



ARKANSAS
Department of Environmental Quality

July 9, 2015

Steve Dufresne,
Van Buren Municipal Utilities
PO Drawer 1269
Van Buren, AR 72956

RE: City of Van Buren WWTP - Main Inspection (Crawford Co)
AFIN: 17-00062 NPDES Permit No.: AR0021482
ARR000413

Dear Mr. Dufresne:

On June 25, 2015 I performed a Compliance Evaluation Inspection, a Collection System Inspection, and an Industrial Stormwater 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. Copies of the inspection reports are enclosed for your records.


Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **July 23, 2015**.

If I can be of any assistance, please contact me at grayd@adeq.state.ar.us or (479) 424-0333.

Sincerely,

Dannielle Gray
District 4 Field Inspector
Water Division

cc: James Dunn, Chief Plant Operator, City of Van Buren, jodmsd@yahoo.com

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 17-00062		PERMIT #: AR0021482		DATE: 6/25/2015	
		COUNTY: 17 Crawford			PDS #: 085107		MEDIA: WN
		GPS LAT: 35.418936 LONG: -94.338544 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: City of Van Buren WWTP - Main LOCATION: 1401 Port Road CITY: Van Buren, AR			FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 71330 S - State		
RESPONSIBLE OFFICIAL NAME / TITLE: Steve Dufresne / COMPANY: Van Buren Municipal Utilities MAILING ADDRESS: PO Drawer 1269 CITY, STATE, ZIP: Van Buren AR 72956 PHONE & EXT. / FAX: 479-474-5067 / EMAIL: steve@vbm.arcoxmail.com CONTACTED DURING INSPECTION: Yes			FACILITY EVALUATION RATING: 3 - Satisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 6/25/2015	ENTRY TIME: 09:30	EXIT TIME: 13:30	PERMIT EFFECTIVE DATE: 1/1/2015 PERMIT EXPIRATION DATE: 12/31/2019	
			FAYETTEVILLE SHALE RELATED: N				
			FAYETTEVILLE SHALE VIOLATIONS: N				
			INSPECTION PARTICIPANTS				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: James Dunn, Chief Plant Operator, 479-474-5067 Kerri McCabe, Inspector Supervisor, ADEQ Cody Wallace, Water Inspector, District 10				
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER		
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW		
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM		
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT		
**	OTHER:						
SUMMARY OF FINDINGS							
The following violation was noted during inspection: <ol style="list-style-type: none"> 1. All systems of treatment and control used by the permittee to achieve compliance are not being properly operated and maintained, violating Part III, Section B.1 of the permit. Specifically, the following items need to be addressed: <ol style="list-style-type: none"> a. The refrigerator located at the "dog house" is not operational. See additional information in "General Comments" below. b. Trash associated with wastewater (i.e., tampon applicators and miscellaneous trash) are making their way past the bar screen and collecting along the edges of the pond. 							

GENERAL COMMENTS

I inspected this facility with the above-referenced participants on June 25, 2015. Inspection included a facility assessment, records audit, industrial stormwater No-Exposure verification, and a collection system assessment.

Inspection began with a facility assessment. Treatment includes an influent bar screen with an auto clean feature, an activated sludge pond, an equalization pond, final clarifiers, and UV disinfection. Bar Screen appeared to be functioning properly. I observed sewage-related waste (i.e., plastic tampon applicators, miscellaneous trash, etc.) in the pond. The Operator informed that some of the material occasionally gets past the screens. I also noted some of this waste in the clarifiers. I did not observe the waste in the effluent.

The plant has a single pond that serves as their activated sludge track, equalization pond, and waste sludge pond. The three sections are divided by curtains. Activated sludge occurs on the north/northwest portion of the pond, equalization occurs on the centermost portion of the pond, and waste sludge storage occurs on the south/southeast portion of the pond (see Figure 2). According to the Operator, when the activated sludge system needs “bugs,” they pull water from the equalization pond to add them. The Operator informed that they rarely have to waste sludge; but when they do, it is sent to the far end of the pond to the waste sludge storage area. He further informed that they have not had to dredge or remove waste sludge from that end of the pond for disposal. No solids processing or removal is occurring in the system; solids are collecting in the waste sludge pond but are not being processed and removed.

