



ARKANSAS

ENERGY & ENVIRONMENT

September 11, 2023

Honorable Price Eugene Boney, Mayor
City of Dumas
P.O. Box 157
Dumas, AR 71639
Sent Via Email to: dumasarmayor@gmail.com

RE: City of Dumas WWTF Inspection
AFIN: 21-00045 Permit No.: AR0033987

Dear Mayor Boney:

On August 2, 2023, 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 **September 26, 2023**.

If I can be of any assistance please contact me at Malcolm.Jackson@adeq.state.ar.us or (501) 514-0987.

Sincerely,

A handwritten signature in blue ink, appearing to read 'M Jackson'.

Malcolm Jackson
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: 8/2/2023		
	COUNTY: 21 Desha	PDS #: 127049	MEDIA: WN		
	GPS LAT: 33.890442 LONG: -91.465669 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: City of Dumas WWTF LOCATION: 204 Ford Loop Rd. CITY: Dumas		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 151687 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 8/2/2023 ENTRY TIME: 09:00 EXIT TIME: 10:40 PERMIT EFFECTIVE DATE: 2/1/2017 PERMIT EXPIRATION DATE: 1/31/2022			
NAME / TITLE Honorable Price Eugene Boney / Mayor COMPANY: City of Dumas MAILING ADDRESS: P.O. Box 157 CITY, STATE, ZIP: Dumas AR 71639 PHONE & EXT. / FAX: 870-382-2121 / EMAIL: dumasarmayor@gmail.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Mr. Brian Brooks, Class II Operator, 870-377-1046 Jason Bolenbaugh, DEQ Branch Manager, 501-766-8153			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
M	PERMIT	M	FLOW MEASUREMENT	N	STORMWATER
M	RECORDS/REPORTS	S	LABORATORY	M	FACILITY SITE REVIEW
U	OPERATION & MAINTENANCE	M	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS	
<p>During the inspection the following was noted:</p> <ol style="list-style-type: none"> 1. The permittee is in violation of Part III, Section B.1.A of the permit for improper operations and maintenance. Specifically, the chlorine disinfection was not operational; 2) the aeration line in Basin 2 was disconnected and the aeration line in Basin 4 had floated to the top of the pond; preventing full aeration; 3) the chlorine contact chamber has a significant amount of algae accumulation on the walls; 4) the staff gauge in the Parshall flume was not fully connected and had a significant amount of buildup on it that would not allow for a reading to be taken until it was cleaned; and, 5) levee maintenance was necessary as the grass had grown very high. 2. The permittee was bypassing chlorine disinfection at the time of the inspection. Mr. Fitzgerald reported the bypass to the Office of Water Quality Enforcement Branch. 3. A flow measurement verification was conducted in which the maximum deviation was greater than ± 10% from true discharge (see flow calculation sheet below). The error may be due to the primary staff gauge in the Parshall flume not being affixed to the flume wall appropriately. Please affix the staff gauge properly to the flume wall and maintain the gauge so proper measurements can be taken. 4. Despite not conducting a collection system evaluation, it was reported that all 11 pump stations with 2 pumps each were operational. 5. There was a general lack of maintenance records available at the facility. It is recommended the facility maintain operational and maintenance records of the plant and the pump stations. 6. A review of Discharge Monitoring Report (DMR) data was conducted from May, 2020 to June 2023. Within that timeframe the permittee reported the following violations of permit effluent limitations: 14 Total Residual Chlorine (TRC), 1 Fecal Coliform Bacteria, and 1 pH. The permittee is listed on EPA's 	

Significant Non-Compliance list due to the TRC violations. The facility has not reported any Sanitary Sewer Overflows within this reporting period.

- 7. A Change of Signatory Authorization form is necessary to document the Responsible Official Change to Mayor Boney from former Mayor Simon. If you have any questions on how to complete the form please contact the Office of Water Quality Permits Branch at 501-682-0929.**
- 8. The facility listed SAF Holland, Diamond Pet Food, Central Wire Industries, and Akin Furniture as the Industrial Users (IU) that discharge into the City of Dumas WWTP. An IU inspection of SAF Holland was conducted August 16, 2023.**

GENERAL COMMENTS

The treatment type for this facility consists of an influent bar screen, four (4) aerated lagoons in series, chlorine disinfection, and dechlorination. The facility design flow is 1.37 MGD.



Compliance Branch Manager Jason Bolenbaugh and I arrived at the wastewater treatment facility at 0900. It was a warm, dry day with no recent precipitation. The treatment type of the facility consisted of a bar screen, four aerated lagoons, chlorine disinfection, and dechlorination. The design flow of the facility is 1.37 MGD. On site we made contact with Mr. Brian Brooks, a Class II Operator for the facility. After a brief discussion explaining the inspection process to Mr. Brooks, we began the inspection.

First, we proceeded to the bar screen area. At the time there wasn't any influent entering the facility. Next, we were taken to the chlorine operation and storage room. The chlorine disinfection, as noted in summary of findings, was not operational. Mr. Brooks was not sure of the exact timeframe for the offline status of the disinfection but, estimated that it was down for 3-4 months. This lack of exact dates and maintenance records was a recurring theme throughout the inspection. Mr. Brooks stated several times that Mr. Fitzgerald, another operator for the facility, would have more knowledge on several subject matters than him. However, Mr. Fitzgerald was on vacation at the time of this inspection. Jason suggested that the facility start to keep maintenance records to prevent confusion. Failure to keep accurate maintenance records is a violation of the permit's conditions.

After leaving chlorine disinfection, we walked to a nearby building that contained the blower units. All 3 blower units were functional. We then drove around the aerated lagoons. As mentioned in the Summary of Findings, some portions of the levees were well maintained but, others were not mowed and grass had become overgrown. All the lagoons tended to have the characteristic green tint of algae. We witnessed malfunctioning aeration line at lagoon #2 (see photo 9) along with a floated aeration line in Lagoon #4 (see photo 10). According to Mr. Brooks, both are scheduled for maintenance this month.

We continued to the chlorine contact chamber. It should be noted that Arkansas Analytical was on site conducting sampling. The facility outsources several testing and sampling responsibilities to Arkansas Analytical. At the contact chamber, we witnessed green waste water effluent caused by algae. The algae created a mossy build-up, that made reading the staff gauge accurately impossible. It was stated by Mr. Brooks that attempts were made to clean the contact chamber about every month. We also learned that facility staff was not conducting regular calibration checks. After performing an on-site calibration check, we found that the facility was beyond the proper range.

Mr. Brooks then described his sample collection and preservation procedures. Several topics came up including the definition of a composite sample, which generally is defined as a mixture of grab samples collected at the same sampling point at different times, formed either by continuous sampling or by mixing a minimum of 4 effluent portions collected at equal time intervals (but not closer than one hour apart) during operational hours, within the 24-hour period, and combined proportional to flow or a sample collected at more frequent intervals proportional to flow over the 24-hour period. However, further specifics involving composite samples, as defined by the permit, can be found in Part II, Section B.iv, subsections a-g. Facility staff need to ensure that they are properly labeling and recording the times that samples are being taken.

INSPECTOR'S SIGNATURE:  Malcolm Jackson	DATE: 8/8/2023
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 9/11/2023

SECTION A: PERMIT VERIFICATION	
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: A Change of Authorization form needs to be submitted requesting a change in Responsible Official to Mayor Boney from former Mayor Simon.	<input type="checkbox"/> Y <input checked="" 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: Outfall 001 only	<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: Small discrepancy noted on monthly average loading (see DMR Calculation Sheet below).	<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: Reviewed October 3-4 Chain-of-Custody (COC) and laboratory analysis.	<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: 10/3/2022 – 10/4/2022 (Composite - Grab)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING: Outfall 001	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Kyle Jackson	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES: TSS – I-3765-85/SM2540 D-2011	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS: pH, DO, and TRC calibration information on the COC.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES: TSS – 31.3 mg/l	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES: TSS – 10/6/2022 @ 15:35	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES: TSS – Initials MH	<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: The permittee needs to maintain better operations and maintenance records so that the history of the maintenance of a piece of equipment is known to all staff members, present and future.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED: Chlorine disinfection was not operational.	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: Aeration system in Basins 2 and 4 required maintenance.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: No permanent stand-by power but they could have access to a generator if needed.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: No alarm system is in place. The staff check the plant daily.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE: Chlorine disinfection system was not in operation and aeration lines in basins 2 and 4 were in need of repair.	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: Patrick Fitzgerald (Class II, Basic Industrial), Brian Brooks (Class II)	<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: No spare parts for the plant are maintained.	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Can obtain a generator if needed but during a power outage they are a priority for being put back online. They have some holding capacity in the event of a power outage.	<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: According to Mr. Brooks, Arkansas Analytical collects grab samples for pH, DO, TRC, and FCB. The City of Dumas staff collects the composite samples for CBOD₅/BOD₅, TSS, NH₃-N, and WET testing.	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: Outfall 001	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: CBOD₅/BOD₅, TSS, NH₃-N, DO, FCB, TRC, TRA, and pH.	<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: All 3/week with exception of TRA (Arsenic)	<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: BOD₅/CBOD₅, TSS, NH₃-N (all 3/week)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED: TSS – collected into plastic bottle and cooled to ≤6°C	<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: Mr. Brooks had to clean the primary measuring device so that a calibration check could be completed. There was a significant buildup on the device which prevented the ability to read it.	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED? TYPE OF DEVICE: 9" Parshall Flume	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: Instrument & Supply, Inc. conducts annual calibration. The last calibration was conducted in April 2023. City staff do not conduct calibration checks.	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: Verified field calibrations only.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: Arkansas Analytical, Inc.	
b. LAB ADDRESS: 8100 National Dr., Little Rock, AR 72209	
c. PARAMETERS PERFORMED: TRC, DO, pH, FCB, NH₃, TSS, CBOD₅/BOD₅, WET	
8. BIOMONITORING PROCEDURES ADEQUATE: Second Quarter 2022 report	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: Pimephales promelas, Ceriodaphnia dubia (once/quarter)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: 16%, 22%, 29%, 39% (Critical), 52%	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION: EPA Method 1000.0 and EPA Method 1002.0.	<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

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Effluent was green due to algae bloom. Aeration was occurring within the contact chamber immediately before discharge to the Parshall flume.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	Yes	No	No	Green	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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: According to the 2021 permit renewal, sludge has not been removed and was last measured in August 2011 (0.25-1 ft.). No sludge has been removed since the previous inspection.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: Site does not have a stormwater permit.							
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: 8/2/23	Time: 0953
---------------------	-------------------

Head in Inches:	Feet: 0.4
------------------------	------------------

Type & Size of Primary Flow Measurement Device: 9-inch Parshall Flume

Name & Model of Secondary Flow Measurement Device: Chessell Totalizer

Date of last Calibration of Secondary Flow Device: April 2023

Recorded Flow at Date & Time Listed Above (Facility Flow Meter): 0.55 MGD

Calculated Flow at Date & Time Listed Above: 0.4883 MGD
 (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 =	0.55	-	0.4883	X 100	
	0.4883				

% Error =	.0617	X 100	
	0.4883		

% Error =	0.1263	X 100	
------------------	---------------	--------------	--

% Error =	12.63	%	
------------------	--------------	----------	--

Comments: Per Part III, Section C.2 (Flow Measurement), the device selected shall be capable of measuring flows with a maximum deviation of less than ± 10% from true discharge rates. I believe the flow measuring devices can accomplish this however, the staff gauge on the Parshall Flume must be affixed to the flume wall appropriately and be clean enough to record a primary flow measurement.

DMR Calculation Check

Reporting Period: From 2022 10 01 To 2022 10 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>79.33</u>	<u>27</u>	<u>23.82</u>
Calculated Value:	<u>74.49</u>	<u>27</u>	<u>23.82</u>
Permit Value:	<u>1028</u>	<u>90</u>	<u>135</u>

If calculated value does not equal reported value, explain:
 Small discrepancy in the mass loading calculation. The permittee may need to verify the recorded flow information in the calculation.

Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF				
Photographer:	Jason Bolenbaugh	Date:	08/02/2023	Time:	09:04
Witness:	Malcolm Jackson	Photo #:	1		
Description:	DSCN 6089: Influent wastewater near bar screen.				



Photographer:	Jason Bolenbaugh	Date:	08/02/2023	Time:	09:04
Witness:	Malcolm Jackson	Photo #:	2		
Description:	DSCN6090: Bar screen at the influent chamber.				



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF		
Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:04
		Photo #:	3
Description:	DSCN6091: Influent flow		



Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:06
		Photo #:	4
Description:	DSCN6092: Non-operational chlorine tank.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF		
Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:13
		Photo #:	5
Description:	DSCN6095: Blower room		



Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:20
		Photo #:	6
Description:	DSCN6099: Mowed levee near basin #1		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF		
Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:20
		Photo #:	7
Description:	DSCN6101: Green wastewater from algae near shore of basin #1		



Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:21
		Photo #:	8
Description:	DSCN6102: Drainage box on east side of basin #1 leading to basin #2.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF		
Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:26
		Photo #:	9
Description:	DSCN 6106: Broken aeration line at basin #2		



Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:27
		Photo #:	10
Description:	DSCN6108: Floated aeration line in basin #4		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF		
Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:31
		Photo #:	11
Description:	DSCN6110: Chlorine contact chamber		



Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:32
		Photo #:	12
Description:	DSCN6111: Mixing zone in chlorine contact chamber where treated wastewater then flows to the Parshall flume.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Dumas WWTF		
Photographer:	Jason Bolenbaugh	Date:	08/02/2023
Witness:	Malcolm Jackson	Time:	09:33
		Photo #:	13
Description:	DSCN6112: Build-up on partially detached primary staff gauge.		



Photographer:	Malcolm Jackson	Date:	08/02/2023
Witness:		Time:	09:49
		Photo #:	14
Description:	DSCN5523: Digital flow meter and recorder.		



Overview of the City of Dumas Waste Water Treatment Plant.





**DIVISION OF
ENVIRONMENTAL QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

October 30, 2023

Honorable Price Eugene Boney, Mayor
City of Dumas
P.O. Box 157
Dumas, AR, 71639
Email Address: dumasarmayor@gmail.com

RE: Adequate Response to Inspection #127049
AFIN: 21-00045 Permit No.: AR0033987

Dear Mayor Boney:

I have reviewed the response pertaining to my inspection of the City of Dumas WWTF. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this inspection. Acceptance of this response by the Division 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) 514-0987 or you may email me at Malcolm.Jackson@adeq.state.ar.us.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Malcolm Jackson'.

Malcolm Jackson
Inspector, Office of Water Quality