



August 1, 2013

Mayor Kenneth Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls Bluff, AR 72041

RE: Compliance Inspection  
AFIN: 59-00026; Permit Number: AR0035611

Dear Mayor Anderson:

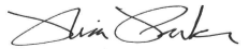
On July 19, 2013, I performed a Compliance Evaluation Inspection and collection system inspection at the above-referenced facility. The inspection was conducted of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The following violations were observed at the time of inspection:

- 1) A staff gauge is not installed at the outfall structure (see photograph 1 of 4). This is in violation of Part III.C.2 of the permit. Be aware the staff gauge should be located upstream of the weir at least 3-4 times the maximum anticipated head.
- 2) The Arkansas Water and Air Pollution Control Act (A.C.A § 8-4-217(a)(3)) makes it unlawful to violate any rule, regulation, or order adopted by the Arkansas Pollution Control & Ecology Commission (APC&EC). The following conditions do not meet the standards in the **Recommended Standards for Wastewater Facilities** (10-States Standards) which was adopted by the APC&EC in Minute Order 80-21:
  - a. Pond level gauges are not installed in the lagoon system.
  - b. Security fencing is not provided around the Main Street pump station, Hazel Street grinder station, and the Washington Street pump station (see photographs 2-4 of 4). This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff.
  - c. Provisions that the City has made for back-up power or emergency pumping capabilities for the pump and grinder stations were not documented during the inspection. This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff.

- d. The functionality of the alarm systems at the Main Street and Washington Street pump stations could not be demonstrated at the time of inspection. This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff.
- 3) Emergency contact information is not posted at the Main Street pump station, Hazel Street grinder station, and the Washington Street pump station. This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff. This is in violation of Part III.B.1 of the permit.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection 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](mailto: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 **August 15, 2013**. If I can be of any assistance, please contact me 501-682-0658 or [parkerr@adeq.state.ar.us](mailto:parkerr@adeq.state.ar.us).

Sincerely,



Risa Parker  
District 9 Field Inspector  
Water Division



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

Form Approved  
OMB No. 2040-0003

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

|                         |   |   |       |                            |    |   |    |    |    |    |    |                    |           |    |    |   |   |              |   |           |    |           |  |
|-------------------------|---|---|-------|----------------------------|----|---|----|----|----|----|----|--------------------|-----------|----|----|---|---|--------------|---|-----------|----|-----------|--|
| Transaction Code        |   |   | NPDES |                            |    |   |    |    |    |    |    |                    | Yr/Mo/Day |    |    |   |   | Inspec. Type |   | Inspector |    | Fac. Type |  |
| 1                       | N | 2 | 5     | 3                          | A  | R | 0  | 0  | 3  | 5  | 6  | 1                  | 1         | 1  | 3  | 0 | 7 | 1            | 9 | C         | S  | 1         |  |
| Remarks                 |   |   |       |                            |    |   |    |    |    |    |    |                    |           |    |    |   |   |              |   |           |    |           |  |
| A F I N 5 9 - 0 0 0 2 6 |   |   |       |                            |    |   |    |    |    |    |    |                    |           |    |    |   |   |              |   |           |    |           |  |
| Inspection Work Days    |   |   |       | Facility Evaluation Rating |    |   |    | BI |    | QA |    | -----Reserved----- |           |    |    |   |   |              |   |           |    |           |  |
| 67                      |   |   |       | 69                         | 70 | 3 | 71 | N  | 72 | N  | 73 |                    |           | 74 | 75 |   |   |              |   |           | 80 |           |  |

### Section B: Facility Data

|                                                                                                                                                         |  |                  |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|----------------------------------------------------------------------------------|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)                      |  | Entry Time/Date  | Permit Effective Date                                                            |
| City of DeValls Bluff-from City Hall take Hwy 70, turn left on Walnut Street, then south on Roosevelt Street, then left on Taylor Road about half mile. |  | 9:30 am-7/19/13  | 6/1/2009                                                                         |
|                                                                                                                                                         |  | Exit Time/Date   | Permit Expiration Date                                                           |
|                                                                                                                                                         |  | 11:30 am-7/19/13 | 5/31/2014                                                                        |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)                                                                                   |  |                  | Other Facility Data                                                              |
| Gabriel DelGiorno, Operator (Class I #010689), 870-998-2301                                                                                             |  |                  |                                                                                  |
| Name, Address of Responsible Official/Title/Phone and Fax Number                                                                                        |  |                  | Contacted<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Mayor Kenneth Anderson<br>City of DeValls Bluff<br>P.O. Box 297<br>DeValls Bluff, AR 72041                                                              |  |                  |                                                                                  |

### Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

|   |                           |   |                         |   |                          |   |                      |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit                    | U | Flow Measurement        | S | Operations & Maintenance | S | Sampling             |
| S | Records/Reports           | S | Self-Monitoring Program | S | Sludge Handling/Disposal | N | Pollution Prevention |
| M | Facility Site Review      | N | Compliance Schedules    | N | Pretreatment             | N | Multimedia           |
| M | Effluent/Receiving Waters | S | Laboratory              | N | Storm Water              | N | Other:               |

### Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Refer to the cover letter for a summary of findings/comments.

|                                          |                                                  |         |
|------------------------------------------|--------------------------------------------------|---------|
| Name(s) and Signature(s) of Inspector(s) | Agency/Office/Telephone/Fax                      | Date    |
| Risa Parker/                             | ADEQ / Little Rock / 501-682-0658 / 501-682-0910 | 7/25/13 |
| Signature of Reviewer                    | Agency/Office/Phone and Fax Numbers              | Date    |

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

## DETAILS:

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:

☒Y ☐N ☐NA ☐NE

2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:

☐Y ☒N ☐NA ☐NE

3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:

☒Y ☐N ☐NA ☐NE

4. ALL DISCHARGES ARE PERMITTED:

☒Y ☐N ☐NA ☐NE**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

☒S ☐M ☐U ☐NA ☐NE

## DETAILS:

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:

☒Y ☐N ☐NA ☐NE

2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:

☒S ☐M ☐U ☐NA ☐NE

a. DATES AND TIME(S) OF SAMPLING:

☒Y ☐N ☐NA ☐NE

b. EXACT LOCATION(S) OF SAMPLING:

☒Y ☐N ☐NA ☐NE

c. NAME OF INDIVIDUAL PERFORMING SAMPLING:

☒Y ☐N ☐NA ☐NE

d. ANALYTICAL METHODS AND TECHNIQUES:

☒Y ☐N ☐NA ☐NE

e. RESULTS OF CALIBRATIONS:

☒Y ☐N ☐NA ☐NE

f. RESULTS OF ANALYSES:

☒Y ☐N ☐NA ☐NE

g. DATES AND TIMES OF ANALYSES:

☒Y ☐N ☐NA ☐NE

h. NAME OF PERSON(S) PERFORMING ANALYSES:

☒Y ☐N ☐NA ☐NE

3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:

☒S ☐M ☐U ☐NA ☐NE

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:

☒S ☐M ☐U ☐NA ☐NE

5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:

☒Y ☐N ☐NA ☐NE**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

☒S ☐M ☐U ☐NA ☐NE

## DETAILS:

1. TREATMENT UNITS PROPERLY OPERATED:

☒S ☐M ☐U ☐NA ☐NE

2. TREATMENT UNITS PROPERLY MAINTAINED:

☒S ☐M ☐U ☐NA ☐NE

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:

☐S ☐M ☐U ☒NA ☐NE

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:

☐S ☐M ☐U ☒NA ☐NE

5. ALL NEEDED TREATMENT UNITS IN SERVICE:

☒S ☐M ☐U ☐NA ☐NE

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:

☒S ☐M ☐U ☐NA ☐NE

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:

☒S ☐M ☐U ☐NA ☐NE

8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:

☐Y ☐N ☒NA ☐NE

9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:

☒Y ☐N ☐NA ☐NE

10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:

☒Y ☐N ☐NA ☐NE

11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:

☐Y ☒N ☐NA ☐NE

12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:

☐Y ☐N ☒NA ☐NE

13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:

☐Y ☐N ☒NA ☐NE

14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:

☐Y ☒N ☐NA ☐NE

15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:

☐Y ☐N ☒NA ☐NE

**SECTION D: SAMPLING****PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS**☒S ☐M ☐U ☐NA ☐NE**DETAILS:**

- |                                                                                         |                                                                                                                          |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:                                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:                   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE:                                               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING:                                             | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED:                                                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:                           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION E: FLOW MEASUREMENT****PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS**☐S ☐M ☒U ☐NA ☐NE**DETAILS:**

- |                                                                                                                                                 |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <b>Yes</b><br>TYPE OF DEVICE: <b>34" rectangular w/o end contractions</b> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:                                                                                                   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:                                                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE:                                                                                                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:                                                                                                | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:                                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:                                                             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:                                                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION: <b>Staff gauge not installed.</b>                                                                          | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION F: LABORATORY****PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS**☒S ☐M ☐U ☐NA ☐NE**DETAILS:**

- |                                                                                               |                                                                                                                          |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE:                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:                                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED:                                                                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: <b>Environmental Services Company, Inc.</b>                                      |                                                                                                                          |
| b. LAB ADDRESS: <b>13715 West Markham, Little Rock, AR 72211</b>                              |                                                                                                                          |
| c. PARAMETERS PERFORMED: <b>BOD5, TSS, DO, Fecal Coliform, and pH</b>                         |                                                                                                                          |
| 8. BIOMONITORING PROCEDURES ADEQUATE:                                                         | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| a. PROPER ORGANISMS USED:                                                                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED:                                                           | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION:                                                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:                                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY

☐S ☒M ☐U ☐NA ☐NE

DETAILS:

| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR       | OTHER |
|------------|-----------|--------|-----------|--------------|-----------------|-------------|-------|
| 001        | None      | None   | Slight    | None         | None            | Light green | N/A   |
|            |           |        |           |              |                 |             |       |
|            |           |        |           |              |                 |             |       |
|            |           |        |           |              |                 |             |       |

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NEDETAILS: Sludge is stored in the lagoons.

- |                                                                                                         |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:                                             | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:                                                 | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): |                                                                                                                                                     |

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

- |                                                                                                                      |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. SAMPLES OBTAINED THIS INSPECTION:                                                                                 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___ |                                                                                                                          |
| 3. SAMPLES PRESERVED:                                                                                                | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED:                                                                               | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:                                                                  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:                                                          | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE:                                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:                                                                             | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

- |                                                          |                      |                                                                                                                          |
|----------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. SWPPP UPDATED AS NEEDED:                              | DATE OF LAST UPDATE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED:                 |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:           |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES:                  |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:  |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:        |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS:                              |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS:                          |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED:               |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED:                   |                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

## FLOW CALCULATION SHEET

Date: 7/19/13

Time: 9:51 am

Head in Inches:

Feet:

Type & Size of Primary Flow Measurement Device: **34" rectangular weir without end contractions.**

Name & Model of Secondary Flow Measurement Device: **None**

Date of last Calibration of Secondary Flow Device: **N/A**

Recorded Flow at Date & Time Listed Above:

(Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

|           |                  |   |                  |       |
|-----------|------------------|---|------------------|-------|
| % Error = | Recorded Value   | - | Calculated Value | X 100 |
|           | Calculated Value |   |                  |       |

|           |  |   |  |       |
|-----------|--|---|--|-------|
| % Error = |  | - |  | X 100 |
|           |  |   |  |       |

|           |  |       |
|-----------|--|-------|
| % Error = |  | X 100 |
|           |  |       |

|           |  |       |
|-----------|--|-------|
| % Error = |  | X 100 |
|           |  |       |

|           |  |   |
|-----------|--|---|
| % Error = |  | % |
|           |  |   |

Comments:

### DMR Calculation Check

**Reporting Period:** From 2013 06 01 To 2013 06 30  
Year Month Day Year Month Day

**Parameter Checked:** BOD5

|                          | <b>Loading</b><br><b>Mass</b><br><b>Mo. Avg. - lbs/day</b> | <b>Concentration</b><br><b>Monthly</b><br><b>Mo. Avg. - mg/l</b> | <b>7-day Avg. - mg/l</b> |
|--------------------------|------------------------------------------------------------|------------------------------------------------------------------|--------------------------|
| <b>Reported Value:</b>   | <u>2.8</u>                                                 | <u>6.50</u>                                                      | <u>7</u>                 |
| <b>Calculated Value:</b> | <u>2.8</u>                                                 | <u>6.50</u>                                                      | <u>7</u>                 |
| <b>Permit Value:</b>     | <u>50</u>                                                  | <u>30</u>                                                        | <u>45</u>                |

**If calculated value does not equal reported value, explain:**

### DMR Calculation Check

**Reporting Period:** From 2013 06 01 2013 06 30  
Year Month Day Year Month Day

**Parameter Checked:** TSS

|                          | <b>Loading</b><br><b>Mass</b><br><b>Mo. Avg. - lbs/day</b> | <b>Concentration</b><br><b>Monthly</b><br><b>Mo. Avg. - mg/l</b> | <b>7-day Avg. - mg/l</b> |
|--------------------------|------------------------------------------------------------|------------------------------------------------------------------|--------------------------|
| <b>Reported Value:</b>   | <u>6.04</u>                                                | <u>14</u>                                                        | <u>14</u>                |
| <b>Calculated Value:</b> | <u>6.05</u>                                                | <u>14</u>                                                        | <u>14</u>                |
| <b>Permit Value:</b>     | <u>150</u>                                                 | <u>90</u>                                                        | <u>135</u>               |

**If calculated value does not equal reported value, explain:**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

Form Approved  
OMB No. 2040-0003

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

|                         |   |   |       |                            |    |   |    |    |    |    |    |                    |           |    |    |   |   |              |   |           |    |           |  |
|-------------------------|---|---|-------|----------------------------|----|---|----|----|----|----|----|--------------------|-----------|----|----|---|---|--------------|---|-----------|----|-----------|--|
| Transaction Code        |   |   | NPDES |                            |    |   |    |    |    |    |    |                    | Yr/Mo/Day |    |    |   |   | Inspec. Type |   | Inspector |    | Fac. Type |  |
| 1                       | N | 2 | 5     | 3                          | A  | R | 0  | 0  | 3  | 5  | 6  | 1                  | 1         | 1  | 3  | 0 | 7 | 1            | 9 | C         | V  | 1         |  |
| Remarks                 |   |   |       |                            |    |   |    |    |    |    |    |                    |           |    |    |   |   |              |   |           |    |           |  |
| A F I N 5 9 - 0 0 0 2 6 |   |   |       |                            |    |   |    |    |    |    |    |                    |           |    |    |   |   |              |   |           |    |           |  |
| Inspection Work Days    |   |   |       | Facility Evaluation Rating |    |   |    | BI |    | QA |    | -----Reserved----- |           |    |    |   |   |              |   |           |    |           |  |
| 67                      |   |   |       | 69                         | 70 | N | 71 | N  | 72 | N  | 73 |                    |           | 74 | 75 |   |   |              |   |           | 80 |           |  |

