

# ADEQ

ARKANSAS  
Department of Environmental Quality

September 2, 2016

Shelia Walters, Mayor  
City of Trumann  
106 E. Main St.  
Trumann, AR 72472

RE: City of Trumann Inspection  
AFIN: 56-00047 Permit No.: AR0035602

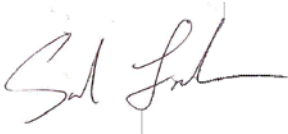
Dear Mayor Walters:

On August 1 and 2, 2016, I performed a Compliance Sampling Inspection and SSO/Collection System Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection reports are 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 **September 9, 2016**.

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

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>					
		AFIN: <b>56-00047</b>		PERMIT #: <b>AR0035602</b>		DATE: <b>8/1/2016</b>	
		COUNTY: <b>56 Poinsett</b>			PDS #: <b>092577</b>		MEDIA: <b>WN</b>
		GPS LAT: <b>35.682519</b> LONG: <b>-90.494141</b> LOCATION: <b>Entrance</b>					
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>				
NAME: <b>City of Trumann</b> LOCATION: <b>~0.36 miles East of N. Speedway St.</b> CITY: <b>Trumann</b>			FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>112347 S - State</b>		
			FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>		INSPECTION TYPE: <b>Compliance Sampling</b>		
			DATE(S): <b>8/1/2016</b>	ENTRY TIME: <b>09:15</b>	EXIT TIME: <b>14:45</b>	PERMIT EFFECTIVE DATE: <b>1/1/2015</b>	
			<b>8/2/2016</b>	<b>08:45</b>	<b>10:00</b>	PERMIT EXPIRATION DATE: <b>12/31/2019</b>	
<b>RESPONSIBLE OFFICIAL</b>			FAYETTEVILLE SHALE RELATED: <b>N</b>				
NAME / TITLE: <b>Shelia Walters / Mayor</b> COMPANY: <b>City of Trumann</b> MAILING ADDRESS: <b>106 E. Main St.</b> CITY, STATE, ZIP: <b>Trumann AR 72472</b> PHONE & EXT. / FAX: / EMAIL:			FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>				
CONTACTED DURING INSPECTION: <b>No</b>			<b>INSPECTION PARTICIPANTS</b>				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Scotty Jones/Wastewater Chief Operator</b> <b>Lorre Holt/Laboratory Technician</b>				
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
<b>S</b>	PERMIT	<b>M</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER		
<b>M</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW		
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM		
<b>S</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT		
<b>N</b>	OTHER:						
<b>SUMMARY OF FINDINGS</b>							
<p>Samples were collected and analyzed for various water quality parameters at Outfall 001. Permit violations were noted from pH measurements. Please view attached Tables 1 and 2 for further reference.</p> <p>The following violations were noted at the time of the inspection:</p> <ol style="list-style-type: none"> <li>1. The pH was measured over the effluent limitations of the permit. This violates Part I Section A of the permit. The pH was measured as 9.05 by Sarah Frasher and 9.24 by Lorre Holt on August 2, 2016. Please send a non-compliance report with your response for this excursion.</li> <li>2. Secondary flow meter transponder was not working properly at the time of the inspection. This violates Part III Section C.2 of the permit.</li> <li>3. Total Phosphorus mass loading was incorrectly reported on the DMRs. On February 19, 2016, the total phosphorus was reported as 17.1 lbs/day and should be reported as 10.6 lbs/day. Please submit corrected DMRs with your response for total phosphorus.</li> <li>4. A thermometer was unavailable in the Fecal Bath at the time of the inspection. This was communicated to Ms. Holt of the need to have a calibrated thermometer.</li> </ol>							

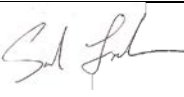

**GENERAL COMMENTS**

**Brent Walker, Water Inspector District 3, also participated in this inspection.**

**A SSO/Collection System Inspection was performed in conjunction with this inspection. Please view attached letter for more details.**

**Secondary flow measurement device not working properly at the time of the inspection. On August 3, 2016, work order was completed to repair flow meter. The transponder was determined in need of replacement and was ordered the same day.**

**Pump turned on for samples collection after the pump was turned off for the weekend. Lorre Holt stated that the lagoon was getting low and the pump was normally turned off for the weekend and turned on again during the week.**

INSPECTOR'S SIGNATURE:  <b>Sarah Frasher</b>	DATE: <b>8/26/2016</b>
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>	DATE: <b>9/2/2016</b>

