



November 16, 2020

Blake Marotti, General Manager
City of Wynne
121 East Merriman Avenue
Wynne, AR 72396

RE: City of Wynne WWTP Inspection
AFIN: 19-00071 Permit No.: AR0021903

Dear Mr. Marotti:

On September 9, 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 inspection report and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **January 5, 2021.**

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Frasher'.

Sarah Frasher
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY				
	INSPECTION REPORT				
	AFIN: 19-00071	PERMIT #: AR0021903	DATE: 9/9/2020		
	COUNTY: 19 Cross	PDS #: 114388	MEDIA: WN		
GPS LAT: 35.219114 LONG: -90.828125 LOCATION: Entrance					
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: City of Wynne WWTP LOCATION: 545 Bowden Road CITY: Wynne		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 9/9/2020 ENTRY TIME: 13:45 EXIT TIME: 14:27 PERMIT EFFECTIVE DATE: 8/1/2018 PERMIT EXPIRATION DATE: 7/31/2023			
NAME: / TITLE Blake Marotti / General Manager COMPANY: City of Wynne MAILING ADDRESS: 121 East Merriman Avenue CITY, STATE, ZIP: Wynne AR 72396 PHONE & EXT: / FAX: EMAIL:		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Josh Weaver/ Wastewater Treatment Lab Supervisor			
CONTACTED DURING INSPECTION: No					
AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
M	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
S	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 violations were noted at the time of the inspection:					
<ol style="list-style-type: none"> The facility reported a FCB Monthly Average of 2,696.74 Mcol./day instead of 2,691 Mcol./day for the June 2020 DMR. These differences are due to not using the Geometric Mean for the FCB calculation and a possible rounding difference. It should be noted that Fecal Coliform Bacteria should be reported as a whole number on the DMRs. See the attached DMR Calculation Check below for details. The facility reported a CBOD Monthly Average of 2.0 mg/L instead of <2.0 mg/L for the November 2019 DMR. The facility must include the less than symbol "<" or greater than symbol ">" when concentrations are reported as such within the laboratory results. See the attached DMR Calculation Check below for details. 					

GENERAL COMMENTS

The facility has a schedule for routine cleaning and maintenance so that the clarifier weirs receive cleaning once a week.

The City of Wynne is planning on replacing the aerators in the aeration basin. Next year the facility plans to replace the UV disinfection system.

The HydroRanger Plus Ultrasonic Flowmeter was in need a calibration check from the manufacture. The facility has a calibration check scheduled

An Industrial Stormwater No Exposure Inspection, ARR000293, was performed in conjunction with this inspection. Please view that inspection report for further details.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 11/16/2020
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SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 12/15/2020
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SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Geometric Mean not used for FCB calculations. Less than symbol, <, not used on DMRs.	
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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<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 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

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>9 in. 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: <u>HydroRanger Plus</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input 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>Arkansas Analytical</u>	
b. LAB ADDRESS: <u>Little Rock, AR</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, NH3-N, DO, FCB, Total Arsenic, Total Copper, Total Phosphorus, Nitrate + Nitrite Nitrogen, Sulfates, pH, WET Testing</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	Low	None	None	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>See Industrial Stormwater No Exposure Report, ARR000293</u>							
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: **9/9/2020** Time: **14:17**

Head in Inches: **14.25** Feet:

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

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

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **2.535** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2.556**

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

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

% Error =	2.535	-	2.556	X 100
	2.556			

% Error =	-0.021	X 100
	2.556	

% Error =	-0.0082	X 100
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% Error =	-0.82	%
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Comments: **Within ± 10%**

DMR Calculation Check

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

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>21.14</u>	<u>2</u>	<u>2</u>
Calculated Value:	<u><21.14</u>	<u><2</u>	<u><2</u>
Permit Value:	<u>276</u>	<u>12</u>	<u>18</u>

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

DMR Calculation Check

Reporting Period: From 2020 06 01 To 2020 06 30
 Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass Mo. Avg. – Mcol./day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>2,696.74</u>	<u>84</u>	<u>170</u>
Calculated Value:	<u>2,691</u>	<u>84</u>	<u>170</u>
Permit Value:	<u>104,500</u>	<u>1,000</u>	<u>1,000</u>

If calculated value does not equal reported value, explain:

Differences due to not using Geometric Mean for the Average and a rounding difference.

