



ARKANSAS
Department of Environmental Quality

June 12, 2009

*Honorable Marion Gill, Mayor
City of Dumas
P.O. Box 157
Dumas, Arkansas 71639*

RE: Waste Water Treatment Facility

AFIN: 21-00045

NPDES Permit No.: AR0033987

Dear Mayor Gill:

On June 9, 2009, I conducted a routine compliance inspection of the waste water treatment 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. This inspection revealed the following violations:

- 1. No documentation of calibration checks conducted on the totalizing flow meter to assure continued compliance. (repeat violation)*
- 2. No documentation that the 30-day average percent removal for Biochemical Oxygen Demand or Carbonaceous Biochemical Oxygen Demand is at least eighty-five percent (85%). (repeat violation)*
- 3. No documentation of analytical data or chain of custodies for the months of January thru May 2009. (repeat violation)*
- 4. Inadequate calibration and maintenance of the totalizing flow meter. At the time of inspection, a calibration check revealed an 18.8% error between the recorded value and the calculated value.*

*The above items require your immediate attention. Please submit a written response to Cindy Garner, Water Division Enforcement Branch Manager, of this Department. The response should be mailed to the address below. The response should contain documentation describing the course of action taken to correct each item noted. The corrective action should be completed as soon as possible and the written response is due by **June 27, 2009**.*

*Honorable Marion Gill, Mayor
City of Dumas
June 12, 2009
Page 2*

*For additional information you may contact the enforcement section by telephone at 501-682-0639
or by fax at 501-682-0910.*

If I can be of any assistance, please contact me at (870) 247-5155.

Sincerely,

A handwritten signature in black ink that reads "Steven L. Henderson". The signature is written in a cursive, flowing style.

*Steven L. Henderson
District 6 Inspector
Water Division*

*cc: Water Division Enforcement Branch
Water Division Permits Branch*



Form Approved
OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|---|---|----------------------------|----|----|---|----|---|----|---|----|---|-----------|----|----|---|----------|--------------|---|-----------|---|-----------|----|---|----|---|----|---|----|
| Transaction Code | | | NPDES | | | | | | | | | | Yr/Mo/Day | | | | | Inspec. Type | | Inspector | | Fac. Type | | | | | | | |
| 1 | N | 2 | 5 | 3 | A | R | 0 | 0 | 3 | 3 | 9 | 8 | 7 | 11 | 12 | 0 | 9 | 0 | 6 | 0 | 9 | 17 | 18 | C | 19 | S | 20 | 1 | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection Work Days | | | Facility Evaluation Rating | | | | | | | | | | BI | | QA | | Reserved | | | | | | | | | | | | |
| 67 | 0 | 0 | 1 | 69 | 70 | 2 | 71 | N | 72 | N | 73 | | 74 | 75 | | | | | | | | | | | | | | | 80 |

Section B: Facility Data

| | | | | | |
|--|--|--|--|---|--|
| Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Dumas WWTP <i>Approximately 1/4 mile North of Highway 165</i> <i>Section 25, Township 9 South, Range 4 West</i> <i>Desha County, Arkansas</i> | | Entry Time/Date 9:00 a.m. 6/9/09 | | Permit Effective Date November 1, 2006 | |
| | | Exit Time/Date 11:50 a.m. 6/9/09 | | Permit Expiration Date October 31, 2011 | |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Patrick Fitzgerald, Operator (870) 382-2121 (870) 382-6846 | | | | Other Facility Data Discharge Location: N 33 53' 33" W 91 27' 42" | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Marion Gill, Mayor City of Dumas P.O. Box 157 Dumas, Arkansas 71639 | | | | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit | U | Flow Measurement | S | Operations & Maintenance | S | Sampling |
| U | Records/Reports | U | Self-Monitoring Program | S | Sludge Handling/Disposal | N | Pollution Prevention |
| S | Facility Site Review | N | Compliance Schedules | N | Pretreatment | N | Multimedia |
| S | Effluent/Receiving Waters | N | Laboratory | N | Storm Water | N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The following violations were noted during inspection:

1. **No documentation of calibration checks conducted on the totalizing flow meter to assure continued compliance. (repeat violation)**
2. **No documentation that the 30-day average percent removal for Biochemical Oxygen Demand or Carbonaceous Biochemical Oxygen Demand is at least eighty-five percent (85%). (repeat violation)**
3. **No documentation of analytical data or chain of custodies for the months of January thru May 2009. (repeat violation)**
4. **Inadequate calibration and maintenance of the totalizing flow meter. At the time of inspection, a calibration check revealed an 18.8% error between the recorded value and the calculated value.**

| | | |
|---|---|-----------------------|
| Name(s) and Signature(s) of Inspector(s) Steven L. Henderson | Agency/Office/Telephone/Fax ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185 | Date June 12, 2009 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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

S M U NA NE

DETAILS: *No documentation of analytical data or chain of custodies for the months of January thru May 2009. (repeat violation)*

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> N <input checked="" 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

S M U NA 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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

S M U NA NE

DETAILS: *No documentation of calibration checks conducted on the totalizing flow meter to assure continued compliance. (repeat violation)*

| | |
|--|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: 9" Parshall Flume | <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: Last calibration= August 7, 2008 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: | <input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" 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

