

ADEQ

ARKANSAS
Department of Environmental Quality

December 3, 2019

Todd Pedersen, General Manager
West Memphis Utilities
P.O. Box 1868
West Memphis, AR 72303

RE: City of West Memphis WWTP Inspection
AFIN: 18-00879 Permit No.: AR0022039 & ARR00C405

Dear Mr. Pedersen:

On August 14, 2019, I performed Compliance Evaluation, SSO/Collection System, and Industrial Stormwater Inspections 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 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 **December 18, 2019**.

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

Sincerely,



Sarah Frasher
District 3 Field Inspector
Office of Water Quality

Cc: Bailey Taylor, ADEQ, Office of Water Quality, Enforcement Coordinator



ARKANSAS
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 18-00879	PERMIT #: AR0022039	DATE: 8/14/2019
COUNTY: 18 Crittenden	PDS #: 110228	MEDIA: WN
GPS LAT: 35.124212 LONG: -90.179016 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of West Memphis WWTP LOCATION: 502 South Loop Rd. CITY: West Memphis	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation
	DATE(S): 8/14/2019 ENTRY TIME: 10:10 EXIT TIME: 15:27 PERMIT EFFECTIVE DATE: 11/1/2018 PERMIT EXPIRATION DATE: 10/31/2023
RESPONSIBLE OFFICIAL	
NAME / TITLE: Todd Pedersen / General Manager COMPANY: West Memphis Utilities MAILING ADDRESS: P.O. Box 1868 CITY, STATE, ZIP: West Memphis AR 72303 PHONE & EXT. / FAX: / EMAIL:	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
CONTACTED DURING INSPECTION: No	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Paul Holloway/ Director of Wastewater Patricia Dixon/ Laboratory Analyst

AREA EVALUATIONS

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

S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS

The following were noted during the inspection in violation of Part III, Section B.1.a. of the permit for Improper Operation and Maintenance:

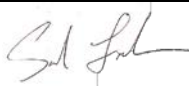
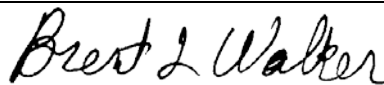
1. Vegetation was observed growing in the Oxidation Ditches (Photos 4-6).
2. Accumulation of algae in the northwest and southwest Clarifier weirs (Photo 12 and 15-16).
3. Vegetation was observed growing in the southwest Clarifier (Photos 13-14).

GENERAL COMMENTS

Bypasses regularly occur at the West Memphis WWTP due to high rainfall. During periods of high flow, the Operator only allows 7 MGD through the plant while the rest of the water is bypassed and sent directly to the Outfall. The plant is still operating above the design flow of 6.3 MGD, which puts extra stress on the aging equipment. West Memphis Utilities needs to have a better plan for treatment of their wastewater during rainfall events.

Some high vegetation was observed near the EQ Basin levee that should be controlled (Photos 26-27). Mr. Holloway reported that Roundup® was used on vegetation around the plant. He was informed to discontinue use where it has the reasonable potential to contaminate the wastewater treatment system.

SSO/Collection System and Reconnaissance Industrial Stormwater inspections were performed in conjunction with this inspection. Please view the separate inspection reports for additional details.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 12/3/2019
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 12/3/2019

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Vegetation in Oxidation Ditches and Clarifier. Accumulation of algae on Clarifier weirs.</u>	
1. TREATMENT UNITS PROPERLY OPERATED: <u>Bypasses regularly occur after rainfall</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input 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: <u>in progress</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>Operator samples wet wells for FCB when bypasses occur</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:	<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: <u>Yes</u> TYPE OF DEVICE: <u>ISCO Signature Flowmeter</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Waypoint Analytical</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>WET Testing, Total Phosphorus, Nitrate + Nitrite Nitrogen</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Medium	None	None	green	--
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 disposed in landfill</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 type="checkbox"/> NE	
DETAILS: <u>See Industrial Stormwater Inspection report for details</u>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2018 03 01 To 2018 03 30
 Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>943</u>	<u>1,748</u>
Calculated Value:	<u>N/A</u>	<u>943</u>	<u>1,748</u>
Permit Value:	<u>N/A</u>	<u>1,000</u>	<u>2,000</u>

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

DMR Calculation Check

Reporting Period: From 2019 04 01 To 2019 04 30
 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>1,013</u>	<u>11</u>	<u>16.1</u>
Calculated Value:	<u>1,013</u>	<u>11</u>	<u>16.1</u>
Permit Value:	<u>1,576.3</u>	<u>30</u>	<u>45</u>

