



ARKANSAS  
Department of Environmental Quality

November 17, 2011

Mr. Scotty Jones  
Trumann Water and Sewer  
106 E. Main  
Trumann, AR 72472

RE: City of Trumann Wastewater Treatment Plant, Compliance Inspection

AFIN: 56-00047                      NPDES Permit No.: AR0035602

Dear Mr. Jones:

On October 25, 2011 and October 31, 2011, ADEQ inspectors Brent Walker and I performed routine compliance, stormwater, and sanitary sewer overflow inspections of the above referenced facility. These inspections were conducted in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. These inspections revealed the following violations:

The following items were noted during the October 25, 2011 sanitary sewer overflow inspection:

1. Excessive grease and solids were observed in the wet well of the East Side Gardens pump station.

The following items were noted during the October 31, 2011 compliance evaluation inspection:

1. The time and individual was not recorded for all grab samples. Part III, Section C., Item 8. of the permit requires that records and monitoring information shall include:
  - a) The date, exact place, time and methods of sampling or measurements, and preservatives used, if any;
  - b) The individual(s) who performed the sampling or measurements;
  - c) The date(s) analyses were performed;
  - d) The individual(s) who performed the analyses;
  - e) The analytical techniques or methods used; and
  - f) The measurements and results of such analyses.
2. An instantaneous flow measurement was not recorded for all grab samples. Part IV, Item 11. of the permit defines "Grab sample" as an individual sample collected in less than 15 minutes in conjunction with an instantaneous flow measurement.

Mr. Scotty Jones, Trumann Water and Sewer

November 16, 2011

Page 2

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department. This response should be mailed to the address below, or e-mailed to [Water-Enforcement-Report@adeq.state.ar.us](mailto:Water-Enforcement-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations (i.e. photos) is **due by November 27, 2011**.

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

If I can be of assistance, please contact me at [greenway@adeq.state.ar.us](mailto:greenway@adeq.state.ar.us) or 870-935-7221 ext.-15.

Sincerely,



Michael B. Greenway  
District 3 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



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

Form Approved  
OMB No. 2040-0003

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type				
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="2"/>	11 <input type="text" value="1"/> 12 <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> 17	18 <input type="text" value="C"/>	19 <input type="text" value="S"/>	20 <input type="text" value="1"/>					
Remarks									
<input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="P"/> <input type="text" value="O"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="S"/> <input type="text" value="E"/> <input type="text" value="T"/> <input type="text" value="T"/>									
Inspection Work Days		Facility Evaluation Rating		BI		QA		-----Reserved-----	
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69		70 <input type="text" value="2"/>		71 <input type="text" value="N"/>		72 <input type="text" value="N"/>		73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 80	

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>City of Trumann WWTP</b> ¼ mile north of the Hwy 69 and Hwy 198 intersection. Trumann, AR Poinsett County	Entry Time/Date <b>10:30 / October 31, 2011</b>	Permit Effective Date <b>October 1, 2009</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Scotty Jones / Manager / 870-284-0418</b> <b>Lorre Holt / Laboratory Analyst / 870-483-2882</b>	Exit Time/Date <b>16:05 / October 31, 2011</b>	Permit Expiration Date <b>September 30, 2011</b>
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Scotty Jones / Manager / 870-284-0418</b> City of Trumann 106 East Main Street Trumann, AR 72472	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other Facility Data <b>35.682519</b> <b>-90.494141</b>  <b>PDS # 062312</b>

### Section C: Areas Evaluated During Inspection

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

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

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

This routine compliance inspection revealed the following violations:

- The time and individual performing grab samples was not recorded.
- An instantaneous flow measurement was not recorded in conjunction with grab samples.

Refer to the attached letter for more information.

