



**ARKANSAS**  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: 21-00045	PERMIT #: AR0033987	DATE: 1/10/2019
COUNTY: 21 Desha	PDS #: 106597	MEDIA: WN
GPS LAT:	LONG:	LOCATION: N/A

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>City of Dumas Collection System</b> LOCATION: <b>204 Ford Loop Rd</b> CITY: <b>Dumas, AR</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>84022 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>SSO/Collection System</b> DATE(S): <b>1/10/2019</b> ENTRY TIME: <b>08:30</b> EXIT TIME: <b>11:30</b> PERMIT EFFECTIVE DATE: <b>2/1/2017</b> PERMIT EXPIRATION DATE: <b>1/31/2022</b>
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>
NAME / TITLE: <b>Flora J Simon / Mayor</b> COMPANY: <b>City of Dumas</b> MAILING ADDRESS: <b>155 East Waterman St PO Box 157</b> CITY, STATE, ZIP: <b>Dumas AR 71639</b> PHONE & EXT. / FAX: <b>870-382-2121 / 870-382-6846</b> EMAIL: <b>dumasarmayor@gmail.com</b> <b>dumas@centurytel.net</b>	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: <b>Yes</b>	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Patrick Fitzgerald, Water and Sewer Superintendent</b> <b>(Class II Lic #008415)/(870) 382-</b> <b>2121/pf7764@gmail.com</b>

### 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: **SSO/Collection System**

### SUMMARY OF FINDINGS

The following items are violations of Part III, Section B, 1.A. of the permit and a violation of APC&EC Regulation 6, which has adopted the "10 States Standards" (<http://10statesstandards.com/wastewaterstandards.html#40>):

**General:**

- There is no emergency contact information posted at the lift stations.
- The gates, latches, and wet well hatches are not in a controlled state (i.e., no locks; can be accessed by the public).
- There are no maintenance records/operator logs for the lift stations to demonstrate periodic inspections.

**For the John Street Lift Station:**

- There is no working alarm at the lift station.



**GENERAL COMMENTS**

On Thurs, Jan 10, 2019, an inspection was conducted of the City of Dumas collection system.

The inspection consisted of an assessment of the system's lift stations and a record review of the reported SSO information.

The system consists of eleven (11) lift stations. The city is responsible for main lines, manholes, and lift stations; residents are responsible for service lines (to the edge of the street). For reporting requirements, city personnel acknowledge that a threat to public health is an overflow at a residence (close contact with people) and an overflow that reaches waters of the State is a threat to the environment.

For mechanical and pump issues, the city uses Mid South Electric Co (662-332-3512; Greenville, MS) and T&N Electric Co (870-534-8161; Pine Bluff). For electrical issues, the city uses Mizell Heating and Air (870-382-5250; Dumas). For wet well maintenance, the city uses ARWA for pump truck and uses degreaser when needed (mainly during winter months).

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 2/11/2019
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 2/19/2019

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<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: <b>Gravity (some low pressure) to Lift Stations force to Mains and force/gravity to WWTP.</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>~2700</b>		
FEET OF SEWER SYSTEM: <b>5-10 miles</b>		
AGE OF SYSTEM: <b>~ 38 years; new project in 2019 at Choctaw Street</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR <b>WET</b> WEATHER (EXPLAIN): <b>I&amp;I</b>		<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): <b>24-hr report online; report with NetDMR (monthly)</b>		<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): <b>Reviewed 2015 to present; no reported SSO in database.</b>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>PUMP STATIONS</b>		<input 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: <b>Eleven (11)</b>	NUMBER WITH BACKUP POWER: <b>One (1); portable bypass pump available</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>No</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>Seals, electrical components, valves, etc.</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>None</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Identify problem (repair/jet), dispose of solids, disinfect area, and report.</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>Three (3)</b>		
<b>SATELLITE SYSTEMS</b>		<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: <b>No</b>		
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:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>John Street at East Waterman St (33.887445,-91.482218)</b>	
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: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>Two (2)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>Above-ground (6"; 25hp)</b>	<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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
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: <b>Latches/hatches have no locks.</b>	<input type="checkbox"/> S <input checked="" 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: <b>Outside</b>	<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: <b>Outside</b>	<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: <b>Solids/grease minimal.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Bypass pump available; Entergy to restore electricity.</b>	<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: <b>No working alarm; no emergency contact info posted.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Hwy 65 at Hwy 65 (33.900826,-91.491888)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL 95% <input checked="" type="checkbox"/> COMMERCIAL 5% <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>Two (2); ball stuck during inspection; repaired onsite.</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>Above-ground (6"; 25hp)</b>	<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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
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: <b>Latches/hatches have no locks.</b>	<input type="checkbox"/> S <input checked="" 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: <b>Outside</b>	<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: <b>Outside</b>	<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: <b>Solids/grease minimal.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Bypass pump available; Entergy to restore electricity.</b>	<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: <b>No emergency contact info posted.</b>	<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

