



ARKANSAS
Department of Environmental Quality

October 5, 2011

Honorable James Berry, Mayor
City of Dumas
P.O. Box 157
Dumas, Arkansas 71639

AFIN: 21-00045

NPDES Permit No.: AR0033987

Dear Mayor Berry:

On September 27, 2011, 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. Part II, Section C, 2; No documentation of monthly calibration checks conducted, on the totalizing flow meter, to insure that the accuracy of the measurements are consistent. (repeat violation).**
- 2. Part II, Section B, 1; Inadequate operation and maintenance of the treatment system. Specifically, there is heavy vegetative growth in all of the lagoons and in the chlorine contact chamber. Also, there is a break in the aeration system in the primary lagoon.**

The above items require your immediate attention. Please submit a written response to the Water Division Enforcement Branch Manager, of this Department. The response should be mailed to the address below or e-mailed to Water-Enforcement-Report@adeq.state.ar.us. 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 **October 15, 2011.**

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

Honorable James Berry, Mayor
City of Dumas
October 5, 2011
Page 2

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 style with a large, prominent "S" at the beginning.

Steven L. Henderson
District 6 Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	1	1	0	9	2	7	17	18	C	19	S	20	1	
Remarks																													
Inspection Work Days						Facility Evaluation Rating				BI		QA		Reserved															
67						70	1	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 Approximately 1/4 mile North of Highway 165 Section 25, Township 9 South, Range 4 West Desha County, Arkansas	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Entry Time/Date 9:00 a.m. 9/27/11</td> <td>Permit Effective Date November 1, 2006</td> </tr> <tr> <td>Exit Time/Date 11:50 a.m. 9/27/11</td> <td>Permit Expiration Date October 31, 2011</td> </tr> </table>	Entry Time/Date 9:00 a.m. 9/27/11	Permit Effective Date November 1, 2006	Exit Time/Date 11:50 a.m. 9/27/11	Permit Expiration Date October 31, 2011
Entry Time/Date 9:00 a.m. 9/27/11	Permit Effective Date November 1, 2006				
Exit Time/Date 11:50 a.m. 9/27/11	Permit Expiration Date October 31, 2011				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Patrick Fitzgerald, Class II Operator (870) 382-2121 (870) 382-6846	Other Facility Data Discharge Location: N 33 53' 33" W 91 27' 42" PDS# 061466				
Name, Address of Responsible Official/Title/Phone and Fax Number James Berry, Mayor City of Dumas P.O. Box 157 Dumas, Arkansas 71639	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </td> </tr> </table>	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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	U	Operations & Maintenance	S	Sampling
S	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	S	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. Part II, Section C, 2; No documentation of monthly calibration checks conducted, on the totalizing flow meter, to insure that the accuracy of the measurements are consistent. (repeat violation)**
- 2. Part II, Section B, 1; Inadequate operation and maintenance of the treatment system. Specifically, there is heavy vegetative growth in all of the lagoons and the chlorine contact chamber. Also, there is a break in the aeration system in the primary lagoon.**

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 September 29, 2011
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:

- | | |
|--|---|
| 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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

S M U NA NEDETAILS: **aeration system broken in primary lagoon, heavy vegetative growth in lagoons and chlorine chamber**

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 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

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 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

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: <i>9" Parshall Flume</i>	<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: <i>Last calibration= October 5, 2010</i>	<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 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

S M U NA NE

DETAILS:

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: <i>McClelland Consulting Engineers</i>	<i>Arkansas Analytical, Inc.</i>
b. LAB ADDRESS: <i>900 West Markham, Little Rock, Arkansas 72201</i>	<i>11701 I-30, Bldg. 1, Suite 115, Little Rock Arkansas</i>
c. PARAMETERS PERFORMED: <i>CBOD, BOD, TSS, NH3-N, DO, pH</i>	<i>Chronic Bio-monitoring</i>
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: **September 27, 2011** Time: **11:00 a.m.**

Head in Inches: **9.25** Feet: **.77**

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: **10/5/2011**

Recorded Flow at Date & Time Listed Above: **1.251 mgd** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.330 mgd**
 (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 =	1.251	-	1.330	X 100	
	1.330				

% Error =	-0.079	X 100	
	1.330		

% Error =	-0.059	X 100	
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% Error =	-5.94	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2011 08 01 To 2011 08 31
Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>64.2</u>	<u>8.1</u>	<u>9.1</u>
Calculated Value:	<u>64.2</u>	<u>8.1</u>	<u>9.1</u>
Permit Value:	<u>286</u>	<u>25</u>	<u>38</u>

If calculated value does not equal reported value, explain: EQUAL

**Arkansas Department of Environmental Quality (ADEQ)
Official Photograph Sheet**

Location:		City of Dumas WWTP, ¼ mile North of Hwy.165, Desha County						
Photographer:		Steven L. Henderson			Witness:		NA	
Photo #	1	Of	4		Date:	9/27/2011	Time:	9:53 a.m.

