

# ADEQ

ARKANSAS  
Department of Environmental Quality

April 17, 2020

Robert Tharp, Mayor  
City of Decatur  
P.O. Box 247  
Decatur, AR 72722

RE: City of Decatur WWTP Inspection  
AFIN: 04-00052 Permit No.: AR0022292

Honorable Mayor Tharp:

On January 14, 2020, I performed a Compliance Evaluation Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

**Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance 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 **May 1, 2020**.

If I can be of any assistance, please contact me at [grimesg@adeq.state.ar.us](mailto:grimesg@adeq.state.ar.us) or 479-267-0811 extension 16.

Sincerely,



Garrett Grimes  
District 1 Field Inspector  
Office of Water Quality



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

## OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: <b>04-00052</b>	PERMIT #: <b>AR0022292</b>	DATE: <b>1/14/2020</b>
COUNTY: <b>04 Benton</b>	PDS #: <b>111615</b>	MEDIA: <b>WN</b>
GPS LAT: <b>36.34417</b> LONG: <b>-94.47250</b> LOCATION: <b>Outfall</b>		

FACILITY INFORMATION	INSPECTION INFORMATION	
<small>NAME:</small> <b>City of Decatur WWTP</b> <small>LOCATION:</small> <b>985 Austin Ave.</b> <small>CITY:</small> <b>Decatur</b>	<small>FACILITY TYPE:</small> <b>1 - Municipal</b> <small>INSPECTOR ID#:</small> <b>104111 S - State</b> <small>FACILITY EVALUATION RATING:</small> <b>2 - Marginal</b> <small>INSPECTION TYPE:</small> <b>Compliance Evaluation</b> <small>DATE(S):</small> <small>ENTRY TIME:</small> <small>EXIT TIME:</small> <small>PERMIT EFFECTIVE DATE:</small> <b>1/14/2020</b> <b>10:30</b> <b>13:03</b> <b>4/8/2019</b> <small>PERMIT EXPIRATION DATE:</small> <b>9/30/2024</b>	
RESPONSIBLE OFFICIAL	<small>FAYETTEVILLE SHALE RELATED:</small> <b>N</b> <small>FAYETTEVILLE SHALE VIOLATIONS:</small> <b>N</b> <th style="text-align: center;">INSPECTION PARTICIPANTS</th>	INSPECTION PARTICIPANTS
<small>NAME / TITLE</small> <b>Robert Tharp / Mayor</b> <small>COMPANY:</small> <b>City of Decatur</b> <small>MAILING ADDRESS:</small> <b>P.O. Box 247</b> <small>CITY, STATE, ZIP:</small> <b>Decatur AR 72722</b> <small>PHONE &amp; EXT. / FAX:</small>  <small>EMAIL:</small>  	<small>NAME/TITLE/PHONE/FAX/EMAIL/ETC.:</small> <b>James Boston, Public Works Director, City of Decatur;</b> <b>Garrett Grimes, District 1 Inspector, ADEQ</b>	
<small>CONTACTED DURING INSPECTION:</small> <b>No</b>		

AREA EVALUATIONS					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
<b>M</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>U</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>M</b>	SELF-MONITORING PROGRAM
<b>M</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				

### SUMMARY OF FINDINGS

The following violations were noted during the inspection:



1. Part I, Section A.2 of the permit;
  - a. Numerous effluent violations were noted in the Discharge Monitoring Reports (DMRs) from May 2018 to November 2019 (Attachment 1). Non-Compliance Reports (NCRs) have been submitted.
  - b. Max Loading (lbs/day) was reported on the July 2019 DMR for Nitrate and Nitrite instead of the monthly average (Refer to Page 8 of the Report and Attachment 2). This must be corrected.
2. Part III, Section B.1.A of the permit;
  - a. The sludge holding pond was partially filled in and trees and other vegetation were established within the pond (Photo #1, Attachment 3). Mr. Boston stated that this pond was in use during the 2018-2019 facility upgrades and plans on using this pond in the future. This pond must be maintained and excess sludge and vegetation removed.
3. Part III, Section C.5 of the permit;
  - a. The calculated results of monthly average concentration and loading for Total Phosphorus do not match the reported values on the July 2019 DMR (Refer to Page 10 of the Report). Lab reports reviewed show that samples were collected on July 30 & 31, 2019. However, these results were not included on the DMR calculation bench sheet used by the City of Decatur for July 2019 (Attachment 2). In addition, results from an April 30, 2019, sample event were not included in the calculation sheet (Attachment 3).

