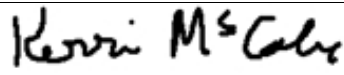

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 57-00423		PERMIT #: AR0036692		DATE: 9/30/2014	
		COUNTY: 57 Polk			PDS #: 080591	MEDIA: WN	
		GPS LAT:	LONG:	LOCATION: *****			
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: Mena WWTP LOCATION: 323 Polk 53 CITY: Mena, AR			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 84022 S - State			
RESPONSIBLE OFFICIAL NAME / TITLE: Larry Gross / COMPANY: City of Mena MAILING ADDRESS: 323 Polk 53 CITY, STATE, ZIP: Mena AR 71953 PHONE & EXT. / FAX: 4792161255 / EMAIL:			FACILITY EVALUATION RATING: 2 - Marginal	INSPECTION TYPE: SSO/Collection System			
			DATE(S): 9/30/2014	ENTRY TIME: 07:00	EXIT TIME: 08:00	PERMIT EFFECTIVE DATE: 3/1/2012	
						PERMIT EXPIRATION DATE: 2/28/2017	
			FAYETTEVILLE SHALE RELATED: N				
			FAYETTEVILLE SHALE VIOLATIONS: N				
			INSPECTION PARTICIPANTS				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.:				
CONTACTED DURING INSPECTION: Yes							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
N	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER		
N	RECORDS/REPORTS	N	LABORATORY	N	FACILITY SITE REVIEW		
M	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM		
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
M	OTHER: SSO						
SUMMARY OF FINDINGS							
The following items are a violation of Part II, Section B, 1.A. of the permit: 1.) The visual/audio alarms at the Ouachita Circle and Mid-South lift stations were not operational. 2.) No emergency contact information posted at lift stations. 3.) Only one of four lift stations has a backup power source. City has recently purchased a vac truck for SSOs.							
GENERAL COMMENTS							
On Sept 30, 2014, two of the four lift stations serving the City of Mena were inspected. Both lift stations had two operational submerged pumps. The Mid-South lift station is the only lift station with a backup power source. This lift station is relatively new, and the old wet well is still present at this location. Both lift stations inspected were within lockable, fenced areas. Oil and grease within the wet wells was minimal.							
INSPECTOR'S SIGNATURE: 		Kerri McCabe		DATE: 10/27/2014			
SUPERVISOR'S SIGNATURE: 		Jason Bolenbaugh		DATE: 10/29/2014			

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Serve lines -> Main -> four (4) lift stations -> main lift station at WWTP		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:		
FEET OF SEWER SYSTEM:		
AGE OF SYSTEM:		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): I&I during wet weather; two projects currently underway in two problem areas.		<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): Monthly reporting with DMRs.		<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: four (4)	NUMBER WITH BACKUP POWER: one (1)	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes; pump run hours		
ADEQUATE INVENTORY OF SPARE PARTS: N/A		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): N/A		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: On Entergy's list to restore power; new vac truck.		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): Two (2); Ouachita Circle and Mid-South		
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:		
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: <u>Ouachita Circle</u>	
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>two (2)</u>	NUMBER OPERATIONAL: <u>two (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	
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.): <u>submerged pumps</u>	<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: <u>uncovered</u>	<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: <u>uncovered</u>	<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
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>NO</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>NO</u>	<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 type="checkbox"/> N <input checked="" 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: <u>Mid-South</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>two (2)</u>	NUMBER OPERATIONAL: <u>two (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: <u>Reported as problem area.</u>	<input type="checkbox"/> Y <input checked="" 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 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.): <u>submerged pumps</u>	<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: <u>uncovered</u>	<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: <u>uncovered</u>	<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
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>YES</u>	<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: <u>NO</u>	<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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Water Division Photographic Evidence Sheet

Location: **Mena WWTP; Ouachita Circle lift station**

Photographer: **Kerri McCabe** Date: **Sept 30, 2014** Time: **0718**

Witness: **n/a** Photo #: **1**

Description: **Wet well at Ouachita Circle lift station.**



Photographer: **Kerri McCabe** Date: **Sept 30, 2014** Time: **0718**

Witness: **n/a** Photo #: **2**

Description: **Control panel at Ouachita Circle lift station; visual alarm not operational.**



Water Division Photographic Evidence Sheet

Location:	Mena WWTP; Mid-South lift station		
Photographer:	Kerri McCabe	Date:	Sept 30, 2014
Witness:	n/a	Time:	0735
		Photo #:	3
Description:	Wet well at Mid-South lift station.		



Photographer:	Kerri McCabe	Date:	Sept 30, 2014
Witness:	n/a	Time:	0736
		Photo #:	4
Description:	Backup generator at lift station.		



Figure 1. Google Earth image dated Nov 11, 2012 of overview of two lift stations inspected.