Pin floc was noted during inspection, but records review did not indicate elevated TSS levels in the effluent. Pin floc is associated with young sludge. The Operator is encouraged to identify and address the source of the pin floc so that it does not cause effluent limit exceedances in the future.

Composite samples are collected in a building referred to as the “dog house.” The sampler is designed to collect samples at appropriate time intervals and keep them cool in a refrigerated container during collection. The refrigerating unit isn’t operational; therefore, staff is keeping a bucket of ice under the sample container throughout the 24-hour collection time. No records were available to verify that the composite sample is being maintained at the required temperature throughout the collection time. The refrigerator should be repaired or replaced to improve quality control and comply with preservation regulations.

Records audited included January 2014 through May 2015. One pH exceedance was noted in March 2014 (reported 5.75 su). A discrepancy was noted on the lab analyses sheets for samples collected May 26, 27, and 28, 2015. On the Chain of Custody (COC) form, it states that Bryan Clifton collected the sample. However, on the lab analysis report, it states that Danny Gattis collected the sample. The permittee is reminded to closely review data provided on lab analyses reports to ensure that it is accurate and reflects the true conditions of the sampling event.

Some data reported on DMRs are being rounded incorrectly. Specifically, results are being rounded to whole numbers for reporting. Loading values shall be reported to the level contained in the permit. For example, TSS and BOD have loading limits of 1000.8 lbs/d. Therefore, load must be reported to the tenth of a pound. No violations were noted during records audit.

See attached Collection System inspection report for details regarding collection system assessment.

See attached Industrial Stormwater inspection report for details regarding the facility’s No-Exposure verification.

INSPECTOR'S SIGNATURE: <i>Danielle Gray</i>	Danielle Gray	DATE: 7/8/2015
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 7/8/2015

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
COMMENTS: Cooler is non-op at sample collector. Staff is putting ice and a bucket under sample to keep cool while it's collected.	
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: Krohne IFC 101 D magnetic flowmeter	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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
COMMENTS: Facility has magnetic flowmeter that does not require calibration as per manufacturer's specifications.	
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: Data Testing	
b. LAB ADDRESS: 3434 Country Club Drive, Fort Smith	
c. PARAMETERS PERFORMED: TSS, TDS, BOD, Chlorides, Nitrites+Nitrogen, FCB, and Phosphorous	
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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
COMMENTS: WET testing is conducted by American Interplex, 8600 Kanis Road, Little Rock, AR.	

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	NO	NO	NO	NO	NO	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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
COMMENTS: Operator states sludge is not an issue; no sludge removal has occurred since 2008. Sludge is wasted to the waste pond at the back of the EQ pond.							
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 2015 02 01 To 2015 02 28
 Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>126</u>	<u>6</u>	<u>8</u>
Calculated Value:	<u>125.9062</u>	<u>6.25</u>	<u>8.33</u>
Permit Value:	<u>1000.8</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Rounding differences. Note: loading values shall be reported to the level contained in the permit. BOD has a loading limit of 1000.8 lbs/d. Therefore, load must be reported to the tenth of a pound.

DMR Calculation Check

Reporting Period: From 2015 05 01 To 2015 05 31
 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>132</u>	<u>3</u>	<u>7</u>
Calculated Value:	<u>132.1296</u>	<u>3.41</u>	<u>6.667</u>
Permit Value:	<u>1000.8</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Rounding differences. Note: loading values shall be reported to the level contained in the permit. TSS has a loading limit of 1000.8 lbs/d. Therefore, load must be reported to the tenth of a pound.

