

# ADEQ

ARKANSAS  
Department of Environmental Quality

February 22, 2016

Rhonda Halbrook, Mayor  
City of Melbourne  
P.O. Box 800  
Melbourne, AR 72556

**RE: City of Melbourne Inspections (Izard Co)**  
**AFIN: 33-00026**                      **Permit No.: AR0020036**  
**5081-W**

Dear Honorable Mayor Halbrook:

On January 26, 2016, I performed a Compliance Evaluation Inspection, a Sanitary Sewer Collection System Inspection, and a Bio-solids Land Application 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. Copies of the inspection reports are 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 **March 7, 2016**.

If I can be of any assistance, please contact me at [wallace@adeq.state.ar.us](mailto:wallace@adeq.state.ar.us) or (870) 424-3322 extension 3.

Sincerely,



Cody Wallace  
District 2 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: 33-00026		PERMIT #: AR0020036		DATE: 1/26/2016	
		COUNTY: 33 Izard			PDS #: 089188		MEDIA: WN
		GPS LAT: 36.058825 LONG: -91.925791 LOCATION: General Area					
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>				
NAME: <b>City of Melbourne</b> LOCATION: <b>Hwy 9 Spur</b> CITY: <b>Melbourne, AR</b>			FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>109962 S - State</b>		
			FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>1/26/2016</b>	ENTRY TIME: <b>08:45</b>	EXIT TIME: <b>10:55</b>	PERMIT EFFECTIVE DATE: <b>11/1/2015</b>	
					PERMIT EXPIRATION DATE: <b>10/31/2020</b>		
<b>RESPONSIBLE OFFICIAL</b>			FAYETTEVILLE SHALE RELATED: <b>N</b>				
NAME / TITLE: <b>Rhonda Halbrook / Mayor</b> COMPANY: <b>City of Melbourne</b> MAILING ADDRESS: <b>P.O. Box 800</b> CITY, STATE, ZIP: <b>Melbourne AR 72556</b> PHONE & EXT. / FAX: <b>870-368-4215 /</b> EMAIL: <b>cityofmelbourne@centurytel.net</b>			FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>				
CONTACTED DURING INSPECTION: <b>Yes</b>			<b>INSPECTION PARTICIPANTS</b>				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Dustin Payne/Opertor/870-291-3852/oldusty29@yahoo.com</b>  <b>Kerri McCabe/Inspector Supervisor/501-682-0642/mccabe@adeq.state.ar.us</b>				
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
<b>S</b>	PERMIT	<b>U</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER		
<b>M</b>	RECORDS/REPORTS	<b>M</b>	LABORATORY	<b>U</b>	FACILITY SITE REVIEW		
<b>U</b>	OPERATION & MAINTENANCE	<b>U</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM		
<b>M</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT		
<b>**</b>	OTHER:						
<b>SUMMARY OF FINDINGS</b>							
<p>1.) The following are a violation of Part III, Section B, 1.A. of the permit:</p> <ul style="list-style-type: none"> <li>• Waste solids were observed on the ground near the bar screen. Solids will need to be properly disposed of and the area must be kept maintained.</li> <li>• Grease/oil accumulations were observed on the ground near oxidation ditch motors and bearings. These areas will need to be cleaned and maintained.</li> <li>• Separations in concrete were observed in the oxidation ditch. It appeared that cracks would possibly allow wastewater seepage at varying water levels of the ditch. Measures must be taken to seal these defective areas.</li> <li>• Excessive algae were accumulated on oxidation ditch walls. The oxidation ditch will need to be cleaned and maintained.</li> <li>• Teeth on clarifier weirs were severely rusted and worn. This defect can potentially increase the amount of floatable solids exiting the WWTP at Outfall 001. Weirs in clarifiers will need to be replaced.</li> <li>• Pin floc was noted in the clarifier. This is an indication of old sludge and that sludge may not be wasted at rates frequently enough to maintain water quality.</li> <li>• Algae and waste residue had accumulated in the system's parshall flume and on the staff gauge, which can adversely affect flow readings. This area will need to be cleaned and maintained.</li> <li>• Dried sludge was observed outside one of the drying beds. The sludge will need to be removed and placed back in the bed.</li> </ul> <p>2.) Visible solids and algae formation was observed at Outfall 001. This is a violation of Part I, Section A of the permit. System/operation improvements must be implemented to mitigate future occurrences.</p> <p>3.) According to the Operator, a secondary clarifier was not in operation due to needed maintenance. This is</p>							

considered a bypass of the treatment facility. The Operator commented that a notice was not given to ADEQ of the bypass. This is a violation of Part III, Section B, 4.B.1. of the permit. See "General Comments" section below.

4.) The WWTP does not have an alarm system. This is a violation of Part III, Section B, 7. of the permit. An adequate alarm system will need to be obtained in the case of power failure.

5.) November 2015 and December 2015 Total Residual Chlorine (TRC) effluent limitations were exceeded and not properly recorded on DMRs or reported to the Department. This is a violation of Part I, Section A and Part III, Section D, 5. of the permit. See "General Comments" section below.

6.) Some DMRs reviewed were not signed and certified. This is a violation of Part III, Section C, 5. of the permit.

7.) The address of the contract laboratory is not included on the DMRs. This is a violation of Part III, Section C, 5. of the permit.

8.) An influent sampling event to monitor for Carbonaceous Biochemical Oxygen Demand (CBOD5) and Total Suspended Solids (TSS) 30-day average percent removal was not completed in 2015. This is a violation of Part II, Condition 2. of the permit.

**Additional items that require a response:**

1.) DMRs prepared by contract laboratory will need to be updated. New permit has a 0.011 mg/l effluent limitation (instantaneous maximum) for TRC. DMRs are reporting old permit level maximum values (<0.1 mg/l instantaneous maximum). Please contact the Enforcement Branch for an updated DMR.

2.) For emergency treatment control, operator said that wastewater is directed to a holding lagoon located offsite of the WWTP. This holding lagoon is actually a privately-owned freshwater pond, and livestock and wildlife have access to the pond. There is a valve at a manhole on the same property that is used to divert unscreened, untreated wastewater to the pond when the lift station is down or overwhelmed. This contingency pond has not been approved by the Department, and any discharges to the pond are unpermitted. City is in the process of making major repairs to the lift station; however, the City will need to make efforts to eliminate unpermitted discharges to the pond and report such discharges to the Department. Please contact the Permits Branch regarding this pond.

**GENERAL COMMENTS**

The site was investigated on Tuesday, January 26, 2016 with the above-mentioned inspection participants. The inspection included a facility assessment and a records review.

