

# ADEQ

ARKANSAS  
Department of Environmental Quality

May 4, 2017

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

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

Dear Mr. Dufresne:

On April 4, 2017 I performed a Compliance Evaluation Inspection and a SSO/Collection System 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 each of the inspection reports is 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](mailto: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 **May 18, 2017**.

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

Sincerely,



Dannielle Gray  
District 4 Field Inspector  
Water Division

cc: James Dunn, Chief Plant Operator, 2806 Bryan Road, Van Buren, AR 72956



## WATER DIVISION INSPECTION REPORT

AFIN: 17-00062	PERMIT #: AR0021482	DATE: 4/4/2017
COUNTY: 17 Crawford	PDS #: 096872	MEDIA: WN
GPS LAT: 35.418936 LONG: -94.338544 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>Van Buren, City of WWTP - Main</b> LOCATION: <b>1401 Port Road</b> CITY: <b>Van Buren</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>71330 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>4/4/2017</b> ENTRY TIME: <b>09:30</b> EXIT TIME: <b>13:30</b> PERMIT EFFECTIVE DATE: <b>1/1/2015</b> PERMIT EXPIRATION DATE: <b>12/31/2019</b>
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>
NAME / TITLE: <b>Steve Dufresne /</b> COMPANY: <b>Van Buren Municipal Utilities</b> MAILING ADDRESS: <b>PO Drawer 1269</b> CITY, STATE, ZIP: <b>Van Buren AR 72956</b> PHONE & EXT. / FAX: <b>479-474-5067 /</b> EMAIL: <b>steve@vbm.arcoxml.com</b> CONTACTED DURING INSPECTION: <b>Yes</b>	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>James Dunn/Chief Plant Operator/479-474-5067/james@vbm.arcoxml.com</b> <b>Greg Kremers, ADEQ Field Inspector, District 4</b> <b>Kim Redo/Environmental Coordinator/479-474-0941/kim@vbm.arcoxml.com</b> <b>Brandon Myers/Plant Operator</b>

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>**</b>	PRETREATMENT
<b>**</b>	OTHER:				

**SUMMARY OF FINDINGS**

The following violation was noted during inspection:

- Analytical results reported by the lab were incorrectly reported on the February 2017 DMR. Specifically, the lab reported TSS at 6 mg/l and BOD5 at 8 mg/l for a sample collected on February 1-2, 2017. When these numbers were used for reporting calculations, they were transposed effectively reporting TSS as 8 mg/l and BOD5 as 6 mg/l for the sample. This is a violation of Part III, Section C.5 of the permit.

**GENERAL COMMENTS**

I inspected this facility with the above-referenced participants on April 4, 2017. Inspection included a facility assessment, records audit, and a collection system assessment. Ms. Redo attended the records audit portion only. Mr. Dunn, Mr. Myers, and Inspector Kremers attended the entirety of the treatment plant inspection.

Facility assessment yielded nothing of concern. The facility replaced the curtains separating the treatment ponds in November 2016. During inspection, a bow was observed in the curtain between the activated sludge lagoon and the equalization basin. Mr. Myers informed that a dive team was scheduled to check and make sure that the bow was within engineering specifications and would not adversely impact treatment.

Duckweed was also observed in clarifiers and just prior to UV disinfection. The facility manages the vegetation manually, and I did not observe duckweed in the effluent during inspection.

The facility's records were well-organized and easily accessible. An error was noted during records audit as noted in the above "Summary of Findings." A corrected DMR must be submitted for February 2017. Numbers reported were transposed and did not result in permit parameter exceedances.