### Section B: Facility Data

|                                                                                                                                                         |  |                  |                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|----------------------------------------------------------------------------------|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)                      |  | Entry Time/Date  | Permit Effective Date                                                            |
| City of DeValls Bluff-from City Hall take Hwy 70, turn left on Walnut Street, then south on Roosevelt Street, then left on Taylor Road about half mile. |  | 9:30 am-7/19/13  | 6/1/2009                                                                         |
|                                                                                                                                                         |  | Exit Time/Date   | Permit Expiration Date                                                           |
|                                                                                                                                                         |  | 11:30 am-7/19/13 | 5/31/2014                                                                        |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)                                                                                   |  |                  | Other Facility Data                                                              |
| Gabriel DelGiorno, Operator (Class I #010689), 870-998-2301                                                                                             |  |                  |                                                                                  |
| Name, Address of Responsible Official/Title/Phone and Fax Number                                                                                        |  |                  | Contacted<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Mayor Kenneth Anderson<br>City of DeValls Bluff<br>P.O. Box 297<br>DeValls Bluff, AR 72041                                                              |  |                  |                                                                                  |

### Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

|   |                           |   |                         |   |                          |   |                      |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit                    | N | Flow Measurement        | M | Operations & Maintenance | N | Sampling             |
| S | Records/Reports           | N | Self-Monitoring Program | N | Sludge Handling/Disposal | N | Pollution Prevention |
| U | Facility Site Review      | N | Compliance Schedules    | N | Pretreatment             | N | Multimedia           |
| N | Effluent/Receiving Waters | N | Laboratory              | N | Storm Water              | N | Other:               |

### Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Refer to the cover letter for a summary of findings/comments.

|                                          |                                                  |         |
|------------------------------------------|--------------------------------------------------|---------|
| Name(s) and Signature(s) of Inspector(s) | Agency/Office/Telephone/Fax                      | Date    |
| Risa Parker/                             | ADEQ / Little Rock / 501-682-0658 / 501-682-0910 | 7/25/13 |
| Signature of Reviewer                    | Agency/Office/Phone and Fax Numbers              | Date    |

|                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>                                                                                                                        |                                                                                                                          | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <b>Concrete and plastic comprised of mostly 8" line.</b>                                                                |                                                                                                                          |                                                                                                                                                     |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>Approximately 700</b>                                                                                  |                                                                                                                          |                                                                                                                                                     |
| FEET OF SEWER SYSTEM: <b>Approximately 26k.</b>                                                                                                                               |                                                                                                                          |                                                                                                                                                     |
| AGE OF SYSTEM: <b>Installed from 1960's-1990's.</b>                                                                                                                           |                                                                                                                          |                                                                                                                                                     |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):                                                                                                      | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |                                                                                                                                                     |
| IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):                                                                                                             | <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 U.S." (LIST DATE AND LOCATION OF EACH):                                                                                                      | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |                                                                                                                                                     |
| <b>None reported in the last year.</b>                                                                                                                                        |                                                                                                                          |                                                                                                                                                     |
| <b>PUMP STATIONS</b>                                                                                                                                                          |                                                                                                                          | <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: <b>6</b>                                                                                                                                   | NUMBER WITH BACKUP POWER: <b>0</b>                                                                                       |                                                                                                                                                     |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily</b>                                                                                                                 |                                                                                                                          |                                                                                                                                                     |
| ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Receipts only.</b>                                                                                                      |                                                                                                                          |                                                                                                                                                     |
| ADEQUATE INVENTORY OF SPARE PARTS: <b>yes</b>                                                                                                                                 |                                                                                                                          |                                                                                                                                                     |
| TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>None.</b>                                                                                          |                                                                                                                          |                                                                                                                                                     |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Contact ADEQ by phone within 24 hrs; follow up with written report within in 5 days and monthly reporting on DMRs.</b>              |                                                                                                                          |                                                                                                                                                     |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>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:                                                                                                               |                                                                                                                          |                                                                                                                                                     |
| 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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA                             |
| NAME AND/OR LOCATION OF PUMP STATION: <b>Main Street pump station</b>                                                                                                                                    |                                                                                                                                                     |
| 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: <b>2</b>                                                                                                                                                                                | NUMBER OPERATIONAL: <b>2</b>                                                                                                                        |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>2-20hp</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:                                                                                                                    | <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 |
| <b>BACKUP POWER AND ALARMS</b>                                                                                                                                                                           |                                                                                                                                                     |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>None documented during inspection.</b>                                                                                                       | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <b>Not able to determine whether alarm system was functional at the time of investigation. Emergency contact information not 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>Hazel Street grinder station</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>2</b>                                                                                                                                                                | NUMBER OPERATIONAL: <b>2</b>                                                                                                                        |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>2-5hp</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:                                                                                                    | <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 |
| <b>BACKUP POWER AND ALARMS</b>                                                                                                                                                           |                                                                                                                                                     |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>None documented during inspection.</b>                                                                                       | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <b>Emergency contact information not 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 type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA                             |
| NAME AND/OR LOCATION OF PUMP STATION: <b>Washington Street pump station</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>2</b>                                                                                                                                                                                | NUMBER OPERATIONAL: <b>2</b>                                                                                                                        |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>2-5hp</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:                                                                                                                    | <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 |
| <b>BACKUP POWER AND ALARMS</b>                                                                                                                                                                           |                                                                                                                                                     |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>None documented during inspection.</b>                                                                                                       | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <b>Not able to determine whether alarm system was functional at the time of investigation. Emergency contact information not 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                            |

| Water Division NPDES Photographic Evidence Sheet |  |  |  |  |  |  |  |
|--------------------------------------------------|--|--|--|--|--|--|--|
|--------------------------------------------------|--|--|--|--|--|--|--|

|                  |                   |  |  |  |  |  |  |
|------------------|-------------------|--|--|--|--|--|--|
| <b>Location:</b> | City of Bald Knob |  |  |  |  |  |  |
|------------------|-------------------|--|--|--|--|--|--|

|                      |                                  |  |  |                 |                                          |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|
| <b>Photographer:</b> | Risa Parker, ADEQ Water Division |  |  | <b>Witness:</b> | Gabriel DelGiorno, City of DeValls Bluff |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|

|                |           |   |  |              |         |              |         |
|----------------|-----------|---|--|--------------|---------|--------------|---------|
| <b>Photo 1</b> | <b>Of</b> | 4 |  | <b>Date:</b> | 7/19/13 | <b>Time:</b> | 9:51 am |
|----------------|-----------|---|--|--------------|---------|--------------|---------|

|                     |                                              |  |  |  |  |  |  |
|---------------------|----------------------------------------------|--|--|--|--|--|--|
| <b>Description:</b> | Lack of staff gauge to measure head at weir. |  |  |  |  |  |  |
|---------------------|----------------------------------------------|--|--|--|--|--|--|



|                      |                                  |  |  |                 |                                          |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|
| <b>Photographer:</b> | Risa Parker, ADEQ Water Division |  |  | <b>Witness:</b> | Gabriel DelGiorno, City of DeValls Bluff |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|

|                |           |   |  |              |         |              |          |
|----------------|-----------|---|--|--------------|---------|--------------|----------|
| <b>Photo 2</b> | <b>Of</b> | 4 |  | <b>Date:</b> | 7/19/13 | <b>Time:</b> | 10:25 am |
|----------------|-----------|---|--|--------------|---------|--------------|----------|

|                     |                                                                                                                                                                                |  |  |  |  |  |  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Description:</b> | Emergency contact information and fencing not provided at the Hazel Street grinder station. The functionality of the alarm system could not be verified during the inspection. |  |  |  |  |  |  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|



| Water Division NPDES Photographic Evidence Sheet |  |  |  |  |  |  |  |
|--------------------------------------------------|--|--|--|--|--|--|--|
|--------------------------------------------------|--|--|--|--|--|--|--|

|                  |                       |  |  |  |  |  |  |
|------------------|-----------------------|--|--|--|--|--|--|
| <b>Location:</b> | City of DeValls Bluff |  |  |  |  |  |  |
|------------------|-----------------------|--|--|--|--|--|--|

|                      |                                  |  |  |                 |                                          |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|
| <b>Photographer:</b> | Risa Parker, ADEQ Water Division |  |  | <b>Witness:</b> | Gabriel DelGiorno, City of DeValls Bluff |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|