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b><u>Banks at East Banks St (33.894933,-91.491690); new lift station with old lift station decommissioned.</u></b>	
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: <b><u>Two (2)</u></b>	NUMBER OPERATIONAL: <b><u>Two (2)</u></b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b><u>Above-ground (10"; 100hp)</u></b>	<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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
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: <b><u>Latches/hatches have no locks.</u></b>	<input type="checkbox"/> S <input checked="" 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: <b><u>Solids/grease minimal.</u></b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b><u>Onsite generator.</u></b>	<input 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: <b><u>No emergency contact info posted.</u></b>	<input 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:	<b>City of Dumas Collection System</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0945</b>
		Photo #:	<b>1</b>
Description:	<b>Overview of John Street LS; no working alarm and no emergency contact info.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0944</b>
		Photo #:	<b>2</b>
Description:	<b>Above-ground pumps at John Street LS; pump run recorder not functional.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas Collection System</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0943</b>
		Photo #:	<b>3</b>
Description:	<b>Wet well contents at John Street LS; solids/grease minimal.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0954</b>
		Photo #:	<b>4</b>
Description:	<b>Overview of Hwy 65 LS; working alarm; no emergency contact info.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas Collection System</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0953</b>
		Photo #:	<b>5</b>
Description:	<b>Closer view of above-ground pumps at Hwy 65 LS; Mr. Fitzgerald repaired pump onsite.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>0953</b>
		Photo #:	<b>6</b>
Description:	<b>Wet well contents of Hwy 65 LS; solids/grease minimal.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Dumas Collection System</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>1004</b>
		Photo #:	<b>7</b>
Description:	<b>Overview of Banks LS; new LS; working alarms; no emergency contact info.</b>		

