 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT						
		AFIN: 33-00026		PERMIT #: AR0020036		DATE: 1/26/2016		
		COUNTY: 33 Izard			PDS #: 089189		MEDIA: WN	
		GPS LAT:		LONG:		LOCATION: *****		
FACILITY INFORMATION				INSPECTION INFORMATION				
NAME: City of Melbourne LOCATION: Hwy 9 Spur CITY: Melbourne, AR				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 109962 S - State		
RESPONSIBLE OFFICIAL NAME / TITLE: Rhonda Halbrook / Mayor COMPANY: City of Melbourne MAILING ADDRESS: P.O. Box 800 CITY, STATE, ZIP: Melbourne AR 72556 PHONE & EXT. / FAX: 870-368-4215 / EMAIL: cityofmelbourne@centurytel.net CONTACTED DURING INSPECTION: Yes				FACILITY EVALUATION RATING: 2 - Marginal		INSPECTION TYPE: SSO/Collection System		
				DATE(S): 1/26/2016	ENTRY TIME: 11:32	EXIT TIME: 12:45	PERMIT EFFECTIVE DATE: 11/1/2015 PERMIT EXPIRATION DATE: 10/31/2020	
				FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N				
				INSPECTION PARTICIPANTS				
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Dustin Payne/Opertor/870-291-3852/oldusty29@yahoo.com Kerri McCabe/Inspector Supervisor/501-682-0642/mccabe@adeq.state.ar.us				
AREA EVALUATIONS								
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER			
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW			
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM			
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT			
M	OTHER: Collection System							
SUMMARY OF FINDINGS								
The following items are violations of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6 which has adopted the "10 States Standards" (http://10statesstandards.com/wastewaterstandards.html#40):								
<ul style="list-style-type: none"> • Public emergency contact information is not posted at any lift stations. • Locks for security purposes were not present on necessary 69 Hwy Lift Station components. • Accumulated solids should be removed from the 69 Hwy Lift Station to avoid operational problems. Other lift stations appeared adequate during the inspection, but should continue to be maintained to avoid operational problems from the accumulation of grit. • It is unknown by the operator if the audible/visual alarm system is functioning for the Airport Lift Station. 								

GENERAL COMMENTS



An inspection on the City of Melbourne's collection system was conducted on Tuesday, January 26, 2016 with the above-mentioned inspection participants. All four (4) of the City's lift stations were evaluated during the inspection. The system consists of gravity flow service lines to the WWTP and includes a force main system with four (4) pump/lift stations. The Main Lift Station is the only station that receives industrial wastewater according to the operator.

Currently, the operator stated that the lift stations are being visited approximately once every other week. At a minimum, the lift stations should be checked multiple times per week with logs recorded.

An SSO occurred at the Main Lift Station in December 2015 (SSO was reported). During the inspection, evidence of sufficient cleanup was observed.

A remote monitoring station was observed at the Airport Lift Station, but is not being utilized. It is recommended that the system be studied and employed for additional means of monitoring.

The City currently only has one (1) backup generator to engage in the case of power failure. It is greatly recommended that additional backup power sources are obtained. Information regarding Water/Wastewater improvement funding options was sent to the City via email on February 1, 2016.

INSPECTOR'S SIGNATURE:  Cody Wallace	DATE: 2/12/2016
SUPERVISOR'S SIGNATURE: 	Kerri McCabe DATE: 2/12/2016

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: Majority is gravity flow to WWTP and includes force main system with 4 pump/lift stations		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: ~1800-2000		
FEET OF SEWER SYSTEM: Unknown; an estimate could not be given.		
AGE OF SYSTEM: ~70 years		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Wet weather; infiltration to lines.		<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): Operator reports to Enforcement Branch of ADEQ per requirements.		<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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: 4	NUMBER WITH BACKUP POWER: None; only 1 generator available for all 4 lift stations	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Once biweekly		
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: Find problem→Fix problem→Report to ADEQ		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 4		
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: No		
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; GPS=36.05349, -91.91615	
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>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: Recent overflow occurred in December 2015 because of a tripped breaker for system.	<input checked="" type="checkbox"/> Y <input 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 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:	<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
Only one (1) generator available for all 4 lift stations; station needs emergency contact information.	

