



October 29, 2014

Mike Spencer, Operator  
City of Mena  
323 Polk 53  
Mena, AR 71953

**RE: Mena WWTP Inspection (Polk Co)**  
**AFIN: 57-00423 NPDES Permit No.: AR0036692**  
**ARR000145**

Dear Mr. Spencer:

On September 29, 2014, I performed a Compliance Evaluation Inspection and an Industrial Stormwater Inspection of the above referenced facility and a Sanitary Sewer Overflow Inspection of the collection system 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 report is enclosed for your records.

**Please refer to the "Summary of Findings" section of each of the attached inspection reports and provide a written response for each 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 **November 12, 2014.**

If I can be of any assistance, please contact me at [mccabe@adeq.state.ar.us](mailto:mccabe@adeq.state.ar.us) or (501) 682-0642.

Sincerely,

A handwritten signature in black ink that reads "Kerri McCabe". The signature is written in a cursive, flowing style.

Kerri McCabe  
Inspector Supervisor  
Water Division

cc: Mike Spencer, Operator, City of Mena, [menawwtp@gmail.com](mailto:menawwtp@gmail.com)

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>							
		AFIN: <b>57-00423</b>		PERMIT #: <b>AR0036692</b>		DATE: <b>9/29/2014</b>			
		COUNTY: <b>57 Polk</b>			PDS #: <b>080589</b>		MEDIA: <b>WN</b>		
		GPS LAT: <b>34.556240</b> LONG: <b>-94.188061</b> LOCATION: <b>Entrance</b>							
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>					
NAME: <b>Mena WWTP</b> LOCATION: <b>323 Polk 53</b> CITY: <b>Mena, AR</b>				FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>84022 S - State</b>			
<b>RESPONSIBLE OFFICIAL</b> NAME: / TITLE <b>Mike Spencer / Operator</b> COMPANY: <b>City of Mena</b> MAILING ADDRESS: <b>323 Polk 53</b> CITY, STATE, ZIP: <b>Mena AR 71953</b> PHONE & EXT: / FAX: <b>4792342592 /</b> EMAIL: <b>menawwtp@gmail.com</b> CONTACTED DURING INSPECTION: <b>Yes</b>				FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>			
				DATE(S): <b>9/29/2014</b>		ENTRY TIME: <b>02:00</b>		EXIT TIME: <b>04:30</b>	
				PERMIT EFFECTIVE DATE: <b>3/1/2012</b>		PERMIT EXPIRATION DATE: <b>2/28/2017</b>			
				FAYETTEVILLE SHALE RELATED: <b>N</b>					
FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>				<b>INSPECTION PARTICIPANTS</b>					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Mike Spencer/Class III and Advanced Industrial WW Operator/(479) 234-2592/menawwtp@gmail.com</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>N</b>	STORMWATER				
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW				
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM				
<b>S</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT				
<b>**</b>	OTHER:								
<b>SUMMARY OF FINDINGS</b>									
No violations were noted during the inspection. However, refer to "General Comments" for items that should be reviewed prior to the next inspection.									

**GENERAL COMMENTS**

On Sept 29, 2014, a CEI was conducted. A tour of the facility was conducted starting at the headworks and ending at the permitted outfall. The plant was clean and well-maintained. Considerable algae were noted in both aerated lagoons; however, there are corrective measures in place to address TSS issues related to algae. Mr. Spencer noted that the curtain in the primary lagoon was deteriorating due to exposure to sunlight. His main concern was the sludge depth in the primary lagoon (see attached sludge depth measurement). However, sludge accumulation does not appear to be affecting the permitted effluent limits or design volume at this time.

The laboratory was inspected, and no deficiencies were noted. Instruments had recently been calibrated and preservatives and buffers were up to date.

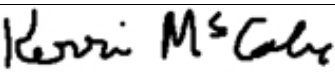

A flow check was conducted with results within the +/- 10% range. The Operator does not perform daily flow checks, and the secondary flow measuring device is calibrated annually. DMR calculations were checked against supplied in-house lab and contracted lab bench sheets. There were minor rounding errors noted.

Paperwork should be organized better. Some COCs weren't available from the contract lab. The March 26-27, 2014 bench sheet from the contract lab for CBOD5 and Ammonia-Nitrogen was missing, but values were reported in the spreadsheet maintained by the Operator and on the monthly DMR.

A review of the March and August 2014 COCs and bench sheets could not determine when Total Recoverable Copper was sampled. It was reported on both DMRs, but there was no indication from COCs or bench sheets that it had been collected.

The City of Mena has adopted a Pretreatment Program, and they currently only have two Industrial Users (IUs) with the potential to directly discharge to the WWTP. City issues permit to IU, IU notifies WWTP of batch, samples taken by City and IU, and follow established ordinance.