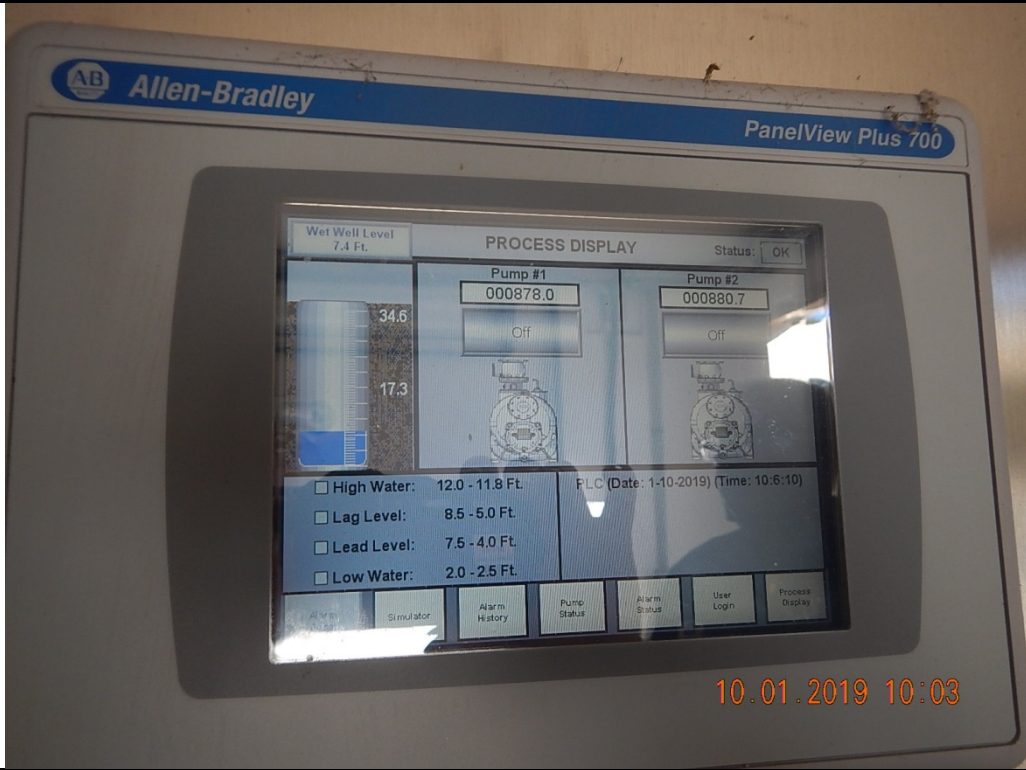


Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>1002</b>
		Photo #:	<b>8</b>
Description:	<b>Above-ground pumps at Banks LS.</b>		



**Water Division Photographic Evidence Sheet**

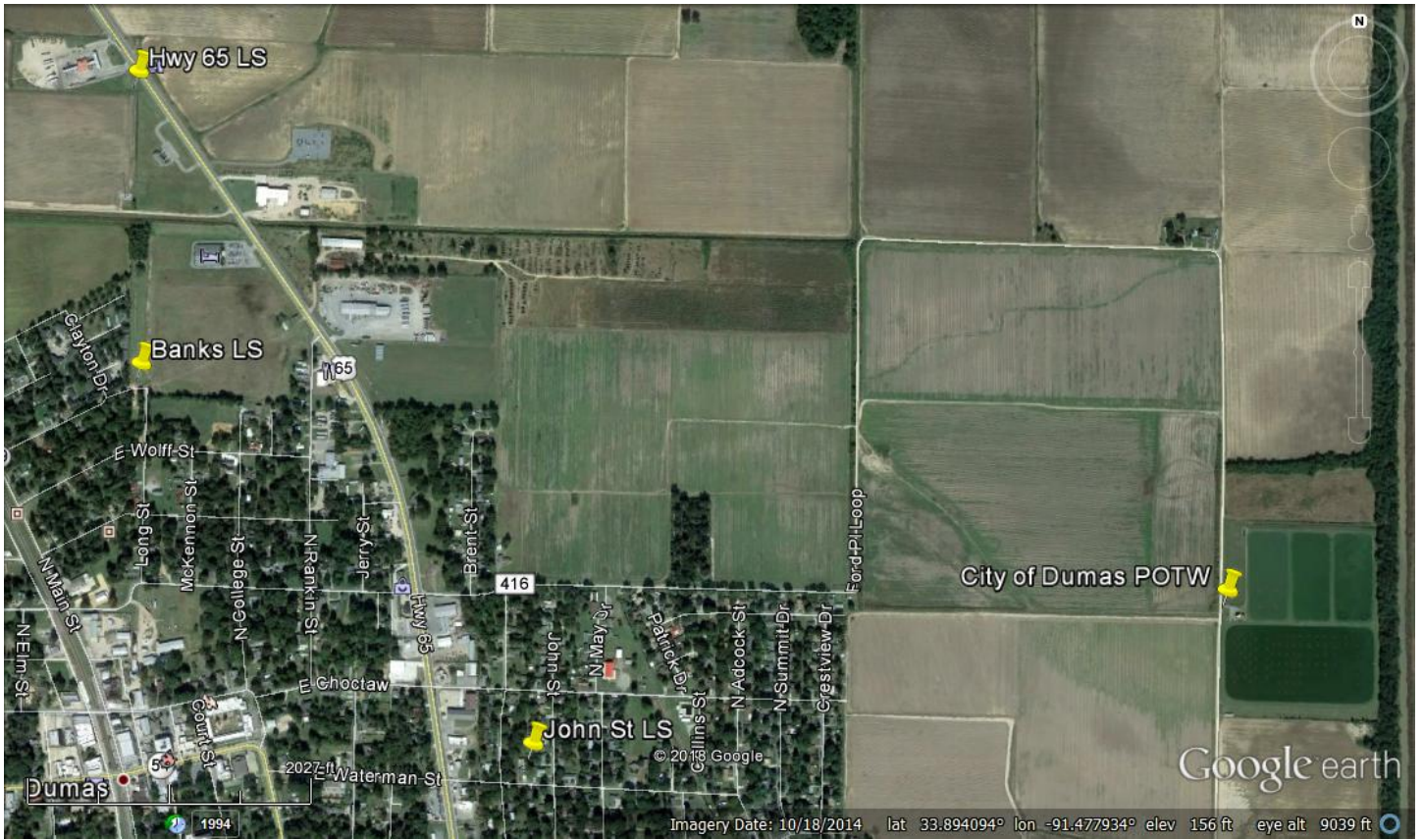
Location:	<b>City of Dumas Collection System</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>1003</b>
Description:	<b>Pump run hours and process display for Banks LS.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Jan 10, 2019</b>
Witness:	<b>N/A</b>	Time:	<b>1002</b>
Description:	<b>Wet well contents for Banks LS; solids/grease minimal.</b>		



