

# ADEQ

ARKANSAS  
Department of Environmental Quality

June 23, 2014

Don O'Neal, General Manager  
City of Wynne WWTP  
121 East Merriman Avenue  
Wynne, AR 72396

RE: City of Wynne WWTP Inspection  
AFIN: 19-00071 Permit No.: AR0021903

Dear Mr. O'Neal:

On May 22, 2014, I performed a routine compliance inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection reports is enclosed for your records.




**Please refer to the "Summary of Findings" section of the attached inspection report and provide a written response for the violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **July 7, 2014**.

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

Sincerely,



Michael Greenway  
District 3 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>							
		AFIN: 19-00071		PERMIT #: AR0021903		DATE: 5/22/2014			
		COUNTY: 19 Cross			PDS #: 078428		MEDIA: WN		
		GPS LAT: 35.219110 LONG: -90.828089 LOCATION: Entrance							
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>					
NAME: <b>City of Wynne WWTP</b> LOCATION: <b>545 Bowden Road</b> CITY: <b>Wynne, AR</b>				FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>86009 S - State</b>			
<b>RESPONSIBLE OFFICIAL</b> NAME: / TITLE <b>Don O'Neal / General Manager</b> COMPANY: <b>City of Wynne WWTP</b> MAILING ADDRESS: <b>121 East Merriman Avenue</b> CITY, STATE, ZIP: <b>Wynne AR 72396</b> PHONE & EXT: / FAX: <b>870-238-2751 /</b> EMAIL: <b>wynnewater@yahoo.com</b> CONTACTED DURING INSPECTION: <b>Yes</b>				FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>			
				DATE(S): <b>5/22/2014</b>		ENTRY TIME: <b>09:40</b>		EXIT TIME: <b>12:00</b>	
								PERMIT EFFECTIVE DATE: <b>4/1/2013</b> PERMIT EXPIRATION DATE: <b>3/31/2018</b>	
				FAYETTEVILLE SHALE RELATED: <b>N</b>					
				FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>					
				<b>INSPECTION PARTICIPANTS</b>					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Harrell Williams / Environmental Compliance / 870-238-7574</b> <b>Paul Whitehead / Team Leader / 870-238-7574</b>					
<b>AREA EVALUATIONS</b>									
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)									
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>**</b>	STORMWATER				
<b>U</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>M</b>	FACILITY SITE REVIEW				
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>U</b>	SELF-MONITORING PROGRAM				
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>**</b>	PRETREATMENT				
<b>**</b>	OTHER:								
<b>SUMMARY OF FINDINGS</b>									
This routine compliance inspection revealed the following:									
<ol style="list-style-type: none"> <li>Concentration values for TSS, BOD, and NH3-N were not reported correctly on the April 2014 DMR. This is a violation of Part I, Section A of the Permit. The concentration values reported on the DMR were adjusted according to flow (Refer to the DMR Calculation Check on page 7). A corrected April 2014 DMR will need to be submitted to the Department. The facility should also review DMR's submitted since June 2011, and submit corrected copies as necessary.</li> </ol>									
There were no violations noted in the sanitary sewer overflow inspection, and verification of the stormwater no exposure exclusion.									
<b>GENERAL COMMENTS</b>									
Refer to the attached letter and the accompanying May 22, 2014 sanitary sewer overflow and stormwater inspections for additional information.									
INSPECTOR'S SIGNATURE:  <b>Michael Greenway</b>						DATE: <b>6/20/2014</b>			
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>						DATE: <b>6/23/2014</b>			

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Concentration values were not reported as required. DMR concentration values were multiplied by flow MGD.</b>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>Concentration values were not reported correctly.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input 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

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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: <u>Last calibration performed 9-27-2013.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Sorrells Research Lab</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>All Parameters required by the Permit.</u>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Water was clear, several fish near outfall.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Very Low	None	None	Clear	--
<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: <u>Sludge is land applied under Permit 5155-W</u>							
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>Agricultural.</u>							
<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: <u>The facility is covered under Permit ARR000293 with no exposure exclusion. Evaluated Separately.</u>							
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	

**FLOW CALCULATION SHEET**

Date: **5/22/2014** Time: **10:18**

Head in Inches: **N/A** Feet: **N/A**

Type & Size of Primary Flow Measurement Device: **9" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **HydroRanger Plus**