INSPECTOR'S SIGNATURE: <i>Danielle Gray</i>	<b>Danielle Gray</b>	DATE: <b>4/17/2017</b>
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	<b>Kerri McCabe</b>	DATE: <b>5/4/2017</b>

<b>SECTION A: PERMIT VERIFICATION</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input 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

<b>SECTION D: SAMPLING</b>	
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
<b>SECTION E: FLOW MEASUREMENT</b>	
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: __ 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: <b>Facility has magnetic meter that does not require calibration as per manufacturer's specifications.</b>	<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
<b>SECTION F: LABORATORY</b>	
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: <b>Data Testing</b>	
b. LAB ADDRESS: <b>3434 Country Club Drive, Fort Smith</b>	
c. PARAMETERS PERFORMED: <b>CBOD5, BOD5, TSS, NH3-N,FCBm TP, NO3 + NO2-N; DO and pH analyzed for in-house</b>	
8. BIOMONITORING PROCEDURES ADEQUATE: <b>WET testing is conducted by American Interplex, 8600 Kanis Road, Little Rock, AR; reduction approved by ADEQ April 11, 2016</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	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: <u>No sludge removal has occurred since 2008. Sludge is wasted to the waste pond at the back of the EQ pond.</u>							
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):							
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 2016 06 01 To 2016 06 30  
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly	
		Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>40.06</u>	<u>1.9</u>	<u>4.31</u>
Calculated Value:	<u>40.1</u>	<u>2</u>	<u>4.3</u>
Permit Value:	<u>166.8</u>	<u>5</u>	<u>7.5</u>

If calculated value does not equal reported value, explain:

Rounding differences; results should be reported in the same significant figures as discharge limitations outlined in Part IA of the permit.

**DMR Calculation Check**

Reporting Period: From 2017 02 01 To 2017 02 28  
 Year Month Day Year Month Day

Parameter Checked: BOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>137</u>	<u>7</u>	<u>8</u>
Calculated Value:	<u>140.1</u>	<u>7</u>	<u>9</u>
Permit Value:	<u>1000.8</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Analytical results reported from laboratory were transposed on the facility's calculation spreadsheet resulting in incorrect calculations.



**Water Division Photographic Evidence Sheet**

Location:	<b>Van Buren, City of WWTP - Main</b>			
Photographer:	<b>Dannielle Gray</b>	Date:	<b>4/4/2017</b>	
Witness:	<b>Greg Kremers, James Dunn, &amp; Brandon Myers</b>		Time:	<b>0957</b>
Description:	<b>Treatment plant overview.</b>		Photo #:	<b>1</b>



Photographer:	<b>Dannielle Gray</b>	Date:	<b>4/4/2017</b>	
Witness:	<b>Greg Kremers, James Dunn, &amp; Brandon Myers</b>		Time:	<b>0959</b>
Description:	<b>From northwest levee, treatment lagoon overview.</b>		Photo #:	<b>2</b>





**Water Division Photographic Evidence Sheet**

Location:	<b>Van Buren, City of WWTP - Main</b>			
Photographer:	<b>Dannielle Gray</b>	Date:	<b>4/4/2017</b>	
Witness:	<b>Greg Kremers, James Dunn, &amp; Brandon Myers</b>		Time:	<b>1003</b>
Description:	<b>Wastewater entering activated sludge basin.</b>		Photo #:	<b>3</b>



Photographer:	<b>Dannielle Gray</b>	Date:	<b>4/4/2017</b>	
Witness:	<b>Greg Kremers, James Dunn, &amp; Brandon Myers</b>		Time:	<b>1005</b>
Description:	<b>Curtain between activated sludge and equalization basins bowing during inspection.</b>		Photo #:	<b>4</b>





**Water Division Photographic Evidence Sheet**

Location:	<b>Van Buren, City of WWTP - Main</b>		
Photographer:	<b>Dannielle Gray</b>	Date:	<b>4/4/2017</b>
Witness:	<b>Greg Kremers, James Dunn, &amp; Brandon Myers</b>	Time:	<b>1030</b>
		Photo #:	<b>5</b>
Description:	<b>Duckweed observed on surface of wastewater prior to entering UV disinfection chamber. Note screen in photo center restricts duckweed from entering UV chamber. Operator manually removes duckweed with net.</b>		