**Figure 1. Google Earth image dated Oct 18, 2014 depicting lift stations inspected in relation to the City of Dumas POTW.**



## McConnell, Melissa

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**From:** McCabe, Kerri  
**Sent:** Monday, June 17, 2019 9:58 AM  
**To:** McConnell, Melissa  
**Cc:** Healey, Richard  
**Subject:** FW: Revised Compliance Evaluation Inspection Response  
**Attachments:** Revised CEI Response-03-08-2019.pdf

Melissa,

Please add this response to PDS 106596 and 106597. 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



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**From:** Chid Kwelle [<mailto:ckwelle@mce.us.com>]  
**Sent:** Tuesday, March 12, 2019 3:04 PM  
**To:** McCabe, Kerri  
**Cc:** [pf7764@gmail.com](mailto:pf7764@gmail.com); Adam Triche; Matt Bienvenu; [dumasarmayor@gmail.com](mailto:dumasarmayor@gmail.com); [dumas@centurytel.net](mailto:dumas@centurytel.net)  
**Subject:** RE: Revised Compliance Evaluation Inspection Response

Dear Kerri,

Attached is the revised CEI.

### Chid Kwelle, PhD, PE



7302 Kanis Road | Little Rock, AR 72204  
P.O. Box 34087 | Little Rock, AR 72203  
501.371.0272 office | 501.371.9932 fax  
[ckwelle@mce.us.com](mailto:ckwelle@mce.us.com)

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**From:** McCabe, Kerri <[MCCABE@adeq.state.ar.us](mailto:MCCABE@adeq.state.ar.us)>  
**Sent:** Wednesday, March 6, 2019 3:02 PM  
**To:** Chid Kwelle <[ckwelle@mce.us.com](mailto:ckwelle@mce.us.com)>  
**Cc:** [pf7764@gmail.com](mailto:pf7764@gmail.com); Adam Triche <[atriche@mce.us.com](mailto:atriche@mce.us.com)>; Matt Bienvenu <[mbienvenu@mce.us.com](mailto:mbienvenu@mce.us.com)>  
**Subject:** RE: Response to Compliance Evaluation Report

Mr. Kwelle,

I have received your response prepared for the City of Dumas for my Compliance Evaluation Inspection (response to SSO/Collection System Inspection not provided). I deem the items for the CEI adequate. Please be advised that the response should be signed by the Responsible Official listed for the city and per Part III, Section D, 11 of the permit. Updates to Responsible/Cognizant Officials can be made with the attached form. Thank you for your attention to this matter.

### **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



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**From:** Chid Kwelle [<mailto:ckwelle@mce.us.com>]  
**Sent:** Wednesday, March 06, 2019 1:40 PM  
**To:** McCabe, Kerri; Water-Inspection-Report  
**Cc:** [pf7764@gmail.com](mailto:pf7764@gmail.com); Adam Triche; Matt Bienvenu  
**Subject:** Response to Compliance Evaluation Report

Dear Kerri,

Attached is the response to the findings of compliance evaluation inspection that was conducted on January 10, 2019. If you desire additional clarification, please contact us at 501-371-0272 or with email, [ckwelle@mce.us.com](mailto:ckwelle@mce.us.com).

