

ADEQ

ARKANSAS
Department of Environmental Quality

May 29, 2018

Honorable George McKee, Mayor
City of Mena
323 Polk 53
Mena, AR 71953

RE: City of Mena WWTP Inspections (Polk Co)
AFIN: 57-00423 **NPDES Permit No.: AR0036692**

Dear Mayor McKee:

On May 2, 2018, I performed a Compliance Evaluation Inspection and a 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. 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. 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 **June 12, 2018**.

If I can be of any assistance, please contact me at kremers@adeq.state.ar.us or (479) 968-7339 ext. 17.

Sincerely,



Greg Kremers
District 4 Field Inspector
Office of Water Quality

| | | | | | |
|---|---|--|--------------------------|----------|-------------------------|
|  A R K A N S A S Department of Environmental Quality | WATER DIVISION INSPECTION REPORT | | | | |
| | AFIN: 57-00423 | PERMIT #: AR0036692 | DATE: 5/2/2018 | | |
| | COUNTY: 57 Polk | PDS #: 103052 | MEDIA: WN | | |
| | GPS LAT: 34.556208 LONG: -94.188032 LOCATION: Entrance | | | | |
| FACILITY INFORMATION | | INSPECTION INFORMATION | | | |
| NAME: City of Mena WWTP LOCATION: 323 Polk 53 CITY: Mena, AR | | FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 34946 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation | | | |
| RESPONSIBLE OFFICIAL | | DATE(S): 5/2/2018 ENTRY TIME: 09:45 EXIT TIME: 14:45 PERMIT EFFECTIVE DATE: 9/1/2017 PERMIT EXPIRATION DATE: 8/31/2022 | | | |
| NAME / TITLE: Honorable George McKee / Mayor COMPANY: City of Mena MAILING ADDRESS: 323 Polk 53 CITY, STATE, ZIP: Mena AR 71953 PHONE & EXT. / FAX: 479-394-4585 / EMAIL: mckeemayor@sbcglobal.net | | FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N | | | |
| CONTACTED DURING INSPECTION: No | | INSPECTION PARTICIPANTS | | | |
| | | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Mike Spencer / Wastewater Supervisor / 479-234-2592 / menawwtp@gmail.com | | | |
| AREA EVALUATIONS | | | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | |
| S | PERMIT | S | FLOW MEASUREMENT | N | STORMWATER |
| S | RECORDS/REPORTS | U | LABORATORY | S | FACILITY SITE REVIEW |
| S | OPERATION & MAINTENANCE | S | EFFLUENT/RECEIVING WATER | S | SELF-MONITORING PROGRAM |
| S | SAMPLING | S | SLUDGE HANDLING/DISPOSAL | N | PRETREATMENT |
| ** | OTHER: | | | | |
| SUMMARY OF FINDINGS | | | | | |
| The following violation was noted: Duplicate samples for pH, Dissolved Oxygen (DO), Fecal Coliform Bacteria (FCB), Total Residual Chlorine (TRC), and Total Suspended Solids (TSS) are not being analyzed by the facility lab on at least 10% of the samples. This is a violation of Part III.C.3 of the permit. | | | | | |

GENERAL COMMENTS

The treatment system consists of bar screen, two-cell aerated lagoon system, continuous backwash rapid sand filters, chlorine disinfection, and post-aeration. The design flow is 3.1 MGD. The inspection consisted of a site assessment and review of records. A complaint was submitted by an adjacent landowner against the facility on April 19, 2018 stemming from a bypass of the treatment system (see separate complaint report).

The facility continues to experience substantial hydraulic overloading due to Inflow and Infiltration (I&I) stemming from issues within the collection system. Wastewater Supervisor Mike Spencer stated that over a five-day period in February 2018, approximately 30 million gallons of partially treated wastewater was bypassed from the system due to significant area rainfall. This bypass was reported to ADEQ. Mr. Spencer stated that after these rainfall periods, it takes fifteen days of no rain for I&I levels to return to normal. Permit limits for TSS were exceeded in February and March 2018 resulting from the higher I&I. Non-compliance reports (NCR) were submitted.

