



ARKANSAS

ENERGY & ENVIRONMENT

September 9, 2021

Flora J Simon, Mayor
City of Dumas
P.O. Box 157
Dumas, AR 71639

RE: City of Dumas Inspections (Desha Co)
AFIN: 21-00045 **NPDES Permit No.: AR0033987**

Dear Mayor Simon:

On May 20, 2021, I performed a Compliance Evaluation Inspection and an SSO/Collection System Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of each of the inspection reports is enclosed for your records.


Please refer to the “Summary of Findings” section of each of the inspection reports 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 **September 23, 2021**.

If I can be of any assistance please contact me at youngm@adeq.state.ar.us or (501) 837-2073.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 21-00045	PERMIT #: AR0033987	DATE: 5/20/2021		
	COUNTY: 21 Desha	PDS #: 117355	MEDIA: WN		
	GPS LAT: 33.890422 LONG: -91.465603 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: City of Dumas LOCATION: 204 Ford Loop Road CITY: Dumas, AR		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 101531 S - State			
RESPONSIBLE OFFICIAL NAME: / TITLE Flora J Simon / Mayor COMPANY: City of Dumas MAILING ADDRESS: P.O. Box 157 CITY, STATE, ZIP: Dumas AR 71639 PHONE & EXT: / FAX: 870-382-2121 / 870-382-6846 EMAIL: Dumasarmayor@gmail.com		FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation			
		DATE(S): 5/20/2021 ENTRY TIME: 11:00 EXIT TIME: 12:52 PERMIT EFFECTIVE DATE: 2/1/2017 PERMIT EXPIRATION DATE: 01/31/2022			
CONTACTED DURING INSPECTION: No		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Patrick Fitzgerald/Water and Wastewater Manager (Lic. #: 008415)/870-382-2121/pfitz2003@yahoo.com			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER
S	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	S	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
<p>1.) At the time of the inspection, solid waste materials removed from the bar screen are being placed in a wheelbarrow that is uncovered and exposed to rainfall. Stormwater runoff is not directed back to the treatment system. This is a violation of permit condition Part II. (6.).</p> <p>2.) There is rust and other materials on the staff gauge causing it to be illegible. This is a violation of permit condition Part III. (C.) (2.). To perform flow checks on the totalizer, the staff gauge needs to be cleaned and legible.</p>					

GENERAL COMMENTS


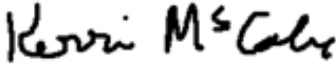
On May 20, 2021, I performed an inspection at City of Dumas wastewater treatment system with the above participants in attendance. City of Dumas maintains permit coverage for a discharge of treated wastewater from Outfall 001 after treatment through four lagoons (in series) and then chlorination and dechlorination using sulphur dioxide. Following the inspection in 2019, City of Dumas has elected to have McClelland Engineering Consultants, Inc. collect and analyze all of the parameters listed in Part IA of the permit. This inspection consisted of a site assessment and records review.

Site Assessment:

At the headworks, influent enters from the main lift station in the city (see Photo 1) and passes through a bar screen (see Photos 2-3). Solids and materials are being collected by physically raking the bar screen and the materials are being placed in an open-top wheelbarrow (see Photo 4). There is no drain and the solids are not being managed in a container or by other methods, and there were materials scattered around on the ground around the wheelbarrow. I observed the primary lagoon to be well-managed and the aeration was occurring from air lines across the lagoon (see Photos 4-5). Levees between the primary and secondary lagoon were well-maintained and at the required width (see Photo 6). I observed that the second, third, and final treatment lagoon were all being aerated and well-maintained (see Photo 7-10). Chlorine gas is used to disinfect in the chlorine contact chamber and sulphur dioxide is used at the end of the contact chamber to dechlorinate (see Photos 11-13). I observed the primary flow device to be a 9" Parshall flume and the staff gauge was corroded and covered with material causing it to be illegible (see Photo 14). Flow is monitored daily using a totalizer that had been recently calibrated, but no flow checks are performed between calibrations (see Photo 15). Discharge is after final treatment and Outfall 001 discharges directly to a ditch and thence to the receiving stream, thence to Bayou Macon (see Photo 16).

Records Review:

In 2019, the inspection documented numerous violations from the collection and analysis of the samples in accordance with Part IA. Following the inspection, City of Dumas has contracted with McClelland Engineering Consultants, Inc. to collect, transport, and analyze all the samples. I examined the records from December 2020 and January 2021 and there were no issues with the collection of composites, grabs, or the analyses of the samples. All records examined were compliant with the permit.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 7/12/2021
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 9/8/2021

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: __ 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: <u>Siemens Hydromanager 200</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>McClelland Consulting Engineers, Inc.</u>	
b. LAB ADDRESS: <u>7302 Kanis Road Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>All</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 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	N	N	N	N	N	Colorless	--
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 maintained in primary lagoon</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2020 12 01 To 2020 12 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>55.5</u>	<u>13.7</u>	<u>20.3</u>
Calculated Value:	<u>55.5</u>	<u>13.7</u>	<u>20.3</u>
Permit Value:	<u>1028</u>	<u>90</u>	<u>135</u>