|                |           |   |  |              |         |              |          |
|----------------|-----------|---|--|--------------|---------|--------------|----------|
| <b>Photo 3</b> | <b>Of</b> | 4 |  | <b>Date:</b> | 7/19/13 | <b>Time:</b> | 10:16 am |
|----------------|-----------|---|--|--------------|---------|--------------|----------|

|                     |                                                                                                                                                                            |  |  |  |  |  |  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Description:</b> | Emergency contact information and fencing not provided at the Main Street pump station. The functionality of the alarm system could not be verified during the inspection. |  |  |  |  |  |  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|



|                      |                                  |  |  |                 |                                          |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|
| <b>Photographer:</b> | Risa Parker, ADEQ Water Division |  |  | <b>Witness:</b> | Gabriel DelGiorno, City of DeValls Bluff |  |  |
|----------------------|----------------------------------|--|--|-----------------|------------------------------------------|--|--|

|                |           |   |  |              |         |              |          |
|----------------|-----------|---|--|--------------|---------|--------------|----------|
| <b>Photo 4</b> | <b>Of</b> | 4 |  | <b>Date:</b> | 7/19/13 | <b>Time:</b> | 10:31 am |
|----------------|-----------|---|--|--------------|---------|--------------|----------|

|                     |                                                                                                                                                                                  |  |  |  |  |  |  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Description:</b> | Emergency contact information and fencing not provided at the Washington Street pump station. The functionality of the alarm system could not be verified during the inspection. |  |  |  |  |  |  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|



City of DeValls Bluff  
977 East Cypress Street  
P.O. Box 287  
DeValls Bluff, AR 72041  
(870) 998-2301/(870) 998-2577  
Fax: (870) 998-7252

**City of DeValls Bluff**

# Fax

Attention:

To: Risa Parker

From: Robert Cohen

Fax: 501/682/0880

Pages: 2

Phone:

Date: 8/14/13

Re:

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

• Comments:



*City of DeValls Bluff*

*977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041*

*Phone: (870) 998-2301  
Fax: (870) 998-7252*

August 14, 2013

Attention: Risa Parker

Arkansas Department Of Environmental Quality

5301 Northshore Drive

North Little Rock, Ar 72118-5317

Re: Compliance Inspection

AFIN: 59-0026; Permit Number: AR 0035611

Dear Miss Parker,

Our Compliance Inspection was due on August 15, 2013. We are requesting a new response date for August 21, 2013.

Sincerely,

Gabriel DelGiorno

City of DeValls Bluff  
977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041  
(870) 998-2301/(870) 998-2577  
Fax: (870) 998-7252

**City of DeValls Bluff**

# Fax

Attention:

To: Risa Parker

From: Roben Cohen

Fax: 501/682/0880

Pages: 2

Phone:

Date: 8/14/13

Re:

CC:

☐ Urgent    ☐ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

• Comments:



*City of DeValls Bluff*

977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041

Phone: (870) 998-2301  
Fax: (870) 998-7252

August 14, 2013

Attention: Risa Parker

Arkansas Department Of Environmental Quality

5301 Northshore Drive

North Little Rock, Ar 72118-5317

Re: Compliance Inspection

AFIN: 59-0026; Permit Number: AR 0035611

Dear Miss Parker,

Our Compliance Inspection was due on August 15, 2013. We are requesting a new response date for August 21, 2013.

Sincerely,

Gabriel DelGiorno

## **Bolenbaugh, Jason**

---

**From:** Bond Engineering <bondengineering@hotmail.com>  
**Sent:** Tuesday, August 20, 2013 4:06 PM  
**To:** Water-Inspection-report@adeq.state.ar.us; cityofdwb@yahoo.com; Dennis Sternberg  
**Subject:** DeValls Bluff  
**Attachments:** DeValls Bluff.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Bond Consulting Engineers East, Inc.**  
**3683 State Highway 77 North**  
**Marion, AR 72364**  
**Phone: (870)739-2228**  
**Fax: (870)739-8407**

**BOND CONSULTING ENGINEERS EAST, INC.**  
**3683 STATE HIGHWAY 77 NORTH**  
**MARION, ARKANSAS 72364**

PHONE: (870)739-2228

FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

August 20, 2013

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

Attn: Risa Parker – District 9 Field Inspector

RE: DeValls Bluff, AR  
Permit No. AR0035611

Dear Risa,

I was contacted this afternoon by the City of DeValls Bluff requesting my assistance in responding to those deficiencies listed in your letter of August 1, 2013.

DeValls Bluff is now a new client of ours. I will visit the City in the next few days to direct them in the installation of a level gauge properly located 3X away from the discharge weir.

We will determine proper fencing to provide security and accessibility to each pumping station.

We will, after we become familiar with their collection system, be in a position to recommend generator capacity and those necessary switch over devices needed at each installation.

We will ascertain the problem with the high level alarm at each of the pump stations in an effort to make them functional.

We will also assist, if necessary, posting emergency contact information at each pumping station.

After our visit, we will prepare a cost estimate for the extraordinary items mentioned above. In the event the City must seek financial assistance, we will also prepare grant/loan applications following completion of the cost estimate. We will assist the City in reporting to you upon completion of these individual items and to routinely provide you a status report of each of the above mentioned efforts.

**BOND CONSULTING ENGINEERS EAST, INC.**  
**3683 STATE HIGHWAY 77 NORTH**  
**MARION, ARKANSAS 72364**

PHONE: (870)739-2228

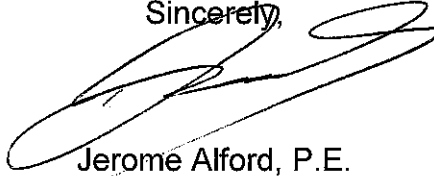
FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

On behalf of the City of DeValls Bluff, I request your continued patience as I have just been commissioned to help in this matter. If this letter satisfies your request for an immediate response, please notify me and the Mayor.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jerome Alford', written over a horizontal line.

Jerome Alford, P.E.

Cc: Mayor Kenneth Anderson  
ADEQ – Enforcement Division

City of DeValls Bluff  
977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041  
(870) 998-2301/(870) 998-2577  
Fax: (870) 998-7252

**City of DeValls Bluff**

# Fax

To: Risa Parker From: \_\_\_\_\_  
Fax: 501/682/0880 Pages: 3  
Phone: 501/682/0658 Date: 8/21/13  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Aug 21 2013 9:43AM HP LASERJET FAX

P. 1

**BOND CONSULTING ENGINEERS EAST, INC.**  
**3683 STATE HIGHWAY 77 NORTH**  
**MARION, ARKANSAS 72364**

PHONE: (870)739-2228

FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

August 20, 2013

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

Attn: Risa Parker – District 9 Field Inspector

RE: DeValls Bluff, AR  
Permit No. AR0035611

Dear Risa,

I was contacted this afternoon by the City of DeValls Bluff requesting my assistance in responding to those deficiencies listed in your letter of August 1, 2013.

DeValls Bluff is now a new client of ours. I will visit the City in the next few days to direct them in the installation of a level gauge properly located 3X away from the discharge weir.

We will determine proper fencing to provide security and accessibility to each pumping station.

We will, after we become familiar with their collection system, be in a position to recommend generator capacity and those necessary switch over devices needed at each installation.

We will ascertain the problem with the high level alarm at each of the pump stations in an effort to make them functional.

We will also assist, if necessary, posting emergency contact information at each pumping station.

After our visit, we will prepare a cost estimate for the extraordinary items mentioned above. In the event the City must seek financial assistance, we will also prepare grant/loan applications following completion of the cost estimate. We will assist the City in reporting to you upon completion of these individual items and to routinely provide you a status report of each of the above mentioned efforts.

