

# ADEQ

ARKANSAS  
Department of Environmental Quality

February 20, 2019

Flora J **Simon**, Mayor  
City of Dumas  
155 East Waterman St  
PO Box 157  
Dumas, AR 71639

**RE: City of Dumas POTW Inspections (Desha Co)**

**AFIN: 21-00045  
21-00265**

**NPDES Permit No.: AR0033987  
ARR000150**

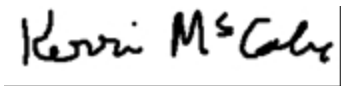
Dear Mayor Simon:

On January 10, 2019, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial Stormwater (No-Exposure) 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 each the inspection reports is enclosed for your records.

**Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e., photos) is due by **March 10, 2019**.

If I can be of any assistance, please contact me at [mccabe@adeq.state.ar.us](mailto:mccabe@adeq.state.ar.us) or (501) 682-0642.

Sincerely,



Kerri McCabe, Inspector Supervisor  
Compliance Branch  
Office of Water Quality

cc: Patrick Fitzgerald, Water/Sewer Superintendent, City of Dumas, [pf7764@gmail.com](mailto:pf7764@gmail.com)



**ARKANSAS**  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: 21-00045	PERMIT #: AR0033987	DATE: 1/10/2019
COUNTY: 21 Desha	PDS #: 106596	MEDIA: WN
GPS LAT: 33.890457 LONG: -91.465734 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>City of Dumas POTW</b> LOCATION: <b>204 Ford Loop Rd</b> CITY: <b>Dumas, AR</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>84022 S - State</b> FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>
	DATE(S): <b>1/10/2019</b> ENTRY TIME: <b>08:30</b> EXIT TIME: <b>11:30</b> PERMIT EFFECTIVE DATE: <b>2/1/2017</b> PERMIT EXPIRATION DATE: <b>1/31/2022</b>
RESPONSIBLE OFFICIAL	
NAME / TITLE: <b>Flora J Simon / Mayor</b> COMPANY: <b>City of Dumas</b> MAILING ADDRESS: <b>155 East Waterman St PO Box 157</b> CITY, STATE, ZIP: <b>Dumas AR 71639</b> PHONE & EXT. / FAX: <b>870-382-2121 / 870-382-6846</b> EMAIL: <b>dumasarmayor@gmail.com</b> <b>dumas@centurytel.net</b>	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>
CONTACTED DURING INSPECTION: <b>Yes</b>	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Patrick Fitzgerald, Water and Sewer Superintendent</b> <b>(Class II Lic #008415)/(870) 382-</b> <b>2121/pf7764@gmail.com</b> <b>Larry Harrell, City Helper</b>

### AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

S	PERMIT	M	FLOW MEASUREMENT	M	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>M</b>	SELF-MONITORING PROGRAM
<b>U</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT

\*\* OTHER:

### SUMMARY OF FINDINGS

The following violations were noted at the time of the inspection:

- 1.) Samples were collected for NH3-N for April 2018 as indicated on the contract lab's COCs; however, the parameter was not analyzed as specified on the DMR submitted for April 2018. A non-compliance report (NCR) has not been submitted to the Department for this excursion. This is a violation of Part I, Section A (INTERIM) and Part III, Section D, 7 of the permit. A NCR must be submitted to the Enforcement Branch to address this item.
  
- 2.) For the week of April 2-5, 2018, only two samples were collected and analyzed for TRC by the contract lab (permit requires three/week). An NCR has not been submitted to the Department for this excursion. This is a violation of Part I, Section A (INTERIM) and Part III, Section D, 7 of the permit. A NCR must be submitted to the Enforcement Branch to address this item.
  
- 3.) For the TRC samples collected/analyzed on Nov 19, 2018 (0.00 and 0.10 mg/l) and Nov 20, 2018 (0.00 and 0.10 mg/l), the permit limit of 0.028 mg/l for TRC was exceeded. Additionally, the contract lab averaged the results for the Nov 19 sample with 0.05 mg/l reported on the lab analysis sheet. This is a violation of Part I, Section A (INTERIM) of the permit. The city submitted an adequate NCR for the exceedances to the Department. No further action is required for this item. Please be advised the dates on the submitted NCR are for Nov 20 and Nov 21 and the reported values are 0.05 and 0.10 mg/l. The dates should have been Nov 19 and Nov 20 with reported values of 0.10 and 0.10 mg/l.
  
- 4.) CBOD5/BOD5, TSS, and NH3-N samples are not being collected as composite samples (see definition of

“composite” in Part IV). This is a violation of Part I, Section A (INTERIM) of the permit. The city must collect these parameters as composite samples with actual time collected and flow for EACH aliquot documented on the COC. The sample volume is to be proportional to the flow during the time of sample collection.

5.) An instantaneous flow measurement is not being documented during grab samples (see definition of “grab” in Part IV). This is a violation of Part I, Section A (INTERIM) of the permit. An instantaneous flow measurement must be documented on the COC for grab samples.

6.) Comparison of influent and effluent samples collected in April 2018 demonstrate that the treatment plant is not meeting the minimal 85% removal for TSS.  $[(\text{Inf TSS}) - (\text{Eff TSS})/\text{Inf TSS}] \times 100 = \text{Percent Removal}$  or  $[(140.0 \text{ mg/l} - 40.0 \text{ mg/l})/140.0] \times 100 = 71\%$ . Percent removal was met for BOD for April, Oct, and Nov 2018 as well as TSS for Oct and Nov 2018. This is a violation of Part II, Condition 2 of the permit. The city needs to evaluate the conditions at the treatment plant to determine why percent removal for TSS was not met.