Description:	Heavy vegetative growth in lagoon system							
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Photographer:		Steven L. Henderson			Witness:		NA	
Photo #	2	Of	4		Date:	9/27/2011	Time:	10:09 a.m.

Description:	Heavy vegetative growth in lagoon system							
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**Arkansas Department of Environmental Quality (ADEQ)
Official Photograph Sheet**

Location:		City of Dumas WWTP, ¼ mile North of Hwy. 165, Desha County						
Photographer:		Steven L. Henderson			Witness:		NA	
Photo #	3	Of	4		Date:	9/27/2011	Time:	9:55 a.m.

Description:	Broken aeration line in primary lagoon							
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Photographer:		Steven L. Henderson			Witness:		NA	
Photo #	4	Of	4		Date:	9/27/2011	Time:	10:03 a.m.

Description:	Heavy vegetation in chlorine contact chamber							
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James Berry
Mayor

Johnny Brigham
Clerk/Treasurer

City of Dumas

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

City Council
T. C. Pickett
Roy Dalton
Christopher Hays
Franklin Healey
Romona Weatherford
Ross Martin
John Owen
Marlon Howard

October 13, 2011

Stephen L. Henderson
District 6 Inspector, Water Division
5301 Northshore Drive
North Little Rock, AR 72118

RE: Storm Water Non-Exposure Certification; NPDES Permit No.: AR0033987

Dear Mr. Henderson:

We have received your letter regarding the inspections conducted on September 27, 2011. Our responses to your comments are as follows:

- 1. Part II, Section C,2; No documentation of monthly calibration checks conducted on the totalizing flow meter to ensure that the accuracy of the measurements are consistent.**

We routinely calibrate the totalizing flow meter; however, we do not have the records for this for the past three months. This will be corrected prior to the next inspection.

- 2. Part II, Section B, 1; Inadequate operation and maintenance of the treatment system. Specifically, there is heavy vegetation growth in all of the lagoons and in the chlorine contact chamber. Also, there is a break in the aeration system in the primary lagoon.**

We have contacted the U of A Agriculture Cooperative Extension Service to sample the vegetation and advise us how to eliminate it from the treatment plant.
The break in the aeration system is being addressed.

If you should have any questions, please feel free to contact me.

Sincerely,



James Berry
Mayor, City of Dumas

ADEQ

ARKANSAS
Department of Environmental Quality

October 17, 2011

Mayor James Berry
City of Dumas
P.O. Box 157
Dumas, AR 71639

RE: AFIN: 21-00045

NPDES Permit No.: AR0033987

Dear Mayor Berry:

The Department has received your response to the September 27, 2011 inspection of your facility by our District Field Inspector, Steven Henderson. Your response has been deemed deficient for the following reasons:

1. The Department requires that you send a corrective action plan with a time line.
2. The Department requires photo documentation of the corrective actions taken.

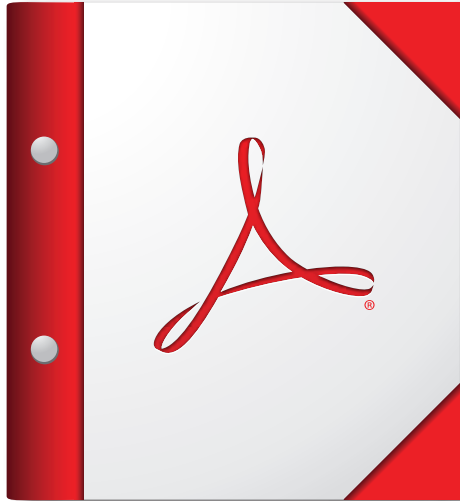
A copy of the inspection report and the inadequate response is included with this letter for your review. Please submit an adequate response to the Water Enforcement Branch by **October 31, 2011**. Failure to adequately respond by this date will be considered in determining the enforcement action, if required, for this construction site.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0667 or you may e-mail me at carlsonm@adeq.state.ar.us.

