



ARKANSAS

ENERGY & ENVIRONMENT

January 13, 2022

David Richardson, System Manager
Camden Water Utilities
P.O. Drawer 7
Camden, AR 71711
Via email: davidrcamdenh2o@cablelynx.com

RE: Camden WWTP Inspection (Ouachita Co)
AFIN: 52-00073 **NPDES Permit No.: AR0022365**

Dear Mr. Richardson:

On November 2, 2021, I performed a Compliance Evaluation Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.


Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **January 27, 2022.**

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

Sincerely,

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

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 52-00073	PERMIT #: AR0022365	DATE: 11/2/2021		
	COUNTY: 52 Ouachita	PDS #: 118738	MEDIA: WN		
	GPS LAT: 33.563409 LONG: -92.816980 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Camden WWTP LOCATION: 101 Ouachita Road 197 CITY: Camden, AR		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 101531 S - State			
RESPONSIBLE OFFICIAL NAME: / TITLE David Richardson / System Manager COMPANY: Camden Water Utilities MAILING ADDRESS: P.O. Drawer 7 CITY, STATE, ZIP: Camden AR 71711 PHONE & EXT: / FAX: 870-836-4329 / EMAIL: davidrcamdenh2o@cablelynx.com		FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation			
		DATE(S): 11/2/2021 ENTRY TIME: 10:01 EXIT TIME: 12:02 PERMIT EFFECTIVE DATE: 9/1/2018 PERMIT EXPIRATION DATE: 8/31/2023			
CONTACTED DURING INSPECTION: No		FAYETTEVILLE SHALE RELATED: N			
		FAYETTEVILLE SHALE VIOLATIONS: N			
		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Jeff Spells/870-836-4329/Plant Operator (Lic. #: 007615)			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	S	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
1.) At the time of inspection, the aerators in the outer ring of the oxidation ditch were not in operation (see Photos 12-14). This is a violation of permit condition Part III. (B.) (1.) (A.)					

GENERAL COMMENTS


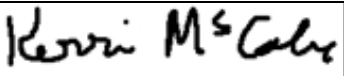
On November 2, 2021, I performed an inspection at Camden Wastewater Treatment Plant (WWTP) with the above participants in attendance. Camden WWTP is a municipal wastewater treatment system consisting of an automated rotating bar screen and manual bar screen, grit screening and collection, oxidation ditch with aeration, two clarifiers run in parallel, aerobic sludge digestion, chlorine disinfection, and post-aeration. Flow is measured through a Parshall flume prior to chlorine contact in accordance with a footnote in Part IA. Samples are collected after final treatment by Camden Water Utilities staff and an in-house lab analyzes all parameters except Total Phosphorus (TP), Nitrate+Nitrite Nitrogen (NO3+NO2-N), Mercury (Hg), and WET Testing. This inspection consisted of a facility evaluation and records review.

Facility Evaluation:

Prior to starting the inspection, I discussed a proposal by Camden Water Utilities to use paracetic acid for disinfection instead of chlorine. Jeff Spells, plant operator, stated that the construction application and modification had been submitted to DEQ – OWQ – Permits Branch and they are currently discussing bids. I observed the influent entering the manual bar screen, and Mr. Spells stated that they were waiting for parts for the automated bar screen and the manual was being utilized in the interim (see Photos 1-3). Grit screening was in operation following the bar screen and collection is into a dumpster (see Photos 4-5). Following grit screening, there is influent flow monitoring followed by an aerated oxidation ditch (see Photo 6). Aerators were in operation in most of the oxidation ditch (see Photos 7-11), but the last ring of the oxidation ditch had little aeration, which was causing activated sludge to stack up (see Photos 12-14). Mr. Spells stated they were waiting for parts for the aerators. Following the oxidation ditch, there are dual clarifiers that are run in parallel (see Photos 15-18) and there was some minor build-up of oils on the surface of the clarifiers. During the previous inspection on October 30, 2019, there was an issue with groundwater infiltrating under the clarifier; and following the observed issue, there has been a French drain constructed under the clarifier (see Photo 19). I observed the sludge digester and there was very little build-up of solids or any unwanted vegetation (see Photo 20). Following the sludge digester, there is the chlorine contact chamber and water is routed to post-aeration (see Photos 21-23), and there is a refrigerated composite sampler that collects samples prior to discharge (see Photos 24-25). A footnote, in Part IA., states that the facility is permitted to collect flow measurements from a Parshall flume connected to a Passavant totalizer with a paper chart readout that is in the office building. I observed the Parshall flume (see Photo 26) and totalizer (see Photos 31-32) and there were no issues. Sludge at this facility is piped to a building that houses the belt press and chemicals for dewatering. I observed the chemical dosing location (see Photo 28) that is followed by a belt press (see Photos 29-30). There was no sludge being processed at the time of inspection.

