

# ADEQ

ARKANSAS  
Department of Environmental Quality

December 6, 2019

David Richardson, Manager  
Camden Water Utilities  
P.O. Drawer J  
Camden, AR 71711

**RE: Camden Water Utilities Inspections (Ouachita Co)**  
**AFIN: 52-00073**                      **NPDES Permit No.: AR0022365**  
**ARR000962**

Dear Mr. Richardson:

On October 30, 2019, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial Stormwater (No-Exposure) 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 Office of Water Quality (OWQ) Compliance 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 **December 20, 2019**.

If I can be of any assistance, please contact me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us) or (501) 837-2073.

Sincerely,



Michael Young  
District 8 Field Inspector  
Office of Water Quality

 <p><b>A R K A N S A S</b> Department of Environmental Quality</p>	<b>WATER DIVISION INSPECTION REPORT</b>				
	AFIN: <b>52-00073</b>	PERMIT #: <b>AR0022365</b>	DATE: <b>10/30/2019</b>		
	COUNTY: <b>52 Ouachita</b>	PDS #: <b>110284</b>	MEDIA: <b>WN</b>		
	GPS LAT: <b>33.563409</b> LONG: <b>-92.816980</b> LOCATION: <b>Entrance</b>				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Camden Water Utilities</b> LOCATION: <b>101 Ouachita 197</b> CITY: <b>Camden, AR 71701</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>101531 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>10/30/2019</b> ENTRY TIME: <b>09:40</b> EXIT TIME: <b>12:52</b> PERMIT EFFECTIVE DATE: <b>9/1/2018</b> PERMIT EXPIRATION DATE: <b>8/31/2023</b>			
NAME / TITLE: <b>David Richardson / Manager</b> COMPANY: <b>Camden Water Utilities</b> MAILING ADDRESS: <b>P.O. Drawer J</b> CITY, STATE, ZIP: <b>Camden AR 71711</b> PHONE & EXT: / FAX: <b>870-836-4329</b> / EMAIL: <b>davidrcamdenh2o@cablelynx.com</b>		<b>INSPECTION PARTICIPANTS</b>			
CONTACTED DURING INSPECTION: <b>No</b>		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Keith Ballard/Plant Superintendent/870-836-4329</b> <b>Annette Strickland/Lab Analyst/870-836-4329</b>			
<b>AREA EVALUATIONS</b> (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>M</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>S</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<p>1.) Desiccant in the desiccator for Total Suspended Solid (TSS) filters is white and needs to be replaced with fresh desiccant (see Photo 32). This is a violation of permit condition Part III. (C.) (3.).</p> <p>2.) DO calibration is being achieved in an un-saturated environment. According to manufacturer's instructions, a water saturated sponge is to be placed in the calibration sleeve for this device to be calibrated to 100% water saturated air. This is a violation of permit condition Part III. (C.) (3.).</p>					

**GENERAL COMMENTS**



On October 30, 2019, I performed an inspection at the Camden Water Utilities Wastewater Treatment Facility (WWTF). Camden Water Utilities WWTF has a treatment system consisting of an activated sludge treatment plant with an automatic rotating bar screen (see Photo 1) and a manual bar screen (see Photo 3), grit screening and collection (see Photos 4-5), an oxidation ditch with aeration (see Photos 7-9), clarifiers (see Photos 12, 15-16), aerobic sludge digestion (see Photos 17-18), chlorine disinfection (see Photo 21-24) and post-aeration (see Photo 25). Flow is measured prior to the chlorine contact chamber in accordance with the footnote of Part IA (see Photos 28-29). Samples are collected after final treatment and prior to post-aeration by the staff of Camden Water Utilities by either refrigerated composite sampler (see Photos 26-27) or by grab sampling. Most parameters are analyzed by an in-house lab, except Total Phosphorus (TP), Nitrate+Nitrite Nitrogen (NO<sub>3</sub>+NO<sub>2</sub>-N), Mercury, and WET Testing. This inspection consisted of a facility inspection followed by a lab inspection and records review.