7.) The following items violate Part II, Condition 6 of the permit:

- Sanitary waste removed from the bar screen at the headworks was observed along the concrete pad containment area outside proper waste disposal containers. This sanitary waste must be removed and disposed of properly.
- A potable water leak had occurred outside the chlorine/sulfur dioxide buildings. The line has been repaired; however, the area has not been backfilled and is collecting stormwater runoff. The area needs to be backfilled for worker safety and stormwater protection.

8.) The staff gauge at the Parshall flume is fouled and cannot be read to conduct proper accuracy checks for the primary and secondary flow measurement devices. This is a violation of Part III, Section B, 1.A of the permit. A new staff gauge was observed in the in-house lab and should be installed at the Parshall flume.

9.) Mr. Larry Harrell, City Worker, is conducting most functions associated with the treatment plant to include recording flow and collecting samples. Mr. Harrell is unlicensed and inadequately trained. This is a violation of Part III, Section B, 1.B of the permit. Mr. Harrell must be properly trained if he is to run the treatment plant and/or collect samples for the NPDES permit.

10.) There is no indication that the thermometer used by the city in the refrigerator for composite sample storage has been calibrated. This is a violation of Part III, Section C, 3 of the permit. The thermometer must be calibrated or replaced annually to demonstrate accuracy.

11.) The COCs reviewed for April and Nov 2018 had numerous inconsistencies (see “General Comments” under “Records Review” for specific items) and they are not being filled out completely by either city personnel or the contract lab. This is a violation of Part III, Section C, 8, A-F of the permit.

Please be advised a Change of Authorization is required to reflect the new mayor for City of Dumas. The form has been included with this report.

**GENERAL COMMENTS**

On Thurs, Jan 10, 2019, an inspection was conducted with the above mentioned participants. The inspection consisted of a site assessment and a records review.

**Site Assessment:**

Treatment consists of collection system, bar screen, 4-cell aerated lagoon (ran in series), chlorine (gas) disinfection (use about 125lbs/month), sulfur dioxide (gas) for dechlorination (use about 225lbs/month), post-aeration, flow measurement, and discharge to Outfall 001. Other than some sanitary waste outside the headworks, a potable water repair that had not been backfilled, and a fouled staff gauge at the primary flow measuring device; the site was maintained and free of excess woody vegetation and burrowing animals along levees. Blower, chlorine, sulfur dioxide rooms were free of miscellaneous items and were being used as intended. City personnel use the in-house lab for recording flow measurement, recording chlorine/sulfur dioxide usage, process control sampling for TRC (by accepted method), and refrigerated storage of collected samples for contract lab pickup.

**Records Review:**

Records for April and Nov 2018 were reviewed for accuracy. For the April 2018 COC (submitted by McClelland to American Interplex) for Arsenic, the distinction between "Dissolved" or "Total" was not indicated. Also, for the April 2018 COC for Arsenic, the preservation code indicates "NO" for "none." Arsenic, Total Recoverable does not require acidification if analyzed within 24 hours. The sample was collected on April 10, 2018 and analyzed on April 18, 2018, which exceeds the 24-hour period. Proper preservation, as indicated on the Nov 2018 COC, was conducted for the Nov 2018 Arsenic, Total Recoverable sample. Please be advised that sampling/analyzing for Arsenic, Total Recoverable is only required for ONE YEAR per Part I, Section A (INTERIM), Footnote 5 of the permit. As soon as the city has sampled/analyzed for four quarters, the contract lab should stop collecting/analyzing this parameter. On April 2018 COCs (supplied by McClelland), NH3-N is indicated as being collected; however, analysis was not conducted for any of the collected samples. The submitted DMR for April 2018 states "Analysis Not Conducted/No Sample" for the parameter. There is no non-compliance report (NCR) on file with ADEQ for this excursion. For the April 2018 COCs, there were no instantaneous flow measurements conducted for any of the grab samples collected for the entire month. The influent sample is marked as "Effluent" on the COC, but it is corrected on the lab analysis sheet.

For the Nov 2018 COCs (supplied by McClelland), there are inconsistencies with city personnel supplying date/time for sample collection for composites and for signing the COC over to the contract lab. Additionally, there are inconsistencies with the contract lab supplying an instantaneous flow measurement for grab samples, marking "influent/effluent" on the COC, and making adjustments to the COC without signing/dating or supplying comments for the adjustment. The influent sample is marked as "Effluent" on the COC, but it is corrected on the lab analysis sheet.

During the course of the inspection, Mr. Larry Harrell clarified sample collection. He stated that he collects a single sample, pours off enough sample to conduct process control TRC, and stores the rest in the refrigerator in the in-house lab for the contract lab to retrieve. Both Mr. Fitzgerald and Mr. Harrell were informed that the required sample type for CBOD5/BOD5, TSS, and NH3-N is a composite (see Part IV for definition). Although the April 2018 COC for the contract lab lists the sample type as "composite" and specifies the composite to be a 6-hr composite for times to be collected at "10, 11, 12, 1, 2, and 3," there is no space to document actual time collected and the flow for each aliquot on the COC; the COC used for Nov 2018 does not contain any info regarding the time collected and flow for each aliquot for the composite samples. Composite samples will need to be collected for CBOD5/BOD5, TSS, and NH3-N; and the actual time collected and flow for EACH aliquot will need to be documented on the COC. Composite samples are to be flow proportional. Additionally, there is no indication that the thermometer in the refrigerator has been calibrated.

INSPECTOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 2/11/2019
SUPERVISOR'S SIGNATURE: <i>Jason R. Bolenbaugh</i>	Jason Bolenbaugh	DATE: 2/19/2019

<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: <u>Change of Authorization form must be submitted for new mayor.</u>	<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: <u>Permittee conducts process control for TRC and measures flow; contract lab samples/analyzes for all parameters.</u>	
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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING: <u>City personnel not noting time collected on Nov 2018 COCs; no time/flow for composite samples for April and Nov 2018.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 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: <u>Treatment consists of bar screen, aerated lagoons (4 cells), chlorine disinfection, sulfur dioxide dechlorination, post-aeration, and discharge at Outfall 001.</u>	
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: <u>Routine checks of aerators and disinfection equipment.</u>	<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: <u>One (1) Class II; city workers need to be trained/licensed if conducting maintenance and sample collection.</u>	<input 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: <u>Can isolate each cell.</u>	<input 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>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee conducts process control for TRC and measures flow; contract lab samples/analyzes for all parameters.</u>	
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: <u>Permittee is collecting grabs only; composites require volume proportional to flow.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: <u>Arsenic, Total Recoverable is for ONE year only; influent is being sampled frequently; NH3-N collected in April 2018 but NOT analyzed.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Collecting grabs instead of composites for CBOD5/BOD5, TSS, and NH3-N.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING: <u>No indication thermometer has been calibrated.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED: <u>No preservation for Arsenic, Total Recoverable for April 2018.</u>	<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: <u>Permittee is measuring TRC for process control; instructed to move upstream of final sample site.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" 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: <u>Yes</u> TYPE OF DEVICE: <u>9" Parshall flume with staff gauge; staff gauge needs to be cleaned/replaced.</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>BFI Strip Chart Recorder (totalizer)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated Nov 2018.</u>	<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: <u>Could not conduct accuracy check due to separate locations of primary and secondary devices; staff gauge could not be read.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input 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: <u>Staff gauge needs to be cleaned/replaced.</u>	<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: <u>Permittee conducts process control for TRC and measures flow; contract lab samples/analyzes for all parameters.</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥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 ≥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>McClelland Consulting Engineers, Inc.</u> <u>American Interplex Corp (for MCE)</u>	
b. LAB ADDRESS: <u>7302 Kanis Rd, Little Rock, AR 72204</u> <u>8600 Kanis Rd, Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>CBOD5/BOD5, TSS, NH3-N, DO, FCB, TRC, and pH.</u> <u>Total Recoverable Arsenic</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Arkansas Analytical, Inc., 8100 National Drive, Little Rock, AR 72209 (for MCE)</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Observed at Parshall flume and Outfall 001.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NONE	NONE	NONE	Some; not persistent	NONE	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: <b>Sludge depth was measured in 2011; sludge retained in lagoons.</b>							
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): <u>N/A</u>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Part II, Condition 6 requires BMPs for stormwater protection; see "Summary of Findings;" areas not covered by the individual permit were inspected under IGP ARR000150 (see separate report).</b>							
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	



**DMR Calculation Check**

Reporting Period: From 2018 04 01 To 2018 04 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD5  
(April-Oct)

	Loading	Concentration	
	Mass (lbs/day)	(mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>42.1</u>	<u>5.9</u>	<u>8.1</u>
Calculated Value:	<u>42</u>	<u>5.9</u>	<u>8.1</u>
Permit Value:	<u>286</u>	<u>25</u>	<u>37.5</u>

If calculated value does not equal reported value, explain:  
Values are the same; see Table 1 for calculations.

**DMR Calculation Check**

Reporting Period: From 2018 11 01 To 2018 11 30  
 Year Month Day Year Month Day

Parameter Checked: FCB (Oct-April)

	<b>Loading Mass (lbs/day) Mon. Avg.</b>	<b>Concentration (colonies/100 ml) Mon. Avg.      7-Day Avg.</b>	
	Reported Value:	<u>N/A</u>	<u>10</u>
Calculated Value:	<u>N/A</u>	<u>10</u>	<u>25</u>
Permit Value:	<u>N/A</u>	<u>1000</u>	<u>2000</u>

If calculated value does not equal reported value, explain:  
Values are the same; see Table 2 for calculations.

**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0842</b>
		Photo #:	<b>1</b>
Description:	<b>Bar screen at headworks; two tracks with gate in place.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0841</b>
		Photo #:	<b>2</b>
Description:	<b>Sanitary waste removed from headworks on ground.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0842</b>
		Photo #:	<b>3</b>
Description:	<b>Close-up of sanitary waste on ground.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0842</b>
		Photo #:	<b>4</b>
Description:	<b>More sanitary waste outside headworks.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0849</b>
		Photo #:	<b>5</b>
Description:	<b>Aerated Lagoon (#1)</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0856</b>
		Photo #:	<b>6</b>
Description:	<b>Aerated Lagoon (#2)</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0850</b>
		Photo #:	<b>7</b>
Description:	<b>Aerated Lagoon (#3)</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0858</b>
		Photo #:	<b>8</b>
Description:	<b>Aerated Lagoon (#4)</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0859</b>
Description:	<b>Chlorine (gas) injection</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0900</b>
Description:	<b>Chlorine contact chamber</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0900</b>
		Photo #:	<b>11</b>
Description:	<b>Sulfur dioxide injection and post-aeration (propeller style).</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0904</b>
		Photo #:	<b>12</b>
Description:	<b>Blower building</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0906</b>
		Photo #:	<b>13</b>
Description:	<b>Chlorine storage building; potable water line repair (photo left).</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0906</b>
		Photo #:	<b>14</b>
Description:	<b>Chlorine (gas) disinfection equipment</b>		



Water Division Photographic Evidence Sheet

Location:	City of Dumas POTW		
Photographer:	Kerri McCabe	Date:	Jan 10, 2019
Witness:	N/A	Time:	0905
		Photo #:	15
Description:	Sulfur dioxide storage		