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 Rd. Lift Station; GPS=36.068940, -91.908780	
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 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:	<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
<u>Only one (1) generator available for all 4 lift stations; station needs emergency contact information.</u>	

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 Hwy Lift Station; GPS=36.059287, -91.875311	
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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<u>Locks are needed to prevent access to station components. Solids have accumulated in wet well.</u>	
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 checked="" 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
<u>Only one (1) generator available for all 4 lift stations; station needs emergency contact information.</u>	

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: Airport Lift Station; GPS=36.073676, -91.832470	
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 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:	<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): Has remote monitoring, but not being used.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
Only one (1) generator available for all 4 lift stations; station needs emergency contact information.	

Water Division Photographic Evidence Sheet

Location:	City of Melbourne				
Photographer:	Cody Wallace	Date:	January 26, 2016	Time:	1156
Witness:	Dustin Payne, Kerri McCabe			Photo #:	1
Description:	Main Lift Station				



Photographer:	Cody Wallace	Date:	January 26, 2016	Time:	1138
Witness:	Dustin Payne, Kerri McCabe			Photo #:	2
Description:	Main Lift Station wet well; grease/solids low.				



Water Division Photographic Evidence Sheet

Location:	City of Melbourne		
Photographer:	Cody Wallace	Date:	January 26, 2016
Witness:	Dustin Payne, Kerri McCabe	Time:	1205
Description:	Knob Creek Rd. Lift Station	Photo #:	3



Photographer:	Cody Wallace	Date:	January 26, 2016
Witness:	Dustin Payne, Kerri McCabe	Time:	1207
Description:	Knob Creek Rd. wet well; grease/solids moderate.		



Water Division Photographic Evidence Sheet

Location:	City of Melbourne				
Photographer:	Cody Wallace	Date:	January 26, 2016	Time:	1220
Witness:	Dustin Payne, Kerri McCabe			Photo #:	5
Description:	69 Hwy Lift Station				



Photographer:	Cody Wallace	Date:	January 26, 2016	Time:	1224
Witness:	Dustin Payne, Kerri McCabe			Photo #:	6
Description:	69 Hwy Lift Station wet well; solids relatively high.				



Water Division Photographic Evidence Sheet

Location:	City of Melbourne				
Photographer:	Cody Wallace	Date:	January 26, 2016	Time:	1242
Witness:	Dustin Payne, Kerri McCabe			Photo #:	7
Description:	Airport Lift Station				



Photographer:	Cody Wallace	Date:	January 26, 2016	Time:	1237
Witness:	Dustin Payne, Kerri McCabe			Photo #:	8
Description:	Airport Lift Station wet well; grease/solids moderate.				