### **Chid Kwelle, Ph.D., P.E.**



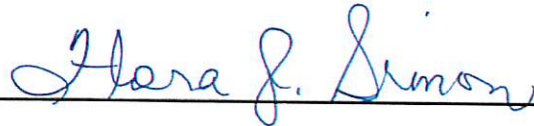
7302 Kanis Road | Little Rock, AR 72204  
P.O. Box 34087 | Little Rock, AR 72203  
501.371.0272 office | 501.371.9932 fax  
[ckwelle@mce.us.com](mailto:ckwelle@mce.us.com)

**City of Dumas Wastewater Treatment Facility**  
NPDES Permit Number: AR0033987; AFIN:21-00045

Industrial Stormwater (No-Exposure): ARR000150; AFIN: 21-00265

Dumas, Desha County, Arkansas

**Compliance Evaluation Inspection Response**

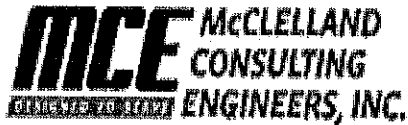


The Honorable Mayor Flora J. Simon  
City of Dumas, Arkansas

Prepared by  
McClelland Consulting Engineers

March 8, 2019

**MCE** McCLELLAND  
CONSULTING  
DESIGNED TO SAVE ENGINEERS, INC.



**REVISED COMPLIANCE EVALUATION INSPECTION  
RESPONSES**

City of Dumas Wastewater Treatment Facility  
NPDES Permit Number: AR0033987; AFIN: 21-00045

Industrial Stormwater (No-Exposure): ARR000150; AFIN 21-00265

Dumas, Desha County, Arkansas

**March 7, 2019**

The city of Dumas wastewater treatment facility has two components: wastewater treatment plant and wastewater collection system. Compliance Evaluation Inspection (CEI) was performed by Arkansas Department of Environmental Quality (ADEQ) on both systems on January 10, 2019. Several deficiencies on both systems were observed by ADEQ and will be addressed under separate headings.

**Wastewater Treatment Plant**

**Comment 1**

Samples were collected for NH<sub>3</sub>-N for April 2018 as indicated on the contract lab's COCs; however, the parameter was not analyzed as specified on the DMR submitted for April 2018. A non-compliance report (NCR) has not been submitted to the Department for this excursion. This is a violation of Part I, Section A (INTERIM) and Part III, Section D, 7 of the permit. A NCR must be submitted to the enforcement Branch to address this item.

**Response 1**

Attached is the completed NCR Form.

**Comment 2**

For the week of April 2-5, 2018, only two samples were collected and analyzed for TRC by the contract lab (permit requires three/week). An NCR has not been submitted to the Department for this excursion. This is a violation of Part I, Section A (INTERIM) and Part III, Section D, 7 of the permit. A NCR must be submitted to the Enforcement Branch to address this item.

**Response 2**

Attached is the completed NCR for the missing date of none TRC analysis. Future reporting will avoid this inadvertent error.

**Comment 3**

For the TRC samples collected/analyzed on Nov 19, 2018 (0.00 and 0.10 mg/L) and Nov 20, 2018 (0.00 and 0.10 mg/L), the permit limit of 0.028 mg/L for TRC was exceeded. Additionally, the contract lab



averaged the results for the Nov 19 sample with 0.05 mg/L reported on the lab analysis sheet. This is a violation of Part I, Section A (INTERIM) of the permit. The city submitted an adequate NCR for the exceedances to the Department. No further action is required for this item. Please be advised the dates on the submitted NCR are for Nov 20 and Nov 21 and the reported values are 0.05 and 0.10 mg/L. The dates should have been Nov 19 and Nov 20 with reported values of 0.10 and 0.10 mg/L.

**Response 3**

No action is needed. However, the facility will continue to make improvements on matching the TRC coming out of the chlorination unit with an appropriate dose of sulfur dioxide (SO<sub>2</sub>).