An email from Mr. Boston stated that because these sample events occurred on the last week of the month (July 2019), they were incorporated into the next month (August 2019). While 7-day averages calculated from instances where a calendar week crosses two months resulting in the sample events of a previous month (i.e. July) to be incorporated into the average of the next month (i.e. August) is an acceptable practice, the values for the average monthly concentration and loading must be calculated from all sample events occurring in the monitoring period noted on the DMR. DMRs where the effluent sample events occurring on the final week were incorporated into the next month for the Monthly Average Concentration and Loading must be corrected.

4. Part III, Section C.6 of the permit;
  - a. The City of Decatur is required to sample effluent for Total Phosphorus twice weekly. During the week of November 3 – 9, 2019, Total Phosphorus was monitored three times. This increased frequency was incorporated into the calculations reported on the DMR for November 2019. However, the DMR indicates that the frequency of analysis for this month was twice weekly. The City of Decatur must update the DMR to show the correct frequency of analysis. For effluent parameters that are analyzed at a higher frequency than required, these analyses and the correct frequency must be incorporated into the DMR.

**GENERAL COMMENTS**

- As noted in the Summary of Findings Section, numerous effluent violations have occurred from May 2018 to November 2019. In response to these and previous effluent violations, the City of Decatur installed a Membrane Bioreactor (MBR) system. Following the completed installation a noticeable decrease in effluent violations can be observed DMRs after April 2019 (Attachment 1).
- During the inspection Mr. Boston stated that the facility does not have a documented emergency response plan. Mr. Boston is currently the only Class 4 Operator employed at the City of Decatur WWTF. A documented emergency response plan should be kept at the facility detailing specific protocols for responding to emergencies (i.e. power outages, fires, equipment failures, etc.) along with relevant contact information.

INSPECTOR'S SIGNATURE:  Garrett Grimes	DATE: 2/13/2020
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 4/16/2020

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" 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: <u>Multiple permit exceedances in 2018-2019.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Sludge holding pond needs vegetation removal</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>1 megawatt generator</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: <u>SCADA</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>Mr. Boston is Class 4</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input checked="" 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: <u>Plant overflow in October 2019. SSOs</u>	<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>Working with ESI</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: <u>Monitoring data not included on proper month.</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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>9"</u> TYPE OF DEVICE: <u>Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>Pace Analytical, GTS Inc., ESC Inc.</u>	
b. LAB ADDRESS: <u>9608 Loiret Blvd., Lenexa, KS 66219; 1915 Shiloh Dr., Fayetteville, AR 72704; 1107 Century Street, Springdale, AR 72762</u>	
c. PARAMETERS PERFORMED: <u>WET Testing (Pace), Influent BOD &amp; TSS (GTS), All Part I Section A except pH &amp; DO (ESC)</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Clear	Trace	None	Clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
1. 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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
<b>SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</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	

**FLOW CALCULATION SHEET**

Date: **1/14/2020** Time: **11.27**

Head in Inches: **19.2** Feet: **1.6**

Type & Size of Primary Flow Measurement Device: **9" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **ISCO Signature**

Date of last Calibration of Secondary Flow Device: **NA**

Recorded Flow at Date & Time Listed Above: **3.989** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **4.072**

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

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

% Error =	3.989	-	4.072	X 100
	4.072			

% Error =	-0.083	X 100
	4.072	

% Error =	0.02	X 100
-----------	------	-------

% Error =	<b>2</b>	%
-----------	----------	---

Comments:





**DMR Calculation Check**

Reporting Period: From 2019 11 01 To 2019 11 30  
 Year Month Day Year Month Day

Parameter Checked: Total Phosphorus

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly	
		Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1.79</u>	<u>0.06</u>	<u>0.08</u>
Calculated Value:	<u>1.8</u>	<u>0.06</u>	<u>0.08</u>
Permit Value:	<u>15.8</u>	<u>0.5</u>	<u>0.75</u>

If calculated value does not equal reported value, explain:

Rounding



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Decatur WWTP</b>				
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>1/14/2019</b>	Time:	<b>12:02</b>
Witness:				Photo #:	<b>1</b>
Description:	<b>Sludge pond with vegetation growing.</b>				



Effluent Limit Exceedances Report								
AR0022292: DECATUR WWTP, DECATUR, AR 72722-9019								
Monitoring Period Date Range: 05/01/2018 to 01/31/2020								
Exceedance Details								
Monitoring Period Date	Outfall	Parameter Description	Limit Type	DMR Value	DMR Value Unit	Limit Value	Limit Value Unit	% Exceedance
5/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	239	kg/d	13	kg/d	1691
5/31/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	29	mg/L	4	mg/L	633
5/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	26	mg/L	2	mg/L	1519
5/31/2018	1	Coliform, fecal general	7 DA GEO	425	#/100mL	400	#/100mL	6
6/30/2018	1	Nitrogen, ammonia total (as N)	MO AVG	288	kg/d	13	kg/d	2061
6/30/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	41	mg/L	4	mg/L	951
6/30/2018	1	Nitrogen, ammonia total (as N)	MO AVG	33	mg/L	2	mg/L	1969
6/30/2018	1	Coliform, fecal general	7 DA GEO	1915	#/100mL	400	#/100mL	379
6/30/2018	1	Coliform, fecal general	30DA GEO	484	#/100mL	200	#/100mL	142
7/31/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	35	mg/L	4	mg/L	808
7/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	17	mg/L	2	mg/L	971
7/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	147	kg/d	13	kg/d	1006
7/31/2018	1	Phosphorus, total (as P)	7 DA AVG	1	mg/L	1	mg/L	5
7/31/2018	1	Coliform, fecal general	7 DA GEO	4573	#/100mL	400	#/100mL	1043
7/31/2018	1	Coliform, fecal general	30DA GEO	723	#/100mL	200	#/100mL	261
8/31/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	30	mg/L	4	mg/L	662
8/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	205	kg/d	13	kg/d	1439
8/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	23	mg/L	2	mg/L	1312
8/31/2018	1	Coliform, fecal general	7 DA GEO	4344	#/100mL	400	#/100mL	986
9/30/2018	1	Solids, total suspended	7 DA AVG	26	mg/L	23	mg/L	17
9/30/2018	1	Solids, total suspended	MO	125	kg/d	125	kg/d	0

Inspection Report: **City of Decatur WWTP**, AFIN: **04-00052**, Permit #: **AR0022292**

			AVG					
9/30/2018	1	Nitrogen, ammonia total (as N)	MO AVG	180	kg/d	13	kg/d	1254
9/30/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	24	mg/L	4	mg/L	527
9/30/2018	1	Nitrogen, ammonia total (as N)	MO AVG	21	mg/L	2	mg/L	1205
9/30/2018	1	Phosphorus, total (as P)	7 DA AVG	1	mg/L	1	mg/L	49
9/30/2018	1	Coliform, fecal general	30DA GEO	504	#/100mL	200	#/100mL	152
9/30/2018	1	Coliform, fecal general	7 DA GEO	1061	#/100mL	400	#/100mL	165
10/31/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	21	mg/L	4	mg/L	434
10/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	16	mg/L	2	mg/L	874
10/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	138	kg/d	13	kg/d	934
10/31/2018	1	Phosphorus, total (as P)	7 DA AVG	1	mg/L	1	mg/L	14
10/31/2018	1	Coliform, fecal general	7 DA GEO	426	#/100mL	400	#/100mL	7
10/31/2018	1	Coliform, fecal general	30DA GEO	272	#/100mL	200	#/100mL	36
11/30/2018	1	Solids, total suspended	MO AVG	34	mg/L	15	mg/L	125
11/30/2018	1	Solids, total suspended	MO AVG	311	kg/d	125	kg/d	149
11/30/2018	1	Solids, total suspended	7 DA AVG	83	mg/L	23	mg/L	268
11/30/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	28	mg/L	10	mg/L	174
11/30/2018	1	Nitrogen, ammonia total (as N)	MO AVG	21	mg/L	4	mg/L	407
11/30/2018	1	Nitrogen, ammonia total (as N)	MO AVG	190	kg/d	34	kg/d	458
12/31/2018	1	Solids, total suspended	MO AVG	34	mg/L	15	mg/L	127
12/31/2018	1	Solids, total suspended	MO AVG	329	kg/d	125	kg/d	164
12/31/2018	1	Solids, total suspended	7 DA AVG	79	mg/L	23	mg/L	252
12/31/2018	1	Nitrogen, ammonia total (as N)	7 DA AVG	44	mg/L	10	mg/L	322
12/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	277	kg/d	34	kg/d	712
12/31/2018	1	Nitrogen, ammonia total (as N)	MO AVG	28	mg/L	4	mg/L	593
12/31/2018	1	Phosphorus, total (as P)	MO AVG	1	mg/L	1	mg/L	14
12/31/2018	1	Phosphorus, total (as P)	MO	11	kg/d	8	kg/d	38