Photographer:	Kerri McCabe	Date:	Jan 10, 2019
Witness:	N/A	Time:	0905
		Photo #:	16
Description:	Sulfur dioxide (gas) dechlorination equipment		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0902</b>
Description:	<b>Primary flow measuring device (9" Parshall flume) with staff gauge.</b>		

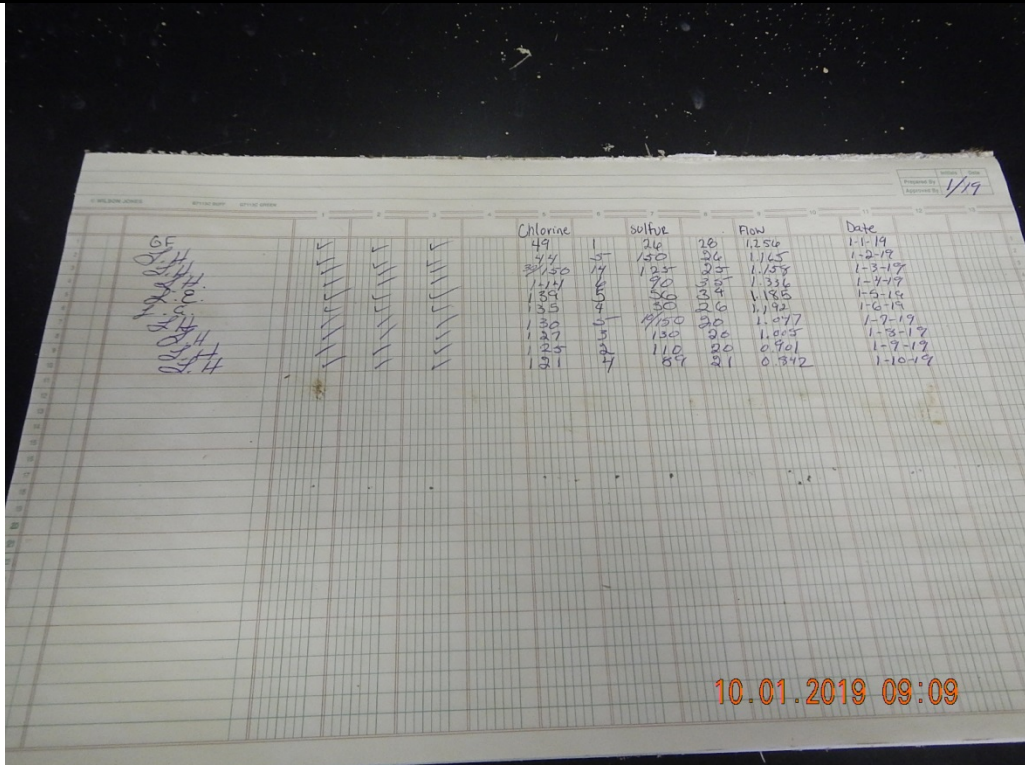


Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0908</b>
Description:	<b>Circular chart recorder for secondary flowmeter (totalizer).</b>		



**Water Division Photographic Evidence Sheet**

Location:	City of Dumas POTW		
Photographer:	Kerri McCabe	Date:	Jan 10, 2019
Witness:	N/A	Time:	0909
Description:	Data sheet for chlorine usage, sulfur dioxide usage, and daily flow.		



Photographer:	Kerri McCabe	Date:	Jan 10, 2019
Witness:	N/A	Time:	0902
Description:	Discharge at Outfall 001 to Canal #19 thence to Bayou Macon.		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0902</b>
		Photo #:	<b>21</b>
Description:	<b>Receiving stream (Canal #19) for City of Dumas POTW.</b>		

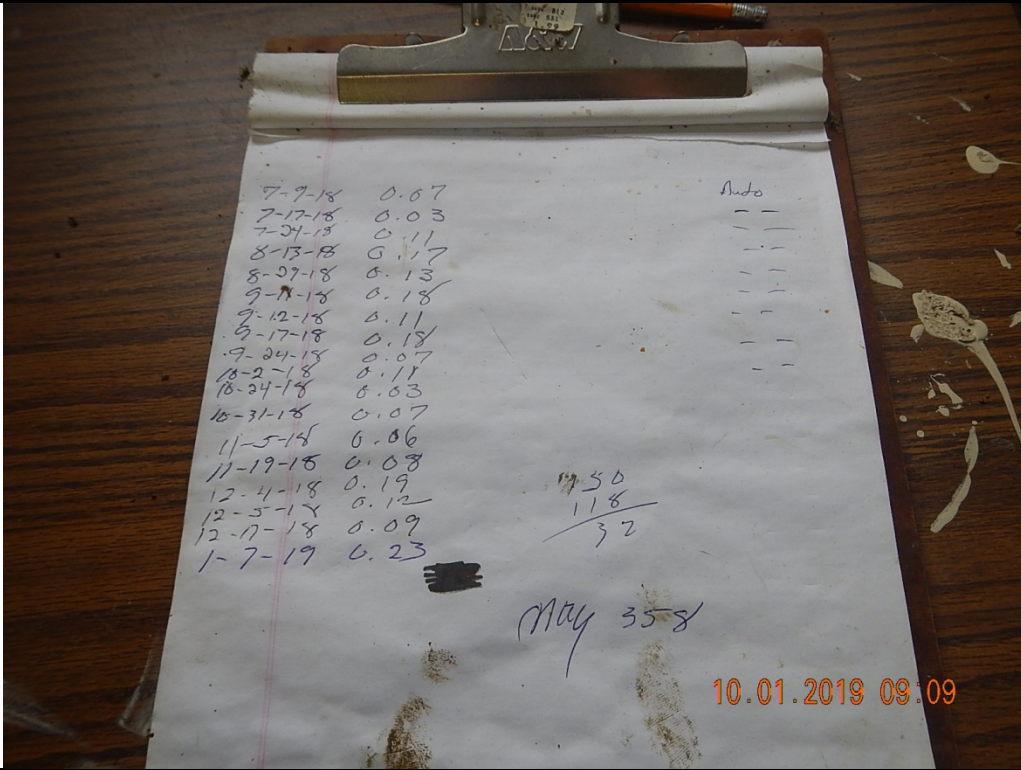


Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0908</b>
		Photo #:	<b>22</b>
Description:	<b>Colorimeter for TRC analysis; process control only.</b>		



**Water Division Photographic Evidence Sheet**

Location:	City of Dumas POTW		
Photographer:	Kerri McCabe	Date:	Jan 10, 2019
Witness:	N/A	Time:	0909
		Photo #:	23
Description:	Data sheet for TRC; process control only.		



