

January 17, 2017

Mr. Michael Sims, WW Superintendent City of DeQueen WWTP PO Box 730 DeQueen AR 71832

RE: City of DeQeen WWTP Inspection AFIN: 67-00023 Permit No.: AR0021733 - CEI Permit No.: AR0021733 - SSO Permit No.: ARR00C398

Dear Mr. Sims:

On January 4, 2017 and January 5, 2017, I performed a Compliance Evaluation Inspection, Sanitary Sewer Overflow/Collection System Inspection, and Industrial Stormwater Inspection of the above referenced facilities 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 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 <u>Water-Inspection-Report@adeq.state.ar.us</u>. 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 January 31, 2017.

If I can be of any assistance, please contact me at <u>smithron@adeq.state.ar.us</u> or 870-777-7585.

Sincerely, P-f Srith

Red Smith District 7 Field Inspector Water Division

Inspection Report: City of DeQeen WWTP, AFIN: 67-00023, Permit #: AR0021733

	ADEO	-	WATER	DIVISION IN	SP	ECTIO	N REPORT	
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	partment of Environmental Quality	GF	S LAT: 34.02608	1 LONG: -94.3473	54 L	OCATION: E	Intrance	
	FACILITY INFORMAT	ION				TION INFOR	MATION	
NAME: City of DeQeen WWTP LOCATION:			FACILITY TYPE:INSPECTOR ID#:1 - Municipal26294 S - State					
	0 South 9th Street			FACILITY EVALUATION RATING: 3 - Satisfactory	pliance Evaluation			
De	Queen			DATE(S): ENTR 1/4/2017 12:	Y TIME: 00	EXIT TIME: 16:00	PERMIT EFFECTIVE DATE:	
	RESPONSIBLE OFFIC	CIAL	-	1/5/2017 13:		16:30	11/1/2013 PERMIT EXPIRATION DATE:	
	chael Sims / WW Supervisor						10/31/2018	
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	y of DeQeen WWTP			FAYETTEVILLE S	HAL	E VIOLATIO	NS: N	
) Box 730			INSP NAME/TITLE/PHONE/FAX/EMAIL/E		ION PARTI	CIPANTS	
	state, zip: Queen AR 71832			Mike Sims, WW S		rintendent		
-	NE & EXT: / FAX:							
B70 EMAI	0-642-5231 /							
ms	sims@cityofdequeen.com							
CC	NTACTED DURING INSPECTION:	Yes	-					
	(S=Si	atisfac		LUATIONS isfactory, N=Not Applicable/Ev	aluated)		
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	1.		1111 1					
SU	IPERVISOR'S SIGNATURE:	~ ~	Jas	son Bolenbaugh			DATE: 1/17/2017	

Inspection Report: City of DeQeen WWTP, AFIN: 67-00023, Permit #: AR0021733

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9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Image: Comparison of the stablished in the stablis	7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	Øs 🗆m 🗇u 🖾na 🖾ne
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Image: Control of the stablished in the control of the c	8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Image: Constraint of the collection system in the last year: 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Image: Constraint of the collection system in the last year: Image: Constraint of the collection system in the last year: Image: Constraint of the collection system in the last year: Image: Constraint of the collection system in the last year: Image: Constraint of the collection system in the last year: Image: Constraint of the collection system in the last year: Image: Constraint of the collection system in the collection system in the last year: Image: Constraint of the collection system in the collection system in the last year: Image: Constraint of the collection system in the collection system in the last year: Image: Constraint of the collection system in the collection system in the last year: Image: Constraint of the collection system in the collect	9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Image: Constraint of the second secon	10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Image: Constraint of the second	11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	
	13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	
	14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	
ID. IF SO, DID FERMIN VIOLATIONS OCCUR AS A RESULT:	15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	

