



# ARKANSAS

## ENERGY & ENVIRONMENT

May 18, 2023

Steve Dufrense, Director  
Van Buren Mun. Utilities  
P.O. Drawer 1269  
Van Buren, AR 72956  
Email Address: [steve@vbmunicipal.org](mailto:steve@vbmunicipal.org)

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

Dear Mr. Dufrense:

On March 15, 2023, 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](mailto: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 **June 2, 2023**.

If I can be of any assistance, please contact me at [garrett.grimes@adeq.state.ar.us](mailto:garrett.grimes@adeq.state.ar.us) or (501) 837-2067.

Sincerely,

A handwritten signature in blue ink that reads "Garrett Grimes".

Garrett Grimes  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>		
	AFIN: 17-00062		PERMIT #: AR0021482
	DATE: 3/15/2023		
	COUNTY: 17 Crawford	PDS #: 125836	MEDIA: WN
GPS LAT: 35.419179 LONG: -94.338708 LOCATION: General Area			
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>City of Van Buren South WWTP</b> LOCATION: <b>1945 Wellnitz Drive</b> CITY: <b>Van Buren</b>		FACILITY TYPE: <b>1 - Municipal</b>	
		INSPECTOR ID#: <b>104111 S - State</b>	
		FACILITY EVALUATION RATING: <b>2 - Marginal</b>	
		INSPECTION TYPE: <b>Compliance Evaluation</b>	
		DATE(S): <b>3/15/2023</b>	ENTRY TIME: <b>11:00</b>
		EXIT TIME: <b>14:00</b>	PERMIT EFFECTIVE DATE: <b>12/1/2020</b>
		PERMIT EXPIRATION DATE: <b>11/30/2025</b>	
<b>RESPONSIBLE OFFICIAL</b>			
NAME / TITLE: <b>Steve Dufrense / Director</b> COMPANY: <b>Van Buren Mun. Utilities</b> MAILING ADDRESS: <b>P.O. Drawer 1269</b> CITY, STATE, ZIP: <b>Van Buren AR 72956</b> PHONE & EXT. / FAX: <b>479-474-5067 /</b> EMAIL: <b>steve@vbmu.org</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>	
CONTACTED DURING INSPECTION: <b>Yes</b>		<b>INSPECTION PARTICIPANTS</b>	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Brandon Myers, Operator, Class 4 (005203), City of Van Buren;</b> <b>Will Cody, Inspector, DEQ;</b> <b>Garrett Grimes, Inspector, DEQ</b>	
<b>AREA EVALUATIONS</b>			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
<b>M</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT
<b>M</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY
<b>S</b>	OPERATION & MAINTENANCE	<b>N</b>	EFFLUENT/RECEIVING WATER
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL
<b>**</b>	OTHER:	<b>**</b>	STORMWATER
<b>**</b>		<b>**</b>	FACILITY SITE REVIEW
<b>**</b>		<b>**</b>	SELF-MONITORING PROGRAM
<b>**</b>		<b>**</b>	PRETREATMENT
<b>SUMMARY OF FINDINGS</b>			
The following were noted during the inspection:			
<ol style="list-style-type: none"> <li>1. Part IA of the permit – Effluent Limitations and Monitoring Requirements;                         <ol style="list-style-type: none"> <li>a. Effluent limit excursions for Ammonia-Nitrogen (NH3-N) occurred in September and October 2021. Non-compliance reports (NCR) were submitted along with the monthly Discharge Monitoring Report (DMR). No further action required for this item.</li> <li>b. Effluent data calculated for the month of January 2023 did not match what was reported on the DMR (See Page 8; Attachment 1).</li> </ol> </li> <li>2. Monitoring Procedures – Part III Section C.3. of the permit;                         <ol style="list-style-type: none"> <li>a. Duplicate analysis is not occurring for Dissolved Oxygen (DO). The permit requires that, at a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples.</li> </ol> </li> </ol>			

**GENERAL COMMENTS**

The City of Van Buren’s South Wastewater Treatment Plant was inspected on March 15, 2023. This inspection was conducted as part of the CEI conducted at the City of Van Buren’s Municipal Wastewater Treatment Plants (North Plant – AR0040967, Lee Creek Plant – AR0037567, South Plant – AR0021482) on March 14 – 15, 2023. The inspection at the South Plant consisted of a routine compliance inspection, collection system inspection, and an industrial stormwater inspection.