Photographer:	Kerri McCabe	Date:	Jan 10, 2019
Witness:	N/A	Time:	0910
		Photo #:	24
Description:	BOD5/TSS sample waiting for pickup by contract lab.		

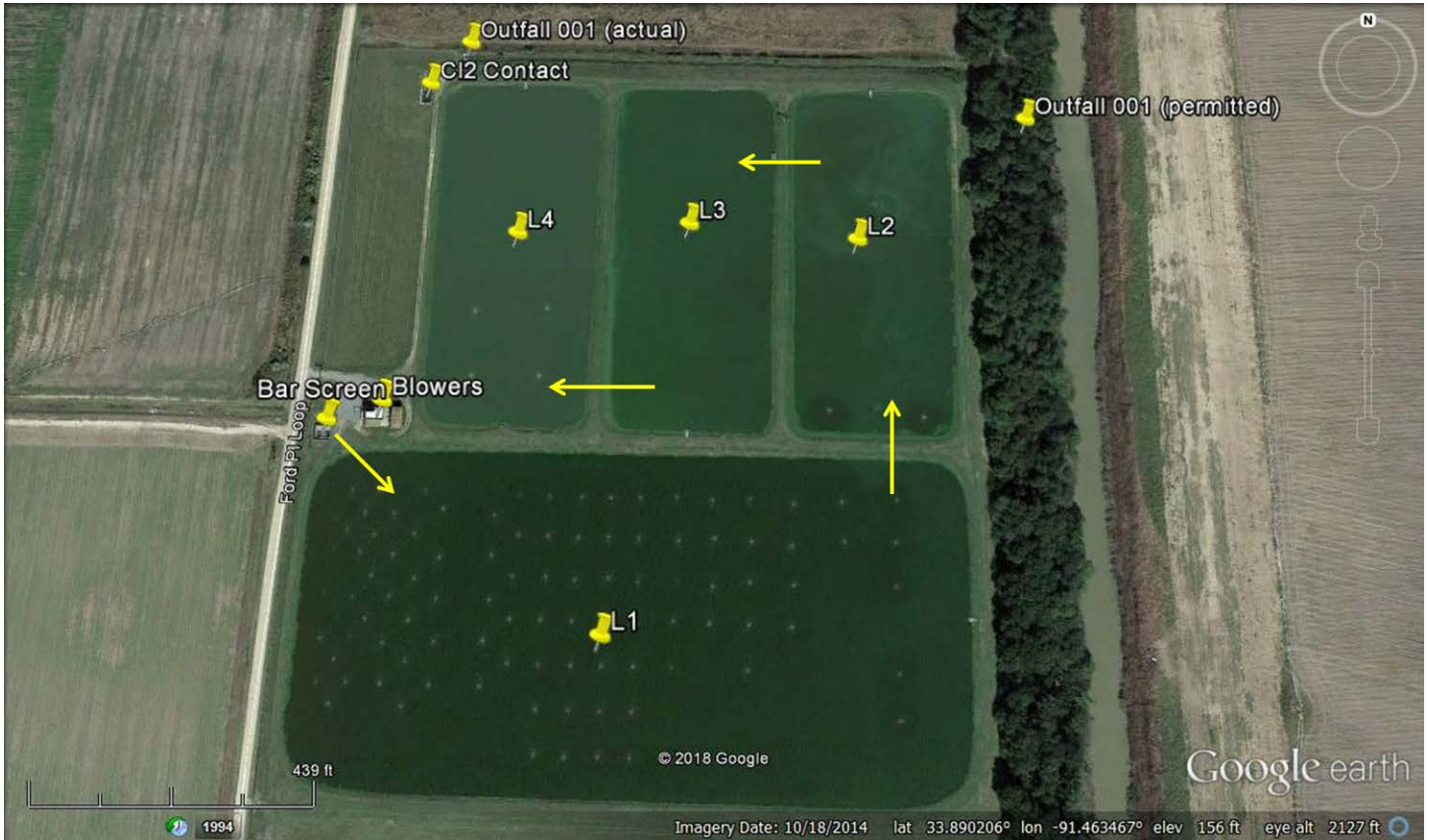


**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas POTW</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0910</b>
		Photo #:	<b>25</b>
Description:	<b>Thermometer being used in refrigerator; no indication of calibration.</b>		



Figure 1. Google Earth image dated Oct 18, 2014 of City of Dumas POTW with major components labeled (flow direction arrows added for clarity).