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

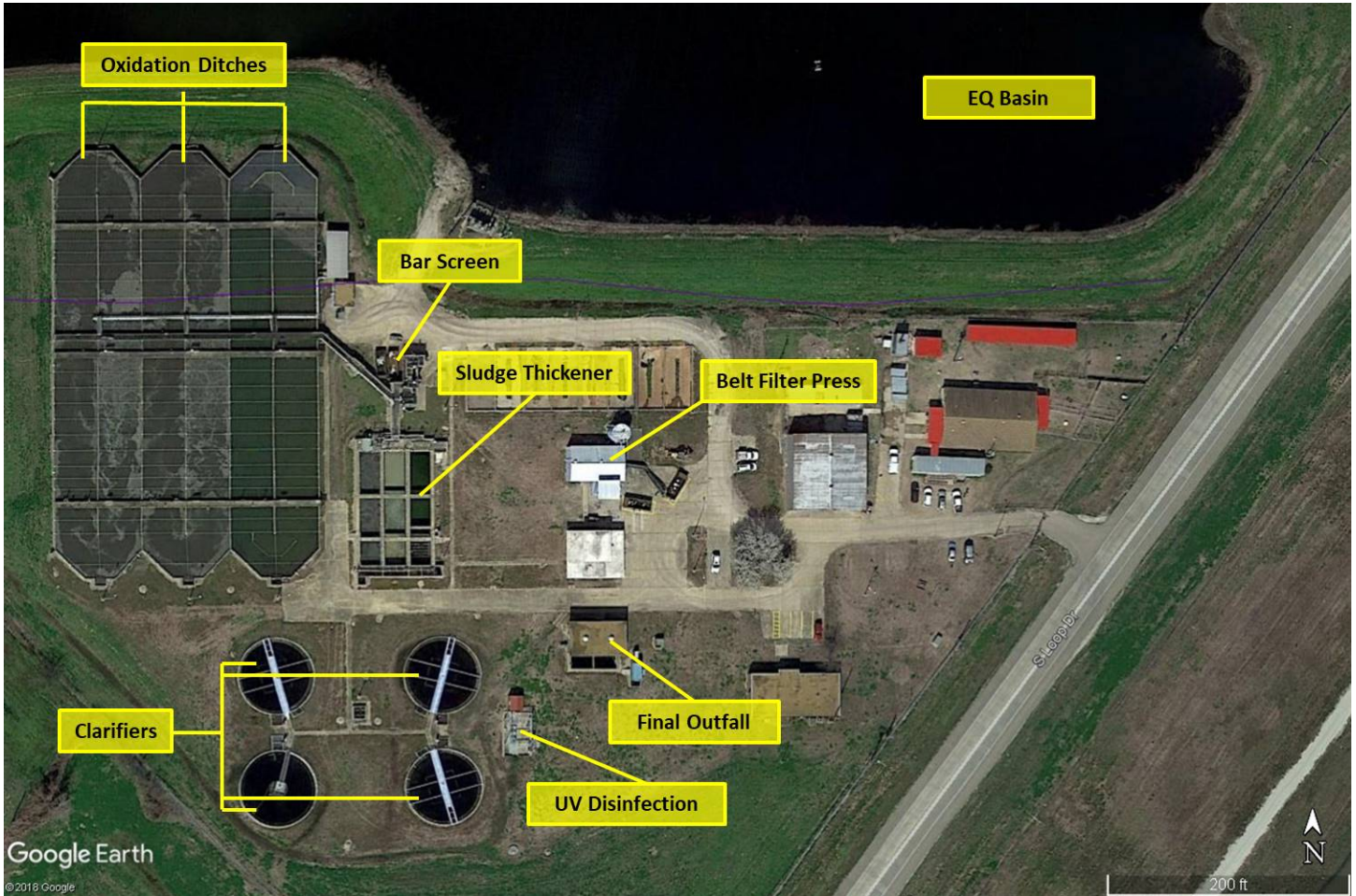


Figure 1. Google Earth image of the City of West Memphis WWTP with labels for the different parts of treatment.

Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:28	Witness:	None
Photo #:	1	Description:	View of the Bar Screen.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:28	Witness:	None
Photo #:	2	Description:	Close up view of the Bar Screen.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:28	Witness:	None
Photo #:	3	Description:	View from the side of the Bar Screen.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:30	Witness:	None
Photo #:	4	Description:	Overview of the Oxidation Ditches. Note the vegetation and spillover from the influent.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP				
Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:31
Witness:	None	Photo #:	5		
Description:	View of the Oxidation Ditches. Note the vegetation.				



Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:38
Witness:	None	Photo #:	6		
Description:	View of the Oxidation Ditches. Note the residue from the influent overflow and the vegetation.				



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:43	Witness:	None
Photo #:	7	Description:	View of the northeast Clarifier.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:41	Witness:	None
Photo #:	8	Description:	Close up view of the Clarifier.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:42	Witness:	None
Photo #:	9	Description:	Close-up view of the weir in the Clarifier.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:43	Witness:	None
Photo #:	10	Description:	View of the northwest and southwest Clarifiers.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:43	Witness:	None
Photo #:	11	Description:	Close-up view of the northwest Clarifier.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:43	Witness:	None
Photo #:	12	Description:	View of the weir of the Clarifier. Note the accumulation of algae.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP				
Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:48
Witness:	None	Photo #:	13		
Description:	View of the southwest Clarifier. Note the vegetation.				



Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:45
Witness:	None	Photo #:	14		
Description:	Close-up view of the Clarifier. Note the vegetation.				



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP				
Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:46
Witness:	None	Photo #:	15		
Description:	Close-up view of the Clarifier with a working skimmer arm. Note the accumulation of algae.				



Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:47
Witness:	None	Photo #:	16		
Description:	View of the working skimmer arm. Note the accumulation of algae.				



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:49	Witness:	None
Photo #:	17	Description:	View of the southeast Clarifier.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:49	Witness:	None
Photo #:	18	Description:	Close-up view of the Clarifier.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:51	Witness:	None
Photo #:	19	Description:	View of the weir of the Clarifier.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:56	Witness:	None
Photo #:	20	Description:	View of the Ultraviolet Disinfection system.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP				
Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:53
Witness:	None	Photo #:	21		
Description:	Close-up view of the Ultraviolet Disinfection.				



Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:56
Witness:	None	Photo #:	22		
Description:	View of the modified sampler.				



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:57	Witness:	None
Photo #:	23	Description: View of the Flowmeter reading. Note the date of the last calibration.	



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:58	Witness:	None
Photo #:	24	Description: View of the wet well of the Outfall 001.	



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	11:00	Witness:	None
Photo #:	25	Description:	View of the wet well for the Outfall 001. Note the pump has been turned on.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	11:09	Witness:	None
Photo #:	26	Description:	View of the EQ Basin. Note the vegetation.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	11:05	Witness:	None
Photo #:	27	Description:	View of the EQ Basin.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	11:04	Witness:	None
Photo #:	28	Description:	View of the staff gauge used to measure the level of the EQ Basin.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:26	Witness:	None
Photo #:	29	Description:	View of the Sludge Thickening Basin. Note this basin is out of service.



Photographer:	Sarah Frasher	Date:	8/14/2019
Time:	10:27	Witness:	None
Photo #:	30	Description:	View of the Sludge Thickening Basins.



Water Division Photographic Evidence Sheet

Location:	City of West Memphis WWTP				
Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:25
Witness:	None	Photo #:	31		
Description:	View of the building with the Filter Press.				



Photographer:	Sarah Frasher	Date:	8/14/2019	Time:	10:25
Witness:	None	Photo #:	32		
Description:	View of the Filter Press.				





WEST MEMPHIS UTILITY COMMISSION
P O Box 1868 604 East Cooper
Phone: 870-735-3355 Fax: 870-732-7623
West Memphis, AR 72301

December 10, 2019

Arkansas Department of
Environmental Quality
Water Division
Inspection Branch
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

Re: City of West Memphis WWTP Inspection
AFIN: 18-00879 Permit No: AR0022039 & ARR00C405

Enclosed is the response to the Compliance Inspection performed August 14, 2019.

Summary of Findings: Wastewater Treatment Plant

1. Vegetation was observed growing in the Oxidation Ditches.

Vegetation was removed from the Oxidation Ditches. Currently, we are using Roundup. We will look for another product to use.



WWTP-Oxidation Ditch (Photo 1)



WWTP-Oxidation Ditch (Photo 2)

2. Accumulation of algae in the northwest and southwest clarifier weirs.

We will perform routine cleaning program on the weirs.

3. Vegetation was observed growing in the southwest clarifier.

Vegetation was removed. Will establish a cleaning program to monitor plant growth throughout the plant site.



WWTP-Clarifier (Photo1)



WWTP-Clarifier (Photo 2)



WWTP-Clarifier (Photo 3)

Additional Summary of Findings: Wastewater Treatment Plant

1. Roll-off dumpsters were not adequately covered and/or other Best Management Practices (BMPs) implemented as required by Part 3.1.2 of the permit.

The roll-off dumpster in question is the wastewater treatment plant trash dumpster that does not require a cover. There is no sludge in this dumpster. Water was visible out the dumpster. Gaskets on the doors will be replaced.

2. An overflow from the Oxidation Ditches was observed in violation of Part 3.1.3 of the permit.

We will modify the side boards on the channels to keep overflow from going on the ground.

3. A brief review of the SWPPP during the Reconnaissance Inspection revealed the SWPPP was not updated when the permit was renewed as required by Part 4.1 of the permit. The SWPPP must be updated by the effective date of the permit, which was July 1, 2019.

The SWPPP was updated the day of the inspection, which was August 14, 2019.

Summary of Findings: Collection System

The hose used for the line collapse on Woods Street had a hole in it that was resulting in an unpermitted discharge of untreated wastewater, in violation of A.C.A. 8-4-217(b)(1).

Leaking hose on the discharge side of the pump on Woods street. The hose was replaced the day of the inspection.



Collection System-Woods (Photo1)

If you need further assistance, please contact me at (870) 702-5110) or email me at tpedersen@citywm.com.

Sincerely,

Todd Pedersen
General Manager
West Memphis Utility