The South Plant consists of a headworks with screening, a large treatment pond sectioned into a diffused air activated sludge area, equalization pond and sludge pond with a synthetic barrier, clarification, and UV treatment (Attachment 2). Several industries discharge to this plant as well as residential customers. One of the largest industries in the city discharging to the South Plant, Tyson Foods, announced that it will be closing down its facility shortly before the inspection.

A damaged air diffuser line was observed in the diffused air activated sludge system (Photos #1 - #2). Brandon Myers, Operator, City of Van Buren, stated that he was aware of the damaged line, and that this may have occurred due to sway in the main line. Mr. Myers stated that there is a third party contractor that services these lines via diving and that this is typically conducted during summer months.

A clarifier was down for repairs during the inspection (Photos #3 - #5). Mr. Myers stated that the fiberglass baffle wall cracked and separated from its position likely due to exposure and weathering over time (Photos #3 - #5). The city was having some difficulty in procuring the materials necessary for the repair, but they are still able to use the other clarifier to meet the treatment needs. Since the other clarifier is made of the same material as the damaged one, the city should come up with an action plan and/or obtain necessary materials to make necessary repairs (Photo #6). This can be done as preventative maintenance in case failures occur in both clarifiers.

The facility appeared well operated and maintained excluding the items noted in the “Summary of Findings” section. Personnel appeared enthusiastic and knowledgeable about the facility and they were willing to answer questions thoroughly.

INSPECTOR'S SIGNATURE: <i>Garrett Grimes</i>	Garrett Grimes	DATE: 5/4/2023
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 5/12/2023

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" 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: <u>Effluent excursions</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input 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>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS: <u>In-line flowmeter</u></b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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: <u>Data Testing, Inc.</u>	
b. LAB ADDRESS: <u>3434 Country Club, Fort Smith, AR 72903</u>	
c. PARAMETERS PERFORMED: <u>All excluding DO and pH</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Monitored by the DEQ - OWQ - Planning Branch</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Not observed at the outfall. Wastewater leaving the clarifier and at the UV treatment did not appear visibly discolored are with any large floating solids/obnoxious odors.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001							--
<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: <b>Sludge maintained in holding pond.</b>							
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):							
<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	

**DMR Calculation Check**

Reporting Period: From 2023 Jan 1 To 2023 Jan 31  
 Year Month Day Year Month Day

Parameter Checked: BOD 5-Day

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>156</u>	<u>10.14</u>	<u>10.1</u>
Calculated Value:	<u>87.0</u>	<u>10.2</u>	<u>11.7</u>
Permit Value:	<u>1000.8</u>	<u>30.0</u>	<u>45.0</u>

If calculated value does not equal reported value, explain:  
Unknown.

**DMR Calculation Check**

Reporting Period: From 2022 July 1 To 2022 July 31  
 Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass	Concentration	
		Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. Col./100ml	7-day Avg. Col./100ml
Reported Value:	<u>NA</u>	<u>21</u>	<u>47</u>
Calculated Value:	<u>NA</u>	<u>20</u>	<u>47</u>
Permit Value:	<u>NA</u>	<u>200</u>	<u>400</u>

If calculated value does not equal reported value, explain:

Rounding



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Van Buren South WWTP</b>		
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>3/15/2023</b>
Witness:		Time:	<b>11:11</b>
		Photo #:	<b>1</b>
Description:	<b>Damaged diffuser line.</b>		

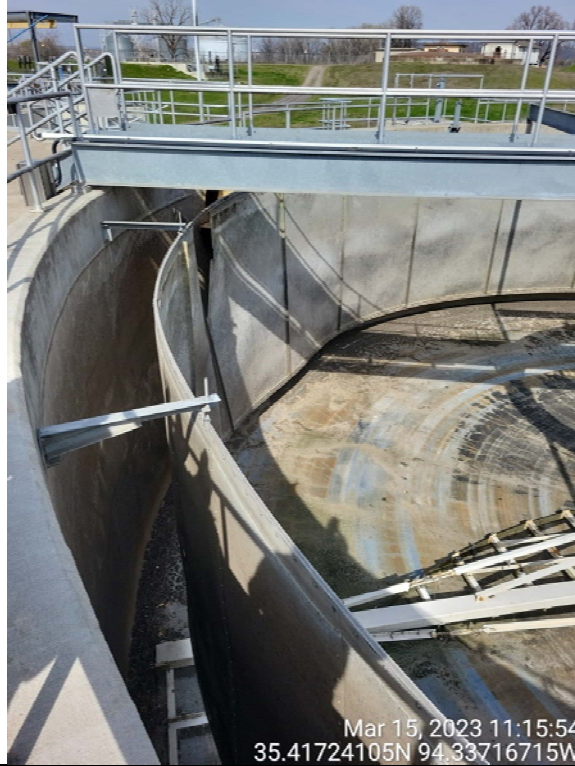


Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>3/15/2023</b>
Witness:		Time:	<b>11:11</b>
		Photo #:	<b>2</b>
Description:	<b>Close-up from Photo #1.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Van Buren South WWTP</b>				
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>3/15/2023</b>	Time:	<b>11:15</b>
Witness:				Photo #:	<b>3</b>
Description:	<b>Drained clarifier with damaged wall.</b>				



Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>3/15/2023</b>	Time:	<b>11:18</b>
Witness:				Photo #:	<b>4</b>
Description:	<b>Close-up of damage from Photo #3.</b>				

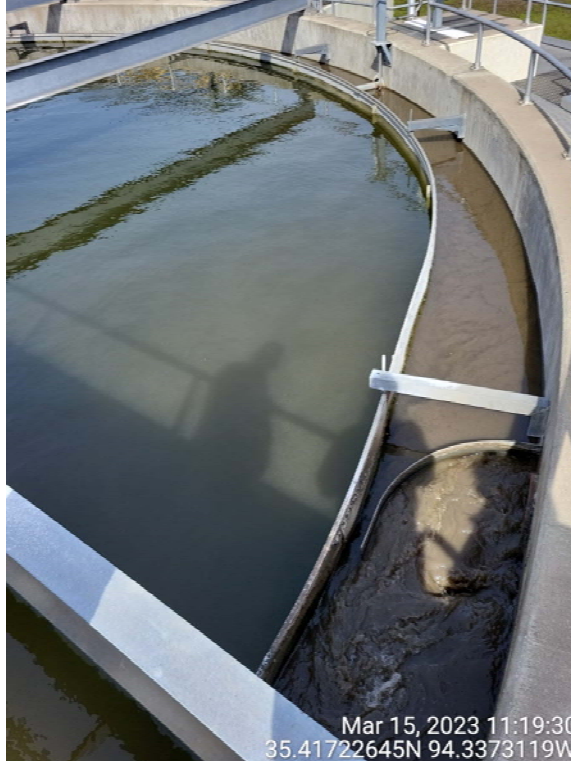


**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Van Buren South WWTP</b>				
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>3/15/2023</b>	Time:	<b>11:16</b>
Witness:				Photo #:	<b>5</b>
Description:	<b>Additional damage in the drained clarifier.</b>				