Date of last Calibration of Secondary Flow Device: **9/27/2013**

Recorded Flow at Date & Time Listed Above: **0.669 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =		-		X 100

% Error =		X 100	

% Error =		X 100	

% Error =		%	

Comments: **There was no staff gauge or other manual measuring device to use at the time of inspection.**

**DMR Calculation Check**

Reporting Period: From 2014 04 01 To 2014 04 30  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>57.2</u>	<u>6.7</u>	<u>13.2</u>
Calculated Value:	<u>57.2</u>	<u>8.8</u>	<u>18.0</u>
Permit Value:	<u>345</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:  
Not Equal. Concentration values reported on the DMR were the product of flow MGD X concentration (mg/L).

**DMR Calculation Check**

Reporting Period: From 2014 04 01 To 2014 04 30  
 Year Month Day Year Month Day

Parameter Checked: FCB

	Concentration	
	Monthly	
	30-Day Geo. CFU/100 mL	7-day Geo. CFU/100 mL
Reported Value:	<u>66</u>	<u>150</u>
Calculated Value:	<u>66</u>	<u>150</u>
Permit Value:	<u>1000</u>	<u>2000</u>

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



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Wynne WWTP</b>		
Photographer:	<b>Michael Greenway</b>	Date:	<b>5/22/2014</b>
Time:	<b>10:24</b>	Witness:	<b>None</b>
Photo #:	<b>1</b>	Description:	<b>View of the Wynne WWTP.</b>



Photographer:	<b>Michael Greenway</b>	Date:	<b>5/22/2014</b>
Time:	<b>10:20</b>	Witness:	<b>None</b>
Photo #:	<b>2</b>	Description:	<b>View of the sampling point and effluent leaving the final treatment unit. The water appeared very clear and free of solids.</b>



**From:** [Don O'Neal](#)  
**To:** [Greenway, Michael](#)  
**Cc:** [rcaldwell@apexcentral.net](mailto:rcaldwell@apexcentral.net); [BOB STACY](#); [harold williams](#)  
**Subject:** Re: letter dated june 23 permit AR0021903  
**Date:** Thursday, July 03, 2014 10:44:27 AM

---

Mr. Greenway,

This email is in response to your demand for corrective action. As the attached letter explains, our course of action is dependent on ADEQ's analysis of the events presented. As the letter indicates, we are confused by what may be an uninformed decision on your part. You are in fact asking us to reverse a previous decision made by ADEQ.

Don M. O'Neal, General Manager, Wynne Water Utilities

**From:** [Greenway, Michael](#)  
**To:** [Water-Inspection-Report](#)  
**Cc:** [rcaldwell@apexcentral.net](mailto:rcaldwell@apexcentral.net); [BOB STACY](#); [harold williams](#); [Don O'Neal](#)  
**Subject:** Inspection Response, Wynne  
**Date:** Monday, July 07, 2014 8:34:11 AM  
**Attachments:** [EPA response letter June 30 14.docx](#)

---

I am forwarding an inspection response from Wynne Water Utilities. Permit #AR0021903

-----Original Message-----

From: Don O'Neal [<mailto:wynnewater45@yahoo.com>]  
Sent: Thursday, July 03, 2014 10:45 AM  
To: Greenway, Michael  
Cc: [rcaldwell@apexcentral.net](mailto:rcaldwell@apexcentral.net); BOB STACY; harold williams  
Subject: Re: letter dated june 23 permit AR0021903

Mr. Greenway,

This email is in response to your demand for corrective action. As the attached letter explains, our course of action is dependent on ADEQ's analysis of the events presented. As the letter indicates, we are confused by what may be an uninformed decision on your part. You are in fact asking us to reverse a previous decision made by ADEQ.

Don M. O'Neal, General Manager, Wynne Water Utilities

July 3, 2014

ADEQ  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Attn: Michael Greenway

Re: City of Wynn WWTP Inspection  
AFIN: 19-00071      Permit No: AR0021903

Dear Mr. Greenway:

Thank you for your letter dated June 23, 2014. Since we seldom hear from ADEQ regarding compliance issues I am not only attempting to respond correctly but I am also using this matter as a training tool for future events.