Records Review:

Camden Water Utilities was provided documentation for review from DEQ – OWQ – Enforcement Branch as required by a request. At the time of inspection, the lab manager, Annette Strickland, was not at the wastewater treatment plant. Following the inspection, Ms. Strickland contacted me and asked questions about the information requested and I recommended that she contact Richard Healey, Enforcement Branch Manager, with any questions related to the request. I reviewed CBOD5 and TSS results that were input into NetDMR and there were no issues with the data reviewed.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 11/24/2021
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 1/11/2022

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 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
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 type="checkbox"/> S <input checked="" 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

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ 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
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: <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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>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 P, Nitrate+Nitrogen, 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

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
002	N	N	N	N	N	Colorless	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **11-2-2021** Time: **10:49**

Head in Inches: **12.5"** Feet: **1.04**

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

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

Date of last Calibration of Secondary Flow Device: **4/6/2021**

Recorded Flow at Date & Time Listed Above: **2.94** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2.74**

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

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

% Error =	2.94	-	2.74	X 100
	2.74			

% Error =	0.2	X 100
	2.74	

% Error =	0.07	X 100
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% Error =	7	%
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Comments: **Within 10%**

DMR Calculation Check

Reporting Period: From 2020 10 01 To 2020 10 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>313.01</u>	<u>11.28</u>	<u>14.25</u>
Calculated Value:	<u>313.01</u>	<u>11.28</u>	<u>14.25</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 2020 02 01 To 2020 02 29
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>158.05</u>	<u>3.86</u>	<u>5.1</u>
Calculated Value:	<u>158.05</u>	<u>3.86</u>	<u>5.1</u>
Permit Value:	<u>583.8</u>	<u>20.0</u>	<u>30.0</u>

If calculated value does not equal reported value, explain:

Equal

Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:29
		Photo #:	1
Description:	Manual bar screen being used while automated is out of operation.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:30
		Photo #:	2
Description:	Influent following the manual bar screen.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:30
		Photo #:	3
Description:	Automatic bar screen was not in operation at time of inspection.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:30
		Photo #:	4
Description:	Screenings from influent are placed in a container.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:30
		Photo #:	5
Description:	Cyclonic grit screener in operation.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:31
		Photo #:	6
Description:	Following bar screen and grit screening influent is routed to the oxidation ditch.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:31
		Photo #:	7
Description:	Aeration in oxidation ditch causing light foaming with no odors.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:31
		Photo #:	8
Description:	Oxidation ditch with aeration.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:31
		Photo #:	9
Description:	Oxidation ditch with aeration.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:32
		Photo #:	10
Description:	Aerator in oxidation ditch is a pontoon floating aerator.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:32
		Photo #:	11
Description:	Aeration in oxidation ditch causing light foaming and no odors.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:33
		Photo #:	12
Description:	Last oxidation ditch on far right had no aeration at time of inspection.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:33
		Photo #:	13
Description:	Aerator not in operation at time of inspection.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:33
		Photo #:	14
Description:	Oxidation ditch with no aeration causing some blanketing of activated sludge.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:34
		Photo #:	15
Description:	Clarifier with minor accumulations of oil and fats on surface.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:35
		Photo #:	16
Description:	Clarifier with some accumulations of oils on surface.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:35
		Photo #:	17
Description:	Secondary clarifier with minor accumulations on surface and clean weir teeth.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:35
		Photo #:	18
Description:	Secondary clarifier with minor accumulations on surface and clean weir teeth.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:36
		Photo #:	19
Description:	French drain installed after a groundwater issue under clarifier.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:37
		Photo #:	20
Description:	Sludge digester with materials being dewatered.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:38
		Photo #:	21
Description:	Chlorine contact chamber following clarifiers.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:38
		Photo #:	22
Description:	Water leaving the chlorine contact chamber.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:39
		Photo #:	23
Description:	Treated effluent discharging to Outfall 002 and sampling location.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:39
		Photo #:	24
Description:	Composite sampler aliquots and thermometer.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:39
		Photo #:	25
Description:	Thermometer indicated a temperature with 0-6° C.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:41
		Photo #:	26
Description:	Flow measured through a Parshall flume and totalizer readout is in office building.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:42
		Photo #:	27
Description:	Chlorine canisters for disinfection.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:44
		Photo #:	28
Description:	Chemical dosing for thickening and drying sludge.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP		
Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:45
		Photo #:	29
Description:	Sludge press used to dewater sludge prior to landfilling.		



