



ARKANSAS
Department of Environmental Quality

July 11, 2012

Honorable Shannon Womack
Mayor, City of Melbourne
P.O. Box 800
Melbourne, AR 72556

AFIN: 33-00026

NPDES Permit No.: AR0020036

Dear Mr. Womack:

On April 24, 2012, Brent Walker and I performed a routine compliance sampling inspection and a sanitary sewer overflow inspection of the waste water treatment 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. This inspection revealed the following violations:

Compliance Sampling Inspection

1. The following Operation and Maintenance violations were noted:

- a) **Used grease cartridges were lying on the ground around the south aerator drive motor. (pic.1).**
- b) **Sewage was leaking around the metal plates that the aerator drive motors were attached to in the oxidation ditch. (pic. 1 and 2).**
- c) **Both north and south catwalks appeared to be in dilapidated condition and unsafe to use. (pic. 5 and 6).**

Sanitary Sewer Overflow Inspection

- 1. The pump station on 69 Spur did not have provisions for a backup power supply.**
- 2. Alarm light was inoperable at the pump station on Knob Creek road.**

In addition to the above items, Part III Section B. 7. B. of your permit requires that you provide an adequate operating staff which is duly qualified to carry out operation, maintenance, and testing functions required to insure compliance with the conditions of the permit. While it appears that the two employees responsible for operating and maintaining


the wastewater treatment plant and collection system are adequately trained and possess the necessary knowledge and skills, they have additional city job duties that severely limit the amount time available for the aforementioned duties. In some cases pump stations are only being checked approximately once per month. At a minimum, these stations should be checked multiple times per week. It also appears routine maintenance, housekeeping, and record keeping for the treatment system are not being completed in a timely manner due to understaffing. This results in decreased treatment efficiency, higher operating costs and a shortened equipment/treatment plant lifespan. It is strongly suggested that you increase staffing or reallocate current work assignments to allow additional man-hours for operation and maintenance of the wastewater treatment system.

Please provide a brief description of the design and operation of the emergency storage/overflow holding lagoon. This treatment unit does not appear to have been included with the permit renewal application and is therefore not included in the permit.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by July 24, 2012.

If I can be any assistance, please contact me at saunders@adeq.state.ar.us or 870-424-3322.

Sincerely,



Sean Saunders
District 11 Field Inspector
Water Division



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 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="6"/> 11 12 <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="4"/> 17 18 <input type="text" value="S"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----		
67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 <input type="text" value="3"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text"/> <input type="text"/> <input type="text"/>	74 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 80	

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Melbourne WWTP End of Highway #9 Spur Melbourne, AR Izard County	Entry Time/Date 9:20 / 4/24/12 8:20 / 4/25/2012	Permit Effective Date 11/1/10
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Coy Dale / Wastewater Superintendent, 870-368-4215 Eric Weaver, Operator	Exit Time/Date 16:00 / 4/24/2012 9:00 / 4/25/12	Permit Expiration Date 10/31/15
Name, Address of Responsible Official/Title/Phone and Fax Number Shannon Womack, Mayor, 870-368-4215 P.O. Box 800 Melbourne, AR 72556	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data 36° 03' 33.347" -91° 55' 34.137" PDS #066732

Section C: Areas Evaluated During Inspection

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

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

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

1. Used grease cartridges were lying on the ground around the south aerator drive motor. (pic.1).
2. Sewage was leaking around the metal plates that the aerator drive motors were attached to in the oxidation ditch. (pic. 1 and 6).
3. Both north and south catwalks appeared to be in dilapidated condition and unsafe to use. (pic. 5 and 6).
4. The pump station on 69 Spur did not have provisions for a backup electrical supply.
5. Alarm light was inoperable at the pump station on Knob Creek road.

Name(s) and Signature(s) of Inspector(s) 	Agency/Office/Telephone/Fax ADEQ Mountain Home Office 870-424-3322	Date 4/25/2012
Sean Saunders		
Brent L. Walker		
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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 type="checkbox"/> NA <input checked="" 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

S M U NA NE

DETAILS:

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: <u>Minor changes to record keeping of flow measurements suggested.</u> | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input 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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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 type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA 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: <u>The catwalks were rusted out and there was excessive lubricating grease around aerator drive units.</u> | <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 type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: <u>see attached letter</u> | <input type="checkbox"/> S <input checked="" 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

S M U NA 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>Parshall Flume</u>	<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 type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input 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 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 type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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>Arkansas Testing</u>	
b. LAB ADDRESS: <u>Searcy, Arkansas</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, Fecal Coliform, PH, Chlorine Residual, Dissolved Oxygen, Ammonia Nitrogen</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input 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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	Trace	none	none	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:	
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): <u>Agricultural</u>	