**NOTE:** AFIN is listed as 57-00042 on permit; AFIN is 57-00423.

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 10/27/2014
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 10/29/2014

<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Better organization of paperwork.</u>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input 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 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: <u>one (1) Class III and one (1) Class I</u>	<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>	
PERMITTEE SAMPLING 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. 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: <u>Could not find where Total Recoverable Copper was sampled; reported on DMRs.</u>	<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: <u>March 5-6, 2014 holding time exceeded for CBOD5.</u>	<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>	
PERMITTEE FLOW MEASUREMENT 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. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>90deg V-notch weir</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: <u>Flow measured prior to post-aeration</u>	<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: <u>HydroRanger Milltronics - totalizer</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>annually by contractor</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>	
PERMITTEE LABORATORY PROCEDURES MEET 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. 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>Data Testing, Inc. (479-649-8378)</u>	
b. LAB ADDRESS: <u>3434 Country Club, Fort Smith, AR 72903</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, Ammonia-Nitrogen, Total Phosphorus, and Nitrate-Nitrite</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Huther &amp; Associates, Inc., 1156 N Bonnie Brae, Denton, TX 76201 (940-387-1025)</u>	<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 type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input 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 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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	Some; collected at baffle	NO	CLEAR	n/a
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL 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>Permitted under State No-Discharge 5207-W (AFIN 57-00290).</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input 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 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: <u>Permitted under NPDES No-Exposure Certification ARR000145.</u>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date:	<b>Sept 29, 2014</b>	Time:	<b>1454</b>		
Head in Inches:		Feet:	<b>0.700</b>		
Type & Size of Primary Flow Measurement Device: 90deg V-notch weir with a 60" channel and mounted staff gauge.					
Name & Model of Secondary Flow Measurement Device:				HydroRanger Milltronics - totalizer	
Date of last Calibration of Secondary Flow Device:				April 23, 2014	
Recorded Flow at Date & Time Listed Above:			<b>473.2 gpm</b>	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			<b>460.0 gpm</b>		
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u> )					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	473.2	-	460.0	X 100	
	460.0				
% Error =	13.2	X 100			
	460.0				
% Error =	0.0287	X 100			
% Error =	<b>2.87</b>	%			
Comments:	<b><u>Acceptable; within range.</u></b>				

## DMR Calculation Check

Reporting Period:	From	<u>2014</u>	<u>03</u>	<u>01</u>	To	<u>2014</u>	<u>03</u>	<u>31</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: CBOD5

**Loading  
Mass  
Mo. Avg. - lbs/day**

<b>Concentration</b>					
<b>Monthly</b>					
<b>Mo. Avg. - mg/l</b>					<b>7-day Avg. - mg/l</b>

**Reported Value:**                      88                      4                      6

<b>Calculated Value:</b>	<b>88.1</b>	<b>4.2</b>	<b>6</b>
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**Permit Value:**                      259                      10                      15

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

**Minor rounding errors.**



## DMR Calculation Check

Reporting Period:	From	<u>2014</u>	<u>08</u>	<u>01</u>	To	<u>2014</u>	<u>08</u>	<u>31</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: TSS

**Loading  
Mass  
Mo. Avg. - lbs/day**

[illegible]

Reported Value:	<u>181</u>	<u>9.3</u>	<u>11</u>
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<b>Calculated Value:</b>	<b>180</b>	<b>9.4</b>	<b>10.5</b>
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Permit Value:	<u>388</u>	<u>15</u>	<u>22.5</u>
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**If calculated value does not equal reported value, explain:**

**Minor rounding errors.**

**Water Division Photographic Evidence Sheet**

Location:	<b>Mena WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1424</b>
Description:	<b>Automatic bar screen.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1432</b>
Description:	<b>Primary aerated lagoon.</b>		