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input 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: <u>Total Phosphorus loading not reported correctly</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>9 in. Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>HydroRanger 200 Transponder not working properly</u>	<input type="checkbox"/> Y <input checked="" 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>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex</u>	
b. LAB ADDRESS: <u>Little Rock, AR</u>	
c. PARAMETERS PERFORMED: <u>Total Phosphorus, WET Testing</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	Low	N/A	N/A	green	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge stays in lagoon</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:___ <input checked="" type="checkbox"/> COMPOSITE:___ METHOD: <u>Composite Sampler</u> FREQUENCY: <u>24-hours</u>							
3. SAMPLES PRESERVED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: **08/01/2016** Time: **11:59**

Head in Inches: **4.5** Feet: **0.375**

Type & Size of Primary Flow Measurement Device: **9 inches Parshall flume**

Name & Model of Secondary Flow Measurement Device: **HydroRanger 200**

Date of last Calibration of Secondary Flow Device: **10/19/2015**

Recorded Flow at Date & Time Listed Above: **0.385** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **0.4515**

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

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

% Error =	0.385	-	0.4515	X 100
	0.4515			

% Error =	-0.0665	X 100
	0.4515	

% Error =	-0.1473	X 100
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% Error =	<b>-14.73</b>	%
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Comments: **Not within +/-10% difference.**

**DMR Calculation Check**

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

Parameter Checked: Total Phosphorus

	<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>17.1</u>	<u>4.1</u>	<u>4.1</u>
Calculated Value:	<u>10.6</u>	<u>4.1</u>	<u>4.1</u>
Permit Value:	<u>Report</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain: See below.

Mass loading = Concentration (mg/L) \* Flow (MGD) \* 8.34 lbs/gal

Mass loading = 4.12 mg/L \* 0.308 MGD \* 8.34 lbs/gal

Mass loading = 10.6 lbs/day

Facility has been using Mo. Avg. Flow instead of Instantaneous flow from the sample date.



**DMR Calculation Check**

Reporting Period: From 2016 03 01 To 2016 03 31  
 Year Month Day Year Month Day

Parameter Checked: TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>265.6</u>	<u>29.1</u>	<u>37.8</u>
Calculated Value:	<u>265.6</u>	<u>29.1</u>	<u>37.8</u>
Permit Value:	<u>1,336.0</u>	<u>90.0</u>	<u>135</u>

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

**Table 1. ADEQ laboratory and permittee split sample collection water quality parameter measurements for Outfall 001 at the City of Trumann. The effluent discharge limitations are displayed from the permit.**

Water Quality Parameters	Concentration			Permit Limits	
	ADEQ Lab	Permittee Split	Units	Monthly Avg.	7-Day Avg.
Composite Flow	N/A	N/A	MGD	Report (MGD)	Report (MGD)
Instantaneous Flow	0.4515	0.4515	MGD	N/A	N/A
Biochemical Oxygen Demand (BOD5)	12.3	12.9	mg/L	30.0 mg/L	45.0 mg/L
Total Suspended Solids (TSS)	12	12.3	mg/L	90.0 mg/L	135.0 mg/L
Dissolved Oxygen (DO)	7.17	7.66	mg/L		5.0 mg/L (Inst. Min.)
Fecal Coliform Bacteria (FCB)	~9	1.415	cfu/100 mL	200 cfu/100 mL	400 cfu/100mL
Total Phosphorus (TP) <sup>2</sup>	3.26	N/A	mg/L	Report	Report
Total Recoverable Arsenic (AR) <sup>3</sup>	1.94	N/A	µg/L	Report (µg/L)	Report (µg/L)
pH	7.1	7.0	s.u.	Minimum 6.0 s.u.	Maximum 9.0 s.u.

**Table 2. ADEQ laboratory and permittee split sample collection mass loading results for Outfall 001 at the City of Trumann. The effluent discharge limitations are displayed from the permit.**

Water Quality Parameters	Mass Loading (lbs/day)		Permit Limits (lbs/day)
	ADEQ Lab	Permittee Split	Monthly Avg.
Instantaneous Flow	0.4515 MGD	0.4515 MGD	N/A
Biochemical Oxygen Demand (BOD5)	46.3	48.6	445.0
Total Suspended Solids (TSS)	45.2	46.3	1336.0

To ADEQ Officials:

In reference to recent ADEQ inspection dated 8-1-2016 and 8-2-2016 our response to the summary of findings at our wastewater treatment facility is as follows:

1. PH compliance – Part I Section A. During the summer months we experience high temperatures, low freeboard during low rainfall periods, and extreme algae growth. We feel that all these factors contribute to elevated PH levels. Our standard operating procedure is to stop effluent flow and recycle treated water in an effort to avoid the discharge of any water that may not be in compliance with our permitted PH limits. Previous to the inspection we had no effluent flow but due to the inspection we resumed discharge in order to collect samples for the inspection. PH will be monitored during non-discharge periods to ensure that when effluent flow resumes the PH is at acceptable levels. Note that we have never exceeded PH levels in the past due to our diligence in the summer months.
2. Secondary Flow Meter – Part III Section C.2 On 8-1-2016 we did encounter a problem with our secondary flow meter. Measurements showed more than a 10% difference between our flow meter and manual measurements at the discharge flume. Jeff Porterfield with Calibrations and Controls was contacted that same day and able to perform meter calibrations on 8-3-2016. Jeff stated that secondary flow meter readings were “spot on” but that he did notice some issues with the transducer that could make it give false readings. His recommendation was to go ahead and replace transducer. We order the replacement parts and they were installed on 9-7-2016. Documentation is attached on the work performed.
3. Total Phosphorus Mass Loading. We were using monthly average flow to calculate loading. All DMR’s have been corrected using the flow in MGD from the day the sample was collected.
4. Thermometer has been purchased and installed in the fecal bath on 8-12-2016

Referencing the Summary of Findings for Part III Section B.1 for Operations and Maintenance:

1. Adequate ventilation needs to be installed in several lift stations. The Swaney station in particular was one of the latest lift stations we have changed out and built our own custom building. It wasn't noted in the findings that no foam enclosures were used between framing and metal sheeting. These gaps in sheeting do allow gases to escape from the structure. I do agree that more ventilation should be available. I will research some options on power ventilation fans to be used in our custom buildings. It will be feasible to have these ventilation fans installed in all custom lift station buildings by the end of this year.
2. Lighting in lift stations. We shall diligently work on installing proper lighting in the lift stations that are in need of such. It also is feasible to have this completed by the end of this year.
3. Electrical cover on Ballard station. The cover was removed by unknown persons. The cover was replaced on 8-10-2016 and all electrical components are secured.

Any further correspondence is welcomed. I will supply more documentation and updates on some of the work to be completed per the summary of findings.

Cordially,

Scotty Jones  
Public Works Director  
City of Trumann

# SERVICE REPORT

JOB LOCATION Trumann Waste Water  
 ADDRESS Trumann AR  
 DATE 9-7-2016  
 P.O. # \_\_\_\_\_  
 SERVICE REQUESTED BY: Scotty

## DESCRIPTION OF WORK:

1- Install New Transducer on Effluent Flow Meter  
 Calibrate Flow Meter  
 See Calibration Report

1- Hydro Range 200 Transducer

EQUIPMENT SERVICED	MODEL #	SERIAL #

WORK HOURS 1.5  
 TRAVEL HOURS 5 TOTAL HOURS 6.5

AUTHORIZED SIGNATURE Row Helt  
 CALIBRATION & CONTROLS INC. TECHNICIAN Jeffery

# SERVICE REPORT

Nº 007607

JOB LOCATION TAMMAM Wash water  
ADDRESS TAMMAM AL  
DATE 8.3.16  
P.O. # \_\_\_\_\_  
SERVICE REQUESTED BY: Scotty

## DESCRIPTION OF WORK:

1. CALIBRATE Inflow & Effluent REFLOWER & Effluent flow METER. SEE CALIBRATION REPORT

NOTE. Effluent flow METER TRANSDUCER has a Headport that is SPALL'D. This is probably the cause of the error. RECOMMEND REPLACING TRANSDUCER.

Scotty gave GRAY to ORDER NEW TRANSDUCER  
METER IS WORKING CORRECTLY TODAY

EQUIPMENT SERVICED	MODEL #	SERIAL #

WORK HOURS 2.5  
TRAVEL HOURS 5.0 TOTAL HOURS 7.5

AUTHORIZED SIGNATURE \_\_\_\_\_  
CALIBRATION & CONTROLS INC.      TECHNICIAN      Jeff Cortright

# ADEQ

ARKANSAS  
Department of Environmental Quality

September 16, 2016

Barbara Lewallen, Mayor  
City of Trumann  
106 E. Main Street  
Trumann, AR 72472

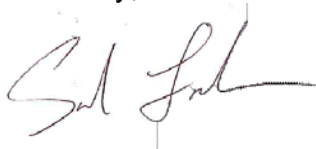
RE: City of Trumann-Inspection Response  
Permit No.: AR0035602      AFIN: 56-00047

Dear Mayor Lewallen:

I have reviewed the response pertaining to my August 1, 2016 Compliance Sampling Inspection and SSO/Collection System Inspection of the City of Trumann. The information provided sufficiently addresses the violations referenced in my inspection reports. 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 870-935-7221 ext.-15 or you may e-mail me at [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division