Inspection Report: **City of Decatur WWTP**, AFIN: **04-00052**, Permit #: **AR0022292**

			AVG					
12/31/2018	1	Phosphorus, total (as P)	7 DA AVG	2	mg/L	1	mg/L	76
1/31/2019	1	Nitrogen, ammonia total (as N)	MO AVG	6	mg/L	4	mg/L	50
1/31/2019	1	Nitrogen, ammonia total (as N)	MO AVG	63	kg/d	34	kg/d	85
1/31/2019	1	Nitrogen, ammonia total (as N)	7 DA AVG	15	mg/L	10	mg/L	43
1/31/2019	1	Nitrite plus nitrate total 1 det. (as N)	INST MAX	11	mg/L	10	mg/L	7
2/28/2019	1	Nitrite plus nitrate total 1 det. (as N)	MO AVG	93	kg/d	83	kg/d	12
2/28/2019	1	Nitrite plus nitrate total 1 det. (as N)	INST MAX	15	mg/L	10	mg/L	51
3/31/2019	1	Nitrite plus nitrate total 1 det. (as N)	INST MAX	13	mg/L	10	mg/L	31
3/31/2019	1	Phosphorus, total (as P)	MO AVG	1	mg/L	1	mg/L	12
3/31/2019	1	Phosphorus, total (as P)	7 DA AVG	1	mg/L	1	mg/L	48
4/30/2019	1	Phosphorus, total (as P)	7 DA AVG	1	mg/L	1	mg/L	1
8/31/2019	1	Phosphorus, total (as P)	MO AVG	8	kg/d	7	kg/d	12
8/31/2019	1	Phosphorus, total (as P)	7 DA AVG	1	mg/L	1	mg/L	76
8/31/2019	1	Phosphorus, total (as P)	MO AVG	1	mg/L	1	mg/L	40
11/30/2019	1	Nitrogen, ammonia total (as N)	7 DA AVG	12	mg/L	6	mg/L	98

Attachment 2: City of Decatur DMR Calculation Sheet for July 2019. Monitoring results are not included for the 30<sup>th</sup> and 31<sup>st</sup> of the month.



City of Decatur - DMR Calculations Report  
For: July 2019



Day	FLOW (MGD)	BOD (mg/l)	BOD (lbs/day)	TSS (mg/l)	TSS (lbs/day)	NH3-N (mg/l)	NH3-N (lbs/day)	Total P (mg/l)	Total P (lbs/day)	F. Coliform (col/100ml)	NO3+NO2 (mg/l)	NO3+NO2 (lbs/day)	pH (s.u.)	DO (mg/l)
Jun-30	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-01	2.292	2.00	38.23	2.50	47.79	0.02	0.38	0.21	4.01	1.00	4.89	93.47	6.99	7.56
Jul-02	3.045	2.00	50.79	2.50	63.49	0.11	2.79	0.19	4.83	2.00	4.53	115.04	7.08	7.43
Jul-03	2.754	2.00	45.94	2.50	57.42	0.08	1.84	X	X	1.00	X	X	7.14	7.08
Jul-04	1.980	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-05	2.579	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-06	2.196	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-07	1.392	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-08	2.522	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-09	2.898	5.70	137.29	2.50	60.21	0.08	1.93	0.14	3.37	2.00	4.31	103.81	7.10	7.77
Jul-10	2.842	2.00	47.40	2.50	59.26	0.20	4.74	0.11	2.61	1.00	4.22	100.02	7.16	7.43
Jul-11	2.956	2.00	49.31	2.50	61.63	0.25	6.16	X	X	2.00	X	X	7.02	7.36
Jul-12	2.792	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-13	1.846	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-14	1.005	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-15	2.203	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-16	3.007	5.80	145.45	2.50	62.70	0.89	22.32	0.20	5.02	2.00	3.98	99.81	7.13	7.74
Jul-17	2.698	2.00	45.00	2.50	56.25	0.06	1.35	0.10	2.25	2.00	4.69	105.53	7.21	7.62
Jul-18	2.794	2.00	46.60	2.50	58.25	0.08	1.86	X	X	2.00	X	X	7.11	7.31
Jul-19	2.888	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-20	1.852	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-21	0.979	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-22	2.347	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-23	2.861	4.90	116.92	2.50	59.65	0.11	2.62	0.15	3.58	2.00	4.28	102.12	6.98	7.43
Jul-24	2.819	2.00	47.02	2.50	58.78	0.19	4.47	0.22	5.17	2.00	4.57	107.44	7.14	7.37
Jul-25	2.727	2.00	45.49	2.50	56.86	0.15	3.41	X	X	1.00	X	X	7.16	7.21
Jul-26	2.894	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-27	1.799	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-28	0.988	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-29	2.124	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-30	2.927	X	X	X	X	X	X	X	X	X	X	X	X	X
Jul-31	2.768	X	X	X	X	X	X	X	X	X	X	X	X	X
30 Day Avg.	2.379	2.87	67.95	2.50	58.52	0.19	4.49	0.17	3.85	1.59 <sup>1</sup>	4.43	103.41	6.98 <sup>2</sup>	7.44
30 Day Max	3.045	5.80	145.45	2.50	63.49	0.89	22.32	0.22	5.17	2.00	4.89	115.04	7.21	7.77
7 Day Avg.	2.318	3.00	38.67	2.50	48.36	0.15	2.90	0.22	4.27	1.00	4.57	88.63	7.16	7.21
TOTAL	73.764													