Aug 21 2013 9:43AM HP LASERJET FAX

p. 2

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228

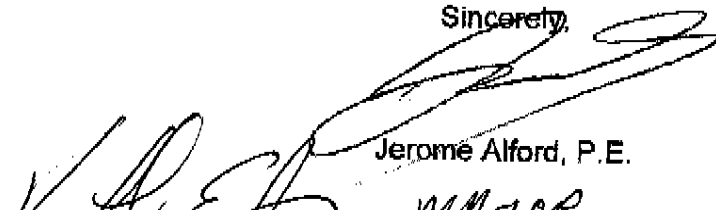
FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

On behalf of the City of DeValls Bluff, I request your continued patience as I have just been commissioned to help in this matter. If this letter satisfies your request for an immediate response, please notify me and the Mayor.

Sincerely,



Jerome Alford, P.E.



Cc: Mayor Kenneth Anderson  
ADEQ - Enforcement Division

**BOND CONSULTING ENGINEERS EAST, INC.**  
**3683 STATE HIGHWAY 77 NORTH**  
**MARION, ARKANSAS 72364**

PHONE: (870)739-2228

FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

August 29, 2013

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

Attn: Risa Parker – District 9 Field Inspector

RE: DeValls Bluff, AR  
Permit No. AR0035611

Dear Risa,

I visited with the administration in DeValls Bluff yesterday. Mayor Kenneth Anderson and Utility Manager, Gabriel DelGiorno and I discussed those items in your August 1, 2013 letter. The following are our comments.

1. A staff gauge will be installed in the outflow structure by the City in the next few days. This will be located well advanced of the discharge weir where not to be influenced by the drop.
2. Level gauges will be installed in both ponds in order to visually determine pond depth. These will be constructed out of treated 1" x 6", painted white and lettered with the appropriate depth reading to the nearest 6". This will also be accomplished by City personnel.
3. A fencing contractor has already been contacted and he has provided a cost estimate of approximately \$10,000 for the security fencing for all six of the existing sewage pump stations in the City.
4. Powerhouse Electric, Inc. has provided a cost estimate for a properly sized trailer mounted generator to handle the largest load of both pumps in the pump stations. This will cost approximately \$30,000. It will then be necessary for safety reasons to install manual switch-over gear in each of the six pump stations. This switch gear supplied and installed by a licensed electrician will be around \$3,000 each for a total of \$18,000.
5. Mr. DelGiorno has already contacted VanBrocklin and Associates as the supplier of the controls in the pumping stations. Tommy VanBrocklin has been directed to get all of the alarm systems in each of the pump stations in working order. It can not be determined at this point what this cost will be but we can estimate \$1,000 per pump station.

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228

FAX: (870)739-8407

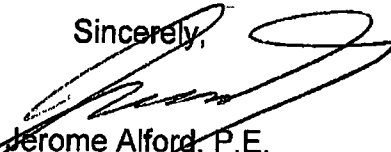
E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

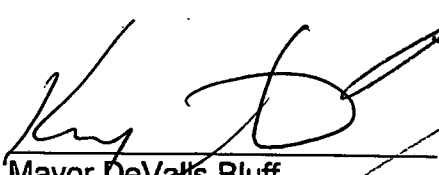
C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

6. The City is currently in the process of providing signage for each of the pump stations that will include phone numbers for City Hall and the cell number of Mr. DelGiorno.

After visiting in DeValls Bluff, I met with Tanya Childers with Central Arkansas Planning and Development District. Now that she has the above cost estimate she will assist the City in finding grant funds in the amount of \$80,000 to cover the above required items. As soon as we are awarded these funds, we will be able to determine a timeline. As we complete the above items that the City personnel are responsible for, we will provide you written notice.

Sincerely,

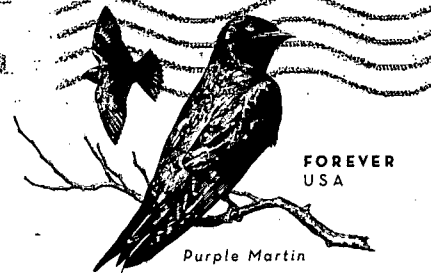
  
Jerome Alford, P.E.

  
Mayor DeValls Bluff

Office of the Mayor  
City of DeValls Bluff  
P. O. Box 297  
DeValls Bluff, AR 72041

LITTLE ROCK, AR 722

30 AUG 2013 PM 4:11



ADEQ  
ATTN: Risa Parker  
5301 North Shore Drive  
North Little Rock, AR 72118-5317

72118531799





October 7, 2013

Mayor Kenneth Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls Bluff, AR 72041

RE: Compliance Inspection  
AFIN: 59-00026; Permit Number: AR0035611

Dear Mayor Anderson:

The Department is in receipt of an inspection response letter dated August 29, 2013. The response has been reviewed and the following information is requested:

- Please submit documentation of corrective action for items 1, 2a, and 3, and provide a follow-up report to ADEQ regarding activities that have occurred to accomplish corrective actions for items 2b, c, and d in the ADEQ inspection report dated August 1, 2013.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection 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](mailto: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 **October 21 2013**. If I can be of any assistance, please contact me 501-682-0658 or [parkerr@adeq.state.ar.us](mailto:parkerr@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Risa Parker", is written above the typed name.

Risa Parker  
District 9 Field Inspector  
Water Division

## Bolenbaugh, Jason

---

**From:** Parker, Risa  
**Sent:** Wednesday, October 16, 2013 2:39 PM  
**To:** Bolenbaugh, Jason  
**Subject:** FW: DeValls Bluff NPDES AR0035611

Please add to Water ID 11899.

---

**From:** Bond Engineering [<mailto:bondengineering@hotmail.com>]  
**Sent:** Wednesday, October 16, 2013 1:15 PM  
**To:** Parker, Risa  
**Subject:** DeValls Bluff NPDES AR0035611

 [Play  
slideshow](#)

 [Save all  
photos](#)

Want to save all these photos at once? [Learn how](#)

Online pictures are  
available for 30 days





**Dear Ms. Parker,**

**This email is in response to your October 7, 2013 request. Attached please find documentation for corrective action for items 1, 2A and 3 in your inspection report dated August 1, 2013. You will find attached pictures of the staff gauge denoting depths through the weir, pond level gauges and emergency contact information posted at each of six pumping stations.**

**Also I will forward email from Tanya Childers at Central Arkansas Planning and Development District stating her efforts thus far on arranging funds.**

**I am sending this email to the City of DeValls Bluff and asking them to affix the Mayor's signature and forward to you.**

**Jerome Alford, P.E.  
Bond Consulting Engineers East, Inc.  
3683 State Highway 77 North  
Marion, AR 72364  
Phone: (870)739-2228  
Fax: (870)739-8407**

[Get Windows Live Mail to create your own photo e-mails](#)

## Bolenbaugh, Jason

---

**From:** Parker, Risa  
**Sent:** Wednesday, October 16, 2013 2:38 PM  
**To:** Bolenbaugh, Jason  
**Subject:** FW: DeValls Bluff Back up Generator/Fencing

Please add to Water ID 11899.

---

**From:** Bond Engineering [<mailto:bondengineering@hotmail.com>]  
**Sent:** Wednesday, October 16, 2013 1:15 PM  
**To:** Parker, Risa  
**Subject:** Fw: DeValls Bluff Back up Generator/Fencing

**From:** [Tanya Childers](#)  
**Sent:** Friday, October 11, 2013 9:26 AM  
**To:** [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)  
**Subject:** DeValls Bluff Back up Generator/Fencing

Good morning Jerome,

FYI the DRS GIF-1 grant for the community of DeValls Bluff has been submitted. We applied for a portable backup generator, manual switch gear, repair to station controls and alarms, and fencing for all pump stations. Hope to hear award decisions around the first of the year.

Tanya



*City of DeValls Bluff*

977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041

**Phone: (870) 998-2301**  
**Fax: (870) 998-7252**

October 18, 2013

Risa Parker  
ADEQ Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118

Re: DeValls Bluff NPDES AR0035611

Dear Ms. Parker,

This letter is in response to your October 7, 2013 request. Attached please find documentation for corrective action for items 1, 2A and 3 in your inspection report dated August 1, 2013. You will find attached pictures of the staff gauge denoting depths through the weir, pond level gauges and emergency contact information posted at each of six pumping stations.