According to the operator, the WWTP was constructed in the year 1986. The treatment system for the City consists of: collection system→bar screen→oxidation ditch→dual secondary clarifiers→chlorine contact chamber (chlorine liquid feed system)→dechlorination (sulfur dioxide liquid feed system). Mill Creek is the receiving stream for effluent generated from the WWTP. Sludge is retained at drying beds and eventually hauled for application on agricultural land under Permit No. 5081-W (see Figure 1 for general layout of WWTP). In addition, a storage/overflow holding lagoon is utilized offsite in emergency cases. The lagoon is only capable of holding the wastewater and no means are set up to direct the stored wastewater back to the treatment facility. If a levee breach did occur, wastewater would discharge into Mill Creek (see Figure 2).

Several housekeeping issues were noted during the inspection. Regularly scheduled cleanings and replacement/maintenance of aged components will correct these findings.

The percent error for the primary flow measurement device exceeded the plus or minus 10% reading of the secondary flow measuring device. The secondary flow measuring device is calibrated annually; however, the primary flow measurement device and the associated staff gauge will need to be cleaned for interoperability, and it is recommended that flow measurement checks be conducted to assure secondary flow measurement device is accurate.

Operator commented that chlorine contact chamber water is sent to outfall when cleaning occurs. Operator was advised that water needs to be returned back to the start of the treatment works to avoid a bypass (dechlorination bypass) of the system.

In regards to Summary of Findings #3, for any anticipated bypass that may exceed effluent limitations, the permittee must submit prior notice to the Department at least ten (10) days if possible before the date of the bypass. Bypasses which do not cause effluent limitations to be exceeded do not require a notice. Since all parameters cannot be measured instantaneously, the permittee must use their best judgement on when to notify based on the work being performed.

2014-present DMRs were reviewed. The facility records were well-organized, but some slight discrepancies were noted. An incorrect NH<sub>3</sub>-N value was reported in the November 2014 DMR, but the correctly calculated value still fell under the permit limit. Additional concerns are noted above in the "Summary of Findings."

In regards to Summary of Findings #5, Operators commented that they were unaware of the TRC effluent limit change in their new permit. Limitations were exceeded in November 2015 and December 2015 (new permit became effective November 1, 2015). Operators said they will make adjustments to their system in order to abide by the new TRC effluent limitations. Furthermore, a non-compliance report will need to be submitted to the Department for the months the limits were exceeded, and DMRs will need to be adjusted reflecting the current instantaneous maximum for TRC.

The WWTP has one Class 3 (required) licensed Operator (Coy Dale) and one Class 2 licensed Operator (Dustin Payne) that have additional City of Melbourne job duties. Certain collection system and WWTP neglected items noted during the inspection may be due to understaffing and/or a senescent treatment system. Information regarding Water/Wastewater improvement funding options was sent to the City via email on February 1, 2016. It is strongly recommended that actions be taken that will assist in the successful execution of permit requirements.

When applicable, photographic evidence sheets are in sequence to "Summary of Findings" and "Additional items that require a response."

INSPECTOR'S SIGNATURE: <i>Cody Wallace</i> Cody Wallace	DATE: 2/11/2016
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> Kerri McCabe	DATE: 2/12/2016

<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 checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Error was made on NH3-N reporting in November 2014 DMR. Some DMRs did not have signature and date.</b>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Inner rings on clarifier need replaced. Oxidation ditch and bar screen areas need maintenance. One clarifier was not employed during the inspection and would be considered a bypass of the treatment system; said they did not notify ADEQ about this bypass.</b>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input type="checkbox"/> S <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>Influent sampling was not performed for 2015.</u></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 checked="" 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>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>Parshall flume and staff gauge need cleaning.</u></b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<input type="checkbox"/> Y <input checked="" 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:	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>Mailing address of laboratory not documented on DMRs.</u></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: <b><u>Arkansas Testing Laboratories, Inc</u></b>	
b. LAB ADDRESS: <b><u>3301 Langley Drive, Searcy, AR 72143; Mailing address not recorded on DMRs.</u></b>	
c. PARAMETERS PERFORMED: <b><u>DO, pH, TSS, NH3-N, TRC, Fecal Coliform, CBOD</u></b>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Floating solids, trash, and excessive algae buildup were noted at Outfall.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	Yes	No	Yes (trash/algae)
<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 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><b>Agricultural</b></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:							
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: <b>1/26/2016</b>				Time: <b>9:25</b>	
Head in Inches: <b>2.5"</b>		Feet: <b>.208</b>			
Type & Size of Primary Flow Measurement Device: <b>3" Parshall Flume</b>					
Name & Model of Secondary Flow Measurement Device:				<b>Vantage 2210 Ultrasonic</b>	
Date of last Calibration of Secondary Flow Device:				<b>4/25/2015</b>	
Recorded Flow at Date & Time Listed Above:				<b>.0500 MGD</b> (Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:				<b>.0564 MGD</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 =	.0500	-	.0564	X 100	
	.0564				
% Error =	-.0064	X 100			
	.0564				
% Error =	-0.113	X 100			
% Error =	<b>11.3</b>	%			
Comments:	<b><u>% Error exceeds plus or minus 10%. Staff gauge will need to be cleaned for interoperability and flow measurement checks will need to be conducted to assure secondary flow measurement device is accurate.</u></b>				

**DMR Calculation Check**

Reporting Period: From 2014 11 01 To 2014 11 30  
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>0.04</u>	<u>0.3</u>	<u>0.3</u>
Calculated Value:	<u>0.4</u>	<u>0.3</u>	<u>0.3</u>
Permit Value:	<u>35.2</u>	<u>10.3</u>	<u>10.3</u>

If calculated value does not equal reported value, explain:

Loading Mass Monthly Average=  $(0.3 \times .309000 \times 8.34) + (0.2 \times .093300 \times 8.34) / 2 = 0.4$  lbs/day  
 \*\*\*Does not equal reported valued, but still under limit. Appears an error was made on decimal place.

