



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

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003

## 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   3   3   9   8   7   11   12   1   3   0   1   3   1   17   18   V   19   S   20   1					
Remarks					
Inspection Work Days: 67   Facility Evaluation Rating: 70   BI: 71   QA: 72   Reserved: 74   75   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) <b>City of Dumas WWTP</b> <b>Approximately 1/4 mile North of Hwy. 165</b> <b>Dumas, Arkansas 71639</b> <b>Desha, County, Arkansas</b> <b>Section 25, Township 9 South, Range 4 West</b>	Entry Time/Date <b>9:00 a.m. 1/31/2013</b>	Permit Effective Date <b>December 1, 2011</b>
	Exit Time/Date <b>11:00 a.m. 1/31/2013</b>	Permit Expiration Date <b>November 31, 2016</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Patrick Fitzgerald, Class II Wastewater Operator (870) 382-2121</b>	Other Facility Data <b>N 33 53' 33"</b> <b>W 91 27' 42"</b> <b>PDS# 069962</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Honorable James Berry, Mayor (870) 382-2121</b> <b>City of Dumas</b> <b>P.O. Box 157</b> <b>Dumas, Arkansas 71639</b>	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	S	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	S	Other: CSO/SSO

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

**A routine sanitary overflow inspection was conducted to determine compliance status with the Arkansas Water and Air Pollution Control Act, the Federal Clean Water Act and the regulations promulgated thereunder. At the time of inspection, the system appeared to be in compliance with the applicable regulations.**

Name(s) and Signature(s) of Inspector(s) <i>Steven L. Henderson</i> Steven L. Henderson	Agency/Office/Telephone/Fax ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185	Date February 7, 2013
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**COLLECTION SYSTEM INSPECTION AND OVERALL RATING**S M U NA NEPROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity flow > 11 Pump Stations > WWTP

POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:

Estimated population: 5,500/ 2,013 residential/ 180 commercial/ 6 Industrial/ 1 AgriculturalFEET OF SEWER SYSTEM: unknownAGE OF SYSTEM: WWTP was built in 1980, sewer collection system lines age from 2 to 80 years old

DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER

Y N NA NE(EXPLAIN): infiltration during heavy rain events

IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):

Y N NA NE

ARE ALL SSOs REPORTED REGARDLESS OF SIZE:

Y N NA NE

HAVE SSOs REACHED "WATERS OF THE U. S." (LIST DATE AND LOCATION OF EACH):

Y N NA NE**PUMP STATIONS**S M U NA NENUMBER OF PUMP STATIONS IN SYSTEM: 4NUMBER WITH BACKUP POWER: 4HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: DailyARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: YesADEQUATE INVENTORY OF SPARE PARTS: YesTYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): NoneBRIEF SUMMARY OF EMERGENCY PROCEDURES: generator available for pump stations and WWTPNUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 1**SATELLITE SYSTEMS**S M U NA NEDOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: NoTYPE(S) OF WASTE WATER RECEIVED: RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER:

BRIEFLY DESCRIBE THE SATELLITE SYSTEM:

ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:

NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b><u>East Waterman Street Pump Station</u></b>	
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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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
<b>BACKUP POWER AND ALARMS</b>	
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