

ATTEN:

GENA

PORTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**NAME:** MELBOURNE WWTP (C/O ARKANSAS TESTING  
**ADDRESS:** 3301 LANGLEY DRIVE  
 SEARCY, AR 72143  
**FACILITY:** MELBOURNE, CITY OF-WWTP  
**LOCATION:** HWY 9 SPUR; W OF CITY  
 MELBOURNE, AR 72556  
**ATTN:** COY DALE, WATER & WW SUPT

|                            |                           |
|----------------------------|---------------------------|
| AR0020036<br>PERMIT NUMBER | 001-A<br>DISCHARGE NUMBER |
| MONITORING PERIOD          |                           |
| MM/DD/YYYY<br>03/01/2015   | MM/DD/YYYY<br>03/31/2015  |

Prepared by Approved  
 OMB No. 2040-0004  
**ARKANSAS TESTING LABORATORIES, INC**  
 DMR Mailing ZIP CODE: 72143  
 MINOR Searcy, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW  
 External Outfall

No Discharge

| PARAMETER                                |                    | QUANTITY OR LOADING |                       |       | QUALITY OR CONCENTRATION |                  |                  |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|------------------|------------------|---------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE                 | UNITS | VALUE                    | VALUE            | VALUE            | UNITS   |        |                       |             |
| Oxygen, dissolved [DO]                   | SAMPLE MEASUREMENT | *****               | *****                 | ***** | 9.3                      | *****            | *****            |         | 0      | 2/31                  | Grab        |
| 00300 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>INST MIN            | *****            | *****            | mg/L    |        | Twice Per Month       | GRAB        |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****                 | ***** | 6-20                     | *****            | 6.58             |         | 0      | 2/31                  | Grab        |
| 00400 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | 6<br>MINIMUM             | *****            | 9<br>MAXIMUM     | SU      |        | Twice Per Month       | GRAB        |
| Solids, total suspended                  | SAMPLE MEASUREMENT | 148.8               | *****                 | ***** | *****                    | 72.5             | 124.0            |         | 1      | 2/31                  | Grab        |
| 00530 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | 103<br>MO AVG       | *****                 | lb/d  | *****                    | 30<br>MO AVG     | 45<br>7 DA AVG   | mg/L    |        | Twice Per Month       | GRAB        |
| Nitrogen, ammonia total [as N]           | SAMPLE MEASUREMENT | 0.17                | *****                 | ***** | *****                    | <0.1             | <0.1             |         | 0      | 2/31                  | Grab        |
| 00610 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | 35.2<br>MO AVG      | *****                 | lb/d  | *****                    | 10.3<br>MO AVG   | 10.3<br>7 DA AVG | mg/L    |        | Twice Per Month       | GRAB        |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.220               | 0.524                 |       | *****                    | *****            | *****            | *****   | 0      | 5/7                   | INST        |
| 50050 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****                    | *****            | *****            | *****   |        | Five Per Week         | INSTAN      |
| Chlorine, total residual                 | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    | *****            | 0.03             |         | 0      | 2/31                  | Grab        |
| 50060 1 0<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | *****            | 1<br>INST. MAX.  | mg/L    |        | Twice Per Month       | GRAB        |
| Coliform, fecal general                  | SAMPLE MEASUREMENT | *****               | *****                 | ***** | *****                    | 174              | 1442             |         | 0      | 2/31                  | Grab        |
| 74055 1 1<br>Effluent Gross              | PERMIT REQUIREMENT | *****               | *****                 | ***** | *****                    | 1000<br>30DA GEO | 2000<br>7 DA GEO | #/100mL |        | Twice Per Month       | GRAB        |

|  |   |  |        |            |
|--|---|--|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE  |        | DATE       |
|  |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        |            |
| TYPED OR PRINTED                       |   | AREA Code  | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #9 (TRC). SEE PART II, CONDITION #11 (BIOSOLIDS). SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. 33-00026

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

Prepared by  
**ARKANSAS TESTING LABORATORIES, INC**

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|---------------------------------|--------------------|---------------------|-------|-------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | UNITS | VALUE                    | VALUE        | VALUE          | UNITS |        |                       |             |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 32.1                | ***** |       | *****                    | 15.4         | 27.5           |       | 0      | 2/31                  | Grab        |
| 80082 1 1<br>Effluent Gross     | PERMIT REQUIREMENT | 85<br>MO AVG        | ***** | lb/d  | *****                    | 25<br>MO AVG | 40<br>7 DA AVG | mg/L  |        | Twice Per Month       | GRAB        |

|  |   |  |        |            |
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# REPORT OF NON COMPLIANCE

NAME OF FACILITY MELBOURNE, CITY OF

PERMIT NUMBER AR0020036 001-A

PERIOD ENDING March 2015

| PARAMETER VIOLATED  | TSS CONC MO AVG | TSS CONC 7 DAY AVG MAX | TSS LDG MO AVG |  |  |  |  |
|---------------------|-----------------|------------------------|----------------|--|--|--|--|
| REPORTED VIOLATIONS | 72.5            | 124.0                  | 148.8          |  |  |  |  |
| PARAMETER VIOLATED  | 30.0            | 45.0                   | 103.0          |  |  |  |  |

WEEK OF Mar 04 15

*Please fill out the following information*

CAUSE OF VIOLATION The cause of violation was <sup>due to</sup> substantial rainfall on the week of violation causing excessive influent to plant.

The age of many of the lines are ~~some~~ some of the culprit for infiltration especially during heavy rainfall. We are smoking and have smoked many areas of system to address problem areas, repairs have been made and more repairs are planned for the near future

DURATION OF VIOLATION 2 days

CORRECTIVE ACTION the rain subsided and levels went to plant capacity

EXPECTED COMPLIANCE DATE March 6, 2015

Dustin Payne  
SIGNATURE / DATE