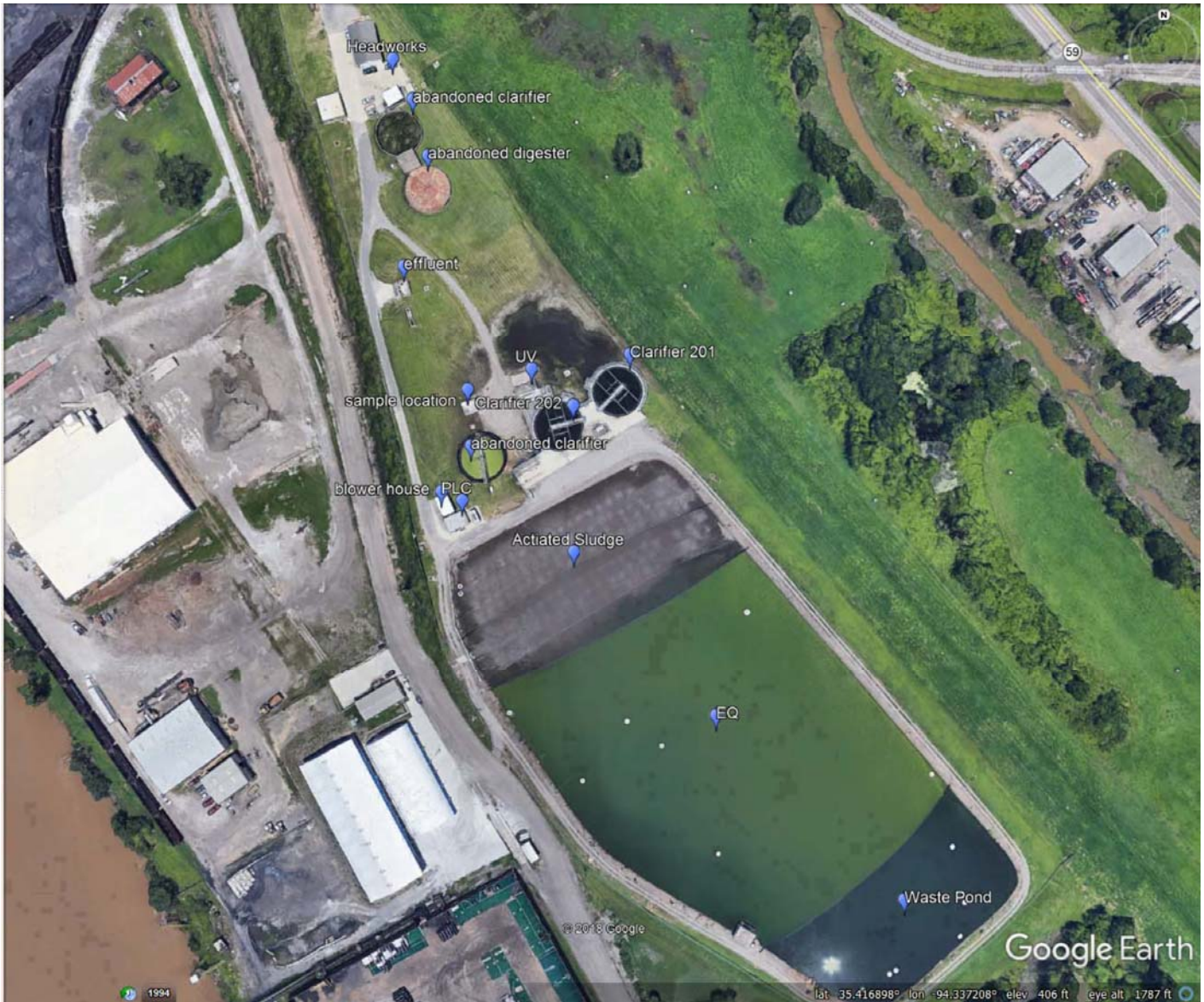
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>3/15/2023</b>	Time:	<b>11:19</b>
Witness:				Photo #:	<b>6</b>
Description:	<b>Clarifier in use. Clarifier is the same design as the damaged clarifier.</b>				



**Attachment 1: Calculation sheet for January 2023.**

Date	Flow MGD	TSS mg/L	Loading Lbs/day	BOD5 mg/L	Loading Lbs/day	FCB		
1	0.810							
2	1.030	6	51.5	6	51.5			
3	0.490	9	36.8	14	57.2	276		
4	0.900	3	22.5	10	75.1	298		
5	0.880					114		
6	0.900						FC 7-day	211
7	0.900							
8	0.890							
9	0.780	14	91.1	7	45.5			
10	0.490	9	36.8	14	57.2	1		
11	0.780	4	26.0	6	39.0	33		
12	0.800					31		
13	0.200						FC 7-day	10
14	0.670							
15	0.840							
16	0.760	4	25.4	10	63.4			
17	0.770	14	89.9	10	64.2	42		
18	1.140	14	133.1	15	142.6	64		
19	1.360					78		
20	0.750						FC 7-day	59
21	0.800							
22	0.710							
23	0.720	5	30.0	10	60.0			
24	1.040	12	104.1	12	104.1	35		
25	2.050	10	171.0	10	171.0	44		
26	1.410					10		
27	1.630						FC 7-day	25
28	1.480							
29	1.420							
30	2.220	9	166.6	9	166.6			
31	1.440	12	144.1	10	120.1	39		
1		8		10		28		
2						122		
3							FC 7-day	51
4								
Average		8.9	80.6	10.2	87.0	Geo mean	max 7-day (geo mean)	211
						42		

Attachment 2: Map of the facility.





# ARKANSAS

ENERGY & ENVIRONMENT

July 5, 2023

Steve Dufrense, Director  
Van Buren Municipal Utilities  
P.O. Drawer 1269  
Van Buren, AR 72956  
Via email to: [steve@vbmuh.org](mailto:steve@vbmuh.org)

**RE: City of Van Buren South Plant - Response to Inspection (Crawford Co)**  
**AFIN: 17-00062** **NPDES Permit No.: AR0021482**

Dear Mr. Dufrense:

I have reviewed the response pertaining to my March 15, 2023 Compliance Evaluation Inspection of the City of Van Buren South Plant. 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 Inspector Supervisor Kerri McCabe at [kerri.mccabe@adeq.state.ar.us](mailto:kerri.mccabe@adeq.state.ar.us) or (501) 352-5641.

Sincerely,

A handwritten signature in blue ink that reads "Garrett Grimes".

Garrett Grimes  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118