**Table 1. DMR Calculation for CBOD5 for April 2018 for the City of Dumas.**

Apr-18				
CBOD5 (three/week)				
Day	Concentration (mg/l)	7-Day Average (mg/l)	Flow (MGD)	Loading (lbs/day)
2	3.31		0.998	27.55
3	2.28		0.729	13.86
4	4.73	3.44	0.738	29.11
9	8.64		1.165	83.95
10	4.81		0.861	34.54
11	4.10	5.85	0.785	26.84
16	7.53		1.000	62.80
17	5.97		0.787	39.18
18	5.35	6.28	0.527	23.51
23	8.45		1.065	75.05
24	8.34		0.875	60.86
25	7.43	8.07	0.699	43.31
30	5.70		0.569	27.05
Monthly Average	5.90			42.13

**Table 2. DMR Calculation for FCB for Nov 2018 for the City of Dumas.**

Nov-18				
FCB (three/week)				
Day	Count	Log	Average	Geo Mean
1	4	0.60	0.60	4.00
6	4	0.60		
7	100	2.00		
8	40	1.60	1.40	25.1984209978975
13	4	0.60		
14	4	0.60		
15	4	0.60	0.60	4.00
19	4	0.60		
20	40	1.60		
21	4	0.60	0.94	8.61773876012754
27	60	1.78		
28	10	1.00		
29	4	0.60	1.13	13.3886590016434
Average		0.98		
Geo Mean		9.64982239622713		

## McConnell, Melissa

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**From:** McCabe, Kerri  
**Sent:** Monday, June 17, 2019 9:58 AM  
**To:** McConnell, Melissa  
**Cc:** Healey, Richard  
**Subject:** FW: Revised Compliance Evaluation Inspection Response  
**Attachments:** Revised CEI Response-03-08-2019.pdf

Melissa,

Please add this response to PDS 106596 and 106597. Thank you.

### Kerri McCabe

Inspector Supervisor  
ADEQ – Water Division  
Field Services – Inspection Branch

Office – (501) 682-0642  
Work Cell – (501) 352-5641  
Fax – (501) 682-0880  
5301 Northshore Drive  
North Little Rock, AR 72118-5317



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**From:** Chid Kwelle [<mailto:ckwelle@mce.us.com>]  
**Sent:** Tuesday, March 12, 2019 3:04 PM  
**To:** McCabe, Kerri  
**Cc:** [pf7764@gmail.com](mailto:pf7764@gmail.com); Adam Triche; Matt Bienvenu; [dumasarmayor@gmail.com](mailto:dumasarmayor@gmail.com); [dumas@centurytel.net](mailto:dumas@centurytel.net)  
**Subject:** RE: Revised Compliance Evaluation Inspection Response

Dear Kerri,

Attached is the revised CEI.

### Chid Kwelle, PhD, PE



7302 Kanis Road | Little Rock, AR 72204  
P.O. Box 34087 | Little Rock, AR 72203  
501.371.0272 office | 501.371.9932 fax  
[ckwelle@mce.us.com](mailto:ckwelle@mce.us.com)

---

**From:** McCabe, Kerri <[MCCABE@adeq.state.ar.us](mailto:MCCABE@adeq.state.ar.us)>  
**Sent:** Wednesday, March 6, 2019 3:02 PM  
**To:** Chid Kwelle <[ckwelle@mce.us.com](mailto:ckwelle@mce.us.com)>  
**Cc:** [pf7764@gmail.com](mailto:pf7764@gmail.com); Adam Triche <[atriche@mce.us.com](mailto:atriche@mce.us.com)>; Matt Bienvenu <[mbienvenu@mce.us.com](mailto:mbienvenu@mce.us.com)>  
**Subject:** RE: Response to Compliance Evaluation Report

Mr. Kwelle,

I have received your response prepared for the City of Dumas for my Compliance Evaluation Inspection (response to SSO/Collection System Inspection not provided). I deem the items for the CEI adequate. Please be advised that the response should be signed by the Responsible Official listed for the city and per Part III, Section D, 11 of the permit. Updates to Responsible/Cognizant Officials can be made with the attached form. Thank you for your attention to this matter.

### **Kerri McCabe**

Inspector Supervisor  
ADEQ – Water Division  
Field Services – Inspection Branch

Office – (501) 682-0642  
Work Cell – (501) 352-5641  
Fax – (501) 682-0880  
5301 Northshore Drive  
North Little Rock, AR 72118-5317



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**From:** Chid Kwelle [<mailto:ckwelle@mce.us.com>]  
**Sent:** Wednesday, March 06, 2019 1:40 PM  
**To:** McCabe, Kerri; Water-Inspection-Report  
**Cc:** [pf7764@gmail.com](mailto:pf7764@gmail.com); Adam Triche; Matt Bienvenu  
**Subject:** Response to Compliance Evaluation Report

Dear Kerri,

Attached is the response to the findings of compliance evaluation inspection that was conducted on January 10, 2019. If you desire additional clarification, please contact us at 501-371-0272 or with email, [ckwelle@mce.us.com](mailto:ckwelle@mce.us.com).

### **Chid Kwelle, Ph.D., P.E.**



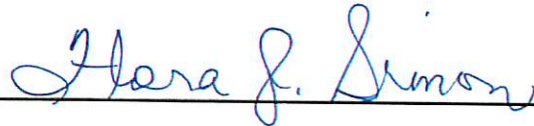
7302 Kanis Road | Little Rock, AR 72204  
P.O. Box 34087 | Little Rock, AR 72203  
501.371.0272 office | 501.371.9932 fax  
[ckwelle@mce.us.com](mailto:ckwelle@mce.us.com)

**City of Dumas Wastewater Treatment Facility**  
NPDES Permit Number: AR0033987; AFIN:21-00045

Industrial Stormwater (No-Exposure): ARR000150; AFIN: 21-00265

Dumas, Desha County, Arkansas

**Compliance Evaluation Inspection Response**

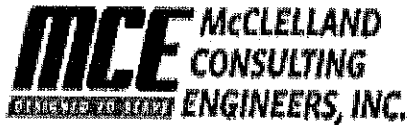
A handwritten signature in blue ink that reads "Flora J. Simon". The signature is written in a cursive style and is positioned above a solid horizontal line.

The Honorable Mayor Flora J. Simon  
City of Dumas, Arkansas

Prepared by  
McClelland Consulting Engineers

March 8, 2019

**MCE** McCLELLAND  
CONSULTING  
DESIGNED TO SAVE ENGINEERS, INC.



**REVISED COMPLIANCE EVALUATION INSPECTION  
RESPONSES**

City of Dumas Wastewater Treatment Facility  
NPDES Permit Number: AR0033987; AFIN: 21-00045

Industrial Stormwater (No-Exposure): ARR000150; AFIN 21-00265

Dumas, Desha County, Arkansas

**March 7, 2019**

The city of Dumas wastewater treatment facility has two components: wastewater treatment plant and wastewater collection system. Compliance Evaluation Inspection (CEI) was performed by Arkansas Department of Environmental Quality (ADEQ) on both systems on January 10, 2019. Several deficiencies on both systems were observed by ADEQ and will be addressed under separate headings.

**Wastewater Treatment Plant**

**Comment 1**

Samples were collected for NH<sub>3</sub>-N for April 2018 as indicated on the contract lab's COCs; however, the parameter was not analyzed as specified on the DMR submitted for April 2018. A non-compliance report (NCR) has not been submitted to the Department for this excursion. This is a violation of Part I, Section A (INTERIM) and Part III, Section D, 7 of the permit. A NCR must be submitted to the enforcement Branch to address this item.

**Response 1**

Attached is the completed NCR Form.

**Comment 2**

For the week of April 2-5, 2018, only two samples were collected and analyzed for TRC by the contract lab (permit requires three/week). An NCR has not been submitted to the Department for this excursion. This is a violation of Part I, Section A (INTERIM) and Part III, Section D, 7 of the permit. A NCR must be submitted to the Enforcement Branch to address this item.

**Response 2**

Attached is the completed NCR for the missing date of none TRC analysis. Future reporting will avoid this inadvertent error.

**Comment 3**

For the TRC samples collected/analyzed on Nov 19, 2018 (0.00 and 0.10 mg/L) and Nov 20, 2018 (0.00 and 0.10 mg/L), the permit limit of 0.028 mg/L for TRC was exceeded. Additionally, the contract lab

averaged the results for the Nov 19 sample with 0.05 mg/L reported on the lab analysis sheet. This is a violation of Part I, Section A (INTERIM) of the permit. The city submitted an adequate NCR for the exceedances to the Department. No further action is required for this item. Please be advised the dates on the submitted NCR are for Nov 20 and Nov 21 and the reported values are 0.05 and 0.10 mg/L. The dates should have been Nov 19 and Nov 20 with reported values of 0.10 and 0.10 mg/L.

**Response 3**

No action is needed. However, the facility will continue to make improvements on matching the TRC coming out of the chlorination unit with an appropriate dose of sulfur dioxide (SO<sub>2</sub>).

**Comment 4**

CBOD<sub>5</sub>/BOD<sub>5</sub>, TSS, and NH<sub>3</sub>-N samples are not being collected as composite samples (see definition of Inspection Report: City of Dumas POTW, AFIN 21-00045, Permit #: AR0033987 “composite” in Part IV). This is a violation of Part I, Section A (INTERIM) of the permit. The city must collect these parameters as composite samples with actual time collected and flow for EACH aliquot documented on the COC. The sample volume is to be proportional to the flow during the time of sample collection.

**Response 4**

The city of Dumas (City) has been collecting CBOD<sub>5</sub>/BOD<sub>5</sub>, TSS, and NH<sub>3</sub>-N as composite samples as defined in Part IV, Definitions. However, the operator has not been appropriately listing the sampling times. Sample times, sample volumes and flows will be recorded on the chain of custody (COC) in all future samplings.

**Comment 5**

An instantaneous flow measurement is not being documented during grab samples (see definition of “grab” in Part IV). This is a violation of Part I, Section (INTERIM) of the permit. An instantaneous flow measurement must be documented on the COC for grab samples.

**Response 5**

Since the end of December 2018, the contract lab route driver has begun to record the instantaneous flow whenever a grab sample is made.

**Comment 6**

Comparison of influent and effluent samples collected in April 2018 demonstrate that the treatment plant is not meeting the minimal 85% removal for TSS.  $[(\text{Inf TSS} - \text{Eff TSS})/\text{Inf TSS}] \times 100 = \text{Percent Removal}$  or  $[(140 \text{ mg/L} - 40 \text{ mg/L})/140.0] \times 100 = 71\%$ . Percent removal was met for BOD for April, Oct, and Nov 2018 as well as TSS for Oct and Nov 2018. This is a violation of Part II, Condition 3 of the permit. The city needs to evaluate the conditions at the treatment plant to determine why percent removal for TSS was not met.

**Response 6**

The City will perform evaluation of the treatment conditions and make pertinent changes to ensure that excursions of TSS and the TSS percent removal are appreciably reduced or eliminated.

**Comment 7**

The following items violate Part II, Condition 6 of the permit:

- Sanitary waste removed from the bar screen at the headworks was observed along the concrete pad containment area outside proper waste disposal containers. This sanitary waste must be removed and disposed of properly.
- A potable water leak had occurred outside the chlorine/sulfur dioxide buildings. The line has been repaired; however, the area has not been backfilled and is collecting stormwater runoff. The area needs to be backfilled for worker safety and stormwater protection.

**Response 7**

The sanitary waste around the disposal containers will be removed and disposed of properly. The dug hole created during a repair of potable water leak will also be backfilled.