Photographer:	Michael Young	Date:	11/02/2021
Witness:		Time:	10:45
		Photo #:	30
Description:	Belt press used to dewater sludge. Not in operation at time of inspection.		



Office of Water Quality Photographic Evidence Sheet

Location:	Camden WWTP			
Photographer:	Michael Young	Date:	11/02/2021	
Witness:		Time:	10:49	
Description:	Totalizer readout and paper chart.		Photo #:	31



Photographer:	Michael Young	Date:	11/02/2021	
Witness:		Time:	10:50	
Description:	Information from previous calibration of totalizer.		Photo #:	32

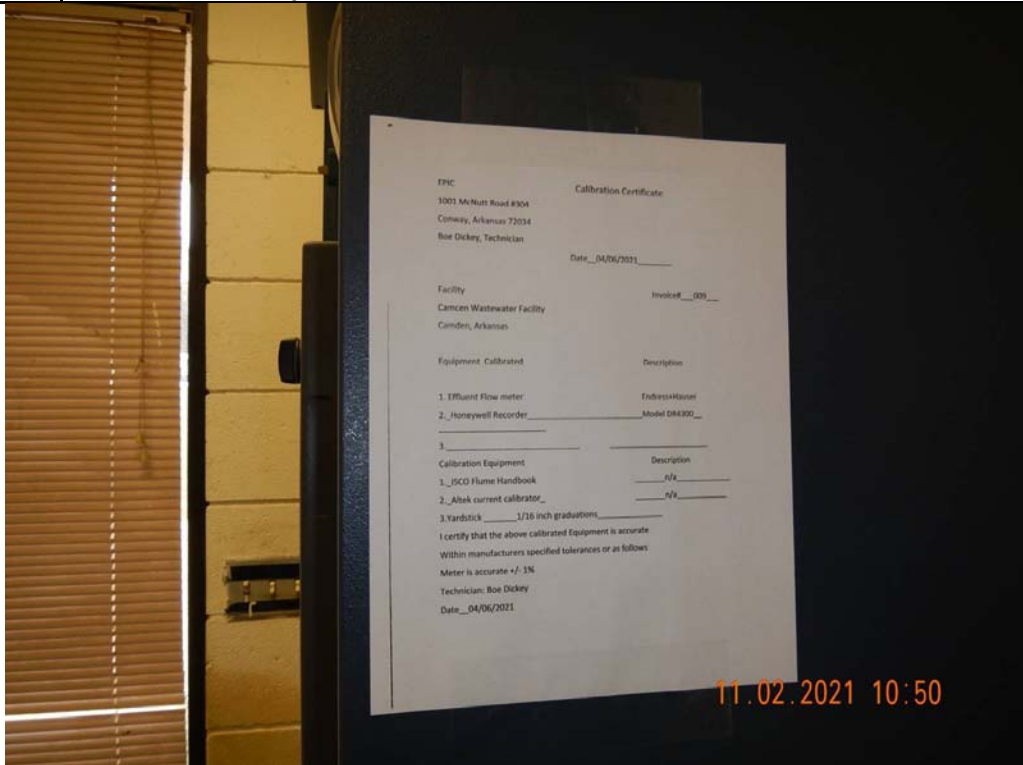
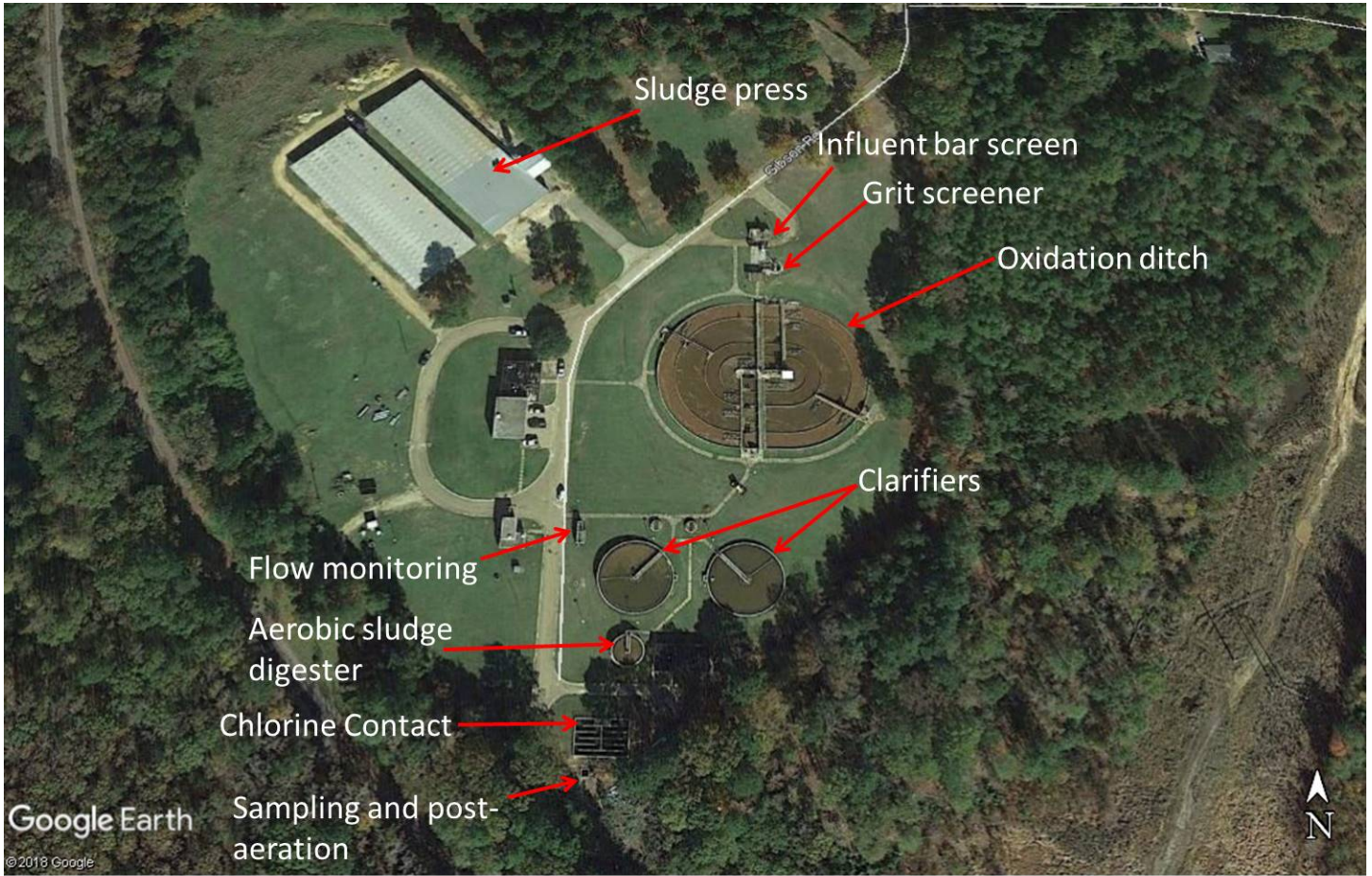