**Comment 4**

CBOD<sub>5</sub>/BOD<sub>5</sub>, TSS, and NH<sub>3</sub>-N samples are not being collected as composite samples (see definition of Inspection Report: City of Dumas POTW, AFIN 21-00045, Permit #: AR0033987 “composite” in Part IV). This is a violation of Part I, Section A (INTERIM) of the permit. The city must collect these parameters as composite samples with actual time collected and flow for EACH aliquot documented on the COC. The sample volume is to be proportional to the flow during the time of sample collection.

**Response 4**

The city of Dumas (City) has been collecting CBOD<sub>5</sub>/BOD<sub>5</sub>, TSS, and NH<sub>3</sub>-N as composite samples as defined in Part IV, Definitions. However, the operator has not been appropriately listing the sampling times. Sample times, sample volumes and flows will be recorded on the chain of custody (COC) in all future samplings.

**Comment 5**

An instantaneous flow measurement is not being documented during grab samples (see definition of “grab” in Part IV). This is a violation of Part I, Section (INTERIM) of the permit. An instantaneous flow measurement must be documented on the COC for grab samples.

**Response 5**

Since the end of December 2018, the contract lab route driver has begun to record the instantaneous flow whenever a grab sample is made.

**Comment 6**

Comparison of influent and effluent samples collected in April 2018 demonstrate that the treatment plant is not meeting the minimal 85% removal for TSS.  $[(\text{Inf TSS} - \text{Eff TSS})/\text{Inf TSS}] \times 100 = \text{Percent Removal}$  or  $[(140 \text{ mg/L} - 40 \text{ mg/L})/140.0] \times 100 = 71\%$ . Percent removal was met for BOD for April, Oct, and Nov 2018 as well as TSS for Oct and Nov 2018. This is a violation of Part II, Condition 3 of the permit. The city needs to evaluate the conditions at the treatment plant to determine why percent removal for TSS was not met.

**Response 6**

The City will perform evaluation of the treatment conditions and make pertinent changes to ensure that excursions of TSS and the TSS percent removal are appreciably reduced or eliminated.

**Comment 7**

The following items violate Part II, Condition 6 of the permit:

- Sanitary waste removed from the bar screen at the headworks was observed along the concrete pad containment area outside proper waste disposal containers. This sanitary waste must be removed and disposed of properly.
- A potable water leak had occurred outside the chlorine/sulfur dioxide buildings. The line has been repaired; however, the area has not been backfilled and is collecting stormwater runoff. The area needs to be backfilled for worker safety and stormwater protection.

**Response 7**

The sanitary waste around the disposal containers will be removed and disposed of properly. The dug hole created during a repair of potable water leak will also be backfilled.

**Comment 8**

The staff gauge at the Parshall flume is fouled and cannot be read to conduct proper accuracy checks for the primary and secondary flow measurement devices. This is a violation of Part III, Section B, 1.A of the permit. A new staff gauge was observed in the in-house lab and should be installed at the Parshall flume.

**Response 8**

The existing staff gauge will be removed and replaced with a new staff gauge to satisfy the terms and conditions of the NPDES Permit, Part III, Section B, 1.A.

**Comment 9**

Mr. Larry Harrell, City Worker, is conducting most functions associated with the treatment plant to include recording flow and collecting samples. Mr. Harrell is unlicensed and inadequately trained. This is a violation of Part III, Section B, 1.B of the permit. Mr. Harrell must be properly trained if he is to run the treatment plant and/or collect samples for the NPDES permit.

**Response 9**

The City, in most instances, operates the wastewater treatment plant (WWTP) in accordance with its NPDES permit. The WWTP superintendent, a licensed individual, performs day-to-day operations of the wastewater treatment plant. The city worker helps the superintendent and is being supervised by the WWTP superintendent at all times. However, at the time of the compliance evaluation inspection the superintendent was not onsite due to some circumstance that developed that needed immediate attention at the time. Nevertheless, the City would speed up the training and licensing of a city worker to substitute for the WWTP superintendent during times of absence and/or emergencies.

**Comment 10**

There is no indication that the thermometer used by the city in the refrigerator for composite storage has been calibrated. This is a violation of Part III, Section C, 3 of the permit. The thermometer must be calibrated or replaced annually to demonstrate accuracy.

**Response 10**

The City will calibrate or replace the thermometer annually, and maintenance record will be maintained.