The comment notation of "U" was noted and referred to RECORDS/REPORTS. Also noted was a "U" referring to SELF-MONITORING PROGRAM. The summary of findings revealed the following:

1. Concentration values for TSS, BOD, and NH<sub>3</sub>-N were not reported correctly on the April 2014 DMR. This is a violation of Part 1, Section A of the Permit, The concentration values reported on the DMR were adjusted according to flow (Refer to the DMR Calculation Check on page 7). A corrected April 2014 DMR will need to be submitted to the Department. The facility should also review DMR's submitted since June 2011, and submit corrected copies as necessary.

What is the significance of 2011?

2. On page 3 Of 9 under SECTION A: it was noted that met or exceeded compliance. Under SECTION B: it was noted that concentration values were not reported correctly.

Since appointed to the position of operator of record and signatory authority for the City of Wynne (1997) for DMR reporting, we have had two issues with the way we have reported the information discussed above. Prior to August of 1999 our reports were submitted as you have recently requested.

Following a routine inspection, ADEQ's inspector Ronald White in 1999 it was noted that the reports should be modified to reflect our current method of reporting. Naturally, we tend to question the methodology used that would cause one to think a changes is needed. We asked that this issue be researched and Mr. Dennis Benson responded accordingly. As a result of his direction the reporting was modified to reflect our current process.

Simply put, we reported as requested by ADEQ, then was asked to change to our current method of reporting b ADEQ, and now you want us to change back to what was reported before

this all started. And then you want us to spend the time and money to revise all the reports we were requested to change in the first place.

We are confused by your effort to have this changed. It would seem that there can be an agreement within your agency as to what is needed to reflect the information properly. As for going back and correcting and resubmitting reports, that remains an issue for discussion. We don't keep information beyond ten years and seldom beyond seven years. It is not my intention to cause the City of Wynne unnecessary cost to deal with any issue unnecessarily.

We are proud of the success of our wastewater treatment plant. In a recent investigation of stream flow quality conducted by your department, it was noted that not only were we compliant, we actually contributed to the water quality of Arkansas. All our employees are licensed operators and we are especially proud of our lab personnel and their performance is well documented.

It is my hope that those persons involved with the decision making process on this situation and others are able to tell us why ADEQ is asking us flip back and forth on this issue. I would welcome a visit with you and your supervisor when you can find time to meet with us at our plant. This location is suited to information recovery should it be needed.

Respectfully,

DMO

Don M. O'Neal  
Class IV 1125

Commission Chairman Randal Caldwell  
Honorable Bob Stacy, Mayor  
Honorable Ronald Caldwell, Senator

**From:** [Bolenbaugh, Jason](#)  
**To:** [McConnell, Melissa](#)  
**Cc:** [Greenway, Michael](#)  
**Subject:** FW: ADEQ Inspection Response. Wynne- AR0021903  
**Date:** Thursday, July 10, 2014 12:10:41 PM  
**Attachments:** [EPA response letter June 30 14.docx](#)  
[2009 DMR Manual.pdf](#)

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Melissa,

Please attach this email to Michael's inspection report. Don't worry about the attachments.

Jason Bolenbaugh  
Inspection Branch Manager  
ADEQ Water Division  
Phone: 501-682-0659  
[bolenbaugh@adeq.state.ar.us](mailto:bolenbaugh@adeq.state.ar.us)

-----Original Message-----

From: Greenway, Michael  
Sent: Thursday, July 10, 2014 11:19 AM  
To: Don O'Neal; Water-Inspection-Report  
Cc: [rcaldwell@apexcentral.net](mailto:rcaldwell@apexcentral.net); BOB STACY; harold williams; Suel, Kevin; Healey, Richard; Johnson, Miles  
Subject: ADEQ Inspection Response. Wynne- AR0021903

Mr. O'Neal,

It appears there was a misunderstanding of how concentration values were supposed to be reported 15 years ago. Prior to 2004, many permits required the monthly average concentration values to be "flow weighted". However, there is a difference between the "flow paced" method that your facility has been using and the "flow weighted" method which is included in the DMR manual that I have attached. Please refer to pages 10 and 11 for clarification on this issue. As noted in bold at the bottom of Page 11, the flow weighting component was removed from most permits that became effective after March 31, 2004. Your current permit, and the previous permit which expired on November 30, 2012 did not include the flow weighted requirement. The "flow paced" method used by your facility has resulted in DMR data that has been inaccurately reported to the Department.