S M U NA NE

DETAILS: *No analytical data available for review.*

| | |
|---|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: McClelland Consulting Engineers | Arkansas Analytical, Inc. |
| b. LAB ADDRESS: 900 West Markham, Little Rock, Arkansas 72201 | 11701 I-30, Bldg. 1, Suite 115, Little Rock Arkansas |
| c. PARAMETERS PERFORMED: CBOD, BOD, TSS, NH3-N, DO, pH | Chronic Bio-monitoring |
| 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 S M U NA NE

DETAILS:

| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
|------------|-----------|--------|-----------|--------------|-----------------|-------|-------|
| 001 | None | None | None | None | None | Clear | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): | |

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

| | |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

| | |
|--|--|
| 1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___ | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

FLOW CALCULATION SHEET

| | | | | |
|---|---------------------------------|---------------------------------|-----------------------|-------|
| Date: | June 9, 2009 | Time: | 11:00 a.m. | |
| Head in Inches: | 5 1/2 | Feet: | .585 | |
| Type & Size of Primary Flow Measurement Device: 9" Parshall Flume | | | | |
| Name & Model of Secondary Flow Measurement Device: | | BFI Strip Chart Recorder | | |
| Date of last Calibration of Secondary Flow Device: 8/7/08 | | | | |
| Recorded Flow at Date & Time Listed Above: | | .695 mgd | (Facility Flow Meter) | |
| Calculated Flow at Date & Time Listed Above: | | .585 mgd | | |
| (Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>) | | | | |
| % Error = | Recorded Value | - | Calculated Value | X 100 |
| | Calculated Value | | | |
| % Error = | .695 | - | .585 | X 100 |
| | .585 | | | |
| % Error = | .11 | X 100 | | |
| | .585 | | | |
| % Error = | .188 | X 100 | | |
| % Error = | 18.8 | % | | |
| Comments: | Exceeds + / - 10% buffer | | | |

Marion S. Gill
Mayor

Johnny Brigham
City Clerk

City of Dumas

P. O. Box 157
155 East Waterman
Dumas, AR 71639
Telephone (870)-382-2121
Fax (870) 382-6846
Email address dumas@centurytel.net

City Council
T. C. Pickett
Roy Dalton
James Jackson
Christopher Hays
Aaron White
Franklin Healey
Ronald Neal
Dwayne Snyder

June 25, 2009

Ms. Cindy Garner
Water Division Enforcement
ADEQ
5301 Northshore Drive
North Little Rock, AR. 72118-5317

Re: Compliance Inspection
AFIM: 21-00265
NPDES Permit No. ARR000150

Dear Ms. Garner:

Reference attached inspection report.

Item 1: We are and have been documenting the calibrating checks conducted on the totalizing flow meter. The documentation just could not be located at the time of the inspection. We will maintain documentation as directed.

Item 2: The average percent removal for Biochemical Oxygen Demand and c BOD will be calculated by the lab and reported to the city each month.

Item 3: Data will be mailed to the city by the lab each month along with the DMR for the corresponding month. This will include test results and the corresponding chain of custody. There will also be a copy of the percent removal calibration for the month and the composite sampling data.

Item 4: We will have the flow meter recalibrated.

NPDES PERMIT NO. ARR000150

Sincerely,

A handwritten signature in black ink, reading "Marion S. Gill". The signature is written in a cursive style with a large, sweeping initial "M".

Marion S. Gill
Mayor
City of Dumas

MSG/jb

ADEQ

ARKANSAS
Department of Environmental Quality

June 12, 2009

Honorable Marion Gill, Mayor
City of Dumas
P.O. Box 157
Dumas, Arkansas 71639

RE: Waste Water Treatment Facility

AFIN: 21-00045

NPDES Permit No.: AR0033987

Dear Mayor Gill:


On June 9, 2009, I conducted a routine compliance inspection of the waste water treatment 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. This inspection revealed the following violations:

1. **No documentation of calibration checks conducted on the totalizing flow meter to assure continued compliance. (repeat violation)**
2. **No documentation that the 30-day average percent removal for Biochemical Oxygen Demand or Carbonaceous Biochemical Oxygen Demand is at least eighty-five percent (85%). (repeat violation)**
3. **No documentation of analytical data or chain of custodies for the months of January thru May 2009. (repeat violation)**
4. **Inadequate calibration and maintenance of the totalizing flow meter. At the time of inspection, a calibration check revealed an 18.8% error between the recorded value and the calculated value.**

The above items require your immediate attention. Please submit a written response to Cindy Garner, Water Division Enforcement Branch Manager, of this Department. The response should be mailed to the address below. The response should contain documentation describing the course of action taken to correct each item noted. The corrective action should be completed as soon as possible and the written response is due by **June 27, 2009**.

AFTER FIVE DAYS RETURN TO
CITY OF DUMAS
Dumas, Arkansas 71639



UNITED STATES POSTAGE

PITNEY BOWES
02 1P **\$ 000.44⁰**
0002153218 JUN 26 2009
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Ms. Cindy Garner
Water Division Enforcement
ADEQ
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