**Facility Inspection:**

Influent wastewater enters the Camden Water Utility WWTF and immediately passes through a rotating mechanical bar screen (see Photos 1-2). During cleaning and maintenance, flows are diverted to a manual bar screen (see Photo 3). After screening, wastewater passes through a centrifugal grit screener (see Photos 4-5) and is monitored for influent flow through a Parshall flume (see Photo 6). Wastewater then enters an aerated oxidation ditch with propeller type aerators that were all in operation (see Photos 7-9). During the inspection, Plant Superintendent Keith Ballard stated he had just recently called in an unanticipated bypass notification into ADEQ Office of Water Quality (OWQ) Enforcement Branch. Mr. Ballard stated that a clarifier was taken down, emptied, and cleaned. When the staff was filling the clarifier back up, the concrete at the bottom of the clarifier lifted up and broke several risers and piping. First, I observed some minor erosion on the outside of the clarifier (see Photos 10-11). Then, I observed several cracks on the concrete at the bottom of the clarifier (see Photo 12). Mr. Ballard stated that Andy Franks with Franks Engineering suspected that groundwater may be causing an issue and had crews dig on the downward-side to the bottom of the clarifier to release the groundwater (see Photos 13-14). During the outage, the facility will operate one single clarifier that was in adequate working condition at the time of inspection (see Photos 15-16). Sludge is piped to an aerobic sludge digester that was in good working condition (see Photos 17-18). Pumps were in working condition and some maintenance was being performed (see Photos 19-20). Chlorine dosing takes place in a concrete chlorine contact chamber (see Photos 21-24). Sampling takes place in a refrigerated composite sampler prior to post-aeration (see Photos 25-27). Flow is monitored by an ultrasonic meter in a Parshall flume that is prior to final treatment, in accordance with a footnote in Part 1A (see Photo 28-29). Flow is recorded by a paper graph and there is a digital readout inside the main office. Flow checks are performed periodically using a ruler at the staff gage. I observed no conditions with the chlorine storage and dosing building (see Photo 30). There were no issues at the filter press, as it is in a covered area.

**Laboratory Inspection and Record Review:**

Camden Water Utility analyzes most parameters required under Part IA. Dissolved Oxygen (DO) and pH analyses are performed using desktop digital meters that are calibrated daily. Calibration information is maintained in a hand-written spiral notebook. I observed the housing for the DO meter (Orion Star A216) to contain no water or saturated material to provide a water-saturated environment for calibration. Annette Strickland, Lab Analyst, was unaware of the requirement to have a water saturated environment; but during the inspection, when operating the meter in calibration mode, a percent saturation reading of 102.3% was achieved, which is the calibration requirement for the instrument. I advised Ms. Strickland that she needed to follow the manufacturer's directions for calibration, which state there must be a saturated sponge in the sleeve for calibration. All records were adequate for calibration and maintenance of laboratory devices, but I did observe the temperature of the drying oven to be 114°C (see Photo 31), instead of the required 103-105°C. Ms. Strickland adjusted the temperature setting; and by the end of the laboratory inspection, it was at the required temperature. Desiccant in the desiccator for Total Suspended Solid (TSS) analysis was old and needs to be replaced (see Photo 32). All other laboratory equipment was in good condition. There were no issues with information being entered in NetDMR.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 11/18/2019
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 12/5/2019

<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 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
<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Yes</u> TYPE OF DEVICE: <u>12" Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input 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
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>In-house lab analyzes pH, DO, CBOD5, TSS, NH3-N, FCB, and TRC.</u>	
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: <u>DO chamber not saturated; desiccant old</u>	<input type="checkbox"/> Y <input checked="" 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 ≥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 ≥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>Environmental Services Company/Bio-Analytical</u>	
b. LAB ADDRESS: <u>13715 West Markham Little Rock, AR/3240 Spurgin Road Doyline, LA</u>	
c. PARAMETERS PERFORMED: <u>Total Phosphorus (TP), Nitrate+Nitrite Nitrogen (NO<sub>3</sub>+NO<sub>2</sub>-N), Mercury/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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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	Colorless	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: **10/30/2019** Time: **10:32**

Head in Inches: **15.5** Feet: **1.29**

Type & Size of Primary Flow Measurement Device: **12 inch Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Passavant Totalizer**

Date of last Calibration of Secondary Flow Device: **11/01/2018**

Recorded Flow at Date & Time Listed Above: **3.86** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **4.18**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	3.86	-	4.18	X 100	
	4.18				

% Error =	-0.32	X 100	
	4.18		

% Error =	-4.5	X 100	
-----------	------	-------	--

% Error =	<b>4.5</b>	%	
-----------	------------	---	--

Comments: **Within ±10%**

**DMR Calculation Check**

Reporting Period: From 2019 09 01 To 2019 09 30  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>337.01</u>	<u>14.24</u>	<u>15</u>
Calculated Value:	<u>337.01</u>	<u>14.25</u>	<u>15</u>
Permit Value:	<u>583.8</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

Equal.



