |
| Description: | Pond with baffle curtains for South Area Waste Treatment Plant. | | | | |
|  | | | | | |

| Office of Water Quality Photographic Evidence Sheet | | | |
|--|--|----------|-------------------|
| Location: | Pine Bluff Arsenal | | |
| Photographer: | Michael Young | Date: | 09/21/2023 |
| Time: | 11:50 | | |
| Witness: | | Photo #: | 11 |
| Description: | Chlorine contact at Outfall 010. | | |
|  | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 |
| Time: | 11:50 | | |
| Witness: | | Photo #: | 12 |
| Description: | Sampling location and flow for Outfall 010. | | |
|  | | | |

| Office of Water Quality Photographic Evidence Sheet | | | | |
|--|---|-------|-------------------|--------------------|
| Location: | Pine Bluff Arsenal | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: 12:00 |
| Witness: | | | | Photo #: 13 |
| Description: | Monitoring location on Phillips Creek. | | | |
|  | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: 12:00 |
| Witness: | | | | Photo #: 14 |
| Description: | Monitoring location on Phillips Creek. | | | |
|  | | | | |



| Office of Water Quality Photographic Evidence Sheet | | | | | |
|--|---|-------|-------------------|----------|--------------|
| Location: | Pine Bluff Arsenal | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: | 12:14 |
| Witness: | | | | Photo #: | 15 |
| Description: | Outfall 01C not discharging at the time of inspection. | | | | |
|  | | | | | |
| Photographer: | Michael Young | Date: | 09/21/2023 | Time: | 12:34 |
| Witness: | | | | Photo #: | 16 |
| Description: | Pond associated with Outfall 008. | | | | |
|  | | | | | |

Figure 1. Overview of the location of outfalls at PBA.

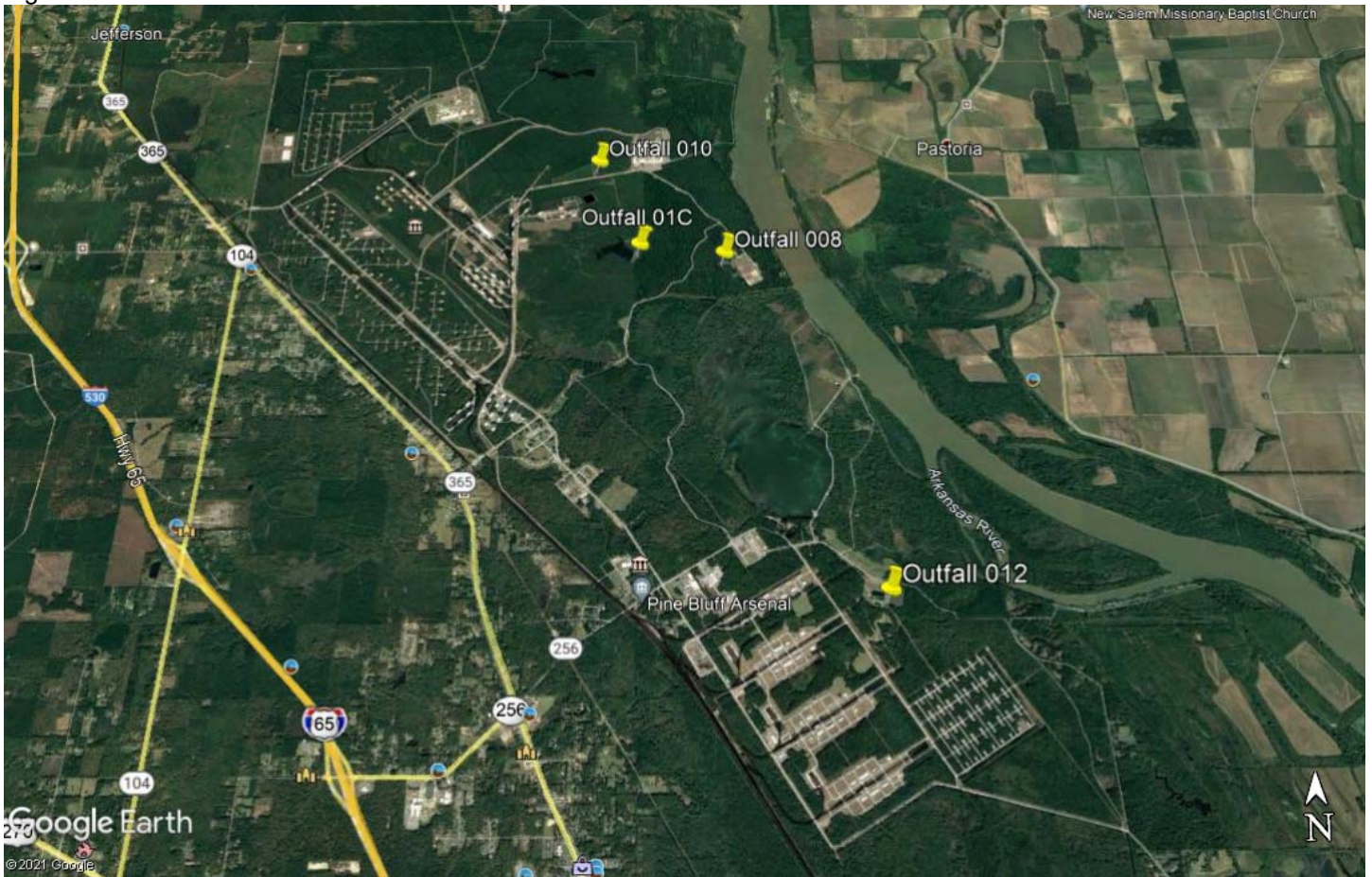


Figure 2. Location of Outfall 01C and the large impoundment associated with the outfall.



Figure 3. Location of Outfall 008 and the lined pond associated as treatment.



Figure 3. Treatment for Outfall 010.



Figure 4. Outfall 012 and associated treatment components.