Site assessment



The system is well maintained. The diffusers in the lagoon were recently replaced. All treatments units were in operation and appeared to be functioning properly. Sludge is stored in geo-tubes and is to be land applied under State No-Discharge permit 5207-W. The landowner of the permitted application site has since decided that they no longer want the sludge applied to the property. Sludge is disposed of at the Ozark Ridge Landfill in Yell County. The in-house lab analyzes TSS, TRC, FCB, pH, and DO. However, duplicates are not being analyzed.

Records review

Chains of custody (COC), bench sheets, lab analyses, and Discharge Monitoring Reports (DMRs) for October 2017, December 2017, and February 2018 were reviewed. No discrepancies were noted.

Complaint investigation

I discussed with Mr. Spencer, the complaint that had been reported against the facility. He stated that the complaint was a result of a bypass that occurred at the plant on April 15, 2018. Mr. Spencer stated that he had spoken with the complainant and was aware of his concerns. ADEQ Enforcement Analyst, Bailey Taylor, verified that this bypass had been reported.

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| INSPECTOR'S SIGNATURE:  Greg Kremers | DATE: 5/24/2018 |
| SUPERVISOR'S SIGNATURE:  | Kerri McCabe DATE: 5/24/2018 |

| SECTION A: PERMIT VERIFICATION | |
|---|---|
| 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 |
| SECTION B: RECORDKEEPING AND REPORTING EVALUATION | |
| RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 |
| SECTION C: OPERATIONS AND MAINTENANCE | |
| 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: <u>Generator</u> | <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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Class III</u> | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input checked="" 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: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| SECTION D: SAMPLING | |
|--|---|
| 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 |
| SECTION E: FLOW MEASUREMENT | |
| 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>90° V-notch weir</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: | <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 |
| SECTION F: LABORATORY | |
| PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: <u>Data Testing</u> | |
| b. LAB ADDRESS: <u>3434 Country Club Road, Fort Smith, AR 72903</u> | |
| c. PARAMETERS PERFORMED: <u>NH3-N, CBOD5</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

| SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS | | | | | | | |
|--|-----------|--------|-----------|--------------|-----------------|---|-------|
| 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: <u>Based on observation at Outfall 001.</u> | | | | | | | |
| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
| 001 | None | None | None | None | Minimal | Clear | -- |
| | | | | | | | |
| | | | | | | | |
| SECTION H: SLUDGE DISPOSAL | | | | | | | |
| 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>Sludge is taken to Ozark Ridge Landfill in Yell County.</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 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): | | | | | | | |
| | | | | | | | |
| SECTION I: SAMPLING INSPECTION PROCEDURES | | | | | | | |
| 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 | |
| | | | | | | | |
| SECTION J: STORM WATER POLLUTION PREVENTION PLAN | | | | | | | |
| 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 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: **5/2/2018** Time: **1125**

Head in Inches: Feet: **1.06**

Type & Size of Primary Flow Measurement Device: **90° V-notch weir**

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

Date of last Calibration of Secondary Flow Device: **3/26/2018**

Recorded Flow at Date & Time Listed Above: **1333 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:

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

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

| | | | | | |
|-----------|------|---|------|-------|--|
| % Error = | 1333 | - | 1298 | X 100 | |
| | 1298 | | | | |

| | | | |
|-----------|------|-------|--|
| % Error = | 35 | X 100 | |
| | 1298 | | |

| | | | |
|-----------|-------|-------|--|
| % Error = | 0.026 | X 100 | |
|-----------|-------|-------|--|

| | | | |
|-----------|----------|---|--|
| % Error = | 3 | % | |
|-----------|----------|---|--|

Comments: **Within ± 10% error.**

DMR Calculation Check

Reporting Period: From 2017 10 01 To 2017 10 31
 Year Month Day Year Month Day

Parameter Checked: CBOD5

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|-------------------|--|--|--------------------------|
| Reported Value: | <u>20</u> | <u>6</u> | <u>12.5</u> |
| Calculated Value: | <u>20.6</u> | <u>5.9</u> | <u>12.5</u> |
| Permit Value: | <u>259</u> | <u>10</u> | <u>15</u> |

If calculated value does not equal reported value, explain:
Loading values vary slightly due to differences in rounding.

