



ARKANSAS  
Department of Environmental Quality

April 20, 2016

Honorable Robert Tharp, Mayor  
City of Decatur  
P.O. Box 247  
Decatur, AR 72722

RE: City of Decatur Wastewater Treatment Facility Inspection  
AFIN: 04-00052 Permit No.: AR0022292

Dear Mayor Tharp:


On April 4, 2016, I performed a Compliance Evaluation Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

**Please refer to the “Summary of Findings” section of the attached inspection report 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 **May 4, 2016**.

If I can be of any assistance, please contact me at [holden@adeq.state.ar.us](mailto:holden@adeq.state.ar.us) or 479-267-0811, ext. 16.

Sincerely,

Matt Holden  
District 1 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: <b>04-00052</b>		PERMIT #: <b>AR0022292</b>		DATE: <b>4/4/2016</b>	
		COUNTY: <b>04 Benton</b>			PDS #: <b>090317</b>		MEDIA: <b>WN</b>
		GPS LAT: <b>36.344165</b> LONG: <b>-94.472711</b> LOCATION: <b>General Area</b>					
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>				
NAME: <b>City of Decatur Wastewater Treatment Facility</b> LOCATION: <b>985 Austin Ave.</b> CITY: <b>Decatur, AR 72722</b>			FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>102078 S - State</b>		
			FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>4/4/2016</b>	ENTRY TIME: <b>10:35</b>	EXIT TIME: <b>11:50</b>	PERMIT EFFECTIVE DATE: <b>10/1/2014</b>	
					PERMIT EXPIRATION DATE: <b>9/30/2019</b>		
<b>RESPONSIBLE OFFICIAL</b>			<b>INSPECTION PARTICIPANTS</b>				
NAME / TITLE: <b>Honorable Robert Tharp / Mayor</b> COMPANY: <b>City of Decatur</b> MAILING ADDRESS: <b>P.O. Box 247</b> CITY, STATE, ZIP: <b>Decatur AR 72722</b> PHONE & EXT. / FAX: <b>479-752-8336 /</b> EMAIL: <b>jboston.cod@gmail.com</b>							
CONTACTED DURING INSPECTION: <b>Yes</b>							
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER		
<b>**</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>**</b>	FACILITY SITE REVIEW		
<b>S</b>	OPERATION & MAINTENANCE	<b>**</b>	EFFLUENT/RECEIVING WATER	<b>**</b>	SELF-MONITORING PROGRAM		
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT		
<b>**</b>	OTHER:						
<b>SUMMARY OF FINDINGS</b>							
<p>The following violations were observed at the time of inspection:</p> <ol style="list-style-type: none"> <li>1. Violation of Part I.A. of your permit. Specifically, the following items were noted:                         <ol style="list-style-type: none"> <li>a. December 2015 Discharge Monitoring Report (DMR) indicates the facility had one excursion each for the following: Total Suspended Solids (TSS), Ammonia Nitrogen, and Fecal Coliform.</li> <li>b. January 2016 DMR indicates the facility had one excursion for Ammonia Nitrogen.</li> <li>c. February 2016 DMR indicates the facility had one excursion for Fecal Coliform.</li> <li>d. Solids were observed at Outfall 001 in the receiving stream.</li> </ol> </li> <li>2. Review of the December 2015 to February 2016 DMRs indicates the facility is not reporting monitoring results accurately on DMRs. This is in violation of Part III.C.5. of your permit. Specifically, the following items were noted:                         <ol style="list-style-type: none"> <li>a. The December 2015 DMR indicates the facility reported one excursion for the following: TSS, and Ammonia Nitrogen; however, the facility had two excursions for TSS (monthly average loading mass and 7-day average concentration) and three excursions Ammonia Nitrogen (monthly average loading mass, monthly average concentration, and 7-day average concentration).</li> <li>b. The January 2015 DMR indicates the facility reported one excursion for Ammonia Nitrogen; however, the facility had three excursions for Ammonia Nitrogen (monthly average loading mass, monthly average concentration, and 7-day average concentration).</li> <li>c. The February 2015 DMR indicates the facility had zero excursions for Ammonia Nitrogen; however, the facility had two excursions for Ammonia Nitrogen (monthly average loading mass and monthly average concentration).</li> </ol> </li> </ol>							

