

# ADEQ

A R K A N S A S  
Department of Environmental Quality

August 19, 2013

Stuart Oxford  
City of Yelleville  
P.O. Box 647  
Yelleville, AR 72687

RE: NPDES Permit Number: AR0034037  
Missing Discharge Monitoring Report

Dear Mr. Oxford,

The Department has conducted a file review of the above referenced permit and determined the Discharge Monitoring Reports (DMRs) found in Attachment A are not on file.

If you have already sent the DMRs in question, please re-send two copies of the missing DMRs so we may place them on file and correct our records. The copies should be signed with an **original signature and date**. If you have not sent the DMRs in questions, please submit all missing DMRs by **September 15, 2013**. Please note that carbon copy, fax, or photocopy signatures are unacceptable.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0823 or e-mail to [suel@adeq.state.ar.us](mailto:suel@adeq.state.ar.us).

Sincerely,



Kevin Suel  
Enforcement Analyst  
Water Division, Enforcement Branch

Attachment A

Minor - YELLVILLE, CITY OF AR0034037 (AFIN: 45-00023)

DMR End Date	Disch- Desig	Parameter Desc	Statistical Base Desc	Permit Limit Value	Limit Unit
04/30/2012	001-A	Nitrite plus nitrate total 1 det. [as N]	MO AVG	62.6	lb/d
04/30/2012	001-A	Nitrite plus nitrate total 1 det. [as N]	MO AVG	10	mg/L
04/30/2012	001-A	Nitrite plus nitrate total 1 det. [as N]	7 DA AVG	15	mg/L
09/30/2012	001-A	Nitrite plus nitrate total 1 det. [as N]	MO AVG	62.6	lb/d
09/30/2012	001-A	Nitrite plus nitrate total 1 det. [as N]	MO AVG	10	mg/L
09/30/2012	001-A	Nitrite plus nitrate total 1 det. [as N]	7 DA AVG	15	mg/L

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

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)

NAME: YELLVILLE, CITY OF  
ADDRESS: P.O. BOX 647  
YELLVILLE, AR 72687

FACILITY: YELLVILLE, CITY OF  
LOCATION: 1385 MCCOOL 6001  
YELLVILLE, AR 72687

ATTN: STUART OXFORD, SUPERINTENDENT

AR0034037	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 72687  
MINOR  
001-MONTHLY-TRTD MUNICIPAL WW  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
pH	MEASUREMENT	*****	*****	7.4	*****	7.7				
00400 1 0	PERMIT REQUIREMENT	*****	*****	6	*****	9		Three Per Month	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	15.3	*****	MINIMUM	*****	MAXIMUM				
Solids, total suspended	PERMIT REQUIREMENT	93.8	*****	15	*****	23		Twice Per Month	COMP-3	
00530 1 0	PERMIT REQUIREMENT	MO AVG	*****	MO AVG	*****	7 DA AVG				
Effluent Gross	SAMPLE MEASUREMENT	1.6	*****	8	*****	1.9				
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	24.4	*****	3.9	*****	3.9		Three Per Month	COMP-3	
00610 1 2	PERMIT REQUIREMENT	MO AVG	*****	MO AVG	*****	7 DA AVG				
Nitrite plus nitrate total 1 det. [as N]	SAMPLE MEASUREMENT		*****		*****					
00630 1 0	PERMIT REQUIREMENT	62.6	*****	10	*****	15		Twice Per Month	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	MO AVG	*****	MO AVG	*****	7 DA AVG				
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	2393	455	*****	*****	*****				
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****		Daily	TOTALZ	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	< 2	*****	< 2				
Coliform, fecal general	PERMIT REQUIREMENT	*****	*****	200	*****	400		Three Per Month	GRAB	
74055 1 0	PERMIT REQUIREMENT	*****	*****	30DA GEO	*****	7 DA GEO				
Effluent Gross	SAMPLE MEASUREMENT	< 5.6	*****	< 2.8	*****	5				
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT	62.6	*****	10	*****	15		Twice Per Month	COMP-3	
80082 1 0	PERMIT REQUIREMENT	MO AVG	*****	MO AVG	*****	7 DA AVG				
Effluent Gross	SAMPLE MEASUREMENT		*****		*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<small> 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 the and imprisonment for knowing violations.</small>	AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY). DISSOLVED OXYGEN MUST BE EQUAL OR ABOVE THE SPECIFIED LEVEL AT ALL TIMES (INSTANTANEOUS MINIMUM). 45-00023