Respectfully Submitted,

Kenny Anderson  
Mayor

Dear Ms. Parker,

This email is in response to your October 7, 2013 request. Attached please find documentation for corrective action for items 1, 2A and 3 in your inspection report dated August 1, 2013. You will find attached pictures of the staff gauge denoting depths through the weir, pond level gauges and emergency contact information posted at each of six pumping stations.

Also I will forward email from Tanya Childers at Central Arkansas Planning and Development District stating her efforts thus far on arranging funds.

I am sending this email to the City of DeValls Bluff and asking them to affix the Mayor's signature and forward to you. Jerome Alford, P.E.

Bond Consulting Engineers East, Inc.  
3683 State Highway 77 North  
Marion, AR 72364  
Phone: (870)739-2228  
Fax: (870)739-8407

From: [Bond Engineering](#)

Sent: Wednesday, October 16, 2013 1:14 PM

To: [Risa Parker](#)

Subject: DeValls Bluff NPDES AR0035611



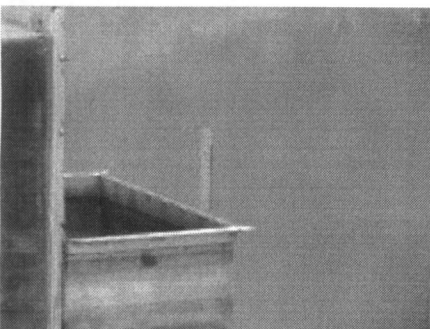
[Play  
slideshow](#)

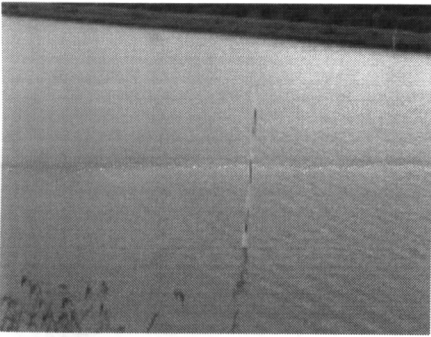
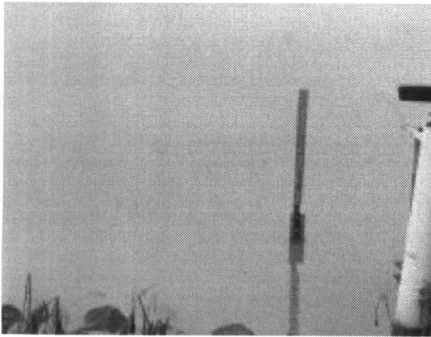


[Save all  
photos](#)

Want to save all these photos at once? [Learn how](#)

Online pictures are available  
for 30 days





[Get Windows Live Mail to create your own photo e-mails](#)

---

**Subject:** RE: DeValls Bluff NPDES AR0035611

---

**From:** Parker, Risa (PARKERR@adeq.state.ar.us)

---

**To:** cityofdVB@yahoo.com;

---

**Date:** Wednesday, October 16, 2013 1:34 PM

---

Ms. Woodall:

Will you please have Mayor Anderson actually sign the response and fax it back to me? My fax is 501-682-0880 (attn: Risa Parker, Water Division) Or you can send it via regular mail to: ADEQ Water Division, 5301 Northshore Drive, North Little Rock, AR 72118.

I appreciate your help.

Thank You,

Risa

---

**From:** Leah Woodall [mailto:cityofdVB@yahoo.com]  
**Sent:** Wednesday, October 16, 2013 1:25 PM  
**To:** Parker, Risa  
**Subject:** Fw: DeValls Bluff NPDES AR0035611

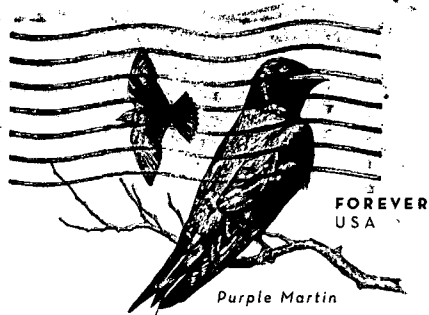
Signed and approved by Mayor Kenny Anderson

[dVbmayor@aol.com](mailto:dVbmayor@aol.com)

----- Forwarded Message -----

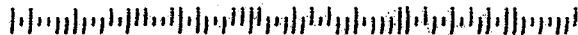
**From:** Bond Engineering <[bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)>  
**To:** [cityofdVB@yahoo.com](mailto:cityofdVB@yahoo.com)  
**Sent:** Wednesday, October 16, 2013 1:17 PM  
**Subject:** Fw: DeValls Bluff NPDES AR0035611

Office of the Mayor  
City of DeValls Bluff  
P. O. Box 297  
DeValls Bluff, AR 72041



Risa Parker  
ADEQ Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118

7211835317



City of DeValls Bluff  
977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041  
(870) 998-2301/(870) 998-2577  
Fax: (870) 998-7252

**City of DeValls Bluff**

# Fax

To: Risa Parker From: City of DVB  
Fax: \_\_\_\_\_ Pages: 2  
Phone: \_\_\_\_\_ Date: 12/2/13  
Re: \_\_\_\_\_ CC: \_\_\_\_\_

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:



*City of DeValls Bluff*

977 East Cypress Street  
P.O. Box 297  
DeValls Bluff, AR 72041

Phone: (870) 998-2301

Fax: (870) 998-7252

November 20, 2013

ADEQ

5301 Northshore Drive

North Little Rock, AR 72118-5317

Attn: Risa Parker-District 9 Field Inspector

Re: DeValls Bluff, AR  
Permit No. AR0035611  
AFIN-59-00026

Dear Risa,

Since receiving your correspondence of November 15, 2013 noting violations, I have made myself aware of the reporting requirements found in part III.D.6 of our permit which denotes reporting requirements for any and all sanitary sewer overflows (SSO). Now that I am aware of this requirement, I have further instructed all sewer system personnel that this reporting requirement shall be met in the time period dictated by the permit.

Sincerely,

Kenneth Anderson  
Mayor



January 31, 2014

Mayor Kenneth Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls Bluff, AR 72041

RE: Compliance Inspection  
AFIN: 59-00026; Permit Number: AR0035611

Dear Mayor Anderson:

The Department is in receipt of an inspection response letter dated October 16, 2013. The response has been reviewed and the following information is requested:

- Please submit a follow-up report to ADEQ regarding activities that have occurred to accomplish corrective actions for items 2b, c, and d in the ADEQ inspection report dated August 1, 2013.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection 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](mailto: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 February 13, 2014. If I can be of any assistance, please contact me 501-682-0658 or [parkerr@adeq.state.ar.us](mailto:parkerr@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Risa Parker", is written over a horizontal line.

Risa Parker  
District 9 Field Inspector  
Water Division

AXR HG

PRE-APPLICATION FOR FUNDING ASSISTANCE  
SUBMITTED TO  
WATER/WASTEWATER ADVISORY COMMITTEE  
BY  
CITY OF AUGUSTA, ARKANSAS  
FOR  
WASTEWATER SYSTEM IMPROVEMENTS

FEB 21 2014

12309 TW

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228  
FAX: (870)739-8407  
E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

February 10, 2014

Arkansas Natural Resources Commission  
101 Capitol Avenue, Suite 350  
Little Rock, AR 72201

Attn: Dave Fenter – WWAC Chairman

RE: DeValls Bluff, AR  
Sewer Improvements

Dear Dave,

Please consider this letter a brief preliminary engineering report covering improvements found necessary during a Compliance Evaluation Inspection conducted by ADEQ on July 19, 2013.

