



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	N	2	5	3	A	R	0	0	2	0	0	3	6	11	12	1	2	0	4	2	4	17	18	V	19	S	20	1				
Remarks																																
A			F			I			N			3			3			-			0			0			2			6		
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----																
67						70						N		N																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 Melbourne WWTP End of Highway #9 Spur Melbourne, AR Izard County		Entry Time/Date 9:20 / 4/24/12		Permit Effective Date 11/1/10	
		Exit Time/Date 4:00 / 4/24/12		Permit Expiration Date 10/31/15	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Coy Dale / Wastewater Superintendent, 870-368-4215 Eric Weaver Operator				Other Facility Data 36° 03' 33.347" -91° 55' 34.137" PDS #066733	
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"/>					

Section C: Areas Evaluated During Inspection

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

N	Permit	N	Flow Measurement	M	Operations & Maintenance	N	Sampling
S	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

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

The following items were noted during this SSO Inspection:

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

Name(s) and Signature(s) of Inspector(s) Sean Saunders		Agency/Office/Telephone/Fax ADEQ Mountain home Office 870-424-3322	Date 4/24/2012
Brent L. Walker			
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
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity flow and force main system with 4 pump/lift stations.		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~1850 pop.</u>		
FEET OF SEWER SYSTEM: <u>300 miles, 200 grinder pumps</u>		
AGE OF SYSTEM: <u>1986 and newer</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Wet weather I&I	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): Superintendent reports to ADEQ	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
PUMP STATIONS		
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE		
NUMBER OF PUMP STATIONS IN SYSTEM: <u>4</u>	NUMBER WITH BACKUP POWER: <u>3</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>approximately once a month</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>no</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Portable generator</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>3</u>		
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: <u>No</u>		
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:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

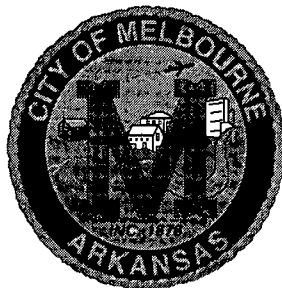
PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Main lift station Beside HWY 9 south bridge	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>1</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<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:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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:	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input 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: Knob Creek, knob creek road	
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: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<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:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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:	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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
The alarm light was inoperable.	

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: 69 spur	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<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:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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:	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
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:	<input checked="" type="checkbox"/> S <input 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
No generator or back up power.	

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