**Comment 8**

The staff gauge at the Parshall flume is fouled and cannot be read to conduct proper accuracy checks for the primary and secondary flow measurement devices. This is a violation of Part III, Section B, 1.A of the permit. A new staff gauge was observed in the in-house lab and should be installed at the Parshall flume.

**Response 8**

The existing staff gauge will be removed and replaced with a new staff gauge to satisfy the terms and conditions of the NPDES Permit, Part III, Section B, 1.A.

**Comment 9**

Mr. Larry Harrell, City Worker, is conducting most functions associated with the treatment plant to include recording flow and collecting samples. Mr. Harrell is unlicensed and inadequately trained. This is a violation of Part III, Section B, 1.B of the permit. Mr. Harrell must be properly trained if he is to run the treatment plant and/or collect samples for the NPDES permit.

**Response 9**

The City, in most instances, operates the wastewater treatment plant (WWTP) in accordance with its NPDES permit. The WWTP superintendent, a licensed individual, performs day-to-day operations of the wastewater treatment plant. The city worker helps the superintendent and is being supervised by the WWTP superintendent at all times. However, at the time of the compliance evaluation inspection the superintendent was not onsite due to some circumstance that developed that needed immediate attention at the time. Nevertheless, the City would speed up the training and licensing of a city worker to substitute for the WWTP superintendent during times of absence and/or emergencies.

**Comment 10**

There is no indication that the thermometer used by the city in the refrigerator for composite storage has been calibrated. This is a violation of Part III, Section C, 3 of the permit. The thermometer must be calibrated or replaced annually to demonstrate accuracy.

**Response 10**

The City will calibrate or replace the thermometer annually, and maintenance record will be maintained.

**Comment 11**

The COCs reviewed for April and Nov 2018 had numerous inconsistencies (see "General Comments" under "Records Review" for specific items) and they are not being filled out completely by either city personnel or the contract lab. This is a violation of Part III, Section C, 8, A-F of the permit.

**Response 11**

The contract laboratory has contacted the appropriate personnel at the city of Duma's facility. There will be two new chains of custody commencing from now: one for April through October and the other November through March. They have been advised on the importance of using correct COC and filling it out properly before it is turned over to the contract laboratory.

**Wastewater Collection System**

There are eleven (11) lift stations within the city of Dumas wastewater collection system. Of these, three lift stations were inspected; namely, John Street, Highway 65 and Banks stations. No deficiency was observed at the Banks lift station.

**Comment 1**General:

- There is no emergency contact information posted at the lift stations.
- The gates, latches, and wet well hatches are not in a controlled state (i.e., no locks; can be accessed by the public).
- There are no maintenance records/operator logs for the lift stations to demonstrate periodic inspections.

**Response 1**

Emergency contact information will be provided where permissible at all lift stations. Lift stations gates, latches and wet well hatches will be made restrictive to the public. Maintenance records/operator logs will be maintained for all lift stations in accordance to each pump manufacturer's specifications. All these will be performed in conformance with APC&EC Regulation.

**Comment 2**For the John Street Lift Station

- There is no working alarm at the lift station.

**Response 2**

The city of Dumas will install alarm system in the John Street lift station in conformity with Ten States Standards, Chapter 40, Paragraph 46.



# NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality  
NPDES Enforcement Section  
5301 Northshore Drive  
North Little Rock, AR 72118

RE: NPDES Permit No: AR0033987 Discharge Number: A - 001-Monthly

Facility: The City of Dumas

Address: 204 Ford Loop Road

City: Dumas

State: AR

Zip: 71639

Contact: Patrick Fitzgerald

Phone: 870-382-1143

Date of Non-Compliance	Parameter Exceeded	Instantaneous Maximum	Permit Limits
April 1st-30th, 2018	Ammonia	Analysis not conducted	Analysis not conducted
April 5th, 2019	TRC	Analysis not conducted	Analysis not conducted

We feel this problem was due to:

The Ammonia analysis was a communication error between the contract lab and the facility. The TRC was an error on the route driver who simply forgot to analyze the sample.

We plan on correcting the problem in this manner:

We will have the new chain of custody and proper sampling containers for the operator for ammonia analysis before April 1st, 2019. Also, the route driver collecting the samples is aware of his mistake with the TRC.

Time estimated that it will take to correct the problem/s:

It will be corrected immediately.

Sincerely,

  
Authorized Signature

3-6-19  
Date

REQUEST FOR CHANGE OF AUTHORIZATION  
(CERTIFICATION AND SIGNATORY REQUIREMENTS)

NPDES Permit Number: AR0033987 Facility Name: City of Dumas

Type of Change:  New Cognizant Official (or duly authorized representative) (sections 1 and 2)  
(check one)  New Responsible Official (complete section 2 only)  
 Both (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as having responsibility for the overall operation of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following individual as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Patrick Fitzgerald  
Signature of the Cognizant Official (Duly Authorized Representative)

Patrick Fitzgerald  
Name (First Name, MI, Last Name) Typed or Printed

PO Box 157 Dumas, AR 71639  
Mailing Address City, State, and Zip

Superintendent (870) 382-2121 (870) 382-6846  
Title A/C Phone Fax

Email Address: \_\_\_\_\_

By signature below, the responsible official certifies that the above named individual is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RESPONSIBLE OFFICIAL** (Note: The responsible official is the person authorized to sign the permit application via/w 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)

Flora J. Simon 3-11-2019  
Signature of the Responsible Official Date

Flora J. Simon  
Name (First Name, MI, Last Name) Typed or Printed

PO Box 157 Dumas, AR 71639  
Mailing Address City, State, and Zip

Mayor (870) 382-2121 (870) 382-6846  
Title A/C Phone Fax

Email Address: dumasarmayor@gmail.com

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

Will the Responsible Official also be the person signing submittals?  Yes  No