Photographer:	<b>Dannielle Gray</b>	Date:	<b>4/4/2017</b>
Witness:	<b>Greg Kremers, James Dunn, &amp; Brandon Myers</b>	Time:	<b>1032</b>
		Photo #:	<b>6</b>
Description:	<b>Effluent box and effluent flow leaving treatment plant to outfall below river surface.</b>		

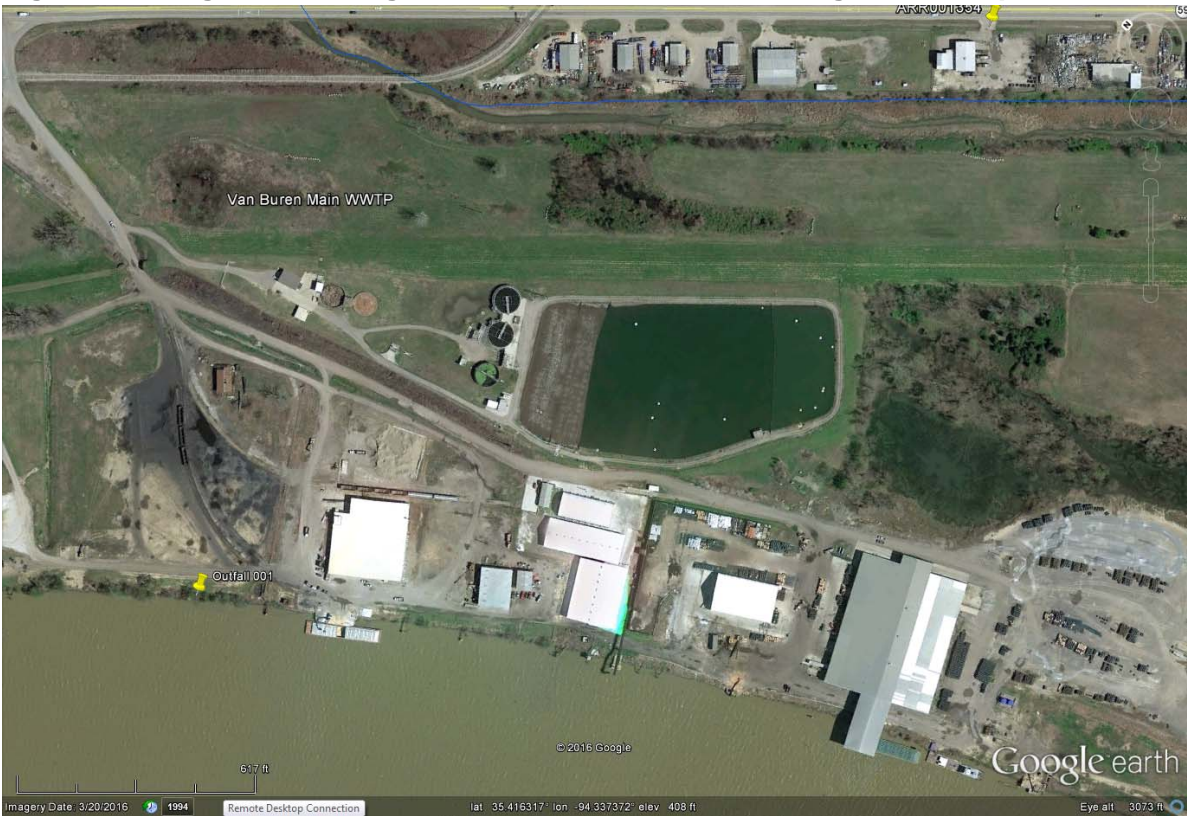




Figure 1. Google Earth image dated March 20, 2016 showing overview of treatment plant and major components.



Figure 2. Google Earth image dated March 20, 2016 showing treatment plant and outfall location.