If calculated value does not equal reported value, explain:

Equal

DMR Calculation Check

Reporting Period: From 2021 01 01 To 2021 01 30
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>17.6</u>	<u>4.0</u>	<u>4.2</u>
Calculated Value:	<u>17.6</u>	<u>4.0</u>	<u>4.2</u>
Permit Value:	<u>343</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Equal

Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:16
		Photo #:	1
Description:	Influent wastewater pumped into a bar screen area that is manually raked.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:16
		Photo #:	2
Description:	Bar screen for influent wastewater which is manually raked.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:17
		Photo #:	3
Description:	Open wheelbarrow with removed materials.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:18
		Photo #:	4
Description:	Primary treatment lagoon viewed from where influent enters after bar screening.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:19
		Photo #:	5
Description:	View of primary treatment lagoon from the area where influent enters.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:21
		Photo #:	6
Description:	Levee between primary treatment lagoon and second treatment lagoon.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:21
		Photo #:	7
Description:	Second treatment lagoon with aeration.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:22
		Photo #:	8
Description:	Third treatment lagoon with aeration.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Time:	11:23	Witness:	
Photo #:	9	Description:	
Fourth treatment lagoon with aeration.			



Photographer:	Michael Young	Date:	05/20/2021
Time:	11:23	Witness:	
Photo #:	10	Description:	
View between third and final treatment lagoon.			



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:30
		Photo #:	11
Description:	Water entering chlorine contact chamber and dosing area.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:30
		Photo #:	12
Description:	Chlorine contact chamber viewed from where water enters chamber.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:29
		Photo #:	13
Description:	Dechlorination area prior to sampling and flow readings.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:32
		Photo #:	14
Description:	Parshall flume used as primary flow device. Note that measuring device is corroded and hard to read at normal flow level.		



Office of Water Quality Photographic Evidence Sheet

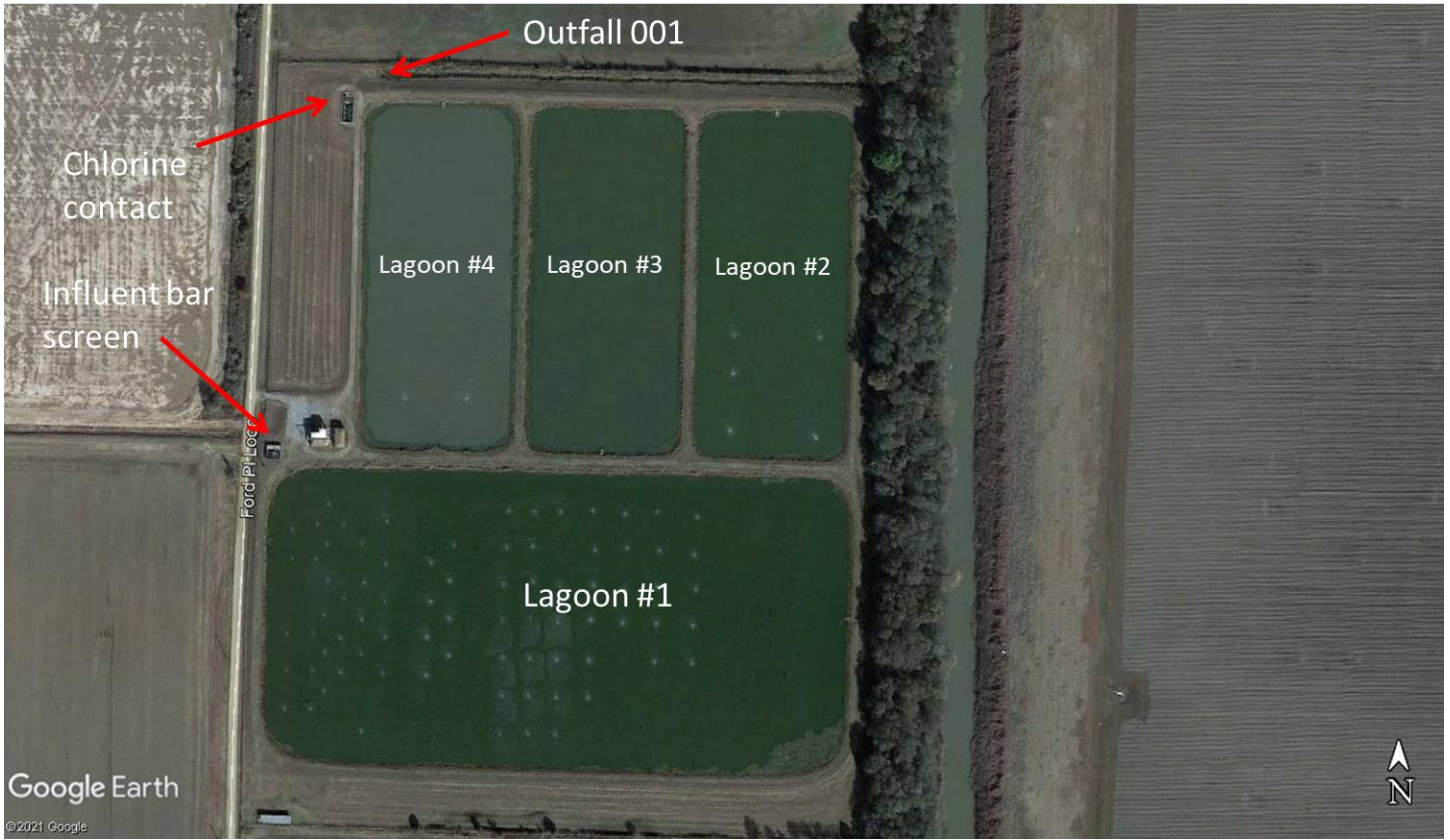
Location:	City of Dumas		
Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:33
		Photo #:	15
Description:	Flow totalizer that has been calibrated in the month prior to the inspection.		