Sincerely,



Michelle Carlson
Enforcement Analyst
Water Division Enforcement Section



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From: [Bolenbaugh, Michelle](#)
To: [Allen-Daniel, Leslie](#)
Subject: FW: Dumas WWTP Pond, NPDES Permit No.: AR0033987
Date: Tuesday, November 08, 2011 9:44:56 AM
Attachments: [100_0058.jpg](#)
[100_0061.jpg](#)
[100B0070.jpg](#)
[100_0059.jpg](#)
[100_0062.jpg](#)
[100B0080.jpg](#)
[100_0060.jpg](#)
[100_0110.JPG](#)
[100B0081.jpg](#)

From: Stout, Marilyn
Sent: Tuesday, November 08, 2011 9:11 AM
To: Bolenbaugh, Michelle
Subject: FW: Dumas WWTP Pond, NPDES Permit No.: AR0033987

From: Henderson, Steve
Sent: Thursday, November 03, 2011 9:25 AM
To: Water-Enforcement-Report
Subject: FW: Dumas WWTP Pond, NPDES Permit No.: AR0033987

From: Luke Lenard [<mailto:l lenard@mcclelland-engrs.com>]
Sent: Thursday, November 03, 2011 9:00 AM
To: Henderson, Steve
Cc: 'Stacy Akin'; 'City of Dumas'
Subject: Dumas WWTP Pond, NPDES Permit No.: AR0033987

Mr. Henderson,

Please accept the following as corrections to the findings in your letter dated October 5, 2011:

- 1. Part II, Section C,2; No documentation of monthly calibration checks conducted, on the totalizing flow meter, to ensure that the accuracy of the measurements are consistent (repeat violation).**

The Parshall flume has been properly measured and recorded and the totalizing flow meter has been calibrated.

- 2. Part II, Section B, 1; Inadequate operation and maintenance of the treatment system. Specifically, there is heavy vegetative growth in all the lagoons and in the chlorine contact chamber. Also there is a break in the aeration system in the primary lagoon.**

The vegetation (Alligator Weed) has been removed from the ponds. Please see the attached photographs.

Please feel free to contact me if you have any questions or concerns.

Thank You,

Luke Lenard, E.I.
Project Engineer



900 W. Markham | Little Rock, AR 72201

P.O. Box 34087 | Little Rock, AR 72203

501.371.0272 office | 501.371.9932 fax

llenard@mcclelland-engrs.com

www.mcclelland-engrs.com



10/21/2011



10/21/2011



10/21/2011



01/01/2010



01/01/2010



01/01/2010



10/21/2011



10/21/2011



01/01/2010

ADEQ

ARKANSAS
Department of Environmental Quality

November 8, 2011

Mayor James Berry
City of Dumas
P.O. Box 157
Dumas, AR 71639

RE: AFIN: 21-00045

NPDES Permit No.: AR0033987

Dear Mayor Berry:

The Department has received your response to the September 27, 2011 inspection of your facility by our District Field Inspector, Steven Henderson. Your response has been deemed deficient for the following reason:

The Department requires photo documentation of the corrective action taken on the chlorine contact chamber.

A copy of the inspection report and the inadequate response is included with this letter for your review. Please submit an adequate response to the Water Enforcement Branch by **November 22, 2011**. Failure to adequately respond by this date will be considered in determining the enforcement action, if required, for this construction site.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0667 or you may e-mail me at bolenbaughm@adeq.state.ar.us.

Sincerely,



Michelle Bolenbaugh
Enforcement Analyst
Water Division Enforcement Section

From: [Stacy Akin](#)
To: [Bolenbaugh, Michelle](#)
Cc: ["City of Dumas"](#)
Subject: NPDES AR0033987 - Dumas WWTP
Date: Monday, November 21, 2011 9:51:12 AM
Attachments: [image001.jpg](#)
[100_0111.JPG](#)
[100_0112.JPG](#)
[100_0113.JPG](#)
[100_0114.JPG](#)
[100_0115.JPG](#)
[100_0116.JPG](#)
[100_0117.JPG](#)

Michelle,

Please find the attached photos that document there is no vegetation in the chlorine contact chamber in Dumas, AR. This is response to a letter from you on November 8, 2011. The NPDES Permit No. is AR0033987. Please call with any questions. Thanks.

Stacy Akin, P.E., LEED® GA
Project Manager, Senior Associate



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sakin@mccllelland-engrs.com
www.mccllelland-engrs.com

From: City of Dumas [mailto:dumas@centurytel.net]
Sent: Monday, November 21, 2011 8:31 AM
To: 'Stacy Akin'
Subject: Pictures

From Pat Fitzgerald and the Dumas sewer pond

Johnny Brigham
City of Dumas



01/28/2010



01/28/2010



01/28/2010



01/28/2010



01/28/2010



01/28/2010



01/28/2010

ADEQ

ARKANSAS
Department of Environmental Quality

November 21, 2011

Mayor James Berry
City of Dumas
P.O. Box 157
Dumas, AR 71639

RE: AFIN: 21-00045

NPDES Permit No.: AR0033987

Dear Mayor Berry:

The Department has received your response to the September 27, 2011 inspection of your facility by our District Field Inspector, Steven Henderson. Your letter appears to adequately address the discrepancies identified during the visit. The Department expects the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your site and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0667 or you may e-mail me at bolenbaughm@adeq.state.ar.us.

Sincerely,



Michelle Bolenbaugh
Enforcement Analyst
Water Division Enforcement Branch