Concentration Monthly Average=  $(0.3 + 0.2) / 2 = 2.5$  mg/L (rounded up to 0.3 mg/l)  
 \*\*\*same as reported

Concentration 7-day Average (Daily Maximum)= 0.3 mg/L  
 \*\*\*same as reported

**DMR Calculation Check**

Reporting Period: From 2014 11 01 To 2014 11 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>2.4</u>	<u>&lt;2.3</u>	<u>2.6</u>
Calculated Value:	<u>2.4</u>	<u>2.3</u>	<u>2.6</u>
Permit Value:	<u>85</u>	<u>25</u>	<u>40</u>

If calculated value does not equal reported value, explain:

**Loading Mass Monthly Average= (2 X .178800 X 8.34) + (2.6 X .087700 X 8.34) / 2 = 2.4 lbs/day**  
 \*\*\*same as reported

**Concentration Monthly Average= (2 + 2.6) / 2 = 2.3 mg/L**  
 \*\*\*same as reported

**Concentration 7-day Average (Daily Maximum)= 2.6 mg/L**  
 \*\*\*same as reported

**DMR Calculation Check**

Reporting Period: From 2015 06 01 To 2015 06 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>9.6</u>	<u>6.0</u>
Calculated Value:	<u>9.6</u>	<u>6.0</u>	<u>7.0</u>
Permit Value:	<u>51</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

**Loading Mass Monthly Average= (5 X .194800 X 8.34) + (7 X .188700 X 8.34) / 2 = 9.6 lbs/day**  
**\*\*\*same as reported**

**Concentration Monthly Average= (5 + 7) / 2 = 6 mg/L**  
**\*\*\*same as reported**

**Concentration 7-day Average (Daily Maximum)= 7 mg/L**  
**\*\*\*same as reported**

**Water Division Photographic Evidence Sheet**

Location:	<b>City of Melbourne</b>			
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>853</b>	
Description:	<b>Waste/solids on ground near bar screen.</b>		Photo #:	<b>1</b>



Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>854</b>	
Description:	<b>Grease/oil accumulations on ground near oxidation ditch motor.</b>		Photo #:	<b>2</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Melbourne</b>		
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>859</b>
		Photo #:	<b>3</b>
Description:	<b>Separation occurring in walls of oxidation ditch.</b>		



Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>857</b>
		Photo #:	<b>4</b>
Description:	<b>View of oxidation ditch; note excessive algae accumulated on ditch walls.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Melbourne</b>				
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	Time:	<b>907</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>			Photo #:	<b>5</b>
Description:	<b>Teeth on weir in clarifier were rusted and worn.</b>				



Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	Time:	<b>924</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>			Photo #:	<b>6</b>
Description:	<b>Algae and wastewater residue accumulated in flume and on staff gauge.</b>				



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Melbourne</b>				
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	Time:	<b>937</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>			Photo #:	<b>7</b>
Description:	<b>Visible solids and algae formation at Outfall 001.</b>				



Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	Time:	<b>933</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>			Photo #:	<b>8</b>
Description:	<b>Visible solids and algae formation at Outfall 001.</b>				





**Water Division Photographic Evidence Sheet**

Location:	<b>City of Melbourne</b>			
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>934</b>	
Description:	<b>Visible solids and algae formation at Outfall 001.</b>		Photo #:	<b>9</b>



Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>	
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>904</b>	
Description:	<b>Secondary clarifier not in operation. This is a bypass of the designed dual secondary clarifier treatment component of the WWTP.</b>		Photo #:	<b>10</b>



Water Division Photographic Evidence Sheet

Location: **City of Melbourne**  
 Photographer: **Cody Wallace** Date: **January 26, 2016** Time: **1043**  
 Witness: **Dustin Payne, Kerri McCabe** Photo #: **11**  
 Description: **Example of TRC exceedance observed. Permit has a .011 mg/l maximum for TRC in effluent.**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME / ADDRESS (Include Facility Name / Location if applicable)  
 NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING LABORATORIES, INC)  
 ADDRESS: 3301 LANGLEY DRIVE SEARCY, AR 72143

FACILITY: MELBOURNE, CITY OF WWTP  
 LOCATION: HWY 9 S E, W OF CITY MELBOURNE, AR 71556  
 ATTN: COY DALE, WALTER & WVSUPT

AR0020036 PERMIT NUMBER 001-A DISCHARGE NUMBER  
 MONITORING PERIOD 12/01/2015 12/31/2015

DMR Mailing ZIP CODE: 72143  
 MINOR Prepared by ARKANSAS TESTING LABORATORIES, INC  
 3301 Langley Dr Searcy, AR 72143

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT				9.70			0	7/31	Grab
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT				6 INST MIN				Twice per Month	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	20.8		lb/d	4.5	8.0	9 MAXIMUM	0	7/31	Grab
00530 1 1 Effluent Gross Nitrogen, ammon. a total (as N)	PERMIT REQUIREMENT			lb/d	103	45	7 DA AVG	0	7/31	Grab
00610 1 1 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.239	0.538	MGD	10.3	10.3	7 DA AVG	0	5/7	INST
50050 1 0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT							0	7/31	Grab
50060 1 0 Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT				4	8	INST MAX	0	7/31	Grab
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				1000 30DA GED	2000 7 DA GED		0	7/31	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: \_\_\_\_\_  
 ARKANSAS TESTING LABORATORIES, INC  
 3301 Langley Dr Searcy, AR 72143

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)  
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (SOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

01-26-2016 10:43  
 10/08/2015 Page 1

Photographer: **Cody Wallace** Date: **January 26, 2016** Time: **1043**  
 Witness: **Dustin Payne, Kerri McCabe** Photo #: **12**  
 Description: **Example of DMR not signed and certified.**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME / ADDRESS (Include Facility Name / Location if applicable)  
 NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING LABORATORIES, INC)  
 ADDRESS: 3301 LANGLEY DRIVE SEARCY, AR 72143

FACILITY: MELBOURNE, CITY OF WWTP  
 LOCATION: HWY 9 S E, W OF CITY MELBOURNE, AR 71556  
 ATTN: COY DALE, WALTER & WVSUPT

AR0020036 PERMIT NUMBER 001-A DISCHARGE NUMBER  
 MONITORING PERIOD 12/01/2015 12/31/2015

DMR Mailing ZIP CODE: 72143  
 MINOR Prepared by ARKANSAS TESTING LABORATORIES, INC  
 3301 Langley Dr Searcy, AR 72143

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT				9.70			0	7/31	Grab
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT				6 INST MIN				Twice per Month	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	20.8		lb/d	4.5	8.0	9 MAXIMUM	0	7/31	Grab
00530 1 1 Effluent Gross Nitrogen, ammon. a total (as N)	PERMIT REQUIREMENT			lb/d	103	45	7 DA AVG	0	7/31	Grab
00610 1 1 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.239	0.538	MGD	10.3	10.3	7 DA AVG	0	5/7	INST
50050 1 0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT							0	7/31	Grab
50060 1 0 Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT				4	8	INST MAX	0	7/31	Grab
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				1000 30DA GED	2000 7 DA GED		0	7/31	Grab