SECTION I: SAMPLING INSPECTION PROCEDURES	
SAMPLE RESULTS WITHIN 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 OBTAINED THIS INSPECTION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB: <u>P.H, TSS, Ammonia as Nitrogen, CBOD, Fecal Coliforms, D.O., Flow</u> <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___	
3. SAMPLES PRESERVED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

FLOW CALCULATION SHEET

Date: 4-24-2012 Time: 13:35				
Head in Inches: 7.25 Feet: 0.604				
Type & Size of Primary Flow Measurement Device: 3" Parshall Flume				
Name & Model of Secondary Flow Measurement Device: Vantage 2210 Ultrasonic				
Date of last Calibration of Secondary Flow Device: 5/19/2011				
Recorded Flow at Date & Time Listed Above: .3040 mgd (Facility Flow Meter)				
Calculated Flow at Date & Time Listed Above: .2909 mgd				
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)				
% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			
% Error =	.3040	-	.2909	X 100
	.2909			.045
% Error =	.0131	X 100		
	.2909			
% Error =	.045	X 100		
% Error =	4.5	%		
Comments: <u>Acceptable, it is within plus or minus 10%</u>				

DMR Calculation Check

Reporting Period: From 11 10 1 To 11 10 31
Year Month Day Year Month Day

Parameter Checked: FCB

**Loading
Mass**

Mo. Avg. - lbs/day

**Concentration
Monthly**

Mo. Avg. -
CFU/100ml

7-day Avg. -
CFU/100ml

Reported Value: N/A 11 31

Calculated Value: N/A 11 31

Permit Value: N/A 1000 2000

If calculated value does not equal reported value, explain: EQUAL

DMR Calculation Check

Reporting Period: From 2011 11 1 To 2011 11 30
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>7.4</u>	<u>5</u>	<u>9</u>
Calculated Value:	<u>7.4</u>	<u><5</u>	<u>9</u>
Permit Value:	<u>103</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain: EQUAL

**NPDES Compliance Inspection Report
Further Explanation**

Water Division NPDES Photographic Evidence Sheet

Location:	Melbourne WTPP						
Photographer:	Sean Saunders			Witness:	Brent Walker		
Photo #	1	Of	6	Date:	4/24/2012	Time:	12:46
Description:	Grease, trash, and leaking around the south aerator drive motor on oxidation ditch.						



Photographer:	Sean Saunders			Witness:	Brent Walker		
Photo #	2	Of	6	Date:	4/24/2012	Time:	12:52
Description:	Leaking around the north drive motor on oxidation ditch.						



Water Division NPDES Photographic Evidence Sheet

Location:	Melbourne WTPP
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Photographer:	Sean Saunders	Witness:	Brent Walker
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Photo #	3	Of	6	Date:	4/24/2012	Time:	13:40
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Description:	Overflow pond looking east.
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Photographer:	Sean Saunders	Witness:	Brent Walker
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Photo #	4	Of	6	Date:	4/24/2012	Time:	13:40
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Description:	Overflow pond looking west.
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Water Division NPDES Photographic Evidence Sheet

Location:	Melbourne WTPP						
Photographer:	Sean Saunders			Witness:	Brent Walker		
Photo #	5	Of	6	Date:	4/24/2012	Time:	12:50
Description:	Rusted and dilapidated north catwalk.						



Photographer:	Sean Saunders			Witness:	Brent Walker		
Photo #	6	Of	6	Date:	4/24/2012	Time:	12:47
Description:	Rusted and dilapidated south catwalk with holes in it.						

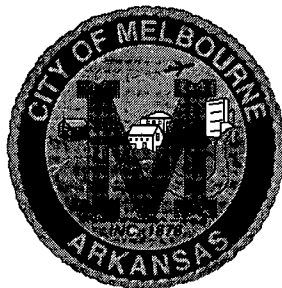


CSI Sample Results

Parameter	Mass Loading	Permit Limit	Concentration	Permit Limit	
				Monthly Avg.	7-Day avg.
CBOD	3.36	34	2.24	10	15
TSS	9	51	6.0	15	22.5
Ammonia-Nitrogen	0.05	13.3	<0.03	3.9	3.9
Dissolved Oxygen	N/A	N/A	8.82	6.0,(Inst. Min.)	
Fecal Coliform	N/A	N/A	54	200	400
Total Residual Chlorine	N/A	N/A	<0.1	<0.1, (Inst. Max.)	
pH	N/A	N/A	7.24	Min. 6.0	Max.9.0
Flow			0.18	Design Flow = 0.41 MGD	

Mayor:
Shannon Womack

Recorder/Treasurer:
Alecia K. Bray



Council Members:
William Wright
Jerry Crosby
Warren Smith
Trey Lamb
Ronnie Treat
Lee Melton
John Allen Engelhardt