Attached  
August 1, 2013  
as follows:

- 1) Staff gauge
- 2) Pond level g
- 3) Security fen
- 4) Backup pov
- 5) Alarm syste
- 6) Emergency contact information was not posted

*Risa,*  
*You did the inspection*  
*so please review & let*  
*me know if you have*  
*any ~~com~~ comments.*

*Loretta*

Since the City received this correspondence we were immediately contacted and began those efforts necessary for the City to reach compliance.

Also attached please find correspondence of August 20 & 29, 2013 to ADEQ concerning those items found in the original inspection report.

The City made immediate progress in adding those low cost items such as the staff gauges, pond level gauges and the emergency contact information

**BOND CONSULTING ENGINEERS EAST, INC.**  
**3683 STATE HIGHWAY 77 NORTH**  
**MARION, ARKANSAS 72364**

PHONE: (870)739-2228

FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

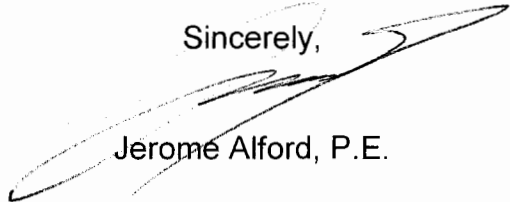
posted at each pumping station. Those remaining items were beyond the financial capacity of DeValls Bluff thus this application is being prepared.

One attempt was made through Central Arkansas Planning and Development District with the help of Tonya Childers to find funding. Attached is email correspondence dated September 3, 2013 containing an itemized cost estimate for these necessary improvements. However we have also included a letter from Arkansas Department of Rural Services dated January 13, 2014 notifying the Mayor that his project did not receive funding.

This now brings us to our initial contact with ANRC in an effort to request funding for the items 3 & 4 listed above. There are no alternatives since these are the minimum items required by ADEQ. The cost estimates mentioned above were prepared with the help of fence contractors and electricians.

Whatever assistance ANRC can provide to the City of DeValls Bluff will be greatly appreciated.

Sincerely,



Jerome Alford, P.E.

## WATER / WASTEWATER ADVISORY COMMITTEE

R 6/2005

WASTEWATER PRE-APPLICATION  
COVER PAGEWWAC ID #: 3625

|                                  |                                      |                          |    |                                |     |
|----------------------------------|--------------------------------------|--------------------------|----|--------------------------------|-----|
| 1. Applicant / Owner:            | DeValls Bluff                        | 2. ACEDP Grantee:        |    |                                |     |
| Representative & Title:          | Kenneth Anderson - Mayor             | Representative & Title:  |    |                                |     |
| Address:                         | P.O. Box 297                         | Address:                 |    |                                |     |
| City & Zip Code:                 | DeValls Bluff 72041                  | City & Zip Code:         |    |                                |     |
| County:                          | Prairie                              | County:                  |    |                                |     |
| Phone:                           | (870)998-2301                        | Phone:                   |    |                                |     |
| FAX:                             | (870)998-7252                        | FAX:                     |    |                                |     |
| E-Mail Address:                  |                                      | E-Mail Address:          |    |                                |     |
| 3. Engineering Firm:             | Bond Consulting Engineers East, Inc. |                          |    |                                |     |
| Project Engineer:                | Jerome Alford, P.E.                  |                          |    |                                |     |
| Address:                         | 3683 State Highway 77 North          |                          |    |                                |     |
| City & Zip Code:                 | Marion 72364                         |                          |    |                                |     |
| Phone:                           | (870)739-2228                        |                          |    |                                |     |
| FAX:                             | (870)739-8407                        |                          |    |                                |     |
| E-Mail Address:                  | bondengineering@hotmail.com          |                          |    |                                |     |
| 5. Number of Existing Customers: | 256                                  | Number of New Customers: | 0  | Projected Number of Customers: | 256 |
| 6. Arkansas Senate District      | 28                                   | Arkansas House District  | 14 | U. S. House District           | 1   |

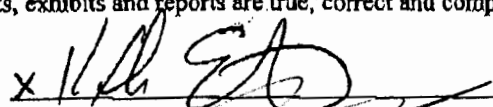
7. Provide a brief description of the project: Add fencing, signage at each of six sewage pumping stations. Add one portable generator and manual switch over at each pumping station all directed by ADEQ.

8. Indicate the Agencies and Dollar Amounts you plan to use for this project:

|          |                                                           |
|----------|-----------------------------------------------------------|
| \$       | Arkansas Community and Economic Development Program Grant |
| \$80,000 | Arkansas Soil and Water Conservation Commission           |
| \$       | Community Resource Group                                  |
| \$       | USDA, Rural Development                                   |
| \$       | Other Funding Source: _____                               |
| \$80,000 | Total Funds Requested                                     |

9. I, the undersigned representative of the applicant or grant recipient, certify that the information contained herein and the attached statements, exhibits and reports are true, correct and complete to the best of my knowledge and belief.

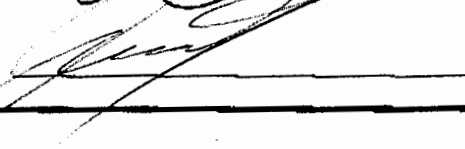
Applicant's Signature:



Date:

2-10-14

Application Preparer's Signature:



Date:

2-10-14



101 East Capitol, Suite 202  
Little Rock, AR 72201

Phone: 501-682-6011  
Toll Free: 1-888-787-2527  
Fax: 501-682-6014  
[www.arkansas.gov/drs](http://www.arkansas.gov/drs)

Governor Mike Beebe

John Andrews, Director

## Arkansas Department of Rural Services

January 13, 2014

Kenny Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls, AR 72041-

Dear Mayor Anderson:

On behalf of the Arkansas Rural Development Commission and the Department of Rural Services, I would like to thank you for the City of DeValls Bluff's application for funding through the General Improvement Fund Grant Program. Though the application was favorably received, it was not ultimately selected for funding this cycle.

This past cycle the amount of funds requested by applicants across the state greatly exceeded the amount that was available. By the October 11<sup>th</sup> deadline our department had received over 220 complete and eligible applications requesting over \$11.2 million, of which only \$2.2 million was available for distribution. With such a great number of expressed local priorities and the limited amount of funding available, the selection process was difficult for everyone involved.

We understand that this project is important to you and your community, and we would like to help you as you strive to improve your community. If you have any questions about our grant programs, please call us toll free at 1-888-RURAL-AR or visit our web site at [www.arkansas.gov/drs](http://www.arkansas.gov/drs).

Sincerely,

A handwritten signature in cursive script, appearing to read "John Andrews".

John Andrews  
Director

cc: Gabriel DelGiorno



ARKANSAS  
Department of Environmental Quality

January 31, 2014

Mayor Kenneth Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls Bluff, AR 72041

RE: Compliance Inspection  
AFIN: 59-00026; Permit Number: AR0035611

Dear Mayor Anderson:

The Department is in receipt of an inspection response letter dated October 16, 2013. The response has been reviewed and the following information is requested:

- Please submit a follow-up report to ADEQ regarding activities that have occurred to accomplish corrective actions for items 2b, c, and d in the ADEQ inspection report dated August 1, 2013.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection 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](mailto: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 February 13, 2014. If I can be of any assistance, please contact me 501-682-0658 or [parkerr@adeq.state.ar.us](mailto:parkerr@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Risa Parker", is written over a horizontal line.

Risa Parker  
District 9 Field Inspector  
Water Division

**Bond Engineering**

---

**From:** "Bond Engineering" <bondengineering@hotmail.com>  
**Date:** Tuesday, September 03, 2013 8:55 AM  
**To:** "Tanya Childers" <tanya.childers@capdd.org>  
**Subject:** DeValls Bluff, AR

Tanya,

Here is a breakdown and estimated cost for your use in preparing a grant application.

|                                               |                 |
|-----------------------------------------------|-----------------|
| 1. Fencing for 6 pumping stations             | \$10,000        |
| 2. One portable generator                     | \$30,000        |
| 3. Manual switch gear for 6 pump stations     | \$18,000        |
| 4. Repair on pump station controls and alarms | \$6,000         |
| Sub-Total                                     | \$64,000        |
| 12% Engineering                               | \$7,680         |
| Contingencies 13%                             | \$8,320         |
| <b>Total</b>                                  | <b>\$80,000</b> |

If you have any questions or need additional information, please contact me.