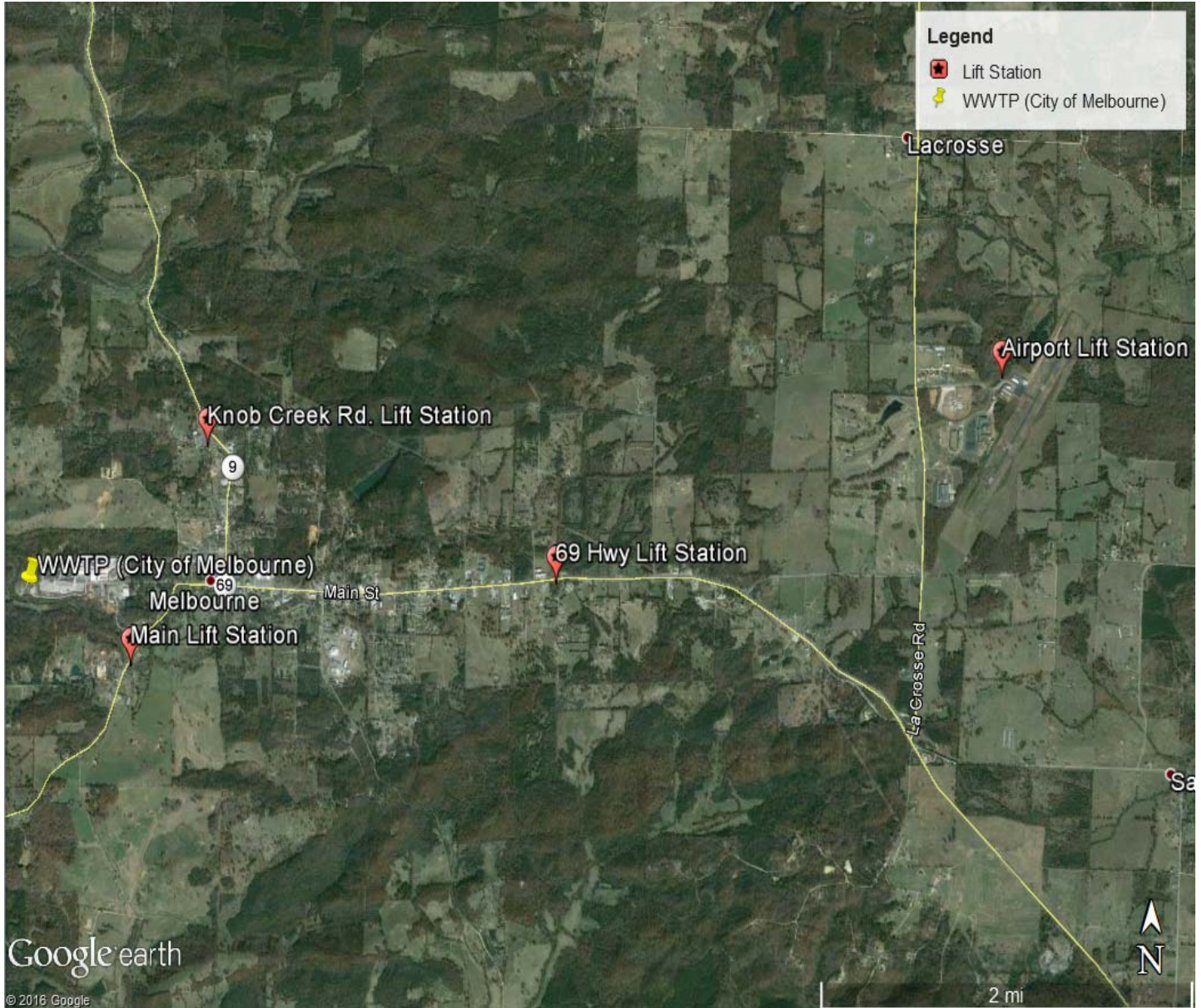


Water Division Photographic Evidence Sheet

Location:	City of Melbourne		
Photographer:	Cody Wallace	Date:	January 26, 2016
Witness:	Dustin Payne, Kerri McCabe	Time:	1240
Description:	Remote monitoring system for Airport Lift Station.		

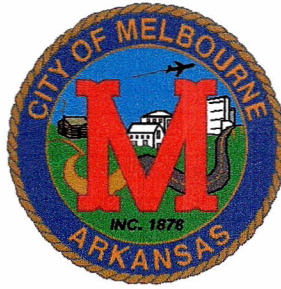


Figure 1. Aerial view of WWTP location and the four (4) lift stations associated with the collection system (Google Earth: imagery date November 16, 2012).