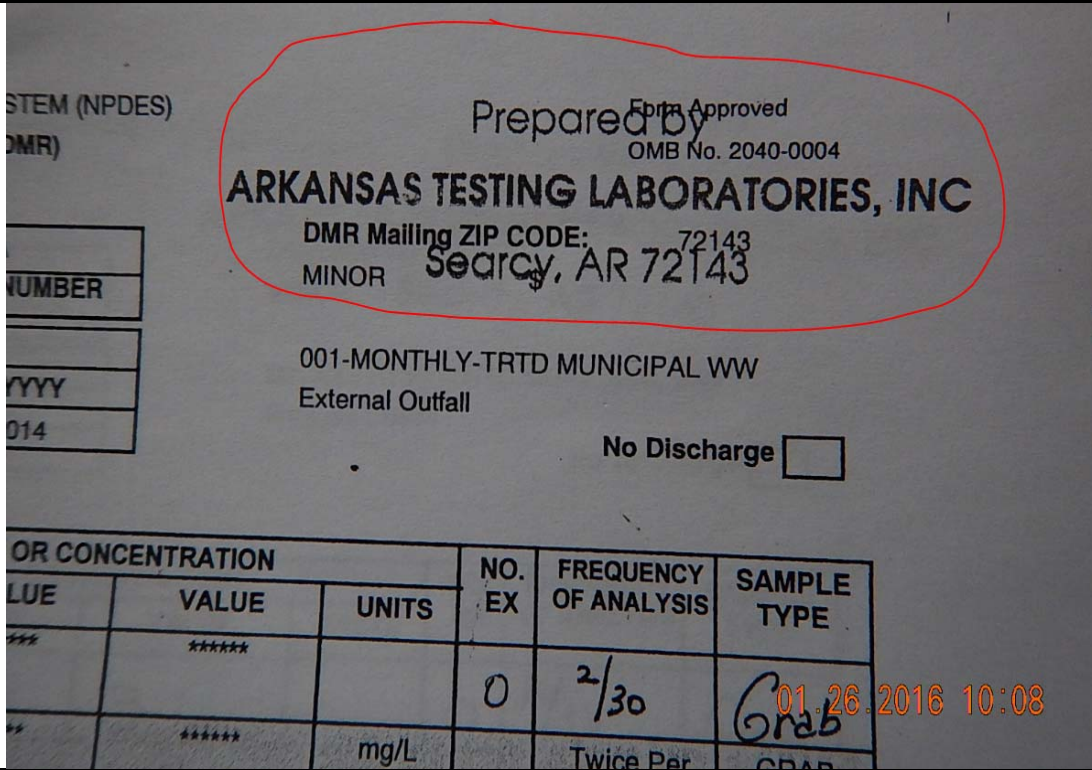
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: \_\_\_\_\_  
 ARKANSAS TESTING LABORATORIES, INC  
 3301 Langley Dr Searcy, AR 72143

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)  
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (SOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

01-26-2016 10:43  
 10/08/2015 Page 1

Water Division Photographic Evidence Sheet

Location: **City of Melbourne**  
 Photographer: **Cody Wallace** Date: **January 26, 2016** Time: **1008**  
 Witness: **Dustin Payne, Kerri McCabe** Photo #: **13**  
 Description: **Mailing address of contract lab is not documented on DMRs.**



Photographer: **Cody Wallace** Date: **January 26, 2016** Time: **1043**  
 Witness: **Dustin Payne, Kerri McCabe** Photo #: **14**  
 Description: **November 2015 DMR; new permit has a 0.011 mg/l effluent limitation (instantaneous maximum). DMRs are reporting old permit level maximum values (<0.1 mg/l instantaneous maximum).**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if known): MELBOURNE WWTP (C/O ARKANSAS TESTING ADDRESS: 3301 LANGLEY DRIVE SEARCY, AR 72143

FACILITY: MELBOURNE, CITY OF WWTP LOCATION: HWY 9 SPUR, W OF CITY MELBOURNE, AR 72556 ATTN: COY DALE, WATER & WW SUP.

AR0020036 PERMIT NUMBER 001-A DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72143 MINOR 5 Prepared by ARKANSAS TESTING LABORATORIES, INC 001-MONTHLY-TRTD MUNICIPAL WW External Outfall 3301 Langley Dr Searcy, AR 72143



PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	8.90			8.90			0	2/30	Grab
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	7.0			2.5	4.0		0	2/30	Grab
00530 1 1 Effluent Gross Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.28			<0.1	0.1		0	2/30	Grab
00610 1 1 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.166	0.396					0	2/30	INST
50050 1 0 Effluent Gross Chlorine, total residual	SAMPLE MEASUREMENT					0.05		0	2/30	Grab
50060 1 0 Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT				13	22		0	2/30	Grab
74055 1 1 Effluent Gross	SAMPLE MEASUREMENT				1000	2000	#/100ml	0	2/30	Grab

NAME/TITLE (PRINCIPAL EXECUTIVE OFFICER) **Dustin PAYNE** TELEPHONE **870-271-3852** DATE **1-6-2016**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLON PER DAY. SEE PART II, CONDITION #9 (TR). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

01.26.2016 10:43

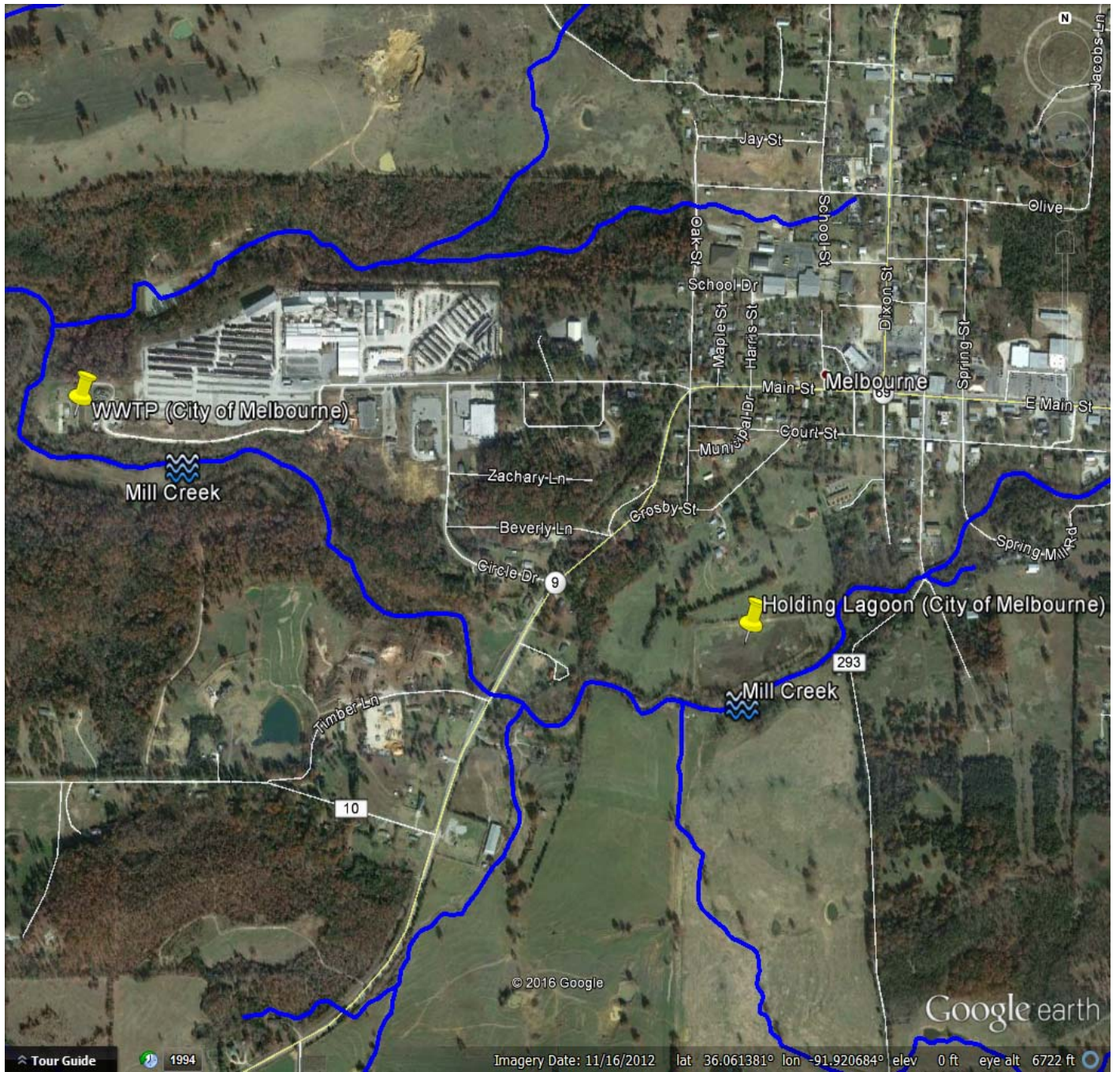
EPA Form 3320-1 (Rev. 01/08) Previous editions may be used. 10/08/2015 Page 1