## McCabe, Kerri

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**From:** Steve Dufresne <steve@vbmu.arcoxml.com>  
**Sent:** Thursday, May 04, 2017 2:36 PM  
**To:** McCabe, Kerri  
**Subject:** RE: Van Buren, City of WWTP - Main Inspections (Crawford Co)  
**Attachments:** AR0021482 corrected DMR FEB 2017.pdf

This email serves as the written response for the "Summary of Findings" section of violations noted in the April 4, 2017 Inspection of the City of Van Buren Municipal Utilities Main WWTP AR0021482. A corrected DMR was submitted on NetDMR on April 27, 2017. Please find the attached the attached copy.

Please let me know if you need further information.

**Steve Dufresne**  
**Director of Utilities**  
**Van Buren Municipal Utilities**  
[vbmu.org](http://vbmu.org)



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**From:** McCabe, Kerri [<mailto:MCCABE@adeq.state.ar.us>]  
**Sent:** Thursday, May 04, 2017 12:33 PM  
**To:** [steve@vbmu.arcoxml.com](mailto:steve@vbmu.arcoxml.com); [james@vbmu.arcoxml.com](mailto:james@vbmu.arcoxml.com); [kim@vbmu.arcoxml.com](mailto:kim@vbmu.arcoxml.com)  
**Cc:** Gray, Dannielle <[grayd@adeq.state.ar.us](mailto:grayd@adeq.state.ar.us)>; Kremers, Greg <[kremers@adeq.state.ar.us](mailto:kremers@adeq.state.ar.us)>  
**Subject:** Van Buren, City of WWTP - Main Inspections (Crawford Co)

Please find attached the inspection reports submitted by Inspector Gray. Thank you.

**Kerri McCabe**  
Inspector Supervisor  
ADEQ – Water Division  
Field Services – Inspection Branch

Office – (501) 682-0642  
Work Cell – (501) 352-5641  
Fax – (501) 682-0880  
5301 Northshore Drive  
North Little Rock, AR 72118-5317



**Permit**

**Permit ID:** AR0021482 **Major:**   
**Permittee:** VAN BUREN, CITY OF-MAIN PLANT **Permittee Address:** P.O. BOX 1269  
VAN BUREN , AR72957  
**Facility:** VAN BUREN, CITY OF-MAIN PLANT **Facility Location:** 1401 PORT RD  
VAN BUREN , AR72956  
**Permitted Feature:** 001 - External Outfall **Discharge:** 001-B - 001-MONTHLY-TRTD MUNICIPAL WW  
**Report Dates & Status** **DMR Due Date:** 03/25/17  
**Monitoring Period:** From 02/01/17 to 02/28/17

**Status:** NetDMR Validated

**Considerations for Form Completion**

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 17-00062

**Principal Executive Officer**

**First Name:** Steve **Last Name:** Dufresne  
**Title:** Director of Utilities **Telephone:** 479-474-5067

**No Data Indicator (NODI)**

**Form NODI:** -

Parameter Code	NODI	Quantity or Loading	Quality or Concentration	Units	# of Ex.	Freq. of Analysis	Smpl. Type
		Value 1	Value 2	Value 3	Value 1	Value 2	Value 3



Parameter Code	Parameter Name	NODI	Quantity or Loading			Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2	Value 3			
00300	Oxygen, dissolved [DO]	Smpl.				=7.33			19 - mg/L	18/30 - 18 Per Month	GR - GRAB
1 - Effluent Gross											
Season: 0		Req.				>=2 INST MIN			19 - mg/L	03/07 - Three Per Week	GR - GRAB
NODI: -		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.	=140		26 - lb/d	=7	=9		19 - mg/L	03/07 - Three Per Week	CP - COMPOS
1 - Effluent Gross											
Season: 0		Req.	<=1000.8 MO AVG		26 - lb/d	<=30 MO AVG	<=45.7 DA AVG		19 - mg/L	03/07 - Three Per Week	CP - COMPOS
NODI: -		NODI									
00400	pH	Smpl.				=6.43			12 - SU	18/30 - 18 Per Month	GR - GRAB
1 - Effluent Gross											
Season: 0		Req.				>=6 MINIMUM	<=9 MAXIMUM		12 - SU	03/07 - Three Per Week	GR - GRAB
NODI: -		NODI									
00530	Solids, total suspended	Smpl.	=158		26 - lb/d	=8	=10		19 - mg/L	03/07 - Three Per Week	CP - COMPOS
1 - Effluent Gross											
Season: 0		Req.	<=1000.8 MO AVG		26 - lb/d	<=30 MO AVG	<=45.7 DA AVG		19 - mg/L	03/07 - Three Per Week	CP - COMPOS
NODI: -		NODI									
00630	Nitrite + Nitrate total [as N]	Smpl.	=137		26 - lb/d	=8	=8		19 - mg/L	01/30 - Monthly	GR - GRAB
1 - Effluent Gross											
Season: 0		Req.			26 - lb/d						