Name(s) and Signature(s) of Inspector(s)   <b>Michael Greenway</b> <b>Brent Walker</b>	Agency/Office/Telephone/Fax  <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 15 / (870) 935-4715 (Fax)</b>	Date  <b>November 14, 2011</b>
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: Y N NA NE
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
- 4. ALL DISCHARGES ARE PERMITTED: Y N NA 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: Y N NA NE
- 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
  - a. DATES AND TIME(S) OF SAMPLING: Not recorded for all grab samples Y N NA NE
  - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
  - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Not recorded for all grab samples Y N NA NE
  - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
  - e. RESULTS OF CALIBRATIONS: Y N NA NE
  - f. RESULTS OF ANALYSES: Y N NA NE
  - g. DATES AND TIMES OF ANALYSES: Y N NA NE
  - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
- 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
- 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
- 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS:

- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
- 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
- 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
- 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
- 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
- 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
- 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
- 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
- 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
- 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA 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: <u>Effluent flow was not recorded for grab samples.</u>	<input type="checkbox"/> Y <input checked="" 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:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>9" Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: <u>Last calibration was on 02-16-2011.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

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: <u>Arkansas State University Ecotoxicology Facility</u>	
b. LAB ADDRESS: <u>State University, AR</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <b>No discharge during inspection.</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:	
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: <b>This facility was in compliance with its "no exposure" certification (ARR000270).</b>	
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 11 07 01 To 11 07 31  
Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>142.8</u>	<u>22.8</u>	<u>27.8</u>
<b>Calculated Value:</b>	<u>142.8</u>	<u>22.8</u>	<u>27.8</u>
<b>Permit Value:</b>	<u>1336</u>	<u>90</u>	<u>135</u>

**If calculated value does not equal reported value, explain:** Equal





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	5	6	0	2	11	12	1	1	1	0	2	5	17	18	V	19	S	20	1
Remarks																												
5 6 - 0 0 0 4 7 P O I N S E T T																												
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved												
67						70						71		72		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> ) <b>City of Trumann WWTP</b> <b>¼ mile north of the Hwy 69 and Hwy 198 intersection.</b> <b>Trumann, AR</b> <b>Poinsett County</b>		Entry Time/Date <b>10:20 / October 25, 2011</b>		Permit Effective Date <b>October 1, 2009</b>	
		Exit Time/Date <b>14:55 / October 25, 2011</b>		Permit Expiration Date <b>September 30, 2014</b>	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Scotty Jones / Manager / 870-284-0418</b>				Other Facility Data <b>35.682519</b> <b>-90.494141</b>  <b>PDS # 062313</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Scotty Jones / Manager / 870-284-0418</b> <b>City of Trumann</b> <b>106 East Main Street</b> <b>Trumann, AR 72472</b>				Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

### Section C: Areas Evaluated During Inspection

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

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

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

This sanitary sewer overflow inspection revealed the following violation:

1. Excessive grease and solids in the wet well of the East Side Gardens pump station.

Refer to the letter accompanying the October 31, 2011 CEI for more information.

Name(s) and Signature(s) of Inspector(s)   <b>Michael Greenway</b> <b>Brent Walker</b>	Agency/Office/Telephone/Fax  <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 15 / (870) 935-4715 (Fax)</b>	Date  <b>October 27, 2011</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <b>Combination gravity and force main system.</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>Population of 6,889</b>		
FEET OF SEWER SYSTEM: <b>Unknown</b>		
AGE OF SYSTEM: <b>1960 and newer.</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>Minor I and I problems.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): <b>Reported to ADEQ by Manager Scotty Jones</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOS REPORTED REGARDLESS OF SIZE: <b>Yes</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOS REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>Refer to ADEQ database for a complete list of SSO's.</b>		
<b>PUMP STATIONS</b>		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <b>47</b>	NUMBER WITH BACKUP POWER: <b>1 dedicated, 3 portable generators available.</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily 7/7</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Yes</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>Yes</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>Auto Dialers</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Portable generators and pumps</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>3</b>		
<b>SATELLITE SYSTEMS</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <b>No</b>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Birch Street</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>3</u>	NUMBER OPERATIONAL: <u>3</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Some grease present, but not excessive.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No emergency contact information posted.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>High Level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>East Side Gardens</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Excessive grease and solids in wet well.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No emergency contact information posted.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>High Level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Revival Center</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No emergency contact information posted.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>High Level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**Water Division NPDES Photographic Evidence Sheet**

**Location:** City of Trumann, WWTP

**Photographer:** Michael Greenway      **Witness:** Brent Walker

**Photo #** 1    **Of** 6      **Date:** 10/25/2011      12:32

**Description:** View of the Birch Street pump station.



**Photographer:** Michael Greenway      **Witness:** Brent Walker

**Photo #** 2    **Of** 6      **Date:** 10/25/2011    **Time:** 12:32

**Description:** Inside the wet well of the Birch Street pump station.



**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	City of Trumann, WWTP						
<b>Photographer:</b>	Michael Greenway			<b>Witness:</b>	Brent Walker		
<b>Photo #</b>	3	<b>Of</b>	6	<b>Date:</b>	10/25/2011	<b>Time:</b>	12:53
<b>Description:</b>	View of the East Side Gardens pump station.						