Water Division Photographic Evidence Sheet			
Location:	<b>City of Melbourne</b>		
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>1124</b>
Description:	<b>Manhole with conveyance to holding lagoon.</b>		
			
Photographer:	<b>Cody Wallace</b>	Date:	<b>January 26, 2016</b>
Witness:	<b>Dustin Payne, Kerri McCabe</b>	Time:	<b>1124</b>
Description:	<b>General view of holding lagoon. Unpermitted discharge to pond must be eliminated and reported.</b>		
			

**Figure 1. Aerial view of City of Melbourne WWTP and components (Google Earth: imagery date November 16, 2012).**



**Figure 2. Aerial view of WWTP and holding lagoon localities (Google Earth: imagery date November 16, 2012). Note that Mill Creek is receiving stream of effluent generated from the City's WWTP and would also be the receiving stream if a levee breach occurred at the holding lagoon.**



**From:** [Wallace, Cody](#)  
**To:** [McConnell, Melissa](#)  
**Cc:** [McCabe, Kerri](#)  
**Subject:** FW: Melbourne Water and Sewer  
**Date:** Tuesday, March 08, 2016 3:29:55 PM  
**Attachments:** [ADEQ Reponse.pdf](#)

---

Please attach to WID 19310.

**Cody Wallace**  
Inspector---Water Division District 2  
Arkansas Department of Environmental Quality  
Office---(870) 424-3322 ext. 3  
Cell---(501) 837-2074

---

**From:** Bridget McSpadden [mailto:[bridgetmcspadden@centurytel.net](mailto:bridgetmcspadden@centurytel.net)]  
**Sent:** Tuesday, March 08, 2016 2:19 PM  
**To:** Wallace, Cody  
**Subject:** Melbourne Water and Sewer

Cody,

I have attached a response letter along with corrected DMR

Thanks  
Bridget

**Mayor:**  
Rhonda Halbrook

**Recorder/Treasurer:**  
Alecia K. Bray



P.O. Box 800  
Melbourne, AR 72556  
Phone: (870) 368-4215  
Fax: (870) 368-4721  
[Cityofmelbourne@centurytel.net](mailto:Cityofmelbourne@centurytel.net)

**Council Members:**  
William Wright  
Jerry Crosby  
Paul Womack  
Trey Lamb  
Ronnie Treat  
Laura Sipe  
Sonia Blankenship  
Warren Smith

March 3, 2016

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

Dear Mr. Wallace:

This letter is in regards to the notice of violations that were observed on January 26, 2016. In response to the summary of findings:

1.
  - a. cleaned and disposed of properly
  - b. washed and disposed of properly
  - c. separations in concrete were sealed
  - d. algae accumulations on oxidation ditch walls were cleaned
  - e. waiting on funds to be available to repair teeth on clarifier weirs
  - f. sludge was wasted and water quality was improved in clarifiers
  - g. partial flume and staff gage were cleaned thoroughly
  - h. dry sludge was placed back in drying bed
2. Outfall 001 was thoroughly cleaned of visible solids and algae
3. repairs were done to secondary clarifier and is back operation
4. waiting on funds to become available for proper alarm system
5. have enclosed corrected DMR
6. have enclosed signed and corrected DMR
7. DMR has been updated by Arkansas Testing Lab
8. waiting on response from Arkansas Testing Lab

Additional items:

1. DMR has been updated to current
2. The City of Melbourne owns the offsite holding lagoon that is used for emergency treatment control. This lagoon is fenced & gated to keep livestock out. The City will be sure the gate is chained & locked and that the fence is in good condition. This pond is only there for emergency use and prevents discharge of untreated sewage into public waters. We are in the process of making repairs to the main lift station, but we desire to keep the pond in place for emergencies. We asked our engineer to contact the Permits Branch on our behalf and determine the viability of adding this pond to our permitted facilities.