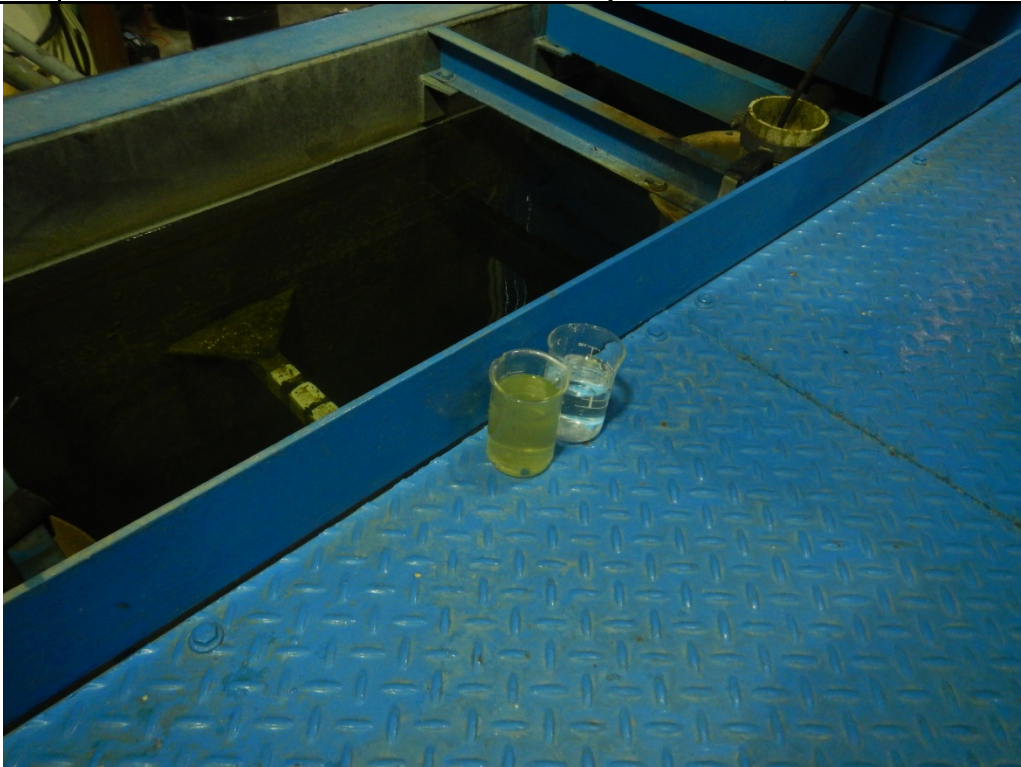


**Water Division Photographic Evidence Sheet**

Location:	<b>Mena WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1440</b>
		Photo #:	<b>3</b>
Description:	<b>Intake at secondary aerated lagoon; baffle and aeration to limit algae inflow.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1445</b>
		Photo #:	<b>4</b>
Description:	<b>Demonstration of continuous backwash rapid sand filter; TSS removal.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Mena WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1449</b>
		Photo #:	<b>5</b>
Description:	<b>Primary flow device; 90deg V-notch weir with totalizer behind head.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1449</b>
		Photo #:	<b>6</b>
Description:	<b>Post-aeration.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Mena WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 29, 2014</b>
Witness:	<b>Mike Spencer</b>	Time:	<b>1451</b>
		Photo #:	<b>7</b>
Description:	<b>Outfall 001; baffle to retain foam.</b>		