**Comment 11**

The COCs reviewed for April and Nov 2018 had numerous inconsistencies (see "General Comments" under 'Records Review' for specific items) and they are not being filled out completely by either city personnel or the contract lab. This is a violation of Part III, Section C, 8, A-F of the permit.

**Response 11**

The contract laboratory has contacted the appropriate personnel at the city of Duma's facility. There will be two new chains of custody commencing from now: one for April through October and the other November through March. They have been advised on the importance of using correct COC and filling it out properly before it is turned over to the contract laboratory.

**Wastewater Collection System**

There are eleven (11) lift stations within the city of Dumas wastewater collection system. Of these, three lift stations were inspected; namely, John Street, Highway 65 and Banks stations. No deficiency was observed at the Banks lift station.

**Comment 1**General:

- There is no emergency contact information posted at the lift stations.
- The gates, latches, and wet well hatches are not in a controlled state (i.e., no locks; can be accessed by the public).
- There are no maintenance records/operator logs for the lift stations to demonstrate periodic inspections.

**Response 1**

Emergency contact information will be provided where permissible at all lift stations. Lift stations gates, latches and wet well hatches will be made restrictive to the public. Maintenance records/operator logs will be maintained for all lift stations in accordance to each pump manufacturer's specifications. All these will be performed in conformance with APC&EC Regulation.

**Comment 2**For the John Street Lift Station

- There is no working alarm at the lift station.

**Response 2**

The city of Dumas will install alarm system in the John Street lift station in conformity with Ten States Standards, Chapter 40, Paragraph 46.

# NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality  
NPDES Enforcement Section  
5301 Northshore Drive  
North Little Rock, AR 72118

RE: NPDES Permit No: AR0033987 Discharge Number: A - 001-Monthly

Facility: The City of Dumas

Address: 204 Ford Loop Road

City: Dumas

State: AR

Zip: 71639

Contact: Patrick Fitzgerald

Phone: 870-382-1143

Date of Non-Compliance	Parameter Exceeded	Instantaneous Maximum	Permit Limits
April 1st-30th, 2018	Ammonia	Analysis not conducted	Analysis not conducted
April 5th, 2019	TRC	Analysis not conducted	Analysis not conducted

We feel this problem was due to:

The Ammonia analysis was a communication error between the contract lab and the facility. The TRC was an error on the route driver who simply forgot to analyze the sample.

We plan on correcting the problem in this manner:

We will have the new chain of custody and proper sampling containers for the operator for ammonia analysis before April 1st, 2019. Also, the route driver collecting the samples is aware of his mistake with the TRC.

Time estimated that it will take to correct the problem/s:

It will be corrected immediately.

Sincerely,

  
Authorized Signature

3-6-19  
Date

**REQUEST FOR CHANGE OF AUTHORIZATION  
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

NPDES Permit Number: AR0033987 Facility Name: City of Dumas

Type of Change:  New Cognizant Official (or duly authorized representative) (sections 1 and 2)  
 (check one)  New Responsible Official (complete section 2 only)  
 Both (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as having responsibility for the overall operation of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following individual as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Patrick Fitzgerald  
 Signature of the Cognizant Official (Duly Authorized Representative)

Patrick Fitzgerald  
 Name (First Name, MI, Last Name) Typed or Printed

PO Box 157 Dumas, AR 71639  
 Mailing Address City, State, and Zip

Superintendent (870) 382-2121 (870) 382-6846  
 Title A/C Phone Fax

Email Address: \_\_\_\_\_

By signature below, the responsible official certifies that the above named individual is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RESPONSIBLE OFFICIAL** (Note: The responsible official is the person authorized to sign the permit application via/w 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)

Flora J. Simon 3-11-2019  
 Signature of the Responsible Official Date

Flora J. Simon  
 Name (First Name, MI, Last Name) Typed or Printed

PO Box 157 Dumas, AR 71639  
 Mailing Address City, State, and Zip

Mayor (870) 382-2121 (870) 382-6846  
 Title A/C Phone Fax

Email Address: dumasarmayor@gmail.com

**Certification:** I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Will the Responsible Official also be the person signing submittals?  Yes  No