Parameter Code	NODI Name	Quantity or Loading		Quality or Concentration			# of Analysis	Smpl. Type		
		Value 1	Value 2	Units	Value 1	Value 2			Value 3	Units
NODI: -	NODI									
00665	Phosphorus, total [as P]	Req Mon MO AVG	=112	26 - lb/d	Req Mon MO AVG	=6.5	Req Mon 7 DA AVG	19 - mg/L	01/30 - Monthly	GR - GRAB
1 - Effluent Gross										
Season: 0	Req. AVG	Req Mon MO AVG		26 - lb/d	Req Mon MO AVG		Req Mon 7 DA AVG	19 - mg/L	01/30 - Monthly	GR - GRAB
NODI: -	NODI									
50050	Flow, in conduit or thru treatment plant	Smpl.	=2.316	03 - MGD					01/01 - Daily	TM - TOTALZ
1 - Effluent Gross										
Season: 0	Req. AVG	Req Mon MO AVG		03 - MGD	Req Mon DAILY MX		Req Mon 7 DA AVG		01/01 - Daily	TM - TOTALZ
NODI: -	NODI									
74055	Coliform, fecal general	Smpl.	=4.604						03/07 - Three Per Week	GR - GRAB
1 - Effluent Gross										
Season: 1	Req.	Req Mon MO AVG							03/07 - Three Per Week	GR - GRAB
NODI: -	NODI									
74062	Overflows	Smpl.	=4	93 - occur/mo						
S - See Comments										
Season: 0	Req. TOTAL	Req Mon MO TOTAL		93 - occur/mo						
NODI: -	NODI									
74063	Overflow volume [SS0 volume,	Smpl.	=395	57 - gal						



Parameter Code	Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2			
	CSO volume]									
S - See Comments										
Season:	0	Req.	Req Mon MO TOTAL		57 - gal				999 - See Comments	999 - See Comments
NODI:	-	NODI								

**Submission Note**

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

No errors.

**Comments**

BOD5, TSS, Fecal, NH3-N, NO2&NO3, P, TDS testing performed by Data Testing, 3434 Country Club Road, Fort Smith, AR 72903 (479) 649-8378

**Attachments**

Name	Type	Size
mp217.pdf	pdf	125087

**Report Last Saved By**

**VAN BUREN, CITY OF-MAIN PLANT**

User: James@vbm.arcoxml.com  
 Name: James Dunn  
 E-Mail: James@vbm.arcoxml.com  
 Date/Time: 2017-04-27 07:24 (Time Zone:-05:00)

# ADEQ

ARKANSAS  
Department of Environmental Quality

June 13, 2017

Steve Dufresne  
Van Buren Municipal Utilities  
P.O. Drawer 1269  
Van Buren, AR 72956

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

Dear Mr. Dufresne:

I have reviewed the response pertaining to my April 4, 2017 inspection of the Van Buren - Main WWTP. 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 ext. 3 or you may e-mail me at [grayd@adeq.state.ar.us](mailto:grayd@adeq.state.ar.us).

Sincerely,



Dannielle Gray  
District 4 Field Inspector  
Office of Water Quality

cc: James Dunn, Chief Plant Operator, [james@vbm.arcoxml.com](mailto:james@vbm.arcoxml.com)