



ARKANSAS

ENERGY & ENVIRONMENT

September 27, 2023

Jeff Brown, Mayor
City of De Queen
P.O. Box 730
De Queen, AR 71832
Email Address: mayor@cityofdequeen.com

RE: City of De Queen WWTP Inspection
AFIN: 67-00023 Permit No.: AR0021733

Dear Mayor Brown:

On April 6, 2023, I performed a Compliance Evaluation Inspection (CEI) 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 **October 12, 2023**.

If I can be of any assistance please contact me at Michael.young@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: 67-00023	PERMIT #: AR0021733	DATE: 4/6/2023
	COUNTY: 67 Sevier	PDS #: 127620	MEDIA: WN
	GPS LAT: 34.025964 LONG: -94.347339 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of De Queen WWTP LOCATION: 670 South 9th Street CITY: De Queen	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 101531 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 4/6/2023 ENTRY TIME: 10:21 EXIT TIME: 11:45 PERMIT EFFECTIVE DATE: 4/1/2020 PERMIT EXPIRATION DATE: 3/31/2025
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Jeff Brown / Mayor COMPANY: City of De Queen MAILING ADDRESS: P.O. Box 730 CITY, STATE, ZIP: De Queen AR 71832 PHONE & EXT. / FAX: 870-584-3445 / EMAIL: mayor@cityofdequeen.com	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: No	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Mike Sims/WW Superintendent/ Lic. # 002140 Class IV Trey Butler/OWQ Inspector/trey.butler@adeq.state.ar.us

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

SUMMARY OF FINDINGS
1.) Grit collection was not occurring because the motor for the grit collector was not in operation (see photos 6-7).

GENERAL COMMENTS



On April 6, 2023 I performed a Compliance Evaluation Inspection (CEI) at City of De Queen WWTP with the above participants in attendance. City of De Queen WWTP has a treatment system consisting of an equalization lagoon followed by bar screen, grit chamber, vertical loop reactor, two primary aeration chambers, two secondary aeration chambers, two secondary clarifiers, chlorine disinfection, dechlorination, post aeration, and anaerobic sludge digestion. Design flow for the facility is 4.0 MGD and the discharge enters at UT of Bear Creek, thence to Rolling Fork River, thence to the Little River, thence to Millwood Reservoir and finally the Red River in segment 1C of the Red River Basin. This inspection consisted of a records review and facility evaluation.

Records Review:

I conducted a records review for January 2023 and the Total Suspended Solids (TSS) measurement was correctly entered on the DMR and the chain-of-custody (COC) was correct. At the time of the inspection the flowmeter was within the annual calibration and a flow check was performed and the flow was within $\pm 10\%$.

Facility Evaluation:

Influent wastewater enters the WWTP directly into the bar screen area during normal flows. During high flow, the water is redirected to the equalization basin/lagoon. I observed two screw pump lifts operating and bringing influent into the bar screen area (see photos 1-2). As the influent came through the bar screen I observed an abundance of foaming and Mr. Sims stated that there is cleaning operations at the Tyson facility that is a pretreatment for the WWTP (see photo 3). Following the bar screen there was foam on the surface that dissipated as it went through the influent weir (see photos 4-5). At the time of the inspection Mr. Sims stated that the grit collector motor was broken and it was not operating (see photo 6-7). I observed the activated sludge in the raceway and the aeration basins (see photo 8-9) and Mr. Sims stated he runs nearly 4.0 mg/L dissolved oxygen in the aeration basin for nutrient removal (see photo 10). Following aeration basins there is clarification and return of the wasted sludge (see photos 11-12). Sludge thickening was occurring (see photo 13) and I observed the final clarifier (see photo 14). Sludge is dried out (see photo 15) and some sludge is returned to the lagoon. Chlorination and post-aeration was occurring (see photos 16-17) and the discharge from the flowmeter was measured at 3.3 MGD (see photo 18). There is a staff gage mounted in the flume (see photo 19) and the water discharges to the UT after passing through a piped portion (see photo 20). Overflow from high rains can be routed to the lagoon (see photo 21) and I observed some of the sludge creating islands (see photos 22-26). Mr. Sims stated that they are moving the sludge around the pond using a dredge and are possibly looking at removal options.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 09/11/2023
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 9/26/2023

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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input type="checkbox"/> S <input checked="" 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>12" 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>Endress & Hauser Prosonic FMU90</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</u>	
c. PARAMETERS PERFORMED: <u>Only Metals</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	N	N	N	N	N	Colorless	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" 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:							
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: **4/6/2023** Time: **11:00**

Head in Inches: Feet: **1.17**

Type & Size of Primary Flow Measurement Device: **12" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Endress & Hauser**

Date of last Calibration of Secondary Flow Device: **5/17/2022**

Recorded Flow at Date & Time Listed Above: **3.321 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.283 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 =	3.321	-	3.283	X 100	
	3.283				

% Error =	0.038	X 100	
	3.283		

% Error =	0.01	X 100	
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% Error =	1	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2023 01 01 To 2023 01 31
 Year Month Day Year Month Day

Parameter Checked: Total Suspended Solids (TSS)

Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
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Reported Value: 464.89 _____

Calculated Value: 464.89 _____

Permit Value: 500.4 _____

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP				
Photographer:	Michael Young	Date:	04/06/2023	Time:	10:43
Witness:	Trey Butler	Photo #:	1		
Description:	Screw pump is lifting water into the WWTP.				



Photographer:	Michael Young	Date:	04/06/2023	Time:	10:43
Witness:	Trey Butler	Photo #:	2		
Description:	Heavy foam generated from the screw pump.				



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP				
Photographer:	Michael Young	Date:	04/06/2023	Time:	10:44
Witness:	Trey Butler	Photo #:	3		
Description:	Foaming at the bar screen area following the screw pump.				



Photographer:	Michael Young	Date:	04/06/2023	Time:	10:44
Witness:	Trey Butler	Photo #:	4		
Description:	Foam entering after the bar screening.				



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:45
		Photo #:	5
Description:	Influent parshall flume with little foaming on surface.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:47
		Photo #:	6
Description:	Grit chamber that was not in operation.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:47
		Photo #:	7
Description:	Motor for the grit chamber not in operation.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:47
		Photo #:	8
Description:	Aeration basin and racetrack following the grit chamber.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:50
		Photo #:	9
Description:	Aeration basin for City of Dequeen.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:51
		Photo #:	10
Description:	Dissolved oxygen meter in the aeration basin. Operator tries to maintain ~4.0 mg/L.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:52
		Photo #:	11
Description:	Returned sludge from the clarifier and the clear water with some algae growth.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:52
		Photo #:	12
Description:	Returned sludge from the clarifier and the clear water from the clarifier.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:54
		Photo #:	13
Description:	Sludge thickener in operation.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	10:53
		Photo #:	14
Description:	Sludge return and clarified water from the clarifier.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP				
Photographer:	Michael Young	Date:	04/06/2023	Time:	10:59
Witness:	Trey Butler	Photo #:	15		
Description:	Sludge dewatering area.				



Photographer:	Michael Young	Date:	04/06/2023	Time:	11:03
Witness:	Trey Butler	Photo #:	16		
Description:	Chlorine disinfection area.				



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:04
		Photo #:	17
Description:	Post-aeration for some additional DO and removal of chlorine.		

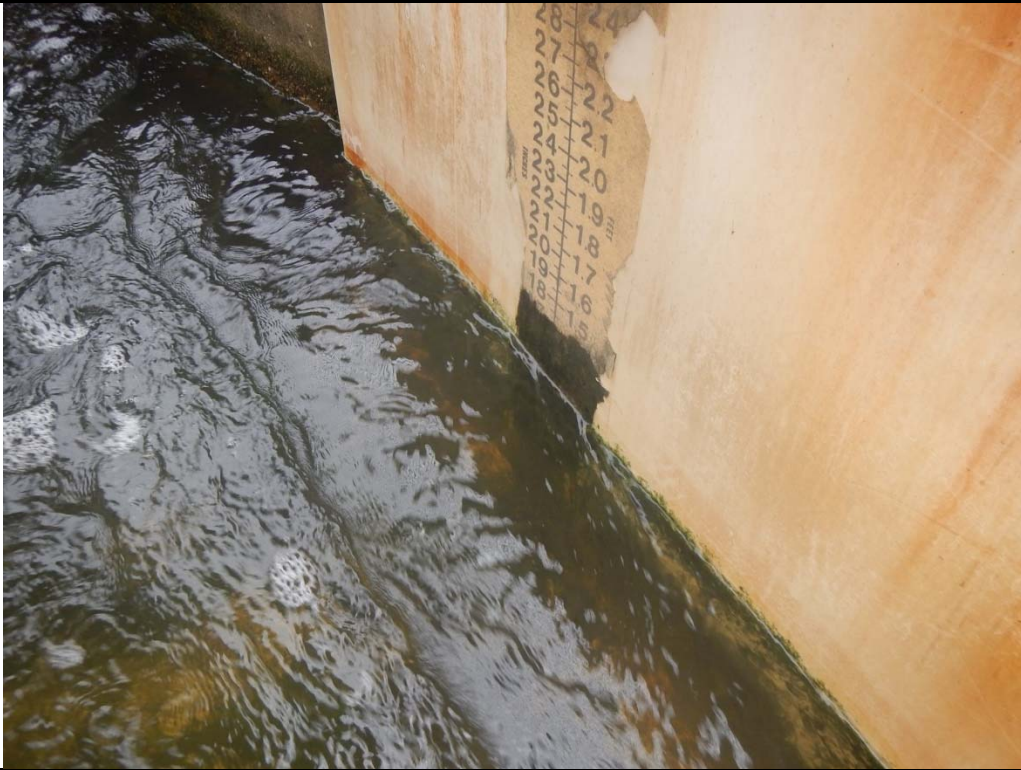


Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:05
		Photo #:	18
Description:	Flow meter for the outfall indicating 3.3 MGD being discharged.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:06
		Photo #:	19
Description:	Staff gage in the pashall flume prior to the discharge point.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:08
		Photo #:	20
Description:	Discharge from WWTP to UT of Bear Creek.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:11
		Photo #:	22
Description:	Shallow area of sludge blanket that is returned to lagoon.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:12
		Photo #:	23
Description:	Island from sludge returning to lagoon.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:14
		Photo #:	24
Description:	Slight turbidity generated by erosion protection.		



Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:15
		Photo #:	25
Description:	Erosion addressed using brick and rip rap.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of De Queen WWTP		
Photographer:	Michael Young	Date:	04/06/2023
Witness:	Trey Butler	Time:	11:21
		Photo #:	26
Description:	Discharge from lagoon to the treatment units.		



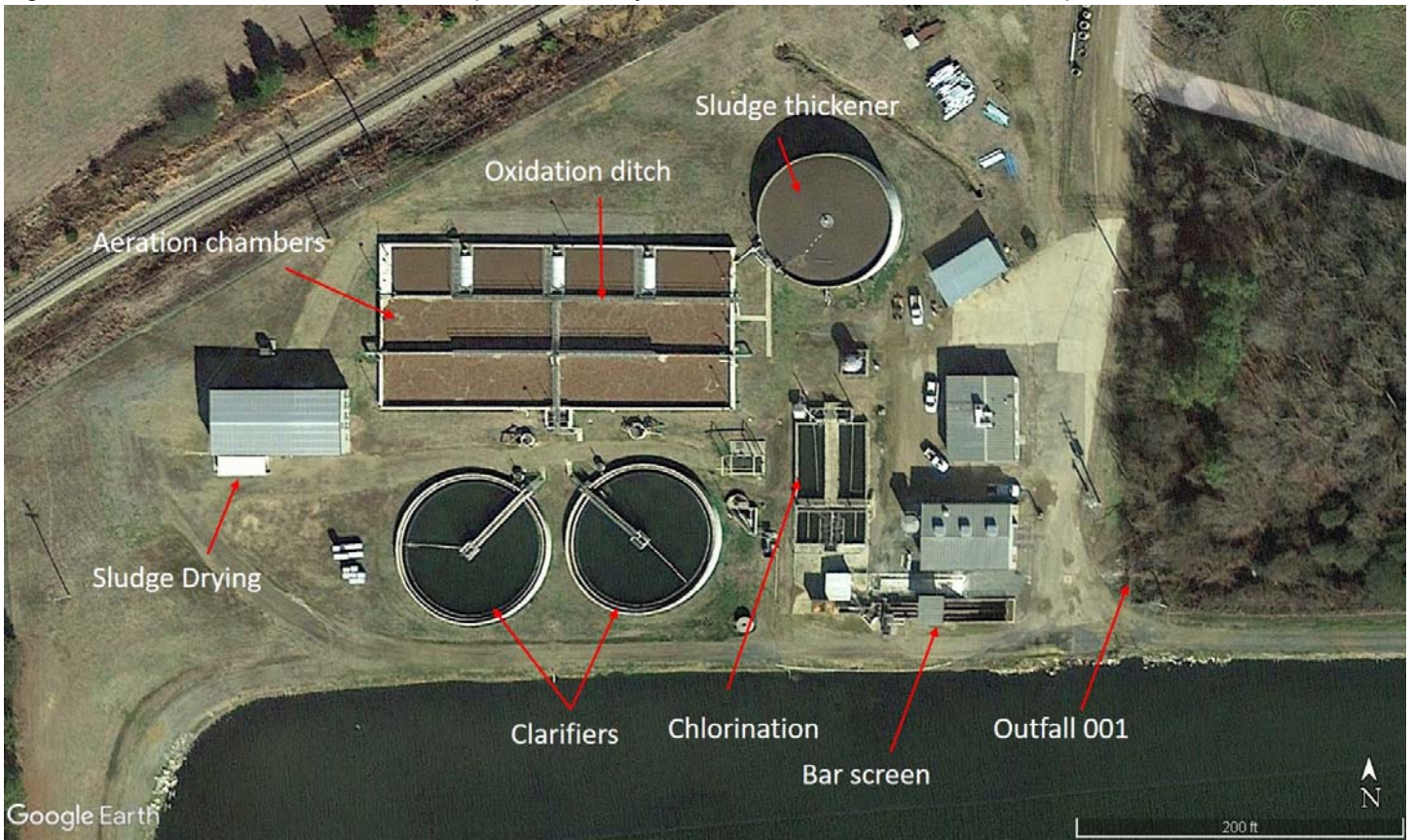
Photographer:		Date:	
Witness:		Time:	
		Photo #:	
Description:			

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Figure 1. Overview of City of De Queen wastewater treatment plant with the equalization basin and treatment components.



Figure 2. Overview of the treatment components of City of De Queen wastewater treatment plant.



From: mayor@cityofdequeen.com
Sent: Thursday, October 5, 2023 9:34 AM
To: Uniqika Marshall (adpce.ad)
Subject: RE: City of De Queen WWTP Inspection
Attachments: IMG_1198.jpg; IMG_1199.jpg; IMG_1200.jpg; IMG_1201.jpg; IMG_1202.jpg; IMG_1203.jpg

Good morning,

This is in response to the grit chamber that was down. It has been completely rebuilt and is in proper working order. I have attached photos of the complete rebuilding process all the way up to working order.

If there is anything else that you need please let me know.

Sincerely,

Jeff Brown, Mayor
De Queen, AR

From: Uniqika Marshall (adpce.ad) <Uniqika.Marshall@adeq.state.ar.us>
Sent: Wednesday, September 27, 2023 11:25 AM
To: mayor@cityofdequeen.com
Cc: Michael Young (adpce.ad) <Michael.Young@adeq.state.ar.us>; Jason Bolenbaugh (adpce.ad) <Jason.Bolenbaugh@adeq.state.ar.us>
Subject: City of De Queen WWTP Inspection
Importance: High

Honorable Mayor Brown,

The Office of Water Quality is sending the attached correspondence to you via email only. If you would like a physical copy, please let me know and one will be sent to you at the earliest opportunity. For assistance you may reply to this email.

Thank you,

Uniqika Marshall | Administrative Specialist III
Division of Environmental Quality | Office of Water Quality | Compliance Branch
5301 Northshore Drive | North Little Rock, AR 72118
t: 501.682.0972 | e: Uniqika.Marshall@adeq.state.ar.us















**DIVISION OF
ENVIRONMENTAL QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

November 6, 2023

Honorable Jeff Brown, Mayor
City of De Queen
P.O. Box 730
De Queen, AR 71832
Sent Via Email To: mayor@cityofdequeen.com

RE: Adequate Response to City of De Queen Inspection - PDS# 127620
AFIN: 67-00023 Permit No.: AR0021733

Dear Mayor Brown:

I have reviewed the response pertaining to my inspection of the City of De Queen WWTP. 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 501-837-2073 or you may email me at michael.young@adeq.state.ar.us.

Sincerely,

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

Michael Young
Inspector Supervisor, Office of Water Quality