**DMR Calculation Check**

Reporting Period: From 2018 09 01 To 2018 12 31  
 Year Month Day Year Month Day

Parameter Checked: Total Phosphorus

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1.05</u>	<u>0.05</u>	<u>0.05</u>
Calculated Value:	<u>1.05</u>	<u>0.05</u>	<u>0.05</u>
Permit Value:	<u>Report</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain:

Equal.

Total P analyzed by Environmental Services Corporation (ESC).

**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:01</b>
		Photo #:	<b>1</b>

Description: **Rotating bar screen that is automatically cleaned.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:01</b>
		Photo #:	<b>2</b>

Description: **Influent discharge to bar screen.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:02</b>	Witness:	
Photo #:	<b>3</b>		

Description: **Manual bar screen used only in redundancy.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:04</b>	Witness:	
Photo #:	<b>4</b>		

Description: **Waste collection area for bar screen and grit screener.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:08</b>	Witness:	
Photo #:	<b>5</b>	Description:	
<b>Grit collection area in centrifugal screener.</b>			



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:08</b>	Witness:	
Photo #:	<b>6</b>	Description:	
<b>Influent Parshall flume and ultrasonic flowmeter sonde.</b>			



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:10</b>	Witness:	
Photo #:	<b>7</b>		

Description: **Denitrification zone of oxidation ditch.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:10</b>	Witness:	
Photo #:	<b>8</b>		

Description: **Oxidation ditch in the aeration basin for the activated sludge process. Note low quantities of foam.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:15</b>	Witness:	
Photo #:	<b>9</b>	Description: <b>Aeration basin wall had cracks repaired following previous inspection.</b>	



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:16</b>	Witness:	
Photo #:	<b>10</b>	Description: <b>Some erosion around base of clarifier.</b>	



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:16</b>	Witness:	
Photo #:	<b>11</b>	Description:	
<b>Some erosion around base of clarifier.</b>			



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:16</b>	Witness:	
Photo #:	<b>12</b>	Description:	
<b>Secondary clarifier that was not in operation at time of inspection. Cracks in concrete indicated by red arrows.</b>			



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:17</b>
		Photo #:	<b>13</b>
Description:	<b>Hole and trench dug to relieve groundwater from under clarifier. Note iron stain of groundwater discharge.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:18</b>
		Photo #:	<b>14</b>
Description:	<b>Hole and trench dug to relieve groundwater from under clarifier.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:21</b>	Witness:	
Photo #:	<b>15</b>	Description:	
<b>Discharge from clarifier weir was clear and contained no solids.</b>			



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:21</b>	Witness:	
Photo #:	<b>16</b>	Description:	
<b>Discharge from clarifier weir was clear and contained no solids.</b>			



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:23</b>	Witness:	
Photo #:	<b>17</b>		

Description: **Aerobic sludge digester.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:23</b>	Witness:	
Photo #:	<b>18</b>		

Description: **Aerobic sludge digester.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:24</b>
		Photo #:	<b>19</b>
Description:	<b>Pumps for activated sludge system. Maintenance being performed on pump.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:24</b>
		Photo #:	<b>20</b>
Description:	<b>Pumps for activated sludge system.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:25</b>	Witness:	
Photo #:	<b>21</b>		

Description: **Chlorine dosing location for chlorine contact.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:26</b>	Witness:	
Photo #:	<b>22</b>		

Description: **Chlorine dosing location for chlorine contact.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:26</b>
		Photo #:	<b>23</b>
Description:	<b>Chlorine contact chamber.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:26</b>
		Photo #:	<b>24</b>
Description:	<b>Discharge from chlorine contact chamber to dechlorination zone.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:27</b>
		Photo #:	<b>25</b>

Description: **Sample location for composite sampler is prior to post-aeration. Discharge is piped to Outfall 001 at the Ouachita River.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:27</b>
		Photo #:	<b>26</b>