InF 296.8  
 TSS 75.0  
 Eff < 2.0  
 99.3%  
 96.7%  
 7/25/19  
 7/25/19  
 Flow % Diff 1.9%  
 Date  
 9% Remedial



Attachment 3: City of Decatur DMR Calculation Sheet for April 2019. Monitoring results are not included for the 30<sup>th</sup> of the month.



**City of Decatur - DMR Calculations Report**  
For: April 2019

*Used Excel program for this one!*



Day	FLOW (MGD)	BOD (mg/l)	BOD (lbs/day)	TSS (mg/l)	TSS (lbs/day)	NH3-N (mg/l)	NH3-N (lbs/day)	Total P (mg/l)	Total P (lbs/day)	F. Coliform (col/100ml)	NO3+NO2 (mg/l)	NO3+NO2 (lbs/day)	pH (s.u.)	DO (mg/l)
Mar-31	1.189	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-01	2.140	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-02	2.611	2.00	43.54	2.50	54.44	0.28	6.10	X	X	1.00	X	X	7.03	8.73
Apr-03	3.002	2.00	50.07	2.50	62.63	0.15	3.76	0.81	20.28	2.00	8.57	214.56	7.01	8.81
Apr-04	3.071	2.00	51.22	2.50	64.03	0.08	2.05	0.71	18.21	2.00	7.24	185.43	7.03	8.64
Apr-05	1.832	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-06	1.100	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-07	2.120	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-08	2.890	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-09	2.727	2.00	46.48	2.50	56.36	0.22	5.00	X	X	1.00	7.72	175.58	7.01	8.88
Apr-10	2.893	2.00	46.53	2.50	56.33	0.26	6.27	0.57	13.75	1.00	7.35	177.34	7.00	8.43
Apr-11	2.868	2.00	47.64	2.00	59.80	0.26	6.22	0.67	16.03	2.00	X	X	7.07	8.09
Apr-12	1.774	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-13	1.721	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-14	2.920	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-15	2.978	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-16	2.759	2.00	46.02	2.50	57.53	0.25	5.98	0.26	5.98	2.00	3.78	86.98	6.97	8.30
Apr-17	2.602	2.00	43.49	2.50	54.26	0.37	8.03	0.20	4.34	1.00	3.39	73.57	7.01	8.08
Apr-18	2.909	2.00	48.52	2.50	60.65	0.89	21.59	X	X	1.00	X	X	6.81	8.36
Apr-19	2.458	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-20	0.970	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-21	1.313	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-22	2.747	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-23	2.698	2.00	49.09	2.50	56.25	0.17	3.83	0.06	1.13	2.00	4.19	94.28	6.94	8.15
Apr-24	2.651	2.00	44.22	2.50	55.27	0.17	3.76	0.06	1.33	2.00	4.18	92.42	6.98	8.29
Apr-25	2.926	2.00	48.81	2.50	61.01	0.26	6.34	X	X	2.00	X	X	7.06	7.98
Apr-26	2.513	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-27	1.087	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-28	1.483	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-29	2.831	X	X	X	X	X	X	X	X	X	X	X	X	X
Apr-30	2.936	X	X	X	X	X	X	X	X	X	X	X	X	X
30 Day Avg.	2.346	2.00	46.87	2.50	58.58	0.28	6.58	0.42	10.13	1.50	5.80	137.52	6.81	8.39
30 Day Max	3.071	2.00	51.22	2.50	64.03	0.89	21.59	0.81	20.28	2.00	8.57	214.56	7.07	8.88
7 Day Avg.	2.138	2.00	39.14	2.50	48.93	0.26	4.21	0.05	1.06	2.00	4.18	80.30	7.02	8.13
TOTAL	72.719													

