

ADEQ

ARKANSAS
Department of Environmental Quality

April 17, 2020

Robert Tharp, Mayor
City of Decatur
P.O. Box 247
Decatur, AR 72722

RE: City of Decatur WWTP Inspection
AFIN: 04-00052 Permit No.: AR0022292

Honorable Mayor Tharp:

On January 14, 2020, I performed a Collection System Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted. This response should be mailed to the attention of the Office of Water Quality Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **May 1, 2020**.

If I can be of any assistance, please contact me at grimesg@adeq.state.ar.us or 479-267-0811 extension 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality



ARKANSAS
Department of Environmental Quality

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: 04-00052	PERMIT #: AR0022292	DATE: 1/14/2020
COUNTY: 04 Benton	PDS #: 111616	MEDIA: WN
GPS LAT: 36.34417 LONG: -94.47250 LOCATION: Outfall		

FACILITY INFORMATION	INSPECTION INFORMATION
<small>NAME:</small> City of Decatur WWTP <small>LOCATION:</small> 985 Austin Ave. <small>CITY:</small> Decatur	<small>FACILITY TYPE:</small> 1 - Municipal <small>INSPECTOR ID#:</small> 104111 S - State <small>FACILITY EVALUATION RATING:</small> N <small>INSPECTION TYPE:</small> SSO/Collection System <small>DATE(S):</small> <small>ENTRY TIME:</small> <small>EXIT TIME:</small> <small>PERMIT EFFECTIVE DATE:</small> 1/14/2020 10:30 13:03 4/8/2019 <small>PERMIT EXPIRATION DATE:</small> 9/30/2024
RESPONSIBLE OFFICIAL	<small>FAYETTEVILLE SHALE RELATED:</small> N <small>FAYETTEVILLE SHALE VIOLATIONS:</small> N
<small>NAME: / TITLE</small> Robert Tharp / Mayor <small>COMPANY:</small> City of Decatur <small>MAILING ADDRESS:</small> P.O. Box 247 <small>CITY, STATE, ZIP:</small> Decatur AR 72722 <small>PHONE & EXT: / FAX:</small> <small>EMAIL:</small>	INSPECTION PARTICIPANTS
<small>CONTACTED DURING INSPECTION:</small> No	<small>NAME/TITLE/PHONE/FAX/EMAIL/ETC.:</small> James Boston, Public Works Director, City of Decatur; Alton Verser, Maintenance Coordinator, City of Decatur; Garrett Grimes, District 1 Inspector, ADEQ

AREA EVALUATIONS					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
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 violation of Part III, Section B.1 of the permit was noted during the inspection:

- Substantial amounts of grease along with other wastes (light bulbs, electronics, etc.) were observed in Lift Station #4 (Photo #1). A similar observation was made during the previous May 15, 2018, Collection System Inspection. Mr. Verser stated that this lift station has known issues with grease and waste products accumulating in the wet well. An aerator has been placed in the wet well in an attempt to break the grease apart, but is not effective, according to Mr. Verser. Mr. Verser stated that this wet well is cleaned on an annual basis. Grease observed accumulating in the wet well covered the entire surface of the well and was coating equipment at the well bottom (Photo #1). This grease must be removed. If grease accumulation is a known problem at this lift station, regular maintenance such as cleaning and grease removal should be increased to prevent large scale accumulations.

GENERAL COMMENTS

None

INSPECTOR'S SIGNATURE: Garrett Grimes	DATE: 2/13/2020
SUPERVISOR'S SIGNATURE: Brent L. Walker	DATE: 4/16/2020

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>Most of the lines are gravity fed to the plant. The City of Decatur has five lift stations. The City of Centerton discharges sanitary sewage to the City of Decatur's WWTF as a satellite system. A new Simmons Foods facility located near Gentry, Arkansas, began discharging wastewater to the City of Decatur's WWTF in 2019 via force main. The Simmons Foods facility located within the City of Decatur is now offline and no longer discharges to the City.</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>1,799 (Decatur), 14,001 (Centerton)</u>		
FEET OF SEWER SYSTEM: <u>Unknown</u>		
AGE OF SYSTEM: <u>Oldest lines built in the 1950's with upgrades in subsequent decades.</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>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>SSOs reported by James Boston, Public Works Director</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>Manhole at 59 and Spring Avenue.</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>5</u>	NUMBER WITH BACKUP POWER: <u>1</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Daily</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>NE</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>NE</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>Grant Springs lift station utilizes a SCADA.</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>None documented. Previously stated that vac trucks can be used and generators wired into the station in case of pump failure/power outage.</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>2</u>		
SATELLITE SYSTEMS		<input checked="" type="checkbox"/> S <input 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>Centerton, Simmons Foods</u>		
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:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <u>Consists of residential and commercial connections. The City of Centerton plans on allowing the City of Highfill to discharge to their collection system at a later date.</u>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <u>NE</u>		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <u>Frank Holzkamper (City of Centerton), Seth Walters (Simmons Foods).</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: <u>Lift Station 1 (near Northside Elementary)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER: <u>School</u>	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>5 hp</u>	<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: <u>Can use pump truck.</u>	<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 checked="" 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: <u>Lift Station 4</u>	
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: <u>5 hp</u>	<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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