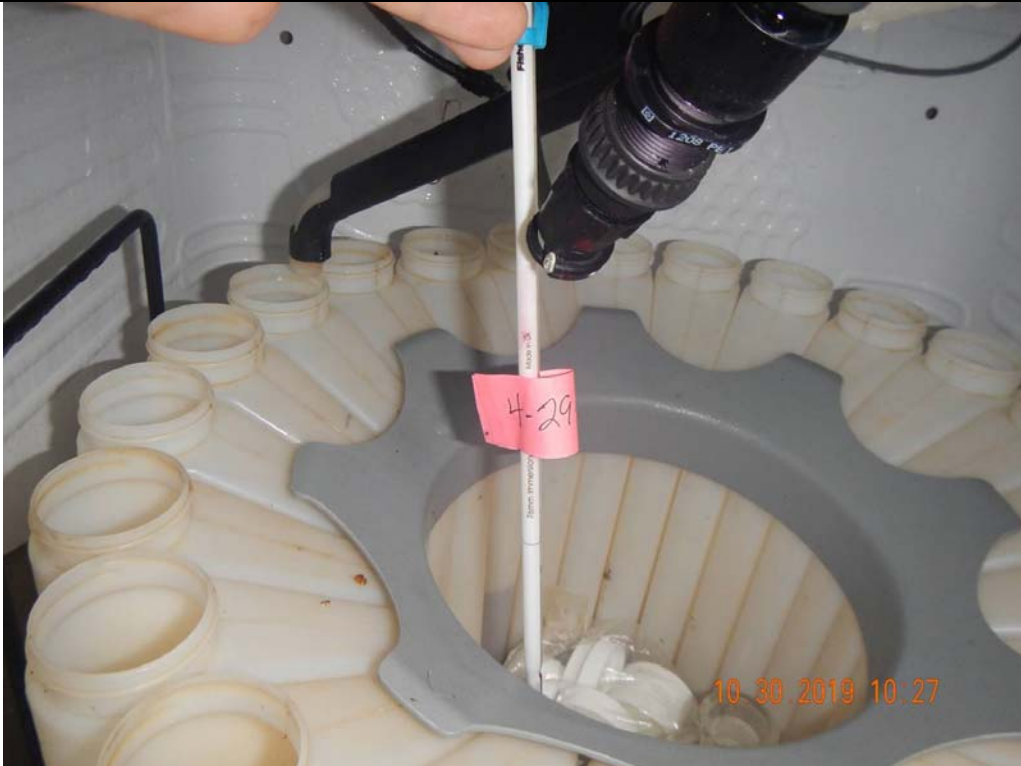
Description: **Refrigerated composite sampler with 24 aliquots in the carousel.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:27</b>
		Photo #:	<b>27</b>

Description: **Temperature of refrigerated composite sampler was 4°C at time of inspection.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Witness:		Time:	<b>10:31</b>
		Photo #:	<b>28</b>

Description: **Ultrasonic flowmeter sonde.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:32</b>	Witness:	
Photo #:	<b>29</b>		

Description: **Staff gage is assisted with metal ruler.**



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>10:33</b>	Witness:	
Photo #:	<b>30</b>		