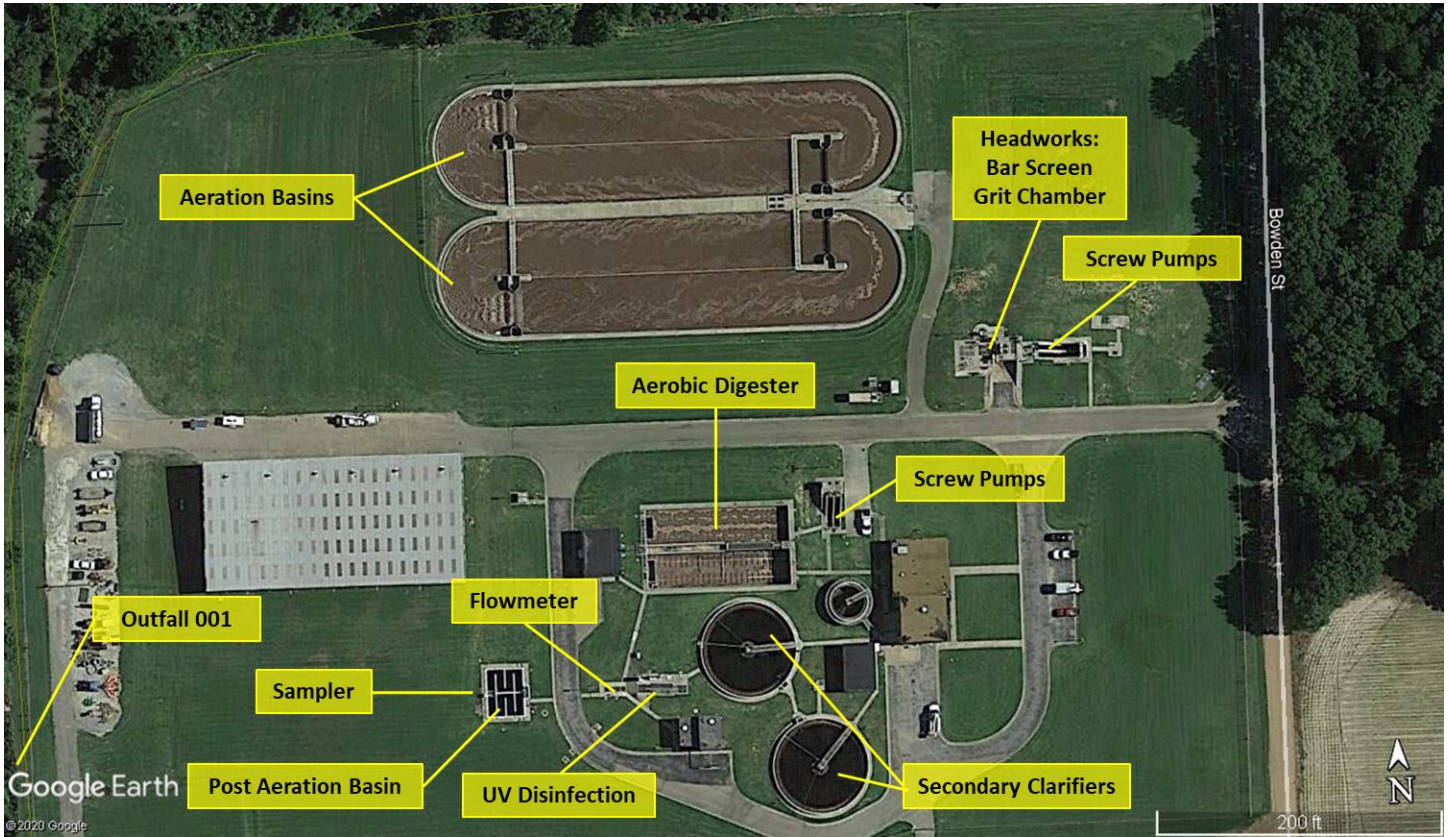


Figure 1. Google Earth image of the City of Wynne with labels for the different areas of treatment.

Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:27
		Photo #:	1
Description:	Overview of the Headworks of the facility.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:53
		Photo #:	2
Description:	Close-up view of the Screw Pumps for the influent.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:54
		Photo #:	3
Description:	View of the Bar Screen and Grit Chamber.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:55
		Photo #:	4
Description:	View of the Aeration Basins.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:54
		Photo #:	5
Description:	Close-up view of the Aeration Basins.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:56
		Photo #:	6
Description:	View of the Screw Pumps for the sludge.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:56
		Photo #:	7
Description:	View of the Aerobic Digester.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:58
		Photo #:	8
Description:	View of the Secondary Clarifier.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	13:57
		Photo #:	9
Description:	View of the inside of the Clarifier.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:22
		Photo #:	10
Description:	View of the other Secondary Clarifier.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:22
		Photo #:	11
Description:	View of the inside the Clarifier. Note the water clarity.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:14
		Photo #:	12
Description:	View of the UV Disinfection and Flowmeter.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:15
		Photo #:	13
Description:	View of the 9 inch Parshall Flume.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:13
		Photo #:	14
Description:	View of the HydroRanger Plus Ultrasonic Flowmeter.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP		
Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:16
		Photo #:	15
Description:	View of the Chlorine Contact Chamber.		



Photographer:	Sarah Frasher	Date:	9/9/2020
Witness:	None	Time:	14:02
		Photo #:	16
Description:	View of the Automatic Sampler.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Wynne WWTP				
Photographer:	Sarah Frasher	Date:	9/9/2020	Time:	14:09
Witness:	None			Photo #:	17
Description:	View of Outfall 001.				



From: [Blake Marotti](#)
To: [Water-Inspection-Report](#)
Cc: jweaver.wvu@gmail.com
Subject: Compliance Evaluation Inspection for the City of Wynne WWTP - Summary of Findings Response
Date: Monday, December 28, 2020 2:50:43 PM

Ms. Frasher,

Please find the responses, in red, to the following Summary of Findings noted at the time of the inspection:

1. The facility reported a FCB Monthly Average of 2,696.74 Mcol./day instead of 2,691 Mcol./day for the June 2020 DMR. These differenced are due to not using the Geometric Mean for the FCB calculation and a possible rounding difference. It should be noted the Fecal Coliform Bacteria should be reported as a whole number on the DMRs. See the attached DMR Calculation check below for details.

Both myself and my lab supervisor, Josh Weaver, have spoken to Ms. Frasher in regard to the above referenced calculation and rounding errors. Please be advised that the geometric mean is now being utilized for the FCB calculation, as well as the FCB result being rounded to the nearest whole number. These corrections will be reflected in all current and future DMRs submitted.

2. The facility reported a CBOD Monthly Average of 2.0 mg/L instead of <2.0 mg/L for the November 2019 DMR. The facility must include the less than symbol "<" or greater than symbol ">" when concentrations are reported as such within the laboratory results. See the attached DMR Calculation Check below for details.

The use of an applicable < or > sign will be utilized for all current and future CBOD results submitted within our facility's DMR reports.

If there's any further information that you may need, please contact me at your convenience. Thank you for your time and I hope that you have Happy New Year.

Thanks,

Blake Marotti
General Manager
(870) 238-2751 | www.wynnewater.com



121 E. Merriman Ave. | Wynne, AR 72396



ARKANSAS

ENERGY & ENVIRONMENT

January 7, 2021

Blake Marotti, General Manager
City of Wynne
121 East Merriman Avenue
Wynne, AR 72396

RE: Response to Inspection
AFIN: 19-00071

Permit No.: AR0021903

Dear Mr. Marotti:

I have reviewed the response pertaining to my September 9, 2020, inspection of the City of Wynne WWTP. The information provided sufficiently addresses the items referenced in my inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If I require further information concerning this matter I will contact you. Thank you for your attention to this matter. Should you have any questions please contact me at (870) 935-7221 ext.-15 or you may email me at frasher@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Frasher'.

Sarah Frasher
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118