Office of Water Quality Photographic Evidence Sheet

Location:	City of Decatur WWTP				
Photographer:	Garrett Grimes, District 1 Inspector	Date:	1/14/2020	Time:	12:54
Witness:				Photo #:	1
Description:	Lift station #4 wet well showing grease accumulation.				



ADEQ

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

August 19, 2020

Robert Tharp, Mayor
City of Decatur
P.O. Box 247
Decatur, AR 72722

RE: City of Decatur WWTP Collection System Inspection
AFIN: 04-00052 Permit No.: AR0022292

Honorable Mayor Tharp:

I have reviewed your response pertaining to my January 14, 2020, Collection System Inspection of the above referenced facility. However, the information provided does not sufficiently address the violations referenced in my inspection report. Please provide the following:

Part III, Section B.1 of the permit: Your response states that you will be replacing a pump in the lift station to increase mixing, continuing to use the aerator, and begin using a degreaser to address the excess grease and solid wastes accumulating in the lift station. Please state if the pump has been replaced. Please submit photographs showing the excess grease and solid waste have been removed.

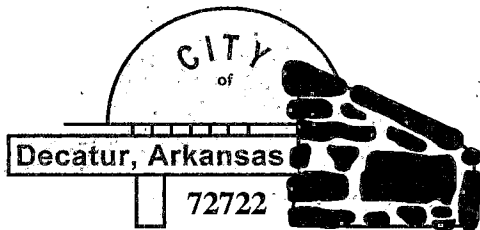
The above item requires your immediate attention. Please submit a written response to these items to the Office of Water Quality Compliance Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-report@adeq.state.ar.us. This response is due by **September 2, 2020**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 479-267-0811, ext. 16 or you may e-mail me at grimesg@adeq.state.ar.us.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality



310 Maple Avenue • Box 247
Phone: (479) 752-3912

September 21, 2020

Mr. Garrett Grimes
District 1 Field Inspector
Office of Water Quality
RE: Stormwater Response. AFIN: 04-00052. Permit No.: ARR0012384

Mr. Grimes,

I am responding to two letters from you dated August 19, 2020 pertaining to two items concerning our No-Exclusion Inspection, and one concerning our lift station in the Grant Springs area.

The first had to do with the scrap metal pile we have accumulated from post plant construction. It was recycled finally, the facility opened and we were able to get it properly recycled as scrap metal. Picture of the sight you saw and photographed is included with this letter.