*Inf 351.1*  
*Eff 58*  
*4/9/2019*  
*2.51*  
*2.76*  
*6.20*  
*2.0 = 99.4%*  
*2.5 = 95.7%*



# ADEQ

ARKANSAS  
Department of Environmental Quality

August 19, 2020

Robert Tharp, Mayor  
City of Decatur  
P.O. Box 247  
Decatur, AR 72722

RE: City of Decatur WWTP Compliance Evaluation Inspection  
AFIN: 04-00052 Permit No.: AR0022292

Honorable Mayor Tharp:


I have reviewed your response pertaining to my January 14, 2020, Compliance Evaluation Inspection of the above referenced facility. However, the information provided does not sufficiently address the violations referenced in my inspection report. Please provide the following:

1. **Part I, Section A.2 & Part III, Sections C.5 and C.6 of the permit:** Your response states that you are working on the DMR corrections and plan to be complete by May 6. Please state if these corrections have been made. You also expressed confusion of the corrections concerning frequency of analysis. If samples are collected at a greater frequency than the requirements of the permit, then these samples must be incorporated into the DMR. The frequency noted in the DMR can be amended to show the increased frequency of sampling for a month in which it occurs. Please contact the ADEQ Office of Water Quality Enforcement Branch for assistance.
2. **Part III, Section B.1.A of the permit:** Your response states that a contractor has been hired to work on the holding pond and will start the week of May 11. Please state if the work on the pond has occurred, what actions were taken, and submit photographs of the pond.

The above item requires your immediate attention. Please submit a written response to these items to the Office of Water Quality Compliance Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to [Water-Inspection-report@adeq.state.ar.us](mailto:Water-Inspection-report@adeq.state.ar.us). This response is due by **September 2, 2020**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 479-267-0811, ext. 16 or you may e-mail me at [grimesg@adeq.state.ar.us](mailto:grimesg@adeq.state.ar.us).

Sincerely,



Garrett Grimes  
District 1 Field Inspector  
Office of Water Quality

# ADEQ

ARKANSAS  
Department of Environmental Quality

**Certified: 9489 0090 0027 6060 6235 20**

November 4, 2020

Robert Tharp, Mayor  
City of Decatur  
P.O. Box 247  
Decatur, AR 72722

RE: City of Decatur WWTP Compliance Evaluation Inspection  
AFIN: 04-00052 Permit No.: AR0022292

Honorable Mayor Tharp:

A letter was sent to you on August 19, 2020, regarding your initial response to the January 14, 2020, Compliance Evaluation Inspection, Collection System Inspection, and Industrial Stormwater Inspection at the above referenced facility. ADEQ received your response on September 28 2020. However, the information provided did not address the requests regarding the Compliance Evaluation inspection. Please provide the following:

1. **Part I, Section A.2 & Part III, Sections C.5 and C.6 of the permit:** Your initial response stated that you were working on the DMR corrections and planned to complete them by May 6. Please state if these corrections have been made.
2. **Part III, Section B.1.A of the permit:** Your response states that a contractor has been hired to work on the holding pond and will start the week of May 11. Please state if the work on the pond has occurred, what actions were taken, and submit photographs of the pond.

The above item requires your immediate attention. Please submit a written response to these items to the Office of Water Quality Compliance Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to [Water-Inspection-report@adeq.state.ar.us](mailto:Water-Inspection-report@adeq.state.ar.us). This response is due by **November 19, 2020**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 479-267-0811, ext. 16 or you may e-mail me at [grimesg@adeq.state.ar.us](mailto:grimesg@adeq.state.ar.us).

Sincerely,



Garrett Grimes  
District 1 Field Inspector  
Office of Water Quality