

ICIS-NPDES

EA Initials: KS

ENFORCEMENT ACTION CODING FORM

ICIS Staff Initials: _____

FACILITY NAME: <u>City of Trumann</u>	
NPDES PERMIT #: <u>AR0035602</u>	
Enforcement Action Type: <u>Phone Call/ EMAIL</u>	ACTION Tracking #: <u>N/A</u>
Issued By: <u>State</u>	PENALTY: \$ <u>N/A</u>
Effective Date: <u>09/10/2012</u>	SEP Contribution #1: \$ <u>N/A</u>
Regional Court Docket (LIS) #: <u>N/A</u>	SEP Contribution #2: \$ <u>N/A</u>
Programs Violated: <u>NPDES - Base Program (Reporting)</u>	

Specify the TYPES OF VIOLATIONS addressed by this enforcement action below.

DMR VIOLATIONS			Violation Types: D80/D90/E90	
DISCHARGE NUMBER	PARAMETER NUMBER	PARAMETER NAME	MONITORING PERIOD END DATE	VIOLATION CODE
001A	50050-1-0	Flow, in conduit or thru treatment plant	04/30/2012	D80

NARRATIVE CONDITION/COMPLIANCE SCHEDULE VIOLATIONS			Violation Codes: C10, C20, C30, C40	
NUMBER-TYPE-EVENT	SCHEDULE EVENT	SCHEDULE DATE	VIOLATION CODE	

SPECIFIC SINGLE EVENT VIOLATIONS <i>(entered manually)</i>		
SINGLE EVENT VIOLATION #	SINGLE EVENT VIOLATION DESCRIPTION	VIOLATION DATE

Record of Communication

Key#: 601 **Date:** 9/11/2012 8:39: **Facility:** City of Trumann

From: 8:35

NPDES #: AR0035602

To: 8:42

Called Scotty Jones (superintendent) to confirm that he received the message pertaining the April 2012 DMR missing parameter. He had mentioned that he had already taken care of this pertaining to the pH but did recall that the flow was left blank. EA explained that the missing flow data will still show up as a violation and could result in an enforcement action. I asked Mr. Scotty Jones to email a copy of the DMR with the flow information.

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: TRUMANN, CITY OF
ADDRESS: 106 EAST MAIN STREET
TRUMANN, AR 72472

FACILITY: TRUMANN WASTEWATER FACILITY
LOCATION: 0.25 MI N OF HWY 69 & HWY 198
TRUMANN, AR 72472

ATTN: SCOTTY JONES, CHIEF OPERATOR

AR0035602
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Month ZIP CODE: 72472
MAJOR

MONITORING PERIOD
MMDD/YYYY TO MMDD/YYYY
04/01/2012 TO 04/30/2012

FACILITY OUTFALL
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MEASUREMENT	PERMIT REQUIREMENT	VALUE	UNITS	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)					6.7				3/7	GRAB
00300 1 0 Effluent Gross									Three Per Week	GRAB
BOD, 5-day, 20 deg. C			99.5	lb/d	24.0		26.5		3/7	Sample
00310 1 0 Effluent Gross									Three Per Week	COMP-6
pH					7.2		7.8		3/7	GRAB
00400 1 0 Effluent Gross									Three Per Week	GRAB
Solids, total suspended			206.7	lb/d	46.0		59.8		3/7	Sample
00530 1 0 Effluent Gross									Three Per Week	COMP-6
Nitrite plus nitrate total 1 det. (as N)					3.1		3.1		Monthly	GRAB
00630 1 0 Effluent Gross									Monthly	GRAB
Phosphorus, total (as P)					5.0		5.0		Monthly	GRAB
00665 1 0 Effluent Gross									Monthly	GRAB
Flow, in conduit or thru treatment plant			4293	Mgal/d					Daily	TOTAL
0050 1 0 Effluent Gross									Daily	TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTTY JONES Manager

TYPED OR PRINTED
SCOTTY JONES

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scotty Jones

TELEPHONE
870-483-6343

DATE
05/08/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PORT FLOWAS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

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

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

NAME: TRUMANN, CITY OF
ADDRESS: 106 EAST MAIN STREET
TRUMANN, AR 72472

AR0035602
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 72472
MAJOR

FACILITY: TRUMANN WASTEWATER FACILITY
LOCATION: 0.25 MI N OF HWY 69 & HWY 498
TRUMANN, AR 72472

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
04/01/2012 TO 04/30/2012

FACILITY OUTFALL
External Outfall

No Discharge

ATTN: SCOTTY JONES, CHIEF OPERATOR

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal general	91	200	226	400	7 DA GEO	7 DA GEO	3/1	GRAB	
74055 1 D Effluent Gross		30DA GEO					Three Per Week	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
Scotty Jones, Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE AREA CODE NUMBER
870-483-6313

DATE MM/DD/YYYY
05/08/2012

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).

56-00047

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
 NAME: TRUMANN, CITY OF
 ADDRESS: 106 EAST MAIN STREET
 TRUMANN, AR 72472
 FACILITY: TRUMANN WASTEWATER FACILITY
 LOCATION: 0.25 MI N OF HWY 68 & HWY 198
 TRUMANN, AR 72472
 ATTN: SCOTTY JONES, CHIEF OPERATOR

PERMIT NUMBER: AR0035602
 DISCHARGE NUMBER: 001-A
 MONITORING PERIOD: MM/DD/YYYY TO MM/DD/YYYY
 04/01/2012 TO 04/30/2012

DMR Meeting ZIP CODE: 72472
 MAJOR FACILITY OUTFALL: External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved (DO)	00300 1 0 Effluent Gross	99.5	445 MO AVG	6.7	5 INST MIN	24.0	30 MO AVG	mg/L	3/7 Three Per Week	GRAB
BOD, 5-day, 20 deg. C	00310 1 0 Effluent Gross	16.0	16.0	7.2	6 MINIMUM	7.8	9 MAXIMUM	mg/L	3/7 Three Per Week	GRAB
pH	00400 1 0 Effluent Gross	206.7	1036 MO AVG	46.0	90 MO AVG	59.8	135 MO AVG	mg/L	3/7 Three Per Week	COMP-6
Solids, total suspended	00530 1 0 Effluent Gross	1.293	Res. Mon. MO AVG	3.1	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	mg/L	Monthly	GRAB
Nitrite plus nitrate total T det. (as N)	00630 1 0 Effluent Gross	1.293	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	mg/L	Monthly	GRAB
Phosphorus, total (as P)	00665 1 0 Effluent Gross	1.293	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	mg/L	Monthly	GRAB
Flow, in conduit or thru treatment plant	00950 1 0 Effluent Gross	1.293	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	5.0	Res. Mon. MO AVG	mg/L	Monthly	GRAB
									Daily	TOTAL

NAME/TITLE: SCOTTY JONES, MANAGER
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE AREA CODE NUMBER: 870-483-6343
 DATE: 05/08/2012

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MGD (MILLION GALLONS/DAY).