In your letter you asked, "What is the significance of 2011". Please refer to Part III, Section C, Item 7, and Part III, Section D, Item 9, of your Permit. You are required to retain your records for a period of at least 3 years. The TSS, CBOD5, and NH3-N concentration values reported on the reviewed DMR were less than the actual concentration values reported by the lab. It appears this reporting error has been repeated for several years. Your records within the 3 year required timeframe should be reviewed and you will need to submit corrected DMR's accordingly.

I have discussed this matter with my supervisor and others within the Department. Corrective actions by your facility are required. At a minimum, your facility should submit corrected DMR's from a timeframe beginning on April 1, 2013, which was the effective date of your current Permit, to the present. This corrective action will be due no later than July 31, 2014.

Sincerely,

Michael B. Greenway  
District 3 Field Inspector  
Water Division - Jonesboro Field Office  
Arkansas Department of Environmental Quality  
870-935-7221 ext.-15

-----Original Message-----

From: Don O'Neal [<mailto:wynnewater45@yahoo.com>]

Sent: Thursday, July 03, 2014 10:45 AM

To: Greenway, Michael

Cc: rcaldwell@apexcentral.net; BOB STACY; harold williams

Subject: Re: letter dated june 23 permit AR0021903

Mr. Greenway,

This email is in response to your demand for corrective action. As the attached letter explains, our course of action is dependent on ADEQ's analysis of the events presented. As the letter indicates, we are confused by what may be an uninformed decision on your part. You are in fact asking us to reverse a previous decision made by ADEQ.

Don M. O'Neal, General Manager, Wynne Water Utilities

**From:** [Greenway, Michael](#)  
**To:** [Water-Inspection-Report](#)  
**Cc:** [Don O'Neal \(wynnewater45@yahoo.com\)](#); [Allen-Daniel, Leslie](#)  
**Subject:** FW: ADEQ Inspection Response. Wynne- AR0021903  
**Date:** Tuesday, August 19, 2014 2:13:45 PM  
**Attachments:** [EOD187D7.png](#)  
[EB05B64A.png](#)

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I am forwarding another inspection response from the City of Wynne WWTP. Please see attachments.

-----Original Message-----

From: Don O'Neal [<mailto:wynnewater45@yahoo.com>]  
Sent: Friday, July 11, 2014 9:13 AM  
To: Greenway, Michael  
Subject: RE: ADEQ Inspection Response. Wynne- AR0021903

Thank you.

-----  
On Fri, 7/11/14, Greenway, Michael <[GREENWAY@adeq.state.ar.us](mailto:GREENWAY@adeq.state.ar.us)> wrote:

Subject: RE: ADEQ Inspection Response. Wynne- AR0021903  
To: "Don O'Neal (wynnewater45@yahoo.com)" <[wynnewater45@yahoo.com](mailto:wynnewater45@yahoo.com)>  
Cc: "Bolenbaugh, Jason" <[BOLENBAUGH@adeq.state.ar.us](mailto:BOLENBAUGH@adeq.state.ar.us)>  
Date: Friday, July 11, 2014, 6:23 AM

Mr. O'Neal,

Your message below has been received and forwarded to the ADEQ Water Division Inspection Branch for review.

-----Original Message-----

From: Greenway, Michael  
Sent: Friday, July 11, 2014 8:17 AM  
To: Water-Inspection-Report  
Subject: FW: ADEQ Inspection Response. Wynne- AR0021903

I am forwarding additional correspondence from the Wynne WWTP.

-----Original Message-----

From: Don O'Neal [<mailto:wynnewater45@yahoo.com>]  
  
Sent: Thursday, July 10, 2014 4:26 PM  
To: Greenway, Michael  
Subject: Re: ADEQ Inspection Response. Wynne- AR0021903

Mr. G: I have included a response preceded by XXXXXX. Don O

-----  
On Thu, 7/10/14, Greenway, Michael <[GREENWAY@adeq.state.ar.us](mailto:GREENWAY@adeq.state.ar.us)> wrote:

Subject: ADEQ Inspection Response. Wynne- AR0021903  
To: "Don O'Neal" <[wynnewater45@yahoo.com](mailto:wynnewater45@yahoo.com)>, "Water-Inspection-Report" <[Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us)>  
Cc: "rcaldwell@apexcentral.net" <[rcaldwell@apexcentral.net](mailto:rcaldwell@apexcentral.net)>, "BOB STACY" <[cityofwynne@att.net](mailto:cityofwynne@att.net)>, "harold williams" <[srgolfer27@yahoo.com](mailto:srgolfer27@yahoo.com)>, "Suel, Kevin" <[SUEL@adeq.state.ar.us](mailto:SUEL@adeq.state.ar.us)>, "Healey,



Richard" <HEALEYR@adeq.state.ar.us>, "Johnson, Miles" <JohnsonM@adeq.state.ar.us>

Date: Thursday, July 10, 2014, 9:19 AM

Mr. O'Neal,

It appears there was a misunderstanding of how concentration values were supposed to be reported 15 years ago. xxxxxxx Thank you for taking the time to research my concerns and set the record straight.

Prior to 2004, many permits required the monthly average concentration values to be "flow weighted".

xxxxxx you state that many permits implies that some were required to and some were not. we do not have any idea of how many fell into either category .

However, there is a difference between the "flow paced" method that your facility has been using and the "flow weighted" method which is included in the DMR manual that I have attached.

xxxxx The difference is pretty much common knowledge in this profession, however, we do not have a copy of the manual you refer to and we are unable to document any transmittal to us at any time. I am glad to finally have a copy and this will assist us greatly in the future. If the department decides to change the procedure again please be sure and let us know.

Please refer to pages 10 and 11 for clarification on this issue. As noted in bold at the bottom of Page 11, the flow weighting component was removed from most permits that became effective after March 31, 2004.

Your current permit, and the previous permit which expired on November 30, 2012 did not include the flow weighted requirement. The "flow paced" method used by your facility has resulted in DMR data

that has been inaccurately reported to the Department. xxxx again, the reporting was due to directives coming from your office and normally we don't ask for confirmation when asked to change a procedure. I would like to point out that during the time of your concern we did not fail to meet the permit limits as noted on the NPDES permit.

In your letter you asked, "What is the significance of 2011". Please refer to Part III, Section C, Item 7, and Part III, Section D, Item 9, of your Permit. You are required to retain your records for a period of at least 3 years. The TSS, CBOD5, and NH3-N concentration values reported on the reviewed DMR were less than the actual concentration values reported by the lab. It appears this reporting error has been repeated for several years. Your records within the 3 year required timeframe should be reviewed and you will need to submit corrected DMR's accordingly.

I have discussed this matter with my supervisor and others within the Department. Corrective actions by your facility are required. At a minimum, your facility should submit corrected DMR's from a timeframe beginning on April 1, 2013, which was the effective date of your current Permit, to the present.

This corrective action will be due no later than July 31, 2014.

Again, this directive is somewhat misleading. in the previous paragraph you stated "Your records within the 3 year required timeframe should be reviewed and you will need to submit corrected DMR's accordingly. Then you state that after a prior discussion with your supervisor we should submit corrected forms beginning in April of 2013 as a minimum response.

Please be advised that we will comply with the time frame regarding the latter part of your directive as soon as possible. If after viewing those submittals it becomes essential to research three years of paper work it may require longer than July 31, 2014.

Sincerely,

Michael B. Greenway  
District 3 Field Inspector

Water Division - Jonesboro Field Office Arkansas Department of Environmental Quality  
870-935-7221 ext.-15

-----Original Message-----

From: Don O'Neal [<mailto:wynnewater45@yahoo.com>]

Sent: Thursday, July 03, 2014 10:45 AM

To: Greenway, Michael

Cc: rcaldwell@apexcentral.net;

BOB STACY; harold williams

Subject: Re: letter dated june 23 permit AR0021903

Mr. Greenway,

This email is in response to your demand for corrective action. As the attached letter explains, our course of action is dependent on ADEQ's analysis of the events presented. As the letter indicates, we are confused by what may be an uninformed decision on your part. You are in fact asking us to reverse a previous decision made by ADEQ.

Don M. O'Neal, General Manager, Wynne Water Utilities



# WYNNE WATER UTILITIES

"Water is Life"



July 16, 2014

ADEQ  
NPDES Enforcement Board  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Attn: Michael Greenway  
Re: City of Wynne Submission - Permit # **AR0021903**

Dear Mr. Greenway,

Included with this letter are the revised DMR reports per your request.

