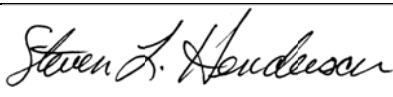
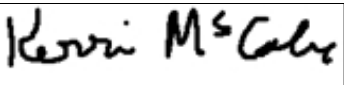
 A R K A N S A S Department of Environmental Quality	WATER DIVISION INSPECTION REPORT				
	AFIN: 21-00045	PERMIT #: AR0033987	DATE: 10/22/2014		
	COUNTY: 21 Desha	PDS #: 080668	MEDIA: WN		
	GPS LAT: 33.890293 LONG: -91.465429 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: City of Dumas WWTP LOCATION: 204 Ford Loop Road CITY: Dumas, AR		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 26075 S - State FACILITY EVALUATION RATING: 1 - Unsatisfactory INSPECTION TYPE: SSO/Collection System			
RESPONSIBLE OFFICIAL		DATE(S): 10/22/2014 ENTRY TIME: 09:00 EXIT TIME: 11:45 PERMIT EFFECTIVE DATE: 12/1/2011 PERMIT EXPIRATION DATE: 11/30/2016			
NAME / TITLE: James Berry, / Mayor COMPANY: City of Dumas MAILING ADDRESS: P.O. Box 157 CITY, STATE, ZIP: Dumas, AR 71639 PHONE & EXT: / FAX: 870-382- 2121 / EMAIL:		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Patrick Fitzgerald, Class II Operator #008415			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER
U	RECORDS/REPORTS	N	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	U	SELF-MONITORING PROGRAM
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				
SUMMARY OF FINDINGS					
At the time of inspection, the following violation was noted: Part II, Other Conditions, 5, C; the facility had no documentation of the required monthly Sanitary Sewer Overflow Reports.					
GENERAL COMMENTS					
INSPECTOR'S SIGNATURE: 				DATE: 10/27/2014	
SUPERVISOR'S SIGNATURE: 				DATE: 11/3/2014	

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity Flow > 11 Pump Stations > WWTP		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: Population= 5,500 Residential= 2,013 Commercial= 186		
FEET OF SEWER SYSTEM: Unknown		
AGE OF SYSTEM: WWTP built in 1980; collection lines range from new to 80 years old		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Infiltration during heavy rain events	<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):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
PUMP STATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: 4	NUMBER WITH BACKUP POWER: 4	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes		
ADEQUATE INVENTORY OF SPARE PARTS: Yes		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): None		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: generator available		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 1		
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Bank Street Pump Station	
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	
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
BACKUP POWER AND ALARMS	
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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

McCabe, Kerri

From: Henderson, Steve
Sent: Wednesday, December 03, 2014 10:22 AM
To: McCabe, Kerri
Subject: FW: From Pat Fitzgerald
Attachments: Steven Henderson.pdf

From: Allison Kellebrew [<mailto:ackellebrew@yahoo.com>]
Sent: Wednesday, December 03, 2014 9:42 AM
To: Henderson, Steve
Subject: From Pat Fitzgerald

Please let me know that you did get this email so I can let Mr. Pat know.

Thank you,
Allison Kellebrew

James Berry
Mayor

Johnny Brigham
Clerk/Treasurer

City of Dumas

155 East Waterman
P.O. Box 157
Dumas, AR 71639
Telephone (870)-382-2121
Fax (870) 382-6846
Email address dumas@centurytel.net

City Council
T. C. Pickett
Roy Dalton
Christopher Hays
Franklin Healey
Romona Weatherford
Ross Martin
John Owen
Marlon Howard


November 14, 2014

Water Division Inspection Branch
5301 Northshore Drive
Little Rock, AR 72218

Dear Mr. Steven Henderson:

I am glad to inform you of the changes that have been made, since the day of inspection. First off the SSO Report has been sent out. In the process of sending the DMR report. They will be sent out monthly in the upcoming months.

As far as the chemical pump, proper adjustments have been made. Also checking the TRC effluent to ensure it is within limits.

Sincerely, 

Patrick Fitzgerald

ADEQ

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

December 4, 2014

Honorable James Berry, Mayor
City of Dumas
P.O. Box 157
Dumas, Arkansas 71639

RE: Response to Inspection (Desha Co)
AFIN: 21-00045 NPDES Permit No: AR0033987

Dear Mayor Berry:

I have reviewed the response pertaining to my October 22, 2014 inspection of the wastewater treatment facility. The information provided sufficiently addresses the violation referenced in my 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 (870) 247-5155 or e-mail at henderson@adeq.state.ar.us.

Sincerely,



Steven L. Henderson
District 6 Field Inspector
Water Division