Water Division Photographic Evidence Sheet

Location:	City of Van Buren WWTP - Main			
Photographer:	Dannielle Gray	Date:	6/25/2015	
Witness:	James Dunn, Kerri McCabe, & Cody Wallace		Time:	0946
Description:	Screen at influent – auto cleaned as needed.		Photo #:	1



Photographer:	Dannielle Gray	Date:	6/25/2015	
Witness:	James Dunn, Kerri McCabe, & Cody Wallace		Time:	0948
Description:	Alternate manual clean screen at influent.		Photo #:	2



Water Division Photographic Evidence Sheet

Location:	City of Van Buren WWTP - Main			
Photographer:	Dannielle Gray	Date:	6/25/2015	
Witness:	James Dunn, Kerri McCabe, & Cody Wallace		Time:	0950
			Photo #:	3
Description:	Influent - post-bar screenings in route to activated sludge treatment.			



Photographer:	Dannielle Gray	Date:	6/25/2015	Time:	0951
Witness:	James Dunn, Kerri McCabe, & Cody Wallace			Photo #:	4
Description:	General overview of plant grounds showing clarifiers.				



Water Division Photographic Evidence Sheet

Location:	City of Van Buren WWTP - Main		
Photographer:	Dannielle Gray	Date:	6/25/2015
Witness:	James Dunn, Kerri McCabe, & Cody Wallace	Time:	0954
		Photo #:	5
Description:	Treatment pond – taken from activated sludge section on north/northwest-side of pond.		



Photographer:	Dannielle Gray	Date:	6/25/2015
Witness:	James Dunn, Kerri McCabe, & Cody Wallace	Time:	0955
		Photo #:	6
Description:	Activated sludge section of pond.		



Water Division Photographic Evidence Sheet

Location:	City of Van Buren WWTP - Main			
Photographer:	Dannielle Gray	Date:	6/25/2015	
Witness:	James Dunn, Kerri McCabe, & Cody Wallace	Time:	1001	
Description:	Example of pond levee condition.		Photo #:	7



Photographer:	Dannielle Gray	Date:	6/25/2015	
Witness:	James Dunn, Kerri McCabe, & Cody Wallace	Time:	1006	
Description:	Curtain between equalization portion of pond and waste sludge portion of pond – note solids along bank (i.e., plastic tampon applicators, trash, etc.).		Photo #:	8



Water Division Photographic Evidence Sheet

Location:	City of Van Buren WWTP - Main		
Photographer:	Dannielle Gray	Date:	6/25/2015
Witness:	James Dunn, Kerri McCabe, & Cody Wallace	Time:	1014
Description:	Clarifier.	Photo #:	9



Photographer:	Dannielle Gray	Date:	6/25/2015
Witness:	James Dunn, Kerri McCabe, & Cody Wallace	Time:	1021
Description:	UV disinfection track.	Photo #:	10



Water Division Photographic Evidence Sheet

Location:	City of Van Buren WWTP - Main				
Photographer:	Dannielle Gray	Date:	6/25/2015	Time:	1023
Witness:	James Dunn, Kerri McCabe, & Cody Wallace			Photo #:	11
Description:	Effluent box.				



Figure 1: Google Earth image dated October 5, 2013 showing overview of treatment plant.



Figure 2: Google Earth image dated Oct 5, 2013 showing close-up of treatment pond.



Commission:
C.E. Dougan
John Barnwell
J.W. Floyd
Jim Williamson
Todd Young

VB MUNICIPAL UTILITIES

Attorney
Paul Gant
Engineer
Larry Weir
Secretary
Kathy Geppert

“Providing Water, Sewer, and Sanitation Services”
2806 Bryan Road / P.O. Drawer 1269
Van Buren, Arkansas 72957
479-474-5067 / Fax 479-471-8969
Van Buren Municipal Utilities

July 17, 2015

Arkansas Department of Environmental Quality
Water Division Inspection Branch, Dannielle Gray
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

Re: City of Van Buren Municipal Utilities Main Plant
AFIN: 17-00062 NPDES PERMIT NO.: AR0021482
Compliance Evaluation Inspection June 25, 2015

Dear Ms. Gray:

In response to your letter dated July 9, 2015 (copy attached):

“Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted”

The following violation was noted during the inspection:

1. All systems of the treatment and control used by the permittee to achieve compliance are not being properly operated and maintained, violating Part III, Section B.1 of the permit. Specifically, the following items need to be addressed:

a. The refrigerator at the “dog house” is not operational.