Please be advised also that in February of this year due to heavy rainfall using our method of reporting we violated our permit regarding the reporting of the TSS for a 7- day maximum. Using the method selected by your office the violation mentioned would not exist. Please see that the responsible individual is made aware of this.

Sincerely,

Don M. O'Neal  
General Manager

DMO/pm



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# ADEQ

A R K A N S A S  
Department of Environmental Quality

September 26, 2014

Don O'Neal, General Manager  
City of Wynne WWTP  
121 East Merriman Avenue  
Wynne, AR 72396

RE: City of Wynne WWTP Inspection  
AFIN: 19-00071 Permit No.: AR0021903

Dear Mr. O'Neal:

I have reviewed the response pertaining to my May 22, 2014 inspection of the above referenced facility. At this time, the Department has no further comment concerning this particular inspection. 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 expects the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit.

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 [greenway@adeq.state.ar.us](mailto:greenway@adeq.state.ar.us), or 870-935-7221.

Sincerely,



Michael Greenway  
District 3 Field Inspector  
Water Division



# WYNNE WATER UTILITI

*"Water is Life"*

October 7, 2014

Department of Environmental Quality  
Attn: Ms. Teresa Marks, Director  
5301 North Shore  
North Little Rock, AR 72118

Re: City of Wynne WWTP Inspections    AFIN: 19-00071    Permit No.: AR0021903

Dear Ms. Marks:

Reference is made to the attached letter dated September 26, 2014. In my forty plus years of working with your agency I have seen a lot of things come and go to say the least. I debated a considerable time whether or not to send you a letter.

My overall concern is the tone and approach taken that has resulted in the makeup of the attached letter and the issues surrounding it. The issue is this. Approximately during one of the annual inspections of the city owned wastewater plant an inspector of ADEQ instructed our lab technician to change the way he was to report certain test results. During the past thirteen or so years annual inspections have taken place and there was no directive to report anything to the contrary until now. Although the so called violation was due to improper information from your department, we did find a way to correct the reports. This whole matter was strictly an administrative issue and in no way represents a negative discharge or violation of the Federal National Pollutant Elimination System permit.

During the inspection by Mr. Greenway, he determined that the reporting was improperly recorded and accordingly was a violation. Even though we had followed the State's directive to the letter we were treated as if we willfully violated the regulations. Then we were instructed to provide corrective action at our expense.

When his letter implies that the state will pursue the enforcement for future violations and then it implies further threats as well, we are thinking, who is he referring to?

I would remind anyone that we were not the violator. We are being treated as if we were. We were asked to supply corrected data and I believe that was done.

Maybe the inspector's approach is acceptable but I wonder if anyone actually has coached him on the ins and outs of the agency's intended denouement.

Your attention to this matter will be appreciated.

Respectfully,

Don M. O'Neal, General Manager  
City of Wynne Water Utilities

121 E. MERRIMAN • WYNNE, AR 72396 • OFFICE: (870) 238-2751 • FAX: (870) 238-2044



ARKANSAS  
Department of Environmental Quality

October 20, 2014

Mr. Don O'Neal, General Manager  
City of Wynne Water Utilities  
121 E. Merriman  
Wynne, AR 72396

RE: Response to Comment Pertaining To Inspection  
~~NPDES-Permit-No.-AR002-1903~~

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Dear Mr. O'Neal,

The Department has received your letter pertaining to the approach taken by Inspector Michael Greenway during the May 22, 2014 inspection of your facility and the subsequent correspondence between both parties. Inspector Greenway followed the conditions of the permit and was merely attempting to show the facility was improperly reporting concentration values for specific parameters. The Department recognizes that during previous inspections you may have been directed to calculate these parameter values differently; however, regardless of the direction provided by an inspector we encourage each facility to operate according to the issued permit and if there are any discrepancies to please get clarification from the inspector or contact the appropriate personnel from the ADEQ Water Division Permits Branch. I can assure you that the Department will not take an enforcement action against the facility regarding the reporting issue observed during the May 22 inspection.

Regarding Inspector Greenway's final letter, the Department does not intend for the language used to be threatening and we apologize if it was accepted in that manner. The Department appreciates your cooperativeness in amending the Discharge Monitoring Reports and we look forward to fostering a good working relationship with you and the City of Wynne.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ryan Benefield".

J. Ryan Benefield, PE  
Interim Director