In addition, the facility used the wrong analytical sample value when calculating TSS monthly average loading mass and monthly average concentration for February 2016. The sample result for TSS on 2/16/2016 was 4.40 mg/L, and the facility used 0.12 mg/L when calculating the monthly average loading mass and monthly average concentration. However, using the correct value would not have resulted in an excursion for TSS monthly average loading mass and monthly average concentration. Please be advised the facility must calculate the monthly average loading mass and monthly average concentration using the correct values and lab analysis results. Also, please be advised the facility must specifically report all permit excursions to the Department in a non-compliance report.

**GENERAL COMMENTS**

On April 4, 2016, I conducted a compliance evaluation inspection at the above referenced facility. I conducted a facility site tour with Mike Liley, Wastewater Supervisor. At the time of inspection, solids were observed at Outfall 001 in the receiving stream. I reviewed the last two quarters of 2015 Biomonitoring reports, as well as December 2015 to February 2016 Discharge Monitoring Reports (DMRs), Chain of Custody (COC), lab analyses, and DMR calculation spreadsheets.

INSPECTOR'S SIGNATURE:  <b>Matt Holden</b>	DATE: <b>04/15/2016</b>
SUPERVISOR'S SIGNATURE: <small>←Click text to left to add signature</small> <b>-Supervisor Name</b>	DATE:

<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:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input 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: <u>Reported on DMR</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>Reported on DMR</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>9" Parshall Flume</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Services Co., Inc.</u> <u>Pace Analytical Services, Inc.</u>	
b. LAB ADDRESS: <u>1107 Century Ave., Springdale, AR 72762</u> <u>9608 Loiret Blvd., Lenexa, KS 66219</u>	
c. PARAMETERS PERFORMED: <u>NH3-N, NO2+NO3, TP, CBOD, FCB, TSS</u> <u>Biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Last 2 quarters of 2015 reviewed.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<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: <u>Solids observed in receiving stream at Outfall 001.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	Slight	Present	Clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Land applied in Missouri</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

## FLOW CALCULATION SHEET

Date: **04/04/2016** Time: **11:22**

Head in Inches: **12.6** Feet: **1.05**

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

Name & Model of Secondary Flow Measurement Device: **ISCO 4210 Ultrasonic**

Date of last Calibration of Secondary Flow Device: **7/8/2009, % error consistently < +/- 10%**

Recorded Flow at Date & Time Listed Above: **1399 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1485 GPM**

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

<b>% Error =</b>	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	<b>X 100</b>	
------------------	---	--------------	--

<b>% Error =</b>	$\frac{1399 - 1485}{1485}$	<b>X 100</b>	
------------------	----------------------------	--------------	--

<b>% Error =</b>	$\frac{-86}{1485}$	<b>X 100</b>	
------------------	--------------------	--------------	--

<b>% Error =</b>	$-.0579$	<b>X 100</b>	
------------------	----------	--------------	--

<b>% Error =</b>	<b>-5.79</b>	<b>%</b>	
------------------	--------------	----------	--

Comments:

### DMR Calculation Check

Reporting Period: From 2016 02 01 To 2016 02 29  
Year Month Day Year Month Day

Parameter Checked: TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>138.2</u>	<u>8.05</u>	<u>16.17</u>
Calculated Value:	<u>144.189</u>	<u>8.41</u>	<u>16.17</u>
Permit Value:	<u>275.2</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Facility used the wrong analytical sample value for TSS on 2/16/2016, which resulted in the wrong reported value for monthly average loading mass and monthly average concentration. Sample result for TSS on 2/16/2016 was 4.40 mg/L, and facility used 0.12 mg/L when calculating monthly concentration. Using the correct value would not have resulted in an excursion for TSS.