ARKANSAS
Department of Environmental Quality

CERTIFIED MAIL: 91 7199 9991 7030 4936 5917

December 1, 2014

Mike Spencer, Operator
City of Mena
323 Polk 53
Mena, AR 71953

Re: Failure to Respond to Inspection (Polk Co)
AFIN: 57-00423 **NPDES Permit No.: AR0036692**

Dear Mr. Spencer:

A letter dated October 27, 2014 was sent by the ADEQ. The letter outlined the findings of my September 29, 2014 inspection of the above referenced facility. The letter requested that a written response be submitted to the Water Division Inspection Branch of this Department by November 11, 2014. To date, no written response has been received.

Please submit a written response by **December 15, 2014**. A copy of the inspection report has been included for your convenience.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 682-0642 or you may e-mail me at mccabe@adeq.state.ar.us.

Sincerely,

Kerri McCabe
Inspector Supervisor
Water Division

McCabe, Kerri

From: Charles Pitman <charles.menawater@sbcglobal.net>
Sent: Wednesday, December 03, 2014 10:05 AM
To: McCabe, Kerri
Subject: RE: AR0036692 SSO Inspection - Response Required

Thank you.

From: McCabe, Kerri [<mailto:MCCABE@adeq.state.ar.us>]
Sent: Wednesday, December 03, 2014 10:01 AM
To: Charles Pitman
Subject: RE: AR0036692 SSO Inspection - Response Required

Mr. Pitman,

Thank you for the response. I will draft you an adequate response letter from the Department this week.

One note about backup power for lift stations: I mainly look for a written contingency plan the City has in place for power failures to prevent SSOs, and I wouldn't want a City with only four lift stations outside the WWTP to purchase any equipment, but you may want to look at a portable power supply and hookups when funds become available.

Again, thank you for your response.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: Charles Pitman [<mailto:charles.menawater@sbcglobal.net>]
Sent: Monday, December 01, 2014 4:10 PM
To: McCabe, Kerri
Cc: 'Mike Spencer'
Subject: RE: AR0036692 SSO Inspection - Response Required

I apologize for not being more timely on this. I thought that Mike had taken care of it.

An original of the attached letter is being mailed to you.

Please let me know if you have any more questions.

Thanks,
Charles

From: Mike Spencer [<mailto:menawwtp@gmail.com>]
Sent: Monday, December 01, 2014 1:28 PM
To: charles.menawater@sbcglobal.net
Subject: FW: AR0036692 SSO Inspection - Response Required

Charles I thought you and Larry were working on this, but they need a response for every discrepancies on collection system.

From: McCabe, Kerri [<mailto:MCCABE@adeq.state.ar.us>]
Sent: Monday, December 01, 2014 12:56 PM
To: menawwtp@gmail.com
Subject: AR0036692 SSO Inspection - Response Required

Mr. Spencer,

I know you are not over the collection system for the City of Mena, but the collection system falls under the AR0036692 permit. I need a response for the violations noted for the SSO inspection (attached). Would you please forward it to whomever would get the issues addressed and process a response? I appreciate your assistance. Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317





MENA WATER UTILITIES

701 MENA STREET ~MENA, ARKANSAS ~71953
PH (479) 394-2761 ~ FAX (479) 394-5053

Dear Ms. McCabe,

In response to AR0036692 PDS#080591 SSO/Collection System Inspection, three deficiencies were noted:

1. *The visual/audio alarms at the Ouachita Circle and Mid-South lift stations were not operational.* Mena Water Utilities fixed the alarms at the lift stations by replacing the bulbs.
2. *No emergency contact information posted at lift stations.* Mena Water Utilities has ordered signs with emergency contact information. These will be placed on the fences around the lift stations once they are delivered.
3. *Only one of four lift stations has a backup power source.* City has recently purchased a vac truck for SSOs. The lift stations without backup power sources are relatively small and can go for several hours without having overflows. In addition to having the vac truck, each lift station is wired to be hooked up a portable generator. Mena Water Utilities has an agreement with Arkansas Rural Water Association to borrow a portable generator in cases of prolong power outages. Additionally, Mena Water Utilities has considered purchasing a portable generator, but has not found enough money from operations to make a purchase.

Sincerely,

Larry Gross
Collection System Supervisor

ADEQ

ARKANSAS
Department of Environmental Quality

December 3, 2014

Mike Spencer, Operator
City of Mena
323 Polk 53
Mena, AR 71953

Re: Response to Inspection – City of Mena WWTP (Polk Co)
AFIN: 57-00423 NPDES Permit No.: AR0036692

Dear Mr. Spencer:

I have reviewed the response pertaining to the September 29, 2014 inspection of the above-referenced facility. 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 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 (501) 682-0642 or you may e-mail me at mccabe@adeq.state.ar.us.

Sincerely,



Kerri McCabe
Inspector Supervisor
Water Division

cc: Mike Spencer, Operator, City of Mena, menawwtp@gmail.com
Charles Pitman, City of Mena, charles.menawater@sbcglobal.net