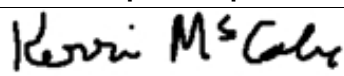

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 67-00023		PERMIT #: AR0021733		DATE: 10/16/2014	
		COUNTY: 67 Sevier			PDS #: 081678		MEDIA: WN
		GPS LAT: 34.026081 LONG: -94.347354 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: City of DeQueen WWTP LOCATION: 670 South 9th Street CITY: DeQueen, AR			FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 84022 S - State		
			FACILITY EVALUATION RATING: 2 - Marginal		INSPECTION TYPE: SSO/Collection System		
			DATE(S): 10/16/2014	ENTRY TIME: 12:30	EXIT TIME: 15:45	PERMIT EFFECTIVE DATE: 11/1/2013	
RESPONSIBLE OFFICIAL					PERMIT EXPIRATION DATE: 10/31/2018		
			NAME / TITLE: Michael Sims / WW Superintendent COMPANY: City Of DeQueen MAILING ADDRESS: PO Box 730 CITY, STATE, ZIP: DeQueen AR 71832 PHONE & EXT. / FAX: 8706425231 / EMAIL: msims@cityofdequeen.com			FAYETTEVILLE SHALE RELATED: N	
CONTACTED DURING INSPECTION: Yes			FAYETTEVILLE SHALE VIOLATIONS: N				
INSPECTION PARTICIPANTS							
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Mike Sims, Class IV Operator (License # 002140) District 4 Inspectors Dannielle Gray and Kevin Nance							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
N	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER		
S	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 items listed below are in violation of Part III, Section B.1.A. of the permit: 1.) No emergency contact information was posted at the two lift stations inspected. The City needs to provide contact information to the public in the event of an SSO. 2.) The 70 West Lift Station had an oily leak inside and outside the enclosure (see Photo 1). This leak is exposed to stormwater and needs to be repaired and cleaned.							
GENERAL COMMENTS							
Two of the four lift stations within the city were inspected. Both lift stations are inspected by staff daily (Mon – Fri), and pump hours are recorded. Visual alarms were present and are float activated. Grease and solids were at a minimum in the wet wells. Hook-ups for a portable generator are available at all lift stations (see Photo 2).							
INSPECTOR'S SIGNATURE: 		Kerri McCabe			DATE: 12/11/2014		
SUPERVISOR'S SIGNATURE: 		Jason Bolenbaugh			DATE: 1/5/2015		

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: Main -> Lift Stations -> WWTP		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 6500 residential, 150 commercial, and 1 industry (Pilgrim's Pride)		
FEET OF SEWER SYSTEM: 2400 feet		
AGE OF SYSTEM: 40 – 50 years		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): Report with monthly netDMRs	<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: 4 lift stations within city; 1 at WWTP	NUMBER WITH BACKUP POWER: hook-ups for generator at all	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Once/day (M-F)		
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 SWEPCO's contact list during power outages		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): TWO		
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: 70 East Lift 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: TWO (submerged)	NUMBER OPERATIONAL: TWO
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: Uncovered	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: Uncovered	<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	
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 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: 70 West Lift 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: TWO (above-ground)	NUMBER OPERATIONAL: TWO
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: Covered with shell	<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: Covered with shell	<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 type="checkbox"/> S <input checked="" 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 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: City of DeQueen WWTP			
Photographer:	Kerri McCabe	Date:	Oct 16, 2014
Time:	1433	Witness:	Mike Sims
Photo #:	1	Description: Oily leak at 70 West Lift Station; exposed to stormwater.	



Photographer: Kerri McCabe			
Date:	Oct 16, 2014	Time:	1434
Witness:	Mike Sims	Photo #:	2
Description: Hook-up for portable generator at 70 West Lift Station.			



ATTENTION:

WATER DIVISION

INSPECTION BRANCH

ADEQ

5301 NORTSHORE DRIVE

NORTH LITTLE ROCK

ARKANSAS 72118-5317



BILLY RAY McKELVY
MAYOR

DONNA J. JONES
CITY CLERK/TREASURER

CITY OF DE QUEEN
(870) 584-3445

January 16, 2015

Kerri McCabe
Inspector Supervisor
Water Division
ADEQ
5301 Northshore Dr
North Little Rock AR. 72118-5317

RE: Response from City of De Queen on inspection dated October 16, 2014 by ADEQ, NPDES Permit No:
AR0021733, AR00C398 & AFIN:67-00023.

Dear Mrs. McCabe:

In the "Summary of Findings" from the SSO/Collection System inspection report two violations are listed. Following is the course of action taken to correct each item.

Emergency contact information has now been posted on all lift stations.

The 70 West Station has been cleaned and old oil containers are no longer stored in enclosure, it was found that when the pumps were serviced oil had been spilled and not cleaned up properly. See enclosed photos for documentation.

If you have any questions, contact me at msims@cityofdequeen.com or (870)642-5231.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Sims", is written over a white background.

Michael Sims
City of De Queen
Wastewater Manager
PO Box 730
De Queen Ar. 71832

**EMERGENCY CONTACT
CITY OF DE QUEEN**

WEEKDAYS 8:00 AM - 4:00 PM

870-584-3445

WEEKENDS

AFTER HOURS & HOLIDAYS

PAGER # 1-800-264-9606

#4785

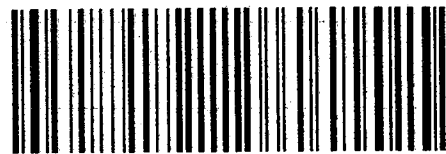


CITY OF DE QUEEN



OFFICE OF THE MAYOR
220 N. SECOND ST.
DE QUEEN, ARKANSAS 71832

CERTIFIED MAIL™



7009 3410 0002 4064 6437

Hasler
01/16/2015
US POSTAGE \$007.19⁰



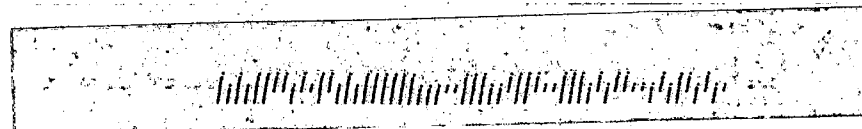
ZIP 71832
011D10642553

ADEQ

5301 North shore Dr.

North Little Rock Ar. 72118-5317

ATTN: Water Division, Inspection Branch



ADEQ

ARKANSAS
Department of Environmental Quality

January 21, 2015

Michael Sims, WW Superintendent
City of DeQueen WWTP
PO Box 730
DeQueen, AR 71832

Re: Response to Inspection – City of DeQueen WWTP (Sevier Co)
AFIN: 67-00023 NPDES Permit No.: AR0021733

Dear Mr. Sims:

I have reviewed the response pertaining to the October 16, 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 Sims, Wastewater Superintendent, City of DeQueen,
msims@cityofdequeen.com