



ARKANSAS
Department of Environmental Quality

May 3, 2010

Honorable Bill Montgomery
City of Decatur
P.O. Box 247
Decatur, Arkansas 72722

RE: Sanitary Sewer Overflow/Collection System Inspection

AFIN: 04-00052 NPDES Permit No.: AR0022292

Dear Mayor Montgomery:

On March 23, 2010, Dale Washam, Inspector Supervisor, and performed a sanitary sewer overflow inspection of Decatur's wastewater collection system in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The inspection revealed the following:

Existing Deficiencies found with the Collection System:

- There are no provisions for back-up power at the five lift stations;
- Excessive grease exists in the two lift station wet wells visited during the inspection. Regular maintenance is necessary to prevent interference with floats, pumps and pumping capacity;
- There was evidence of overflows at the two lift stations visited during the inspection;
- A section of clay tile lines south of town, which are a major source of infiltration, need repair or replacement;
- Locks are needed on all lift station power boxes that are accessible to the public to prevent tampering;
- Contact information is necessary at all lift stations;
- Fencing is recommended around all lift stations.

Please note that collection system maintenance records and/or operator logs should be kept.

Significant Progress in Improving the Condition of the Collection System:

- Elimination of a combined sewer that existed in a parking lot located west of Second St. at Simmons Foods. The existence of this condition was a violation of Regulation 6.202(B);
- Recent discovery of a second combined sewer at the Simmons Foods plant located east of Second St. Six to eight roof drains are connected to the sanitary sewer. This condition is a major source of inflow and is the probable cause of numerous sanitary sewer overflows that

have occurred in your collection system. The Department understands that Mr. James Boston, Public Works Director, has been in contact with Simmons' engineers to expedite elimination of this condition;

- Purchase of a sewer video camera system, which to date has found a leak in a main adjacent to a stream along Spring Ave.;
- Smoke testing has occurred over significant lengths of the collection system lines, and further testing is planned;
- Repair of over 100' of sewer line that was damaged during construction related to the Two-Ton water project;
- An auxiliary pump for the Spavinaw lift station has been purchased;
- The pumps at the Grant St. lift station were replaced.

The deficiencies noted above require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager. This response should be mailed to the address provided at the bottom of page 1 of this letter. This response should contain documentation describing the course of action planned to address the items noted. This corrective action should be completed as soon as possible, and the written response is due by May 14, 2010.

The Department appreciates the City's accelerated progress in improving the conditions of the collection system and wishes to congratulate you and your staff on the successful operation of your new wastewater treatment facility.

If I can be of any assistance, please contact me at 479-267-0811, ext 16.

Sincerely,



John Fazio
District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



Form Approved
OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code			NPDES									Yr/Mo/Day					Inspec. Type		Inspector		Fac. Type											
1	N		2	5		3	A	R	0	0	2	2	2	9	2	11	12	1	0	0	3	2	3	17	18	V	19	S	20	1		
Remarks																																
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----																
67						70	N				71	N	72	N	73					74						75						80

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Decatur POTW 985 Austin Avenue Decatur, Arkansas 72722	Entry Time/Date 0930 / 03-23-10	Permit Effective Date June 01, 2009
	Exit Time/Date 1715 / 03-23-10	Permit Expiration Date May 31, 2014
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) James Boston, Public Works Director, 479-752-3912, 479-752-8336 (fax) Mike Liley, Operator	Other Facility Data Outfall 001: 36 20' 37", -94 28' 24"	
Name, Address of Responsible Official/Title/Phone and Fax Number James Boston, Public Works Director City of Decatur P.O. Box 247 Decatur, Arkansas 72722 479-752-3912, 479-752-8336	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

N	Permit	N	Flow Measurement	N	Operations & Maintenance	N	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
N	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	M	Other: SSO Inspection

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Dale Washam, Inspector Supervisor, and I inspected the City of Decatur wastewater collection system. See page 8 of this inspection for a description of the deficiencies noted during the inspection and for a description of the significant progress the City has made in improving the conditions of the collection system.

Name(s) and Signature(s) of Inspector(s) John Fazio	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811, ext. 16; 479-267-0819 (fax)	Date April 23, 2010
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

COLLECTION SYSTEM INSPECTION AND OVERALL RATING	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
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PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: **The City of Decatur has approximately 7.5 miles of sanitary sewer line delivering wastewater to the WWTP. Pipe diameters range from 6 inches to 21 inches. Known pipe materials consist of clay tile, PVC, HDPE and ductile iron. There are a total of five lift stations. An area in the system prone to problems is located southeast of town. Improvements are to be made in this area as soon as possible. Approximately 90% of collection system is gravity flow.**

POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: **Population 1314 with 450 service connections. Residential vs. commercial connections not provided; however, one factory produces 80-85% of total influent.**