P.O. Box 800
63 Municipal Drive
Melbourne, AR 72556
Phone: (870) 368-4215
Fax: (870) 368-4721
Cityofmelbourne@centurytel.net

July 21, 2012

Sean Saunders
ADEQ Water Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: Melbourne WWTP Inspection
AR0020036

Dear Mr. Saunders:

We have reviewed your letter from 7/11/2012 regarding the recent compliance & SSO inspection. We have addressed the noted items as follows:

Compliance Sampling Inspection:

- 1.a) Used grease cartridges have been collected & disposed-of correctly. Maintenance personnel have been instructed to dispose of cartridges correctly.
- 1.b) The metal plates have been washed down. We are looking at the possibility of installing a baffle which will help prevent the leak.
- 1.c) We have contacted a welder to inspect the catwalks and repair as necessary.

Sanitary Sewer Overflow Inspection

1. We have contacted an electrician to provide a proposal for installing an electrical quick-connection. As funds become available, we will pursue purchase of a portable generator set to provide backup power.
2. The alarm light at the Knob Creek station has been repaired.

The suggestion to increase staff or reallocate duties has been noted & reported to City management.

The emergency storage/overflow holding lagoon is the old treatment lagoon. Should we experience a period of prolonged heavy rains, it could become necessary to divert stormwater-diluted sewage to the old lagoon to prevent a discharge. If this should occur, there will be no discharge from the lagoon. We estimate this situation could occur only once in 5 years in an absolute emergency.

If you have any questions or comments, please call me at (870)368-4215.

Sincerely,
City of Melbourne

A handwritten signature in cursive script, appearing to read "Coy Dale".

Coy Dale, Water/Wastewater Superintendent

City of Melbourne

63 Municipal Dr.
P.O. Box 800
Melbourne, AR 72556



Sean Saunders
ADEQ Water Division
5301 Northshore Dr.
North Little Rock, AR 72118-5317

721185317



ADEQ

ARKANSAS
Department of Environmental Quality

August 7, 2012

Honorable Shannon Womack
Mayor, City of Melbourne
P.O. Box 800
Melbourne, AR 72556

AFIN: 33-00026

Permit No. AR0020036

RE: Response to the CSI Inspection and a SSO Inspection

Dear Mr. Womack:

I have reviewed the response pertaining to my April 24, 2011 inspection of the Melbourne wastewater treatment facility. The information provided sufficiently addresses the violations referenced in my inspection report. The provisions for backup power for the 69 spur pump station must be completed within 30 days. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 870-424-3322 or you may e-mail me at saunders@adeq.state.ar.us.

Sincerely,



Sean Saunders
District 11 Inspector
Water Division

Mayor:
Shannon Womack

Recorder/Treasurer:
Alecia K. Bray



Council Members:
William Wright
Jerry Crosby
Warren Smith
Trey Lamb
Ronnie Treat
Lee Melton
John Allen Engelhardt

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Fax: (870) 368-4721
Cityofmelbourne@centurytel.net

August 21, 2012

Arkansas Department of Environmental Quality
Sean Saunders
5301 Northshore Drive
North Little Rock, AR 72118-5317

Dear Sean:

This is to let you know we have completed the crosswalks at the Melbourne Waste Water Facility. We are also in the process of getting bids to install the quick connects at the 69Spur lift station. We would like to request an extension of 60 days to allow us time to order the needed parts and have them installed.

Sincerely,

Shannon Womack
Mayor

City of Melbourne

63 Municipal Dr.
P.O. Box 800
Melbourne, AR 72556



ADEQ
Sean Saunders
5301 Northshore Dr.
North Little Rock, AR 72118-5317

721185317



ADEQ

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

August 24, 2012

Honorable Shannon Womack
Mayor, City of Melbourne
P.O. Box 800
Melbourne, AR 72556

AFIN: 33-00026


Permit No.: AR0020036

Dear Mr. Womack:

I have received your request for a 60 day extension to complete the installation of the quick connects on the 69 spur lift station. I will grant you the 60 day extension. Please submit a written response to this extension to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of this letter or e-mailed to Water-Inspection-report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to complete the installation of the quick connects on the 69 spur lift station. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **October 22, 2012**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 870-424-3322 or you may e-mail me at saunders@adeq.state.ar.us.

Sincerely,



Sean Saunders
District 11 Field Inspector
Water Division

Mayor:
Shannon Womack

Recorder/Treasurer:
Alecia K. Bray



Council Members:
William Wright
Jerry Crosby
Warren Smith
Trey Lamb
Ronnie Treat
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Cityofmelbourne@centurytel.net

November 13, 2012

Shawn Saunders
ADEQ Water Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

Dear Mr. Saunders:

I have enclosed photos of the emergency switches on each of our sewer lift stations that have recently been installed. This is in reference to the letter we received earlier requesting this. The locations are written on the back of each photo. If you need anything else please feel free to give me a call.