<b>Photographer:</b>	Michael Greenway			<b>Witness:</b>	Brent Walker		
<b>Photo #</b>	4	<b>Of</b>	6	<b>Date:</b>	10/25/2011	<b>Time:</b>	12:54
<b>Description:</b>	Excessive grease and solids inside the wet well of the East Side Gardens pump station.						



**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	City of Trumann, WWTP						
<b>Photographer:</b>	Michael Greenway			<b>Witness:</b>	Brent Walker		
<b>Photo #</b>	5	<b>Of</b>	6	<b>Date:</b>	10/25/2011	<b>Time:</b>	13:03
<b>Description:</b>	View of the Revival Center pump station.						



<b>Photographer:</b>	Michael Greenway			<b>Witness:</b>	Brent Walker		
<b>Photo #</b>	6	<b>Of</b>	6	<b>Date:</b>	10/25/2011	<b>Time:</b>	13:04
<b>Description:</b>	Inside the wet well of the Revival Center pump station.						





Nov 21, 2011

ADEQ

Water Division

Enforcement Branch

RE: Trumann Wastewater Inspection Response

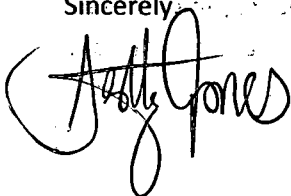
NPDES Permit # AR0035602

In response to the inspection letter dated November 17, 2011 the time and initials of the individual performing all grab samples are included on the lab bench card for each parameter. Since the lab analyst was using the same grab sample for PH and DO there were not separate bench cards at that time and the information was only recorded once for both parameters. Also an instantaneous flow measurement is recorded just prior to collecting the grab sample. The lab analyst was recording totalizer flow in mgd instead of instantaneous flow. The instantaneous flow is now being recorded on each grab sample bench card.

In response to excessive grease in lift stations. We are currently using the Circle R Bio 42G-B product which is bacteria that is cultured to digest grease. Removal by a contractor is very expensive and we do not have the resources to remove it ourselves. We have hired certain companies with vacuum trucks to remove the grease when it hindered the operation of the lift station. We have 47 lift stations here in Trumann, and have always experienced grease problems. We have passed a grease prevention and trap ordinance to aid us in the fight against excessive grease discharge. It has help considerably with the commercial discharges but offers no solution to the residential areas. We do routinely check all lift stations for excessive grease in the wetwell and remove or treat the grease on a priority basis. The build up of grease inside the wetwells is not because of neglect or poor maintenance. This will be a battle to fight for years to come with no permanent solution in site.

I appreciate your time and cooperation with us here at Trumann Waterworks. We strive to be compliant with all of ADEQ's rules and regulations. I also assure you that all corrective measures have been or will be taken against the items noted in the inspection letter.

Sincerely,



Trumann Water Works

106 East Main Street  
Trumann, Arkansas 72472-3398



ADEQ  
WATER ENFORCEMENT BRANCH  
5301 NORTHSHORE DRIVE  
N. LITTLE ROCK, AR. 72118-5317

721185317



# ADEQ

ARKANSAS  
Department of Environmental Quality

February 21, 2012

Mr. Scotty Jones  
Trumann Water & Sewer  
106 E. Main  
Trumann, AR 72472

RE: AFIN: 56-00047 NPDES Tracking No.: AR0035602

Dear Mr. Jones:

The Department has received your response to the October 25 and October 31, 2011 inspection of your facility by our District Field Inspectors, Brent Walker and Michael Greenway. Your letter appears to adequately address the discrepancies identified during the visit. 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 501-682-0823 or you may e-mail me at [suel@adeq.state.ar.us](mailto:suel@adeq.state.ar.us).

Sincerely,



Kevin Suel  
Enforcement Analyst  
Water Division Enforcement Branch