Sincerely,

Dustin Payne  
Water Assistant



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

*Corrected on 3-7-2016*

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING)  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: COY DALE, WATER & WW SUPT

AR0020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 72143  
MINOR \$

001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.70	*****	*****		0	2/31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.25	*****	6.69		0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.8	*****	*****	*****	4.5	8.0		0	2/31	GRAB
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	103 MO AVG	*****	lb/d	*****	30 MO AVG	45 7 DA AVG	mg/L		Twice per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.42	*****	*****	*****	< 0.1	< 0.1		0	2/31	GRAB
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	35.2 MO AVG	*****	lb/d	*****	10.3 MO AVG	10.3 7 DA AVG	mg/L		Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.239	0.538		*****	*****	*****	*****	0	5/7	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Five per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.06		1	2/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Twice per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	8		0	2/31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>COY DALE</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Coy Dale</i>	TELEPHONE	DATE
			870-282-4215 AREA Code NUMBER	03-7-2016 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: COY DALE, WATER & WW SUPT

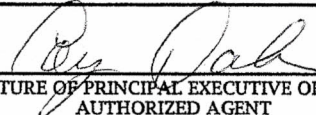
ARO020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 72143  
MINOR \$

001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	12.2	*****		*****	< 3.0	4.0		0	2/31	GRAB
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	85 MO AVG	*****	lb/d	*****	25 MO AVG	40 7 DA AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
COY DALE TYPED OR PRINTED			870-281-4215	03-7-2016	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

*Corrected  
on 3-7-2016*

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: COY DALE, WATER & WW SUPT

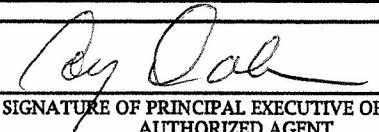
ARO020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 72143  
MINOR \$

001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.90	*****	*****		0	2/30	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	6.90		0	2/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.0	*****		*****	2.5	4.0		0	2/30	GRAB
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	103 MO AVG	*****	lb/d	*****	30 MO AVG	45 7 DA AVG	mg/L		Twice per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.28	*****		*****	< 0.1	0.1		0	2/30	GRAB
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	35.2 MO AVG	*****	lb/d	*****	10.3 MO AVG	10.3 7 DA AVG	mg/L		Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.166	0.396		*****	*****	*****	*****	0	5/7	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Five per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05		1	2/30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 INST MAX	mg/L		Twice per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	22		0	2/30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
TYPED OR PRINTED			870-291-4215	03-7-2016	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: COY DALE, WATER & WW SUPT

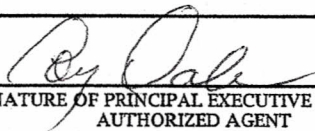
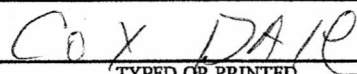
AR0020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 72143  
MINOR \$

001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6.5	*****		*****	< 2.4	2.7		0	2/30	GRAB
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	85 MO AVG	*****	lb/d	*****	25 MO AVG	40 7-DA AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
 TYPED OR PRINTED			870-381-421		
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Prepared by  Form Approved  
OMB No. 2040-0004  
**ARKANSAS TESTING LABORATORIES, INC**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** MELBOURNE WWTP (C/O ARKANSAS TESTING  
**ADDRESS:** 3301 LANGLEY DRIVE  
SEARCY, AR 72143

**FACILITY:** MELBOURNE, CITY OF-WWTP  
**LOCATION:** HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556

**ATTN:** COY DALE, WATER & WW SUPT

AR0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2015	08/31/2015

**DMR Mailing ZIP CODE:** 72143  
MINOR Searcy, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.50	*****	*****		0	2/31	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.30	*****	6.93		0	2/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.5	*****	*****	*****	2.0	3.0		0	2/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	51 MO AVG	*****	lb/d	*****	15 MO AVG	22.5 7 DA AVG	mg/L		Twice Per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.21	*****	*****	*****	<0.1	<0.1		0	2/31	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	13.3 MO AVG	*****	lb/d	*****	3.9 MO AVG	3.9 7 DA AVG	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.146	0.198		*****	*****	*****	*****	0	5/7	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Five Per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05		0	2/31	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	21		0	2/31	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Dustin Payne</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE  870-368-4215	DATE
			9-5-2014
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Dustin Payne</i>	AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
Prepared by  
OMB No. 2040-0004

**ARKANSAS TESTING LABORATORIES, INC**  
DMR Mailing ZIP CODE: 72143  
MINOR Searcy, AR 72143

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** MELBOURNE WWTP (C/O ARKANSAS TESTING  
**ADDRESS:** 3301 LANGLEY DRIVE  
SEARCY, AR 72143

**FACILITY:** MELBOURNE, CITY OF-WWTP  
**LOCATION:** HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556

**ATTN:** COY DALE, WATER & WW SUPT

AR0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

001-MONTHLY-TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	5.6	*****		*****	< 2.4	2.8		0	2/31	Grab
80082 10 Effluent Gross	PERMIT REQUIREMENT	34 MO AVG	*****	lb/d	*****	10 MO AVG	15 7 DA AVG	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Dustin Payne</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Dustin Payne</i>	TELEPHONE	DATE
			870-368-4215 AREA Code NUMBER	9-5-2015 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: COY DALE, WATER & WW SUPT

AR0020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 72143  
MINOR Prepared by  
ARKANSAS TESTING LABORATORIES, INC  
001- MONTHLY- TRTD MUNICIPAL WW  
3301 Langley Dr  
External Outfall Searcy, AR 72143  
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.40	*****	*****		0	2/31	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.22	*****	6.72		0	2/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.9	*****	*****	*****	5.5	8.0		0	2/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	51 MO AVG	*****	lb/d	*****	15 MO AVG	22.5 7 DA AVG	mg/L		Twice per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.13	*****	*****	*****	<0.1	<0.1		0	2/31	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	13.3 MO AVG	*****	lb/d	*****	3.9 MO AVG	3.9 7 DA AVG	mg/L		Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.140	0.180		*****	*****	*****	*****	0	5/7	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Five per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05		0	2/31	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Twice per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	14		0	2/31	Grab
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Dustin Payne TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Dustin Payne	TELEPHONE		DATE
			870-368-4215		12-2-2015
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location)  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: COY DALE, WATER & WW SUPT

AR0020036	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 72143  
MINOR Prepared by  
ARKANSAS TESTING LABORATORIES, INC  
001-MONTHLY-TRTD MUNICIPAL WW  
External Outfall 3301 Langley Dr  
Searcy, AR 72143  
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	3.9	*****		*****	3.0	3.3		0	7/31	Grab
8008210 Effluent Gross	PERMIT REQUIREMENT	34 MO AVG	*****	lb/d	*****	10 MO AVG	15 7 DA AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
DUSTIN PAYNE TYPED OR PRINTED		<i>Dustin Payne</i>	870-368-4215 AREA Code NUMBER	12-2-2015 MM/DD/YYYY

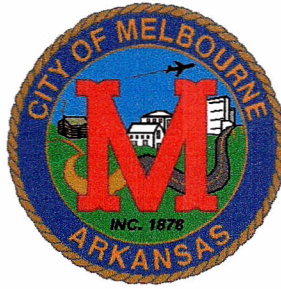
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026



**Mayor:**  
Rhonda Halbrook

**Recorder/Treasurer:**  
Alecia K. Bray



P.O. Box 800  
Melbourne, AR 72556  
Phone: (870) 368-4215  
Fax: (870) 368-4721  
[Cityofmelbourne@centurytel.net](mailto:Cityofmelbourne@centurytel.net)