Description: **Chlorine storage building.**





**Water Division Photographic Evidence Sheet**

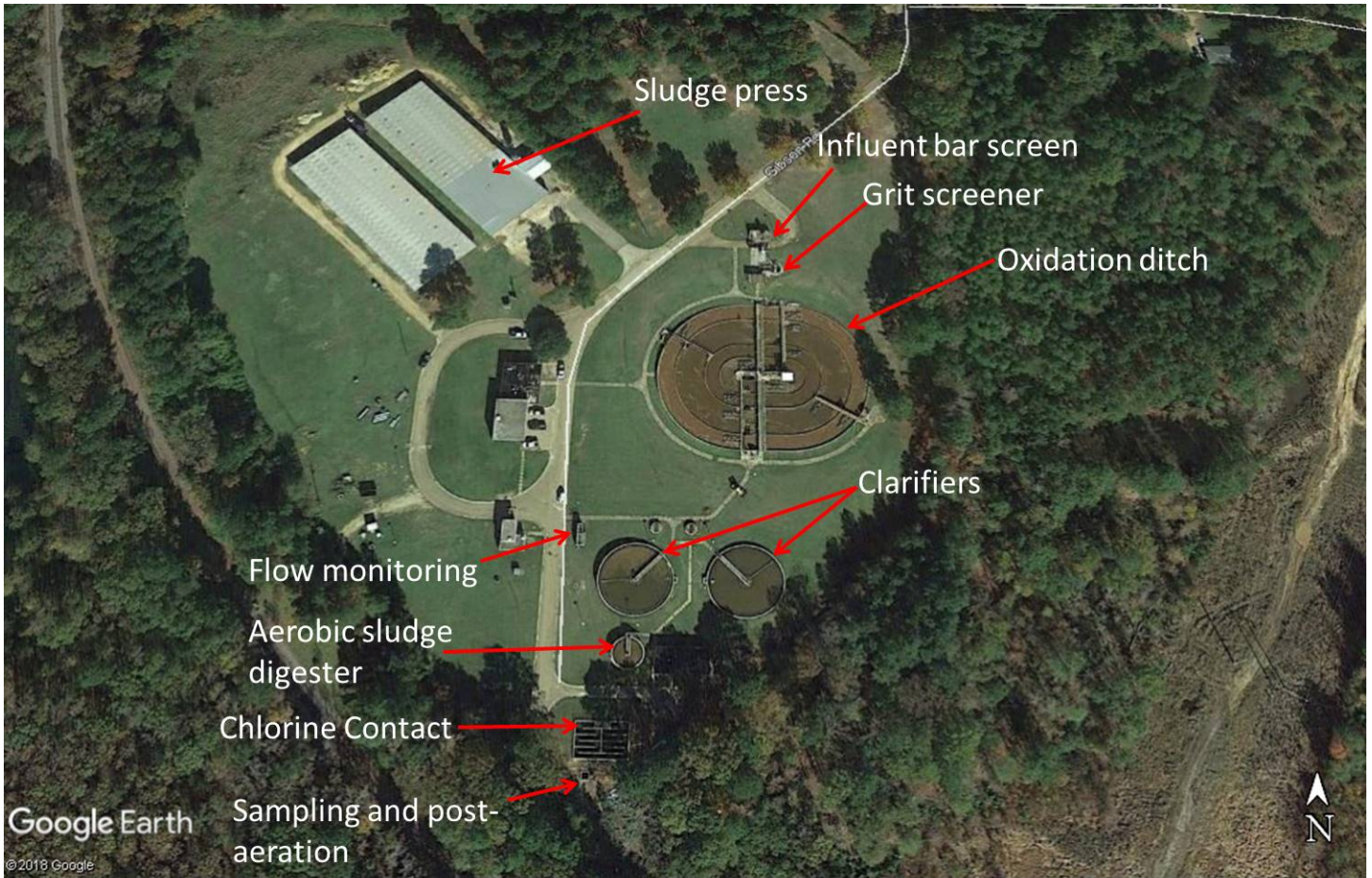
Location:	<b>Camden Water Utilities</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>11:05</b>	Witness:	
Photo #:	<b>31</b>	Description:	<b>Temperature of oven for TSS filters was 114° C at time of inspection.</b>



Photographer:	<b>Michael Young</b>	Date:	<b>10/30/2019</b>
Time:	<b>11:07</b>	Witness:	
Photo #:	<b>32</b>	Description:	<b>Desiccant in the filter desiccator is pink/white.</b>



**Figure 1. Overview of Camden Water Utilities WWTF.**



Camden Water Utilities  
P. O. Box J  
Camden, AR 71711



Office 870-836-7331  
Fax 870-836-5190  
[www.camdenwaterutilities.com](http://www.camdenwaterutilities.com)

ADEQ

5301 Northshore Drive

North Little Rock, AR. 72118-5317

December 12, 2019

Attention Water Quality Inspection Branch

RE: Camden Water Utilities inspections (Ouachita Co)

AFIN: 52-00073

NPDES Permit No: AR0022365

Michael Young with ADEQ, did a Compliance Evaluation Inspection on October 30, 2019 and an SSO/Collection System Inspection. This letter is to show the corrective action that Camden Water Utilities has taken to correct each violation.

During Mr. Young's inspection, he noticed that on our Bar screened material Dumpster, that during the rain the dumpster would have water dripping out of the back of the dumpster and running to a storm drain that isn't routed to the WWTP. We are currently getting quotes to put a roof over the screening dumpster so it will not be exposed to the rain. This should stop water dripping out of the dumpster and running to the storm drain.

Also during his inspection we had an open tail ditch on the site near a clarifier that was not protected by Best Management Practices. He informed us of this problem and we corrected this by putting wash gravel downhill of the open tail ditch and putting silt fencing around the area to contain and protect the area from washing.

During Mr. Young's inspection of the WWTP Lab the desiccant in the desiccator was white and needed changing. Mrs. Strickland order new desiccant and replaced the old desiccant with new desiccant and noted to change the desiccant when it starts to turn colors.

Camden Water Utilities  
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Camden, AR 71711



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Also during the Lab inspection Mr. Young Noted that the Do Calibration was being achieved in an un-saturated environment. Mrs. Strickland has corrected this problem and is calibration the Orion Star A216 Do Meter according to manufacturer's instructions manual.

If we need to add or follow up on any of these corrections please feel free to give me a call at 870-836-4329.

Keith Ballard

A handwritten signature in cursive script that reads "Keith Ballard".

Wastewater Treatment Plant Supervisor

Camden Water Utilities

*D.R.*

20191218\_104245.jpg

Download