Figure 1. Overview of the City of Camden Wastewater Treatment Plant (WWTP) with the location of treatment measures.



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



Office 870-836-7331
Fax 870-836-5190
www.camdenwaterutilities.com

DEQ

5301 Northshore Drive

North Little Rock, Ar. 72118-5317

January 18, 2022

Attention Water Quality Inspection Branch

RE: Camden Water Utilities Inspection (Ouachita Co)

AFIN: 52-00073

NPDES Permit No: AR0022365

Michael Young with DEQ, did a Compliance Evaluation Inspection on November 2, 2021. This letter is to show the corrective action that Camden Water Utilities has taken to correct the violation.

During Mr. Young's inspection, he noted that the aerators in the outer ring of the oxidation ditch were not in operation. Two aerators were down waiting on parts during his inspection. Since his inspection the required maintenance has been done and aerators are back in operation. I have in closed pictures of the aerators in operation with movement in the outer ring of the oxidation ditch as requested by Mr. Young.

If we need to add of follow up on this corrective action feel free to give me a call at (870) 836-4329.

Keith Ballard

Wastewater Treatment Plant Supervisor

Camden Water Utilities















ARKANSAS
ENERGY & ENVIRONMENT

February 24, 2022

David Richardson, System Manager
Camden Water Utilities
P.O. Drawer 7
Camden, AR 71711
Via email to: davidrcamdenh2o@cablelynx.com

RE: Camden Water Utilities - Response to Inspection (Ouachita Co)
AFIN: 52-00073 **NPDES Permit No.: AR0022365**

Dear Mr. Richardson:

I have reviewed the response pertaining to my November 2, 2021 inspection of the Camden WWTP. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this particular inspection. Acceptance of this response by the Division does not preclude any future enforcement action deemed necessary at this site or any other site.

If I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 837-2073 or you may email me at youngm@adeq.state.ar.us.

Sincerely,

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

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118