**Council Members:**  
William Wright  
Jerry Crosby  
Paul Womack  
Trey Lamb  
Ronnie Treat  
Laura Sipe  
Sonia Blankenship  
Warren Smith

March 3, 2016

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

Dear Mr. Wallace:

This letter is in regards to the notice of violations that were observed on January 26, 2016. In response to the summary of findings:

1.
  - a. cleaned and disposed of properly
  - b. washed and disposed of properly
  - c. separations in concrete were sealed
  - d. algae accumulations on oxidation ditch walls were cleaned
  - e. waiting on funds to be available to repair teeth on clarifier weirs
  - f. sludge was wasted and water quality was improved in clarifiers
  - g. partial flume and staff gage were cleaned thoroughly
  - h. dry sludge was placed back in drying bed
2. Outfall 001 was thoroughly cleaned of visible solids and algae
3. repairs were done to secondary clarifier and is back operation
4. waiting on funds to become available for proper alarm system
5. have enclosed corrected DMR
6. have enclosed signed and corrected DMR
7. DMR has been updated by Arkansas Testing Lab
8. Spoke with Arkansas Testing Lab and was informed that due to the late renewal (November 2015) they were not able to pull CBOD5 and TSS influent sampling.

Additional items:

1. DMR has been updated to current
2. The City of Melbourne owns the offsite holding lagoon that is used for emergency treatment control. This lagoon is fenced & gated to keep livestock out. The City will be sure the gate is chained & locked and that the fence is in good condition. This pond is only there for emergency use and prevents discharge of untreated sewage into public waters. We are in the process of making repairs to the main lift station, but we desire to keep the pond in place for emergencies. We asked our engineer to contact the Permits Branch on our behalf and determine the viability of adding this pond to our permitted facilities.

This is in response to Part III, Section B 1.A. (photos attached)

- Public Emergency Contact information has been posted at all lift stations.
- Locks on Highway 69 lift stations have been installed
- Plan to remove accumulated solids at the Highway 69 lift station as soon as possible.
- Upon our inspection of the lift station at Airport it was revealed that no test button was installed at

the time of installation. Plans are being made to have one installed.

General

- The City is currently working on price quotes for backup generators and installation at our lift stations.

Flow Calculation Sheet

- Staff gauge was cleaned and secondary flow measurement device was calibrated (see photos)

PAN

- PAN formula was found in permit (see photo) and will be using this future calculations.

Land Application Site

- Now that we are aware that the current land application sites exceed the (3%) three percent and (6%) six percent maximum slope we are in the process of locating new application sites.

Sincerely,

Dustin Payne  
Water Assistant

A handwritten signature in blue ink that reads "Dustin Payne". The signature is written in a cursive style with a large, looping initial "D".







EFFLUENT FLOW - 3" PARSHALL

**OIC** 0-1M6D  
**INC.**

P.O. Box 56065  
Little Rock, AR 72215  
(501) 562-3307

Location EASIECH 2210 # 13521

Calibrate 3/2/2016

EFFLUENT CHART

**OIC** 0-1M6D  
**INC.**

P.O. Box 56065  
Little Rock, AR 72215  
(501) 562-3307

Location CHESSELL 352 # 3259799 - 001-02021210

Calibrate 3/2/2016

EFFLUENT 3" PARSHALL

**OIC** O-1M6D  
INC.

P.O. Box 56065  
Little Rock, AR 72215  
(501) 562-3307

Location BAOGER 2210 # 13521  
Calibrate 3/2/2016

FLOW CONTROLS

1

2

4

5

7

8

MENU

0

VANTAGE™ 2210  
Ultrasonic  
Flow/Level Meter

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

*Corrected*  
3-9-16

Form Approved  
OMB No. 2040-0004  
Prepared by

PERMITTEE NAME/ADDRESS (include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: DUSTIN PAYNE/COY DALE

AR0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

ARKANSAS TESTING LABORATORIES, INC  
DMR Mailing ZIP CODE: 72143  
MINOR 3301 Langley Dr  
Searcy, AR 72143  
001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.90	*****	*****		0	2/30	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.88	*****	6.90		0	2/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.0	*****		*****	2.5	4.0		0	2/30	GRAB
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	103 MO AVG	*****	lb/d	*****	30 MO AVG	45 7 DA AVG	mg/L		Twice per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.28	*****		*****	< 0.1	0.1		0	2/30	GRAB
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	35.2 MO AVG	*****	lb/d	*****	10.3 MO AVG	10.3 7 DA AVG	mg/L		Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.166	0.396		*****	*****	*****	*****	0	5/7	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Five per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05		2	2/30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 INST MAX	mg/L		Twice per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	22		0	2/30	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Dustin Payne TYPED OR PRINTED		<i>Dustin Payne</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	870-368-4215
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 33-00026



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004  
Prepared by

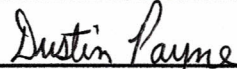
PERMITTEE NAME/ADDRESS (include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: DUSTIN PAYNE/COY DALE

AR0020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

ARKANSAS TESTING LABORATORIES, INC  
DMR Mailing ZIP CODE: 72143  
MINOR 3301 Langley Dr  
Searcy, AR 72143  
001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Overflows	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74062 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	*****		See Comments	See Comments
Overflow volume [SSO volume, CSO volume]	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74063 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	gal	*****	*****	*****	*****		See Comments	See Comments
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	6.5	*****		*****	< 2.4	2.7		0	2/30	GRAB
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	85 MO AVG	*****	lb/d	*****	25 MO AVG	40 7 DA AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Dustin Payne TYPED OR PRINTED			870-368-4215	3-9-2016	
			A/E/A Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 33-00026

# REPORT OF NON COMPLIANCE

**NAME OF FACILITY** MELBOURNE, CITY OF  
**PERMIT NUMBER** AR0020036      001-A  
**PERIOD ENDING** November 2015

	Cl <sub>2</sub> DAILY MAX	Cl <sub>2</sub> DAILY MAX					
<b>PARAMETER VIOLATED</b>							
<b>REPORTED VIOLATIONS</b>	0.02	0.1					
<b>PARAMETER VIOLATED</b>	0.011	0.011					

**WEEK OF**      Nov 04 15      Nov 25 15

*Please fill out the following information*

**CAUSE OF VIOLATION**      chlorine residual exceeded permit level  


---



---

**DURATION OF VIOLATION**      month of November

**CORRECTIVE ACTION**      working with ~~operator~~ technician to find why  
sulfur dioxide is not taking chlorine out

**EXPECTED COMPLIANCE DATE**      as soon as possible

Dustin Payne      3-9-16  
 SIGNATURE / DATE

Corrected  
 on  
 3-9-16

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
EPA No. 2040-0004  
Prepared by