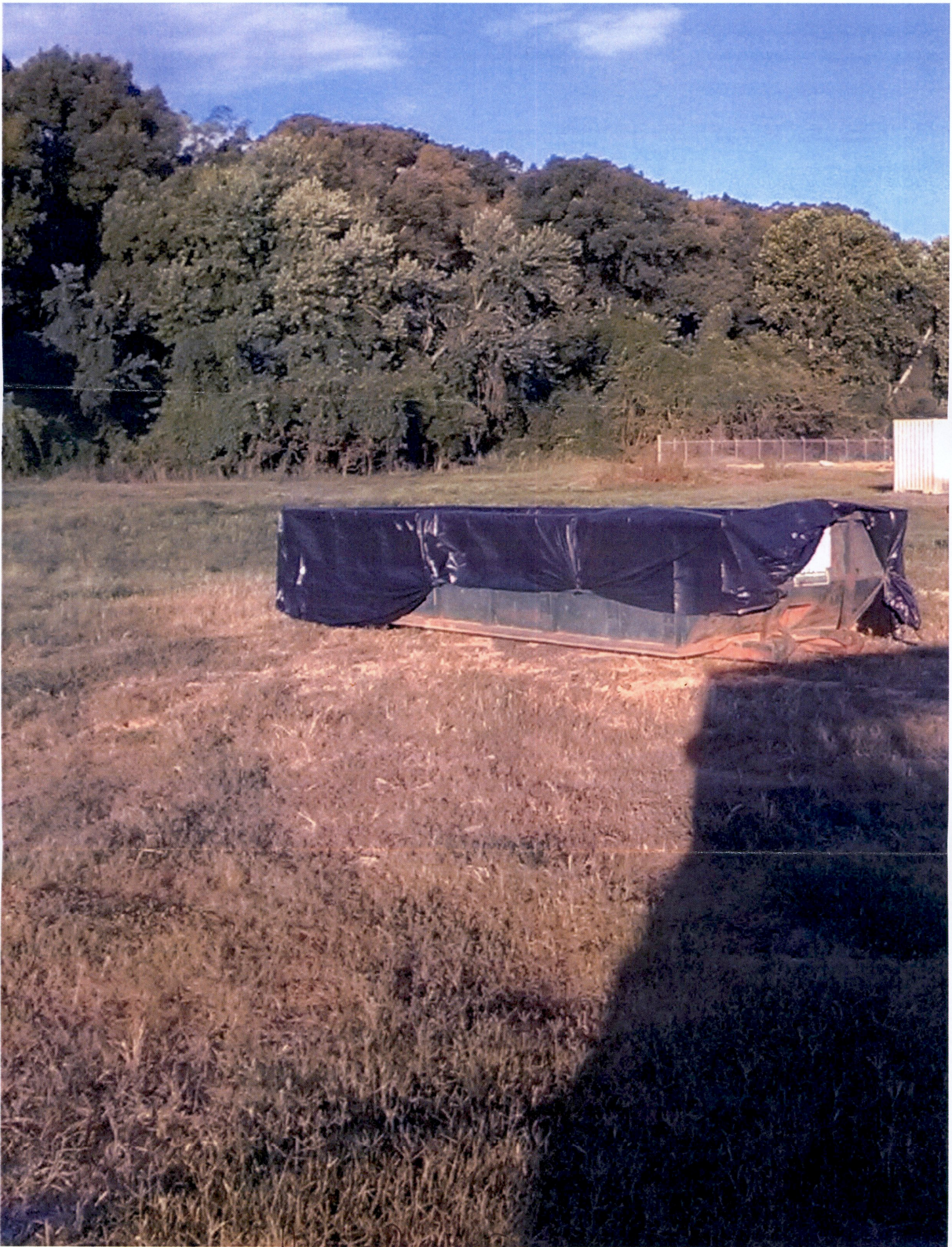
The second item of concern is still a work in progress but we have been able to secure liners from the Waste Management hauling company. We do pull the liner over the debris if a rain is coming, to prevent what could otherwise be a mess. This dumpster does set in a location that would run into a pond and not to the creek if there was a problem, however I do plan on having a pad with a cover and drains to the plant influent in the budget for 2021. Photo is included with this letter.

The second letter has to do with debris on the lift station, although there is always some debris on a lift station surface, we have got one of the two pumps replaced with a Meyers grinder pump that has come highly recommended. It shares the duty with one of the previous pumps and has made a difference. I do not want to pull the old pump until it gives us trouble. But do plan on replacing it with the updated grinder when it does give us problems. Picture is included with current condition.

If you have any more questions or concerns please let me know, I can be reached by cell which you have or at City Hall at 479-752-3912.

Respectfully,

James Boston
Public Works Manager
City of Decatur



DeeLafar Dempster

Location of Old
Scrap pile





Grant Lift Station

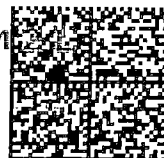
Decatur Water & Waste Water

P.O. Box 247 • 310 Maple Ave.

Decatur, Arkansas 72722

NW ARKANSAS AR 727

23 SEP 2020 PM



02 1P

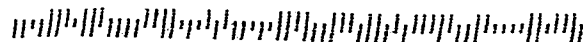
\$ 000.50⁰

0004723558 SEP 22 2020

MAILED FROM ZIP CODE 72722

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock AR 72118-5317

72118-531799



ADEQ

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

October 26, 2020

Robert Tharp, Mayor
City of Decatur
P.O. Box 247
Decatur, AR 72722

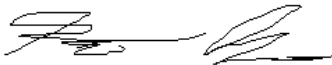
RE: Adequate Response to Inspection
AFIN: 04-00052 Permit No.: AR0022292

Honorable Mayor Tharp:

The Department has received your September 21, 2020, response to the Collection System Inspection conducted on January 14, 2020. Your response adequately addresses the request in the Summary of Findings section of the report. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If I need further information concerning this matter, I will contact you. Thank you for your attention to this matter. If I can be any assistance please feel free to contact me at grimesg@adeq.state.ar.us or 479.267.0811 ext. 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality