



**DIVISION OF
ENVIRONMENTAL
QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

November 14, 2024

Seth F. Smith, Mayor
City of Mena
323 Polk
Mena, AR 71953
Email Address: Jameslooney@menawaterutilities.org

RE: City of Mena WWTP Inspection – PDS# 131658 (Polk Co.)
AFIN: 57-00423 Permit No.: AR0036692

Dear: Honorable Seth Smith

On August 21, 2024, 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 **December 2, 2024**.

If I can be of any assistance, please contact me Elizabeth.Givens@arkansas.gov or (501) 607-7310.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Givens", on a light-colored background.

Elizabeth Givens
Inspector, Office of Water Quality

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 57-00423		PERMIT #: AR0036692		DATE: 8/21/2024
	COUNTY: 57 Polk		PDS #: 131658		MEDIA: WN
	GPS LAT: 34.556416 LONG: -94.188030 LOCATION: General Area				
FACILITY INFORMATION			INSPECTION INFORMATION		
NAME: City of Mena WWTP LOCATION: 323 Polk 53 CITY: Mena			FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 148393 S - State FACILITY EVALUATION RATING: 1 - Unsatisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 8/21/2024 ENTRY TIME: 10:00 EXIT TIME: 11:00 PERMIT EFFECTIVE DATE: 11/28/2022 PERMIT EXPIRATION DATE: 11/30/2027		
RESPONSIBLE OFFICIAL			FAYETTEVILLE SHALE RELATED: N		
NAME / TITLE: Seth F. Smith / Mayor COMPANY: City of Mena MAILING ADDRESS: 323 Polk CITY, STATE, ZIP: Mena AR 71953 PHONE & EXT: / FAX: 479-394-5053 / EMAIL: Jameslooney@menawaterutilities.org			FAYETTEVILLE SHALE VIOLATIONS: N		
CONTACTED DURING INSPECTION: No			INSPECTION PARTICIPANTS		
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Shaun Wyman: License #014482		
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
M	RECORDS/REPORTS	U	LABORATORY	U	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	M	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS	
<p>The following items were noted during the inspection.</p> <p>1. Violation of Permit condition Part III.B.1 Several seeps were observed in the levee of Lagoon 2: These have been identified by the city's Corrective Action Plan (CAP).</p> <p>The collection system continues to have wet weather inflow. Inflow and infiltration have been identified in the city's (CAP).</p> <p>2. Violation of Permit condition Part II.C.8(A-F) A record review showed the POTW laboratory benchmark sheets were lacking necessary information. Specifically, time logs were inconsistent for sample collection times and laboratory analysis result times. I also noted on dates 01/04/2024 and 01/25/2024 failed quality control (blanks).</p>	

GENERAL COMMENTS

I performed an inspection at the POTW on August 21st, 2024 with the above mentioned participants. The inspection consisted of a facility assessment and record review.

Facility Review:

The treatment system consists of a mechanical bar screen, serialized two-cell lagoon system (aerated), detention basin with poly injection, continuous backwash rapid sand filters, PAA disinfection, and post-aeration. The facility is currently under a CAP to address and target I&I, leaks in the lagoon levees, and SSO Collection system; a Resubmittal Corrective Action Plan is to be submitted by September 15th, 2024 for CAO LIS # 18-046-002.

To note: During the inspection the submittal of a Corrective Action Plan was discussed, along with the facilities plans to install and implement DAF units and make repairs to the levee.

Records Review:

I reviewed laboratory bench-sheets for January 2024. The facility utilizes Data Testing Inc. to analyze CBOD, Ammonia Nitrate, and Copper. TSS, DO, Fecal Coliform, and pH collection and analysis is done at the facilities laboratory. Upon review, the facilities bench-sheets for laboratory analysis were not satisfactory.



See "Monitoring and Records" Part III.(C)(8).A-F of the permit

Specifically:

- The date, exact place, time and methods of sampling or measurements, and preservatives used, if any
- The data and time analyses were performed.
- The measurements and results of such analyses.

The facility needs to reevaluate their laboratory records sheet to include the individual sample collection data and times, the individual analysis date, start, and end times, the individual analysis results. DMR reviews for January were inconsistent with calculated values from bench sheet. Parameter evaluated TSS.

Of Note: A Laboratory Records Request Letter was sent to the facility.

INSPECTOR'S SIGNATURE:	 Elizabeth Givens	DATE: 11/05/2024
SUPERVISOR'S SIGNATURE:	 Michael Young	DATE: 11/08/2024

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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<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 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:	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input 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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE: <u>Failed Blank on in-house laboratory analysis sheet on dates (1/4/2024)(1/25/2024)</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Data Testing Inc</u>	
b. LAB ADDRESS: <u>3434 Country Clube Ave, Fort Smith AR</u>	
c. PARAMETERS PERFORMED: <u>BOD, NH3-N, Cu</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>Observed at Outfall 001</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge kept in ponds, no recent disposal</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 type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2024 01 01 To 2024 01 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading	Concentration	
	Mass	Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>47.9</u>	<u>2.1</u>	<u>3.0</u>
Calculated Value:	<u>47.9</u>	<u>5.2</u>	<u>1.05</u>
Permit Value:	<u></u>	<u></u>	<u></u>

If calculated value does not equal reported value, explain:
Calculated results obtained from provided benchmark sheets.



Office of Water Quality Photographic Evidence Sheet

Location:	City of Mena WWTP		
Photographer:	Elizabeth Givens	Date:	8/21/2024
Witness:		Time:	10:44
		Photo #:	1
Description:	Preliminary screening		



Photographer:	Elizabeth Givens	Date:	8/21/2024
Witness:		Time:	10:42
		Photo #:	2
Description:	Close view of preliminary mechanical bar screening		



Office of Water Quality Photographic Evidence Sheet					
Location:	City of Mena WWTP				
Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:30
Witness:				Photo #:	3
Description:	Lagoon 1				
					
Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:29
Witness:				Photo #:	4
Description:	Area of levee seepage: Lagoon 2: North side				
					

Office of Water Quality Photographic Evidence Sheet

Location:	City of Mena WWTP				
Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:32
Witness:				Photo #:	5
Description:	Lagoon 2 effluent weir: Aeration is operational				



Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:10
Witness:				Photo #:	6
Description:	Sand filters: Only two in use at time of inspection due to low Influent				



Office of Water Quality Photographic Evidence Sheet

Location:	City of Mena WWTP		
Photographer:	Elizabeth Givens	Date:	8/21/2024
Witness:		Time:	10:16
		Photo #:	7
Description:	PAA feed system and tanks		



Photographer:	Elizabeth Givens	Date:	8/21/2024
Witness:		Time:	10:11
		Photo #:	8
Description:	Polymer dosing chamber		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Mena WWTP				
Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:13
Witness:				Photo #:	9
Description:	Polymer dosing system drip line				



Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:15
Witness:				Photo #:	10
Description:	PAA Contact chamber and effluent weir				



Office of Water Quality Photographic Evidence Sheet

Location:	City of Mena WWTP				
Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:14
Witness:				Photo #:	11
Description:	Post aeration				



Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:45
Witness:				Photo #:	12
Description:	Composite sampler				




Office of Water Quality Photographic Evidence Sheet					
Location:	City of Mena WWTP				
Photographer:	Elizabeth Givens	Date:	8/21/2024	Time:	10:45
Witness:			Photo #:	13	
Description:	Temperature reading at time of inspection				
					
Photographer:		Date:		Time:	
Witness:			Photo #:	14	
Description:					
<p>Intentionally left Blank</p>					

Figure 1: Google Image of Facility



From: james looney <jameslooney@menawaterutilities.org>
Sent: Wednesday, November 20, 2024 1:07 PM
To: Uniqika Marshall (adpce.ad)
Cc: Seth Smith; Sawyer Manley; Wastewater
Subject: Re: City of Mena WWTP Inspection – PDS# 131658 (Polk Co.)
Attachments: deficiency inspection response.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Ms. Marshall,

Attached is our response and corrective action for the deficiencies noted in the previous inspection report.

Please reply if you have any questions or need anything further.

Thank you.
James P Looney
General Manager
Mena Water Utilities

On Thu, Nov 14, 2024 at 2:17 PM Uniqika Marshall (adpce.ad) <Uniqika.Marshall@arkansas.gov> wrote:

Honorable Mayor Smith,

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



ARKANSAS
ENERGY & ENVIRONMENT

Seth F. Smith

Mayor

Kacie Rose

City Clerk/Treasurer

Patrick C. McDaniel

City Attorney



City of Mena

520 Mena Street
Mena, Arkansas 71953

Council

Andy Brown

Stan Craig

Mary Alice Head

Brooke Hines

Larry Stewart

James Earl Turner

November 20, 2024

RE: City of Mena WWTP Inspection – PDS# 131658 (Polk Co.)

AFIN: 57-00423 Permit No.: AR0036692

Dear Inspector Elizabeth Givens,

For noted deficiency #1 (Violation of Permit Condition Part III.B.1)

Seeps in the levee of lagoon #2 are being included in the engineering of the updates to the Wastewater Treatment Plant. The levee upgrades will be included with the update of the Wastewater plant.

Inflow & infiltration continues to be a problem. We are systematically smoke testing sections of the collection system, identifying correction needs on both the customer side and the utility side, and the requiring those needs to be fixed. Failure to fix any deficiencies could result in loss of water services provided by the utility.

For noted violation #2 (Violation of Permit condition II.C.8(A-F))

Our POTW Laboratory benchmark sheets have been updated. We have added the necessary Time On & Time Off for the TSS and grab samples from out fall 1.

The other part of violation #2 was failed quality control blank and we have moved Scale to open a spot in the lab that will be on the counter. This will provide for easier access and limit chances for human error.

Sincerely,

A handwritten signature in blue ink that reads "Seth Smith".

Seth Smith

Mayor of Mena



DIVISION OF ENVIRONMENTAL QUALITY

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

January 7, 2025

Seth F. Smith, Mayor
City of Mena
323 Polk
Mena, AR 71953
Email Address: jameslooney@menawaterutilities.org

RE: Adequate Response to Inspection -PDS# 131658
AFIN: 57-00423 Permit No.: AR0036692

Dear Honorable Seth Smith:

I have reviewed the response pertaining to my inspection of the City of Mena 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)-607-7310 or you may email me at Elizabeth.Givens@adeq.state.ar.us.

Sincerely,

A handwritten signature in cursive script, reading 'Elizabeth Givens'.

Elizabeth Givens
Inspector, Office of Water Quality