VBMU RESPONSE: A new sample refrigerator has been ordered and will be installed upon delivery, furthermore; department personnel will keep daily record the refrigerator temperature daily.


b. Trash associated with wastewater (i.e., tampon applicators and miscellaneous trash) are making their way past the bar screen and collecting along the edges of the pond.

July 17, 2015

VBMU RESPONSE: We are not certain that all of the materials are in the pond as a result of them making their way past the bar screen, we believe that some of the materials are remnants from before the bar screen was installed and get washed up during high flow events. Plant personnel have been instructed to clean up the materials on a timely schedule.

If you have any questions, need further information, or if you would like for photo documentation to be provided after the above items are completed, please let me know.

Sincerely,


Steve Dufresne
Director of Utilities

Cc: File
Darel Manus, VBMU Operations Superintendent
James Dunn, VBMU Chief Plant Operator

ADEQ

ARKANSAS
Department of Environmental Quality

July 9, 2015

Steve Dufresne,
Van Buren Municipal Utilities
PO Drawer 1269
Van Buren, AR 72956

RE: **City of Van Buren WWTP - Main Inspection (Crawford Co)**
AFIN: 17-00062 **NPDES Permit No.: AR0021482**
ARR000413

Dear Mr. Dufresne:

On June 25, 2015 I performed a Compliance Evaluation Inspection, a Collection System Inspection, and an Industrial Stormwater 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. Copies of the inspection reports are enclosed for your records.

Please refer to the "Summary of Findings" section of each of the attached inspection reports and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **July 23, 2015**.

If I can be of any assistance, please contact me at grayd@adeq.state.ar.us or (479) 424-0333.

Sincerely,

Dannielle Gray
District 4 Field Inspector
Water Division

cc: James Dunn, Chief Plant Operator, City of Van Buren, jodmsd@yahoo.com

VAN BUREN MUNICIPAL UTILITIES

Providing Water, Sewer and Solid Waste Services

2806 Bryan Road

P.O. DRAWER 1269

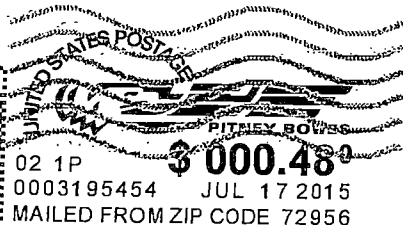
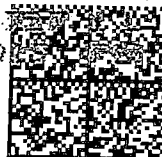
VAN BUREN, ARKANSAS 72957



Recycle

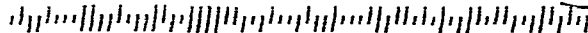
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17 JUL 2015



ADEQ
WATER DIVISION
INSPECTION BRANCH
5301 NORTH SHORE DR.
NORTH LITTLE ROCK, AR 72118-
5317

72118+5317



ADEQ

ARKANSAS
Department of Environmental Quality

July 23, 2015

Steve Dufresne
Van Buren Municipal Utilities
PO Drawer 1269
Van Buren, AR 72956

RE: Response to Inspection (Crawford Co)
AFIN: 17-00062 **NPDES Permit No.: AR0021482**

Dear Mr. Dufresne:

I have reviewed the response pertaining to my June 25, 2015 inspection of the Van Buren Main wastewater treatment facility. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (479) 424-0333 or you may e-mail me at grayd@adeq.state.ar.us.

Sincerely,



Dannielle Gray
District 4 Field Inspector
Water Division