SEC	TION D: SAMPLING	
	MITTEE SAMPLING MEETS PERMIT REQUIREMENTS	ØS OM OU ONA ONE
	AILS:	
	SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	
	OCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	
3. F	LOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	
4. S	AMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	
5. S	SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	
6. S	SAMPLE COLLECTION PROCEDURES ADEQUATE:	Øy 🗆n 🗆na 🗇ne
a. S	AMPLES REFRIGERATED DURING COMPOSITING:	Øy 🗆n 🗆na 🗆ne
b. F	PROPER PRESERVATION TECHNIQUES USED:	
c. C	CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	
7. II	F MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	
SEC	TION E: FLOW MEASUREMENT	
PER	MITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	ØS OM OU ONA ONE
DET	AILS:	
1. F	RIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: 12" Parshall Fit	
2. F	COW MEASURED AT EACH OUTFALL AS REQUIRED:	
3. S	ECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>FMU90 Endres</u> Hauser (totalizer)	<u>ss-</u> Øy 🛛 n 🗆 na 🗆 ne
4. C	CALIBRATION FREQUENCY ADEQUATE: 1X / month	
5. F	RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	
6. C	CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	
7. F	LOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	
8. F	LOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	
9. ⊢	IEAD MEASURED AT PROPER LOCATION:	
SEC	TION F: LABORATORY	
PER	MITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	ØS OM OU ONA ONE
DET	AILS:	
1. E	PA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	Øy 🛛 n 🗆 na 🗆 ne
2. II	F ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	🗹 y 🗆 n 🗆 na 🗆 ne
3. S	ATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	🗹 y 🗆 n 🗆 na 🗆 ne
4. C	QUALITY CONTROL PROCEDURES ADEQUATE:	Øy 🛛n 🖾na 🖾ne
5. C	DUPLICATE SAMPLES ARE ANALYZED <u>></u> 10% OF THE TIME:	Øy 🛛n 🖾na 🖾ne
6. S	SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	Øy 🛛n 🖾na 🖾ne
7. C	COMMERCIAL LABORATORY USED:	Øy 🗆n 🗆na 🗆ne
a. L	AB NAME: <u>Arkansas Analytical, Inc.</u>	
b. L	AB ADDRESS:_11701 I-30, Bldg. 1, Ste 115 Little Rock, AR 72209	
c. F	ARAMETERS PERFORMED: <u>Ammonia Nitrogen, Total P, & WET</u>	
8. E	SIOMONITORING PROCEDURES ADEQUATE:	Øy 🛛n 🖾na 🖾ne
a. F	PROPER ORGANISMS USED:	ØY 🛛 N 🖾 NA 🖾 NE
b. F	PROPER DILUTION SERIES FOLLOWED:	Øy 🗅n 🗅na 🗅ne
c. F	PROPER TEST METHODS AND DURATION:	Øy 🛛 n 🖓 na 🖓 ne
d. F	RETESTS AND/OR TRE PERFORMED AS REQUIRED:	
1		

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS										
BASED ON VISUAL OBSERVATIONS ONLY										
DETAILS:										
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER			
001	No	No	No	No	No	clear	N/A			
SECTION H: SLUDGE DISPOSAL										
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS 🛛 S 🗆 M 🗆 U 🗆 NA 🗆 NE										
DETAILS:										
1. SLUDGE M	ANAGEMENT ADEQU	ATE TO MAINTAIN EF	FLUENT QUALITY:			⊠s ⊡m				
2. SLUDGE R	ECORDS MAINTAINE	D AS REQUIRED BY 40) CFR 503:			⊠s ⊡m				
3. FOR LAND	APPLIED SLUDGE, T	YPE OF LAND APPLIEI	D TO: (E.G., FOREST,	AGRICULTURAL, PUE	BLIC CONTACT SITE):					
		SPECTION PRO								
SAMPLE R	ESULTS WITH	HIN PERMIT R	EQUIREMENT	S			U ØNA ⊡NE			
DETAILS:										
1. SAMPLES	OBTAINED THIS INSP	ECTION:				ΠY	On Øna One			
2. TYPE OF S	AMPLE: GRAB:		METHOD: FREQUE	NCY:						
3. SAMPLES F	PRESERVED:						□n Øna □ne			
4. FLOW PRO	PORTIONED SAMPLE	S OBTAINED:				ΠY	□n Øna □ne			
5. SAMPLE O	BTAINED FROM FACI	LITY'S SAMPLING DE	/ICE:			ΠY	🗆 n 🗹 na 🗆 ne			
6. SAMPLE RI	EPRESENTATIVE OF	VOLUME AND NATUR	E OF DISCHARGE:				🗆 n 🗹 na 🗆 ne			
7. SAMPLE SF	PLIT WITH PERMITTE	E:					🗆 n 🗹 na 🗆 ne			
8. CHAIN-OF-	CUSTODY PROCEDU	RES EMPLOYED:					⊡n Øna ⊡ne			
9. SAMPLES (COLLECTED IN ACCO	RDANCE WITH PERM	IT:			ΠY	On Øna One			
		ER POLLUTION								
		EMENT MEET					U ØNA DNE			
		dated 1/4/2017		<u> 3 (No Exposure</u>	Certification)					
		DATE OF LAST UP								
			CE WATERS:							
	N PREVENTION TEAM									
			2							
	DTENTIAL POLLUTAN									
		AND PAST SPILLS AND								
		ARGES ARE AUTHOR	IZED:							
	DN-STRUCTURAL BMF									
11. INSPECTIC	NS CONDUCTED AS	KEQUIKED:				ЦY	🗆 n 🗹 na 🗆 ne			