DMR Calculation Check

Reporting Period: From 2017 10 01 To 2017 10 31
 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>31</u> | <u>7.8</u> | <u>11.5</u> |
| Calculated Value: | <u>30.2</u> | <u>7.8</u> | <u>11.5</u> |
| Permit Value: | <u>388</u> | <u>15</u> | <u>22.5</u> |

If calculated value does not equal reported value, explain:
Loading values vary slightly due to differences in rounding.

Water Division Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-----------------|
| Location: | City of Mena WWTP | | |
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1047 |
| | | Photo #: | 1 |
| Description: | Automated bar screen at the headworks. | | |

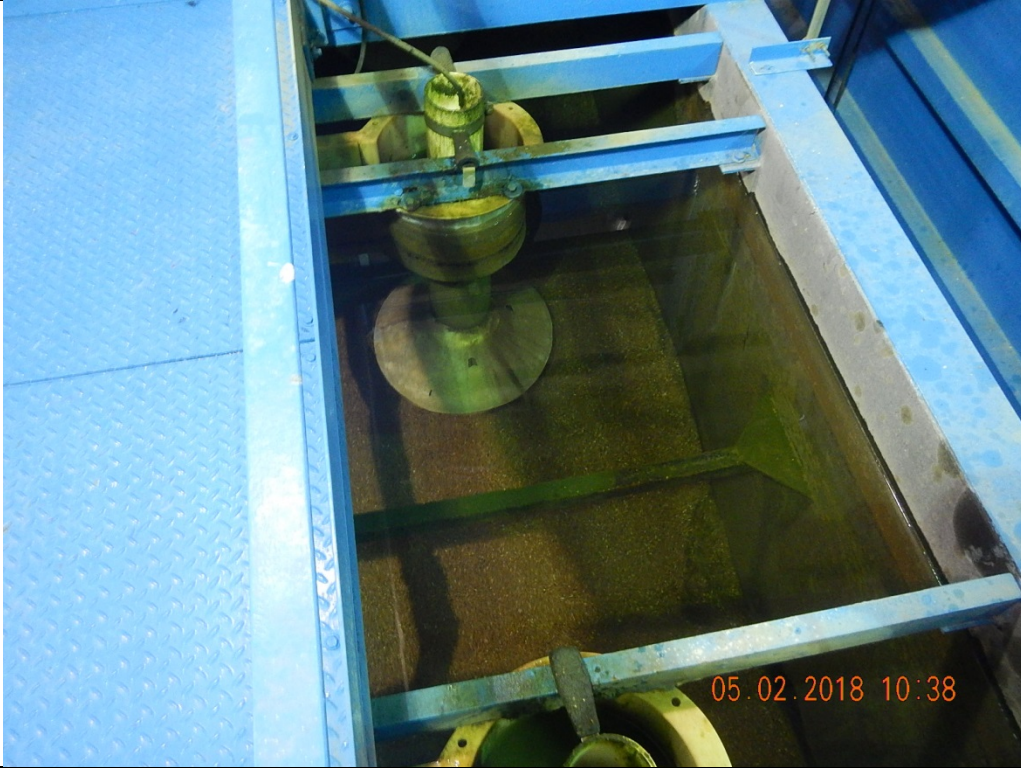


| | | | |
|---------------|---------------------------------|----------|-----------------|
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1100 |
| | | Photo #: | 2 |
| Description: | New diffusers in lagoon. | | |



Water Division Photographic Evidence Sheet

| | | | | | |
|---------------|---------------------------|-------|-----------------|----------|-------------|
| Location: | City of Mena WWTP | | | | |
| Photographer: | Greg Kremers | Date: | 5/2/2018 | Time: | 1038 |
| Witness: | None | | | Photo #: | 3 |
| Description: | Rapid sand filter. | | | | |



| | | | | | |
|---------------|----------------------------------|-------|-----------------|----------|-------------|
| Photographer: | Greg Kremers | Date: | 5/2/2018 | Time: | 1122 |
| Witness: | None | | | Photo #: | 4 |
| Description: | Chlorine contact chamber. | | | | |



Water Division Photographic Evidence Sheet

| | | | |
|---------------|--------------------------|----------|-----------------|
| Location: | City of Mena WWTP | | |
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1126 |
| | | Photo #: | 5 |
| Description: | Post-aeration. | | |



| | | | |
|---------------|--|----------|-----------------|
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1128 |
| | | Photo #: | 6 |
| Description: | Bypass outfall in the background. Outfall 001 is to the right of photo. | | |