**DMR Calculation Check**

Reporting Period: From 2016 01 01 To 2016 01 31  
 Year Month Day Year Month Day

Parameter Checked: Ammonia Nitrogen

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>182.3</u>	<u>9.7</u>	<u>16.9</u>
Calculated Value:	<u>182.3</u>	<u>9.7</u>	<u>16.9</u>
Permit Value:	<u>75.2</u>	<u>4.1</u>	<u>10.3</u>

If calculated value does not equal reported value, explain:


**Water Division Photographic Evidence Sheet**

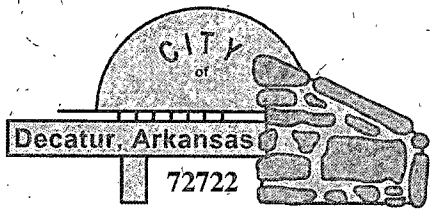
Location:	<b>City of Decatur Wastewater Treatment Facility</b>		
Photographer:	<b>Matt Holden</b>	Date:	<b>04/04/2016</b>
Witness:	<b>NA</b>	Time:	<b>11:20</b>
		Photo #:	<b>1</b>
Description:	<b>DSCN9446. Outfall 001, slight foam in receiving stream.</b>		



Photographer:	<b>Matt Holden</b>	Date:	<b>04/04/2016</b>
Witness:	<b>NA</b>	Time:	<b>11:20</b>
		Photo #:	<b>2</b>
Description:	<b>DSCN9447. Outfall 001, solids in receiving stream at bottom of photograph.</b>		



Water Division Photographic Evidence Sheet			
Location:	<b>City of Decatur Wastewater Treatment Facility</b>		
Photographer:	<b>Matt Holden</b>	Date:	<b>04/04/2016</b>
Witness:	<b>NA</b>	Time:	<b>11:20</b>
		Photo #:	<b>3</b>
Description:	<b>DSCN9449. Outfall 001, solids in receiving stream.</b>		
			



310 Maple Avenue • P.O. Box 247

Phone: 479.752.3912

May 4, 2016

Mr. Matt Holden  
District 1 Field Inspector  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: Decatur AR Inspection Report Response. AFIN: 04-00052, Permit No: AR0022292

Dear Mr. Holden,

This is our response to your Compliance Evaluation on April 4, 2016 and the findings that you had for our facility at 985 Austin Avenue.

I will explain most of the violations you found mainly with our DMR reporting forms in the summary below. They will hopefully explain Violation 1 section a, b, c. and Violation 2 section a, b, and c.

Since I have been doing DMR's I have always understood the excursions to be a violation of the seven day average only. I will follow this up with a phone call for further clarification soon. But from your findings I now understand an excursion on the DMR to be any violation whether it be pounds per day, thirty day average, or seven day average. An example would be let's say on phosphorus I was out on my poundage, thirty day average and one week on seven day average, that would be 3 excursions. The way I previously would have reported this, it would have been only one excursion, with the other two items poundage and 30 day average listed in my NC report.

As to Item 1 d. this problem with solids build up around the outfall happened predominately before the Actiflow went online toward the end of 2015. This year we have not had the flooding rains like we normally have by now. Our new Actiflow is doing a very good job on TSS now.

All of the above violations we are striving to make the corrections. If you have any questions on any of my comments please call me at 479-752-3912.

Sincerely,

James Boston  
Public Works Manager  
City of Decatur

**Decatur Water & Waste Water**

P.O. Box 247 • 310 Maple Ave.  
Decatur, AR 72722

NORTHWEST AR P&DF

AR 727 2 1

00 MAY 2016



02 1P \$ 000.46<sup>5</sup>

0001682146 MAY 04 2016  
MAILED FROM ZIP CODE 72722

Arkansas Dept. of Environmental Quality  
Water Division - Enforcement Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

7211885317 R015



Attn: Matt Holden

# ADEQ

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

May 23, 2016

Honorable Robert Tharp, Mayor  
City of Decatur  
P.O. Box 247  
Decatur, AR 72722

RE: Response to Inspection  
AFIN: 04-00052 Permit No. AR0022292

Dear Mayor Tharp:

I have reviewed the response pertaining to my April 4, 2016 inspection of the City of Decatur Wastewater Treatment Facility. The information provided sufficiently addresses the violations referenced in my inspection report. 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 479-267-0811, ext. 16 or you may e-mail me at [holden@adeq.state.ar.us](mailto:holden@adeq.state.ar.us).

Sincerely,



Matt Holden  
District 1 Inspector  
Office of Water Quality