Inspection Report: City of DeQeen WWTP, AFIN: 67-00023, Permit #: AR0021733

FLOW CALCULATION SHEET

					_				
Date: 1/5	.2017	Time: 15 '	10						
	.2017								
Head in Inc	hes: 11.0	Feet:	.917 ft.						
			-	·					
Type & Size	e of Primary Flow	Measurer	nent Dev	/ice: 1	2" Parsh	all flur	ne		
Name & Mo	odel of Secondary	Flow Mea	asureme	nt Dev			Endress-Hauser g meter)		
Date of last	Calibration of Se	condary F		ico:	12/16/1	6			
Date of last					12/10/1	0			
Recorded F	Flow at Date & Tir	ne Listed /	Above:	2.220) MGD		(Facility Flow Meter)		
	Flow at Date & Ti				77 MGD	#) —		
(Flow is calculat	ted using flow charts in:	ISCO Open C	hannel Flow	/ Measu	rement Han	dbook-5"	<u>Edition)</u>		
04 5	Recorded Value - Calculated Value X 100								
% Error =	Calc	Calculated Value							
% Error =	2.220	-	2.277		X 100				
/0 200		2.277							
	0.057								
% Error =	2.277	X 100							
	2.211								
% Error =	0.025	X 100							
% Error =	-2.50	%							
Commente: Accentable: within the 1/ 10% range									
Comments: Acceptable; within the +/- 10% range									

DMR Calculation Check

Reporting Period:	From	2015 Year	12 Month	01 Day	_ To _	2015 Year	12 Month	<u>31</u> Day
Parameter Checked:		TSS	-					
		Loading Mass					ntration hthly	
	Mo.	Mo. Avg Ibs/day		Mo. A	vg r	ng/l	7-day Avg mg/l	
Reported Value:		153.1			6		8.3	
Calculated Value:	Calculated Value: 153.1			6			8.3	
Permit Value:		500.4			15.0		22.5	5

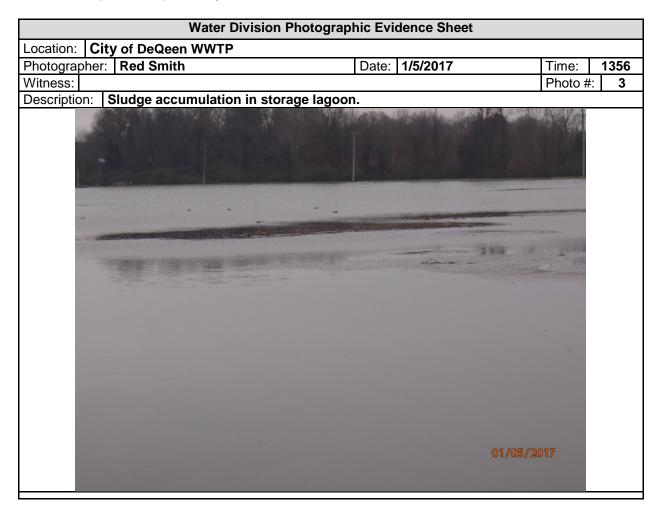
If calculated value does not equal reported value, explain: Same

DMR Calculation Check

Reporting Period:	From	<u>2016</u> Year	6 Month	01 Day	_ То	2016 Year	<u>6</u> Month	<u>30</u> Day
Parameter Checked:		NH3-N	-					
		Loading				Concer		
	Мо	Mass Mo. Avg Ibs/day		Mo A	\vg I	Mon ma/l	7-day Avg mg/l	
	WO.	Avg 105/0	iay		vy i	iig/i	I-uay Avg	mg/i
Reported Value:	8.9			.057		0.83		
Calculated Value:	e: <u>8.9</u>		.057			0.83		
Permit Value: 66.7			2			3		

If calculated value does not equal reported value, explain: <u>Same</u>





Area of the overflow/storage lagoon that appears to have a large build-up of sludge (Orange Lines). The WWTP wastes sludge in this end of the lagoon at three different points.