FEET OF SEWER SYSTEM: **Roughly 40,000 ft.**

AGE OF SYSTEM: **Approximately 70 years old**

DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): During dry periods: occasional problems with debris or root blockages, but with continued maintenance, frequency of problems have diminished. During wet periods: I & I in one area of town where clay tile line is present, and combined sewer problems in another area. Combined sewer (roof drains at Simmons Foods) condition in process of being eliminated.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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IS THERE A SYSTEM IN PLACE FOR REPORTING SSOs TO ADEQ (DESCRIBE): Report w/in 24 hours; written 5-day follow-up report.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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ARE ALL SSOs REPORTED REGARDLESS OF SIZE: SSOs reporting issues have been resolved.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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HAVE SSOs REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH): City estimates that 70% of overflows have reached the waters of the State. Dates and locations provided (since July, 2007): July 2, 2007: Cave Springs Branch, Second St. & Pool St. December 10, 2007: Cave Springs Branch, Second St. & Pool St. January 1, 2008: Cave Springs Branch, Second St. & Pool St. March 19, 2008: Spring Creek, Spring Ave. & Hwy 59 June 9, 2008: Cave Springs Branch, Second St. & Pool St. June 9, 2008: Spring Creek, Hall & Spring Ave. September 1, 2008: Cave Springs Branch, Second St. & Pool St. May 8, 2009: Columbia Hollow Creek, Second St. & Pool St. October 9, 2009: Spring Creek, Spring Ave & Hwy 59 October 9, 2009: Cave Springs Branch, 891 East Roller & Prather October 13, 2009: Spring Creek, Spring Ave. & Hwy 59 October 14, 2009: Spring Creek, 404 Spring Ave. October 15, 2009: Cave Springs Branch, Second St. & Pool St. October 15, 2009: Spring Creek, Hwy 59 & Spring Ave.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
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PUMP STATIONS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
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NUMBER OF PUMP STATIONS IN SYSTEM: 5	NUMBER WITH BACKUP POWER: 0
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HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: **Daily, time permitting.**

ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: **Records are to be kept in the future.**

ADEQUATE INVENTORY OF SPARE PARTS: **Yes**

TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): **Alarms only.**

BRIEF SUMMARY OF EMERGENCY PROCEDURES: **No outages have caused problems to date. Back-up power when funds become available.**

NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): **2**

SATELLITE SYSTEMS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: No	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: N/A	
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: N/A	
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: N/A	

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Park Lift Station (Hwy 102 & Mt. Olive Rd)	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 2
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Two 3.5 hp	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: See attached photographs.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED: Fencing is recommended.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: Excessive grease.	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: Alarm only – no contact information.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Grant Street	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 2
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Two 5 hp	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: See attached photographs.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING: Power box not locked at meter. Mike Liley stated that it would be locked immediately following the inspection.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED: Fencing is recommended.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: Excessive grease.	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: Alarm only – no contact information.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

NPDES Compliance Inspection Report Further Explanation

Existing Deficiencies found with the Collection System:

- There are no provisions for back-up power at the five lift stations;
- Excessive grease exists in the two lift station wet wells visited during the inspection. Regular maintenance is necessary to prevent interference with floats, pumps and pumping capacity;
- There was evidence of overflows at the two lift stations visited during the inspection;
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- Locks are needed on all lift station power boxes that are accessible to the public to prevent tampering;
- Contact information is necessary at all lift stations;
- Fencing is recommended around all lift stations.

Significant Progress in Improving the Condition of the Collection System:

- Elimination of a combined sewer that existed in a parking lot located west of Second St. at Simmons Foods. The existence of this condition was a violation of Regulation 6.202.b;
- Recent discovery of a second combined sewer at the Simmons Foods plant located east of Second St. Six to eight roof drains are connected to the sanitary sewer. This condition is a major source of inflow and is the probable cause of numerous sanitary sewer overflows that have occurred in your collection system. The Department understands that Mr. James Boston, Public Works Director, has been in contact with Simmons' engineers to expedite elimination of this condition;
- Purchase of a sewer video camera system, which to date has found a leak in a main adjacent to a stream along Spring Ave.;
- Smoke testing has occurred over significant lengths of the collection system lines, and further testing is planned;
- Repair of over 100' of sewer line that was damaged during construction related to the Two-Ton water project;
- An auxiliary pump for the Spavinaw lift station has been purchased;
- The pumps at the Grant St. lift station were replaced.

Water Division NPDES Photographic Evidence Sheet

Location:	City of Decatur Collection System						
Photographer:	Dale Washam			Witness:	John Fazio		
Photo #	1	Of	3	Date:	03/23/10	Time:	1606
Description:	Excessive grease and evidence of overflow at the Park lift station.						



Photographer:	Dale Washam			Witness:	John Fazio		
Photo #	2	Of	3	Date:	03/23/10	Time:	1615
Description:	Excessive grease and evidence of overflow at the Grant St. lift station.						



Water Division NPDES Photographic Evidence Sheet

Location:	City of Decatur Collection system						
Photographer:	Dale Washam			Witness:	John Fazio		
Photo #	3	Of	3	Date:	03/23/10	Time:	1616
Description:	Evidence of overflow on lid at the Grant St. lift station.						



Photographer:				Witness:	None		
Photo #		Of		Date:		Time:	
Description:							