Water Division Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-----------------|
| Location: | City of Mena WWTP | | |
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1315 |
| | | Photo #: | 7 |
| Description: | Confluence of unnamed tributary and Prairie Creek. | | |



| | | | |
|---------------|------------------------------|----------|-----------------|
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1058 |
| | | Photo #: | 8 |
| Description: | Geo-tube staging pad. | | |



Water Division Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-----------------|
| Location: | City of Mena WWTP | | |
| Photographer: | Greg Kremers | Date: | 5/2/2018 |
| Witness: | None | Time: | 1058 |
| | | Photo #: | 9 |
| Description: | Runoff from geotube staging pad is routed to treatment lagoon. | | |



Figure 1. Google Earth image dated November 6, 2014 showing treatment components of the City of Mena WWTP.



From: [Charles Pitman](#)
To: [Water-Inspection-Report](#)
Cc: [Kremers, Greg](#); [McCabe, Kerri](#); ["George Mckee"](#); [Larry Gross](#); ["Wastewater"](#)
Subject: AR0036692_inspV_20180502
Date: Thursday, June 07, 2018 2:12:28 PM
Attachments: [ADEQ insp response dist 6.2018.pdf](#)

The response to the City of Mena's collection system inspection is attached.

Thank you,
Charles Pitman
General Manager
Mena Water Utilities
Charles.menawater@sbcglobal.net
P-479.394.2761
F-479.394.5053



MENA WATER UTILITIES

701 MENA STREET ~MENA, ARKANSAS ~71953
PH (479) 394-2761 ~ FAX (479) 394-5053

Dear Ms. McCabe,

In response to AR0036692_inspV_20180502 Collection System Inspection, three deficiencies were noted:

1. *For the Mid-South lift station: An active overflow from the manhole associated with this lift station was observed entering a nearby creek at the time of the inspection. Mena Water Utilities cleaned up the overflow and submitted an overflow report to ADEQ. Additionally, the controls were inspected and repaired by an electrician.*
2. *For the Mid-South lift station: Audible and visual alarms were not functioning to indicate high-water levels during the overflow event. Mena Water Utilities has had an electrician inspect and repair the audible and visual alarms.*
3. *For the Ouachita Circle lift station: The visual alarm did not operate during the test function. Mena Water Utilities has repaired the visual alarm by replacing the bulb.*

Sincerely,

Larry Gross
Collection System Supervisor

From: [Kremers, Greg](#)
To: [McConnell, Melissa](#)
Subject: FW: Water Division Inspection Branch
Date: Wednesday, June 13, 2018 9:12:48 AM
Attachments: [IMG_20180529_0001.pdf](#)

Melissa,
Please include under WID 24267, thanks.

Greg Kremers
District 4 Inspector
Office of Water Quality
(479) 968-7339


From: Wastewater [mailto:menawwtp@gmail.com]
Sent: Tuesday, May 29, 2018 11:50 AM
To: Water-Inspection-Report
Cc: Kremers, Greg
Subject: Water Division Inspection Branch

Wastewater

To: Water-Inspection-Report@adeq.state.ar.us
Cc: kremers@adeq.state.ar.us
Subject: Water Division Inspection Branch

With reference to 2 may 2018 semi annual inspection of the City Of Mena, WWTP the summary of findings are duplicates are not being done. As per week of 1-4 May 2018 duplicates with be completed as per Part III.C.3 of the permit.

Sincerely,
Mike Spencer
WWTP Supervisor

 29 MAY 18



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

July 30, 2018

Honorable George McKee
City of Mena
323 Polk 53
Mena, AR 71953

RE: City of Mena WWTP - Response to Inspections (Polk Co)
AFIN: 57-00423 NPDES Permit No.: AR0036692

Dear Mayor McKee:

I have reviewed the response pertaining to my May 2, 2018 inspections of the Mena WWTP and collection system. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time, the Department has no further comment concerning these particular inspections. 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) 968-7339 ext. 17 or you may e-mail me at kremers@adeq.state.ar.us.

Sincerely,

A handwritten signature in cursive script that reads "Greg Kremers".

Greg Kremers
District 4 Field Inspector
Office of Water Quality