 A R K A N S A S Department of Environmental Quality	WATER DIVISION INSPECTION REPORT				
	AFIN: 18-00879	PERMIT #: AR0022039	DATE: 8/22/2017		
	COUNTY: 18 Crittenden	PDS #: 100773	MEDIA: WN		
	GPS LAT: 35.124212 LONG: -90.179016 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: West Memphis WWTP LOCATION: 502 South Loop Rd. CITY: West Memphis		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: SSO/Collection System			
RESPONSIBLE OFFICIAL		DATE(S): 8/22/2017 ENTRY TIME: 09:28 EXIT TIME: 16:00 PERMIT EFFECTIVE DATE: 8/1/2013 PERMIT EXPIRATION DATE: 7/31/2018			
NAME / TITLE: William Johnson / Mayor COMPANY: West Memphis Utilities MAILING ADDRESS: 205 South Redding CITY, STATE, ZIP: West Memphis AR 72301 PHONE & EXT. / FAX: / EMAIL:		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Todd Pedersen/ Assistant General Manager Amanda Hicks/ City Engineer Robert Hatchett/ Senior Pump Mechanic Danny Loving/ Senior Pump Mechanic			
AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	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
N	OTHER:				
SUMMARY OF FINDINGS					
The following were noted at The Villa Pump Station during the inspection in violation of Part III, Section B.1.a. of the permit for Improper Operation and Maintenance:					
<ol style="list-style-type: none"> 1. High accumulation of grease/solids was observed in wet well (Photo 9) 2. Electrical box was unlocked (Photo 10). This is also in violation of Item 41.2 for 10 States Standards. 					

GENERAL COMMENTS

The Pump Station 8 was experiencing a malfunction with their pump and a temporary emergency pump had to be used (Photos 1-4). The emergency pump appeared adequate to meet the needs of the collection system. The city is experiencing problems with some of their pumps and is looking at installing bypass pumps for the larger pump stations.



Solids/grease accumulation is still a major problem for parts of the city especially at the Bill's Grill Pump Station and The Villa Pump Station. The city has observed that the Bill's Grill Pump Station does not have enough flow that causes the constant buildup of solids. The Villa Pump Station services an apartment complex that frequently experiences accumulation of solids/grease (see attached individual pump station checklist). The city needs to find a better solution to combat this reoccurring problem.

The city experiences problems with high I&I during wet weather. Manholes were relined on the south side of the city (Photo 11) to help with this problem. Plans are in place to evaluate the system further with for a better overall picture of the system.

The contact for the Satellite system was unavailable during the inspection. Please send the updated contact information with your response.

Brent Walker, District 3 Water Inspector, also participated in this inspection.

A Compliance Evaluation Inspection and Industrial Stormwater Inspection were performed in conjunction with this inspection.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 12/29/2017
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 1/3/2018

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" 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: <u>Gravity and force main system</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>Population:~28,000</u>		
FEET OF SEWER SYSTEM: <u>~167 miles</u>		
AGE OF SYSTEM: <u>1950s and newer</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>High I&I</u>		<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): <u>Environmental Quality Department reports to ADEQ</u>		<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): <u>See ADEQ Database</u>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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: <u>40</u>	NUMBER WITH BACKUP POWER: <u>0</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>5/week</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>Yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>SCADA</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>auxiliary or electrical emergency bypass pumps; partnership with CWL and PLWC for parts and equipment</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>3</u>		
SATELLITE SYSTEMS		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <u>Yes</u>		
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <u>~75 residential customers</u>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <u>flowmeter not working properly; no issues presently</u>		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <u>Crittenden County Sewer District; Please send the updated contact information with your response</u>		

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: Pump Station 8	
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>1</u>	NUMBER OPERATIONAL: <u>1 (Temporary emergency pump)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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
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): <u>high/low levels, pump running, pH</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Pump Station 1 (Planning to redo station next year)	
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 (pumps don't prime)</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	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
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	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
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): <u>high/low levels, pumps running, pH</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: The Villa	
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
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING: Electrical box unlocked	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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

Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	14:29
Description:	Overview of Pump Station 8. Note the temporary emergency pump.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	14:29
Description:	Close-up view of the temporary emergency pump.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	14:30
		Photo #:	3
Description:	Inside view of Pump Station 8.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	14:35
		Photo #:	4
Description:	View of the wet well for Pump Station 8.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	15:03
		Photo #:	5
Description:	Overview of Pump Station 1.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	14:54
		Photo #:	6
Description:	View of the inside of Pump Station 1.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	14:58
		Photo #:	7
Description:	View of the wet well for Pump Station 1.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	15:12
		Photo #:	8
Description:	View of The Villa Pump Station.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP		
Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	15:08
		Photo #:	9
Description:	View of The Villa Pump Station wet well. Note the high accumulation of solids/grease but clean wet well wall.		



Photographer:	Sarah Frasher	Date:	8/22/2017
Witness:	Brent Walker	Time:	15:12
		Photo #:	10
Description:	View of The Villa Pump Station electrical box. Note the box was left unlocked.		



Water Division Photographic Evidence Sheet

Location:	West Memphis WWTP				
Photographer:	Sarah Frasher	Date:	8/22/2017	Time:	14:48
Witness:	Brent Walker	Photo #:	11		
Description:	View of the inside of a manhole. Note the new lining to aid with I&I.				



ADEQ

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

March 6, 2018

William Johnson, Mayor
West Memphis Utilities
205 South Redding
West Memphis, AR 72301

RE: West Memphis Utilities Inspection Response

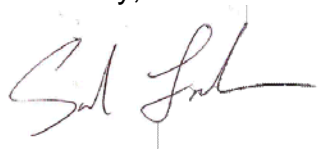
Permit No.: AR0022039 AFIN: 18-00879

Dear Mayor Williams:

I have reviewed the response pertaining to my August 22, 2017 inspection of the West Memphis Utilities. The information provided sufficiently addresses the violations 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 870-935-7221 ext.-15 or you may e-mail me at frasher@adeq.state.ar.us.

Sincerely,



Sarah Frasher
District 3 Field Inspector
Water Division