Sincerely,

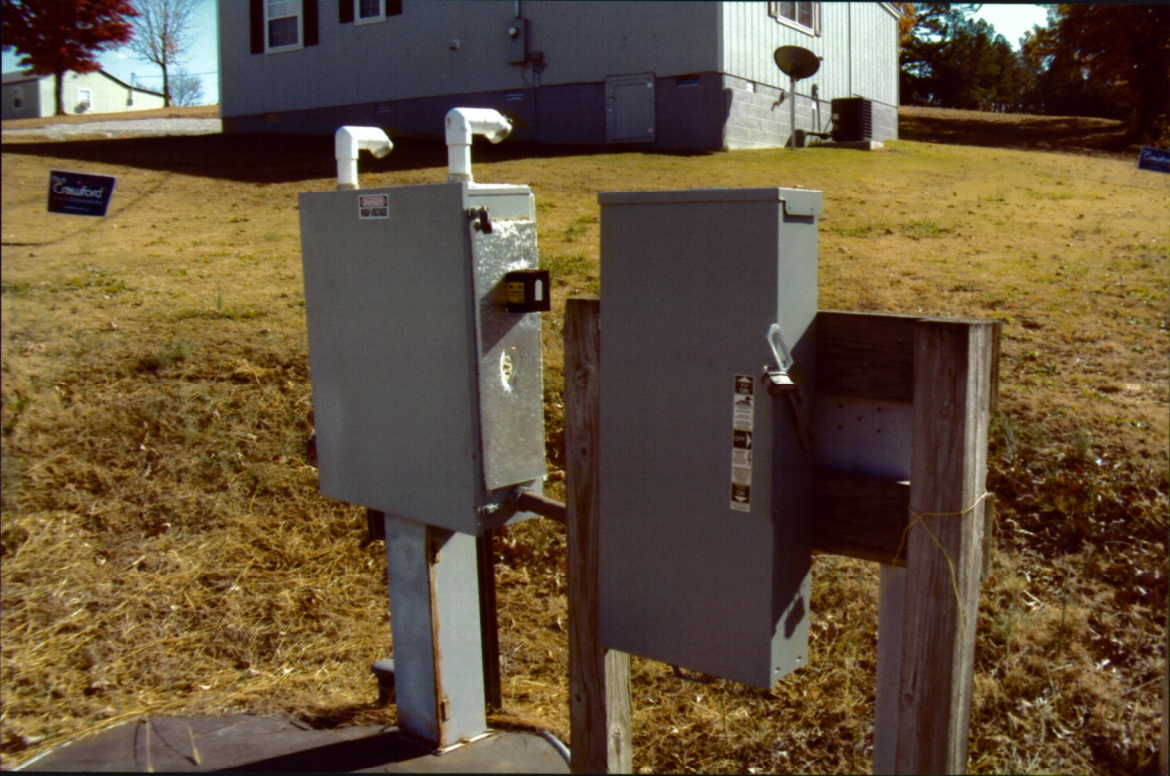
Coy Dale
Water Superintendent



HWY 69 EAST



Air Pot T



Crawford
Real Estate

Knob 55-1

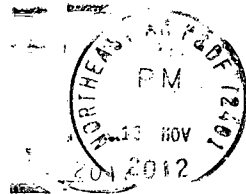
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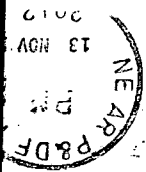
Main Station

City of Melbourne

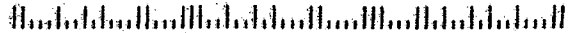
63 Municipal Dr.
P.O. Box 800
Melbourne, AR 72556



Shawn Saunders
ADEQ Water Division
5301 Northshore Drive
North Little Rock, AR 72118-5317



721185317



ADEQ

ARKANSAS
Department of Environmental Quality

November 30, 2012

Honorable Shannon Womack, Mayor
City of Melbourne
P.O. Box 800
Melbourne, AR 72556

RE: Inspection Response
Permit No.: AR0020036, AFIN: 30-00026

Dear Mayor Womack:

The Department has received Mr. Coy Dale's final response pertaining to the April 24, 2012 inspection of your facility that was conducted by Sean Saunders, District 11 Field Inspector. Upon review, the information provided sufficiently addresses the violations referenced in the inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If the Department needs further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0657 or you may e-mail me at bolenbaugh@adeq.state.ar.us.

Sincerely,



Jason Bolenbaugh
Inspector Supervisor
Water Division Inspection Branch