

STUTTGART MUNICIPAL WATER WORKS

612 S College
P.O. Box 130
Stuttgart AR 72160
Phone 870-673-3246
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To: <i>ALAN Anderson</i>	From: <i>Tommy Lawson</i>
Fax: <i>501-682-0880</i>	Pages: Including this sheet <i>4</i>
Phone:	Date: <i>8-4-15</i>
Re:	cc:

Comments:

*Here is the corrected DMR
for April 2015*

FAX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2048-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: STUTTGART, CITY OF
ADDRESS: 612 SOUTH COLLEGE STREET
STUTTGART, AR 72160

FACILITY: STUTTGART, CITY OF
LOCATION: 1011 WEST 10TH STREET
STUTTGART, AR 72160

ATTN: TOMMY LAWSON, MANAGER


AR0034380 PERMIT NUMBER	001-A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 04/01/2015	MM/DD/YYYY 04/30/2015

DMR Mailing ZIP CODE: 72160
MAJOR

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	*****	mg/L	0	3h	G
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST. MIN	*****	*****	mg/L		Three per Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.03	*****	7.55	SU	0	3h	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8 MAXIMUM	SU		Three per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	122.63	*****	lb/d	*****	15.964	20.00	mg/L	0	3h	C
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	437.9 MO AVG	*****	lb/d	*****	15 MO AVG	22.5 7 DA AVG	mg/L		Three per Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	6.054	*****	lb/d	*****	.789	1.850	mg/L	0	3h	C
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	81.3 MO AVG	*****	lb/d	*****	2.1 MO AVG	5.2 7 DA AVG	mg/L		Three per Week	COMPOS
Nitrite + Nitrate total (as N)	SAMPLE MEASUREMENT	41.405	*****	lb/d	*****	4.120	4.120	mg/L	0	1/30	G
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	38.993	*****	lb/d	*****	3.880	3.880	mg/L	0	1/30	G
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	Req. Mon. 7 DA AVG	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	789	1,430	MGD	*****	*****	*****	*****	0	7h	TM
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY-MX	MGD	*****	*****	*****	*****		Daily	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Tommy Lawson, Manager TYPED OR PRINTED			87-673-3246 AREA Code NUMBER	5-26-15 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II, 5. (SSO). 01-00041

*Arkansas Analytical

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STUTTGART WATER 8706738783

08-04-2015 11:50

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: STUTTGART, CITY OF
ADDRESS: 812 SOUTH COLLEGE STREET
STUTTGART, AR 72160

FACILITY: STUTTGART, CITY OF
LOCATION: 1011 WEST 10TH STREET
STUTTGART, AR 72160

ATTN: TOMMY LAWSON, MANAGER

AR0034380	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 72160
MAJOR

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1	3h	G
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0.033 INST:MAX	Three per Week	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	237	*****	0	3h	G
	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 300A GEO	2000 7 DA GEO	*****	#100mL	Three per Week	GRAB
Overflows 74062 S 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	*****	*****	See Comments	See Comments
Overflow volume [SS0 volume, CSO volume] 74063 S 0 See Comments	SAMPLE MEASUREMENT	0	*****	0	*****	*****	*****	*****	0	1/31	Cont
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	gal	*****	*****	*****	*****	*****	See Comments	See Comments
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	29.091	*****	lbd	*****	3.830	3.953	mg/L	0	3h	C
	PERMIT REQUIREMENT	291.9 MO AVG	*****	lbd	*****	10 MO AVG	15 7 DA AVG	mg/L	*****	Three per Week	COMPOS

TL 8-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Tommy Lawson, Manager TYPED OR PRINTED		<i>Tommy Lawson</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	870-673-3246 AREA Code NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSCs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II, 5. (SSO). 01-00041

*Arkansas Analytical

NON-COMPLIANCE LETTER

DATE: May 26, 2015

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
 5301 NORTH SHORE DRIVE
 NORTH LITTLE ROCK, AR 72118-5317
 ATTN: ENFORCEMENT SECTION

RE: NPDES PERMIT NO: AR0034380

DISCHARGE NUMBER 001-A

CLIENT: STUTTGART, CITY OF
 ADDRESS: P.O. BOX 130
 CITY: STUTTGART
 STATE: AR
 ZIP: 72160
 PHONE:
 CONTACT: TOMMY LAWSON, MANAGER

DATE OF NON-COMPLIANCE	PARAMETER EXCEEDED	CONCENTRATION	LOADING	PERMIT LIMITS
04/01-30/15	TRC INST MAX	<.050		.033
	TSS MO AVG	15.964		15

WE FEEL THIS PROBLEM WAS DUE TO:

1. SO2 mixing motor overloaded not allowing proper mixture which led
Total Residual Chlorine to exceed permit limit
2. The Sludge Belt press being down for repairs

WE PLAN ON CORRECTING THE PROBLEM IN THIS MANNER:

1. The mixing motor has been repaired
2. The sludge belt will be repaired on the week of June 1st - 5th by serviceman from the manufacturer

TIME ESTIMATED THAT IT WILL TAKE:

Belt Press should be repaired by the second week in June

YOURS TRULY,


 AUTHORIZED SIGNATURE