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: DUSTIN PAYNE/COY DALE

AR0020036	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

ARKANSAS TESTING LABORATORIES, INC  
DMR Mailing ZIP CODE: 72143  
MINOR 3301 Langley Dr  
Searcy, AR 72143

001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.70	*****	*****		0	2/31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.25	*****	6.69		0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.8	*****		*****	4.5	8.0		0	2/31	GRAB
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	103 MO AVG	*****	lb/d	*****	30 MO AVG	45 7 DA AVG	mg/L		Twice per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.42	*****		*****	< 0.1	< 0.1		0	2/31	GRAB
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	35.2 MO AVG	*****	lb/d	*****	10.3 MO AVG	10.3 7 DA AVG	mg/L		Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.239	0.538		*****	*****	*****	*****	0	5/7	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Five per Week	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.06		2	2/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 INST MAX	mg/L		Twice per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	8		0	2/31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Dustin Payne TYPED OR PRINTED			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 33-00026

CORRECTED COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004  
Prepared by

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: MELBOURNE WWTP (C/O ARKANSAS TESTING  
ADDRESS: 3301 LANGLEY DRIVE  
SEARCY, AR 72143  
FACILITY: MELBOURNE, CITY OF- WWTP  
LOCATION: HWY 9 SPUR; W OF CITY  
MELBOURNE, AR 72556  
ATTN: DUSTIN PAYNE/COY DALE

ARO020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

ARKANSAS TESTING LABORATORIES, INC  
DMR Mailing ZIP CODE: 72143  
MINOR 3301 Langley Dr  
Searcy, AR 72143  
001- MONTHLY- TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Overflows	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74062 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	*****		See Comments	See Comments
Overflow volume [SSO volume, CSO volume]	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74063 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	gal	*****	*****	*****	*****		See Comments	See Comments
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	12.2	*****		*****	< 3.0	4.0		0	2/31	GRAB
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	85 MO AVG	*****	lb/d	*****	25 MO AVG	40 7 DA AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Dustin Payne TYPED OR PRINTED			870-369-4215 AREA Code NUMBER	3-9-2016 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 33-00026

# REPORT OF NON COMPLIANCE

NAME OF FACILITY MELBOURNE, CITY OF

PERMIT NUMBER AR0020036 001-A

PERIOD ENDING December 2015

PARAMETER VIOLATED

REPORTED VIOLATIONS

PARAMETER VIOLATED

C12 DAILY MAX	C12 DAILY MAX						
0.06	0.0						
0.011	0.011						

WEEK OF Dec 02 15 Dec 23 15

*Please fill out the following information*

CAUSE OF VIOLATION

chlorine residual exceeded permit level of .011

DURATION OF VIOLATION

month of December

CORRECTIVE ACTION

working with technician to find why sulfur dioxide  
is not taking chlorine out

EXPECTED COMPLIANCE DATE

as soon as possible

Dustin Payne

3-9-16

SIGNATURE / DATE













# ADEQ

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

March 17, 2016

Rhonda Halbrook, Mayor  
City of Melbourne  
P.O. Box 800  
Melbourne, AR 72556

**Re: Response to City of Melbourne Inspection (Izard Co)**  
**AFIN: 33-00026 NPDES Permit No.: AR0020036**

Dear Mayor Halbrook:

I have reviewed your response pertaining to my January 26, 2016 inspections of the City of Melbourne. However, the information provided does not sufficiently address the violations referenced in my inspection report.

In regards to the holding lagoon for Permit No. AR0020036, additional items that require a response:

**Item #2, the City's consulting engineer will need to contact the Permits Branch of the Department to initiate a modification to the current permit. In your response, please provide the date in which the Permits Branch was contacted and the name of the ADEQ contact that was communicated with regarding this modification.**

This work should be complete as soon as possible. Please provide the information no later than **March 31, 2016**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 3 or you may e-mail me at [wallace@adeq.state.ar.us](mailto:wallace@adeq.state.ar.us).

Sincerely,



Cody Wallace  
District 2 Field Inspector  
Water Division

**From:** [Wallace, Cody](#)  
**To:** [McConnell, Melissa](#)  
**Cc:** [McCabe, Kerri](#)  
**Subject:** FW: City of Melbourne AR0020036  
**Date:** Wednesday, March 23, 2016 3:05:32 PM

---

Please attach email below to WID 19310.

**Cody Wallace**  
Inspector---Water Division District 2  
Arkansas Department of Environmental Quality  
Office---(870) 424-3322 ext. 3  
Cell---(501) 837-2074

---

**From:** David Hopkins [mailto:[dhopkins@landmarkeng-sur.com](mailto:dhopkins@landmarkeng-sur.com)]  
**Sent:** Wednesday, March 23, 2016 10:29 AM  
**To:** Bailey, John  
**Cc:** 'Coy Dale'; Bridget McSpadden; Wallace, Cody  
**Subject:** City of Melbourne AR0020036

Mr. Bailey:

The City of Melbourne, AR in Izard County was recently written up in an ADEQ inspection for having an emergency holding pond that was not identified in their permit.

The pond is the former city-owned sewage treatment lagoon which was replaced by the current plant some years ago. It is no longer part of the treatment process.

During heavy rainfall, the City has on occasion opened an isolation valve to allow raw wastewater to enter the pond to prevent the interceptor sewer from surcharging and/or the main pump station from being overwhelmed and discharging untreated sewage. There is no discharge from this pond.

We request your comments regarding permitting requirements for maintaining this lagoon as an emergency holding pond to prevent a discharge.

Please respond with any questions or comments. Thanks!

David Hopkins, PE  
Landmark Engineering & Surveying  
300 S. Rodney Parham Road, STE. 10  
Little Rock, AR 72205-4777  
PH: (501) 224-1000, ext. 2#

FAX: (501) 227-7200

[dhopkins@landmarkeng-sur.com](mailto:dhopkins@landmarkeng-sur.com)

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 28, 2016

Rhonda Halbrook, Mayor  
City of Melbourne  
P.O. Box 800  
Melbourne, AR 72556

**RE: Response to City of Melbourne Inspections (Izard Co)**  
**AFIN: 33-00026**                      **NPDES Permit No.: AR0020036**

Dear Mayor Halbrook:

I have reviewed the response pertaining to my January 26, 2016 inspections of the City of Melbourne. The information provided sufficiently addresses the violations referenced in my inspection reports. **Information regarding Water/Wastewater improvement funding options was sent to the City via email on February 1, 2016. Please continue to pursue potential funding for applicable items mentioned in reports and your response.** 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.

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 (870) 424-3322 ext. 3 or you may e-mail me at [wallace@adeq.state.ar.us](mailto:wallace@adeq.state.ar.us).

Sincerely,



Cody Wallace  
District 2 Field Inspector  
Water Division