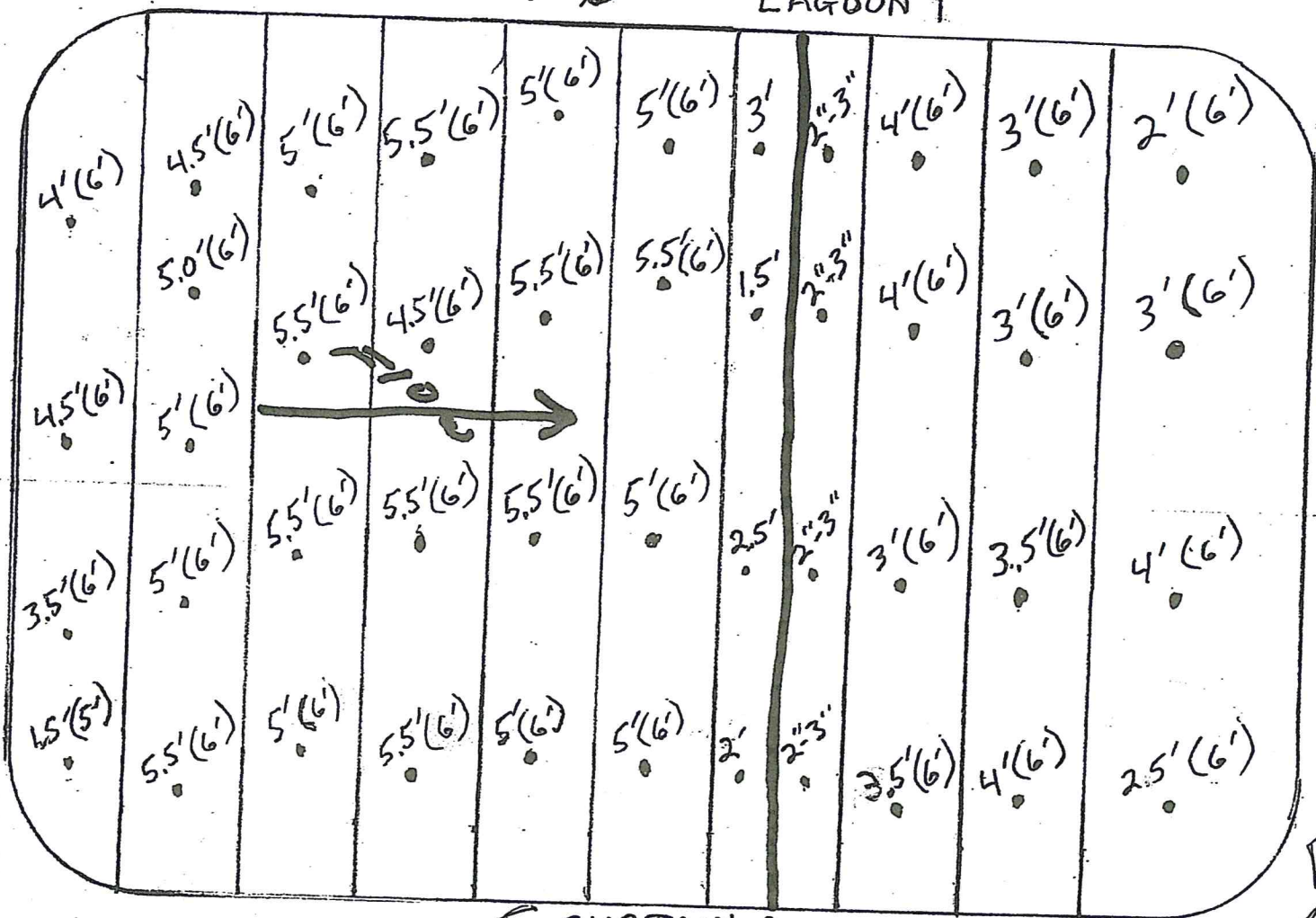


**Figure 1. Google Earth image dated Nov 11, 2012 of overview of the Mena WWTP.**



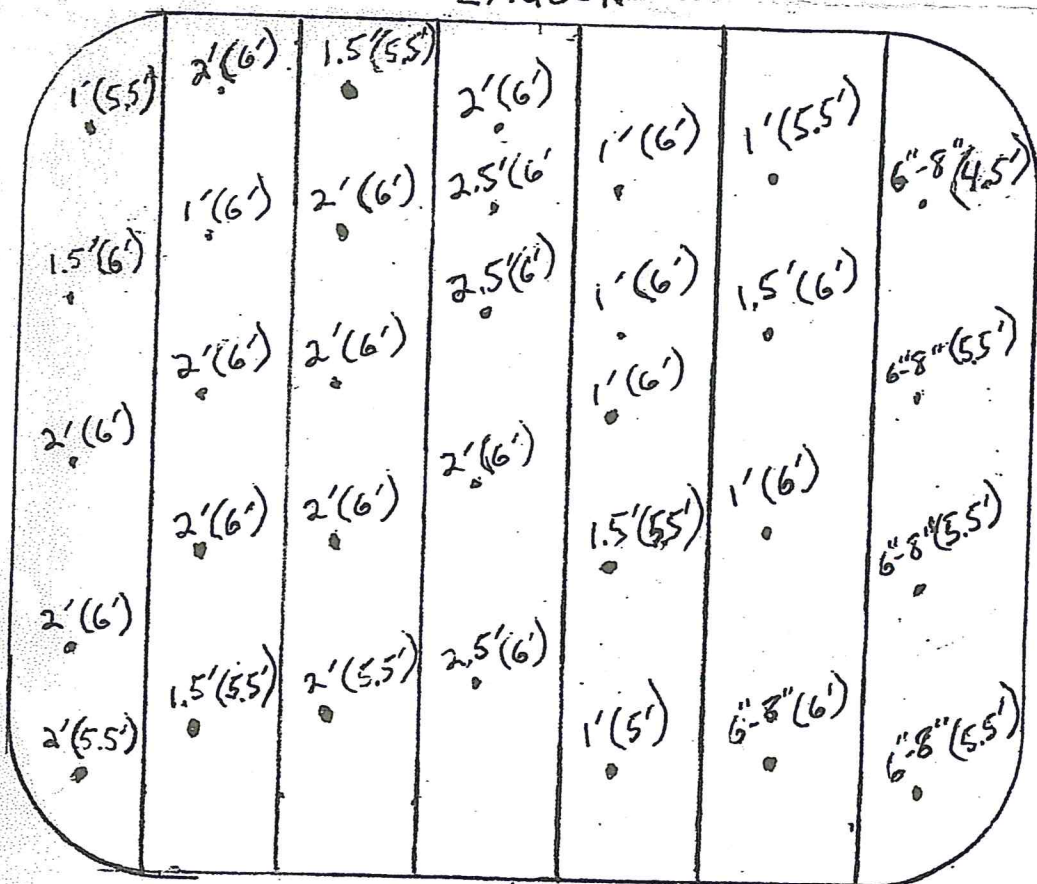
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LAGOON



CURTAIN

LAGOON



JUNE 2014