Mayor:
Rhonda Halbrook

Recorder/Treasurer:
Alecia K. Bray



P.O. Box 800
Melbourne, AR 72556
Phone: (870) 368-4215
Fax: (870) 368-4721
Cityofmelbourne@centurytel.net

Council Members:
William Wright
Jerry Crosby
Paul Womack
Trey Lamb
Ronnie Treat
Laura Sipe
Sonia Blankenship
Warren Smith

March 3, 2016

ADEQ
Cody Wallace
5301Northshore Drive
North Little Rock, AR 72118-5317

Dear Mr. Wallace:

This letter is in regards to the notice of violations that were observed on January 26, 2016. In response to the summary of findings:

1.
 - a. cleaned and disposed of properly
 - b. washed and disposed of properly
 - c. separations in concrete were sealed
 - d. algae accumulations on oxidation ditch walls were cleaned
 - e. waiting on funds to be available to repair teeth on clarifier weirs
 - f. sludge was wasted and water quality was improved in clarifiers
 - g. partial flume and staff gage were cleaned thoroughly
 - h. dry sludge was placed back in drying bed
2. Outfall 001 was thoroughly cleaned of visible solids and algae
3. repairs were done to secondary clarifier and is back operation
4. waiting on funds to become available for proper alarm system
5. have enclosed corrected DMR
6. have enclosed signed and corrected DMR
7. DMR has been updated by Arkansas Testing Lab
8. Spoke with Arkansas Testing Lab and was informed that due to the late renewal (November 2015) they were not able to pull CBOD5 and TSS influent sampling.

Additional items:

1. DMR has been updated to current
2. The City of Melbourne owns the offsite holding lagoon that is used for emergency treatment control. This lagoon is fenced & gated to keep livestock out. The City will be sure the gate is chained & locked and that the fence is in good condition. This pond is only there for emergency use and prevents discharge of untreated sewage into public waters. We are in the process of making repairs to the main lift station, but we desire to keep the pond in place for emergencies. We asked our engineer to contact the Permits Branch on our behalf and determine the viability of adding this pond to our permitted facilities.

This is in response to Part III, Section B 1.A. (photos attached)

- Public Emergency Contact information has been posted at all lift stations.
- Locks on Highway 69 lift stations have been installed
- Plan to remove accumulated solids at the Highway 69 lift station as soon as possible.
- Upon our inspection of the lift station at Airport it was revealed that no test button was installed at

the time of installation. Plans are being made to have one installed.

General

- The City is currently working on price quotes for backup generators and installation at our lift stations.

Flow Calculation Sheet

- Staff gauge was cleaned and secondary flow measurement device was calibrated (see photos)

PAN

- PAN formula was found in permit (see photo) and will be using this future calculations.

Land Application Site

- Now that we are aware that the current land application sites exceed the (3%) three percent and (6%) six percent maximum slope we are in the process of locating new application sites.

Sincerely,

Dustin Payne
Water Assistant

A handwritten signature in blue ink that reads "Dustin Payne". The signature is written in a cursive style with a large, looping initial "D".



IN CASE OF EMERGENCY
CALL CITY HALL
870-368-4215
OR
870-368-4203

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ADEQ

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

March 17, 2016

Rhonda Halbrook, Mayor
City of Melbourne
P.O. Box 800
Melbourne, AR 72556

Re: Response to City of Melbourne Inspection (Izard Co)
AFIN: 33-00026 NPDES Permit No.: AR0020036

Dear Mayor Halbrook:

I have reviewed your response pertaining to my January 26, 2016 inspections of the City of Melbourne. However, the information provided does not sufficiently address the violations referenced in my inspection report.

In regards to the holding lagoon for Permit No. AR0020036, additional items that require a response:

Item #2, the City's consulting engineer will need to contact the Permits Branch of the Department to initiate a modification to the current permit. In your response, please provide the date in which the Permits Branch was contacted and the name of the ADEQ contact that was communicated with regarding this modification.

This work should be complete as soon as possible. Please provide the information no later than **March 31, 2016**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 3 or you may e-mail me at wallace@adeq.state.ar.us.

Sincerely,



Cody Wallace
District 2 Field Inspector
Water Division