Photographer:	Michael Young	Date:	05/20/2021
Witness:		Time:	11:35
		Photo #:	16
Description:	Outfall 001 discharging to the receiving stream following the sampling location.		



Figure 1. Overview of the City of Dumas wastewater treatment system with treatment components identified.





ARKANSAS
ENERGY & ENVIRONMENT

CERTIFIED MAIL: 9489 0090 00027 6226 5081 11

November 3, 2021

Flora J Simon, Mayor
City of Dumas
P.O. Box 157
Dumas, AR 71639

Re: City of Dumas - Failure to Respond to Inspection (Desha Co)
AFIN: 21-00045 NPDES Permit No.: AR0033987

Dear Mayor Simon:

A letter dated September 9, 2021 was sent to you by the Office of Water Quality - Compliance Branch of the Arkansas Department of Energy and Environment, Division of Environmental Quality. The letter outlined the findings of my May 20, 2021 inspection of the above-referenced facility. The letter requested that a written response be submitted to the Office of Water Quality - Compliance Branch by September 23, 2021. To date, no response has been received.

Please submit a written response by **November 17, 2021**. A copy of the inspection report has been included for your convenience. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 837-2073 or email me at youngm@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

ARKANSAS DEPARTMENT OF ENERGY AND ENVIRONMENT

From: [Young, Michael](#)
To: [McConnell, Melissa](#)
Cc: [McCabe, Kerri](#)
Subject: WID 117355 City of Dumas
Date: Wednesday, November 17, 2021 9:32:21 AM
Attachments: [image001.png](#)

Melissa,

Would you please attach this e-mail to WID 117355. This facility claims that they had misplaced the report letter and did not know there was a response required. I have extended their response due date to **December 1, 2021.**

Kerri, this is what Chid with McClelland was calling about.

Thank you,

Michael Young | District 8 Inspector
Division of Environmental Quality | Office of Water Quality
Compliance Branch

5301 Northshore Drive | North Little Rock, AR 72118

t: 870.862.5941 | c: [501-837-2073](tel:501-837-2073) | e: youngm@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: [Chid Kwelle](#)
To: [Young, Michael](#)
Cc: [Water-Inspection-Report; "dumasarmayor@gmail.com"; Adam Triche](#)
Subject: CEI Response- City of Dumas- NPDES Permit NO. AR0033987; AFIN: 21-00045
Date: Wednesday, November 17, 2021 2:35:42 PM
Attachments: [CEI Response - City of Dumas 11-17-2021.pdf](#)

Dear Mr. Young,

Please see the attached CEI response for the city of Dumas.

Sincerely,

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



7302 Kanis Road | Little Rock, AR 72204
501.371.0272 office | 501.371.9932 fax
mce.us.com

November 16, 2021

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive,
North Little Rock, AR, 72118

Re: City of Dumas - Failure to Respond to Inspection (Desha Co)
AFIN: 21-00045
NPDES Permit No.: AR0033987

Mr. Young,

I am writing this to respond to the letter dated November 9, 2021 concerning the inspection report dated May 20, 2021.

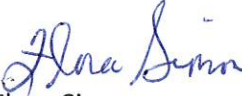
The staff gauge was replaced after the 1-10-19 inspection was performed, the operator has cleaned the staff gauge to make legible for readings. The city is currently changing means of operation when dealing with the solid waste materials off of the bar screen to prevent stormwater runoff. Currently a tarp is being utilized to cover the wheel barrow. McClelland Consulting Engineers, Inc. is designing a new headworks with a cover for the future. This is a part current project connecting the Mitchellville system to Dumas. If you have any question please do not hesitate to call or email me at atriche@mce.us.com

Sincerely,
McClelland Consulting Engineers, Inc.



Adam Triche, PE
Project Manager

City of Dumas



Flora Simon
Mayor







ARKANSAS
ENERGY & ENVIRONMENT

December 7, 2021

Flora J Simon, Mayor
City of Dumas
P.O. Box 157
Dumas, AR 71639

RE: City of Dumas - Response to Inspection (Desha Co)
AFIN: 21-00045 **NPDES Permit No.: AR0033987**

Dear Mayor Simon:

I have reviewed the response pertaining to my May 202, 2021 inspection of the City of Dumas wastewater treatment system. 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 (501) 837-2073 or you may email me at youngm@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118