Jerome Alford, P.E.  
Bond Consulting Engineers East, Inc.  
3683 State Highway 77 North  
Marion, AR 72364  
Phone: (870)739-2228  
Fax: (870)739-8407

9/25/2013

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228  
FAX: (870)739-8407  
E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

August 29, 2013

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

Attn: Risa Parker – District 9 Field Inspector

RE: DeValls Bluff, AR  
Permit No. AR0035611

Dear Risa,

I visited with the administration in DeValls Bluff yesterday. Mayor Kenneth Anderson and Utility Manager, Gabriel DelGiorno and I discussed those items in your August 1, 2013 letter. The following are our comments.

1. A staff gauge will be installed in the outflow structure by the City in the next few days. This will be located well advanced of the discharge weir where not to be influenced by the drop.
2. Level gauges will be installed in both ponds in order to visually determine pond depth. These will be constructed out of treated 1" x 6", painted white and lettered with the appropriate depth reading to the nearest 6". This will also be accomplished by City personnel.
3. A fencing contractor has already been contacted and he has provided a cost estimate of approximately \$10,000 for the security fencing for all six of the existing sewage pump stations in the City.
4. Powerhouse Electric, Inc. has provided a cost estimate for a properly sized trailer mounted generator to handle the largest load of both pumps in the pump stations. This will cost approximately \$30,000. It will then be necessary for safety reasons to install manual switch-over gear in each of the six pump stations. This switch gear supplied and installed by a licensed electrician will be around \$3,000 each for a total of \$18,000.
5. Mr. DelGiorno has already contacted VanBrocklin and Associates as the supplier of the controls in the pumping stations. Tommy VanBrocklin has been directed to get all of the alarm systems in each of the pump stations in working order. It can not be determined at this point what this cost will be but we can estimate \$1,000 per pump station.

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228

FAX: (870)739-8407

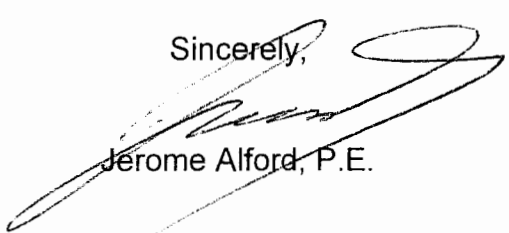
E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

6. The City is currently in the process of providing signage for each of the pump stations that will include phone numbers for City Hall and the cell number of Mr. DelGiorno.

After visiting in DeValls Bluff, I met with Tanya Childers with Central Arkansas Planning and Development District. Now that she has the above cost estimate she will assist the City in finding grant funds in the amount of \$80,000 to cover the above required items. As soon as we are awarded these funds, we will be able to determine a timeline. As we complete the above items that the City personnel are responsible for, we will provide you written notice.

Sincerely,



Jerome Alford, P.E.

---

Mayor DeValls Bluff

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228

FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

August 20, 2013

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

Attn: Risa Parker – District 9 Field Inspector

RE: DeValls Bluff, AR  
Permit No. AR0035611

Dear Risa,

I was contacted this afternoon by the City of DeValls Bluff requesting my assistance in responding to those deficiencies listed in your letter of August 1, 2013.

DeValls Bluff is now a new client of ours. I will visit the City in the next few days to direct them in the installation of a level gauge properly located 3X away from the discharge weir.

We will determine proper fencing to provide security and accessibility to each pumping station.

We will, after we become familiar with their collection system, be in a position to recommend generator capacity and those necessary switch over devices needed at each installation.

We will ascertain the problem with the high level alarm at each of the pump stations in an effort to make them functional.

We will also assist, if necessary, posting emergency contact information at each pumping station.

After our visit, we will prepare a cost estimate for the extraordinary items mentioned above. In the event the City must seek financial assistance, we will also prepare grant/loan applications following completion of the cost estimate. We will assist the City in reporting to you upon completion of these individual items and to routinely provide you a status report of each of the above mentioned efforts.

**BOND CONSULTING ENGINEERS EAST, INC.**  
3683 STATE HIGHWAY 77 NORTH  
MARION, ARKANSAS 72364

PHONE: (870)739-2228

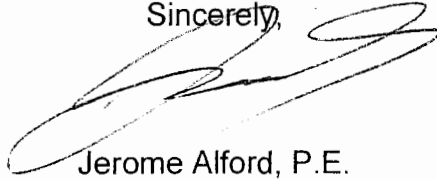
FAX: (870)739-8407

E-mail: [bondengineering@hotmail.com](mailto:bondengineering@hotmail.com)

C.H. BOND, JR., P.E.  
JEROME B. ALFORD, P.E.  
JACK G. BOND, P.E.

On behalf of the City of DeValls Bluff, I request your continued patience as I have just been commissioned to help in this matter. If this letter satisfies your request for an immediate response, please notify me and the Mayor.

Sincerely,

A handwritten signature in black ink, appearing to be "Jerome Alford", written over a horizontal line.

Jerome Alford, P.E.

Cc: Mayor Kenneth Anderson  
ADEQ – Enforcement Division

# ADEQ

ARKANSAS  
Department of Environmental Quality

August 1, 2013

Mayor Kenneth Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls Bluff, AR 72041

RE: Compliance Inspection  
AFIN: 59-00026; Permit Number: AR0035611

Dear Mayor Anderson:

On July 19, 2013, I performed a Compliance Evaluation Inspection and collection system inspection at the above-referenced facility. The inspection was conducted of the waste water treatment 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. The following violations were observed at the time of inspection:

- 1) A staff gauge is not installed at the outfall structure (see photograph 1 of 4). This is in violation of Part III.C.2 of the permit. Be aware the staff gauge should be located upstream of the weir at least 3-4 times the maximum anticipated head.
- 2) The Arkansas Water and Air Pollution Control Act (A.C.A. § 8-4-217(a)(3)) makes it unlawful to violate any rule, regulation, or order adopted by the Arkansas Pollution Control & Ecology Commission (APC&EC). The following conditions do not meet the standards in the Recommended Standards for Wastewater Facilities (10-States Standards) which was adopted by the APC&EC in Minute Order 80-21:
  - a. Pond level gauges are not installed in the lagoon system.
  - b. Security fencing is not provided around the Main Street pump station, Hazel Street grinder station, and the Washington Street pump station (see photographs 2-4 of 4). This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff.
  - c. Provisions that the City has made for back-up power or emergency pumping capabilities for the pump and grinder stations were not documented during the inspection. This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880

[www.adeq.state.ar.us](http://www.adeq.state.ar.us)

- d. The functionality of the alarm systems at the Main Street and Washington Street pump stations could not be demonstrated at the time of inspection. This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff.
- 3) Emergency contact information is not posted at the Main Street pump station, Hazel Street grinder station, and the Washington Street pump station. This requirement applies to all pump/grinder stations operated by the City of DeValls Bluff. This is in violation of Part III.B.1 of the permit.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection 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](mailto: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 **August 15, 2013**. If I can be of any assistance, please contact me 501-682-0658 or [parkerr@adeq.state.ar.us](mailto:parkerr@adeq.state.ar.us).

Sincerely,



Risa Parker  
District 9 Field Inspector  
Water Division



March 14, 2014

Mayor Kenneth Anderson  
City of DeValls Bluff  
P.O. Box 297  
DeValls Bluff, AR 72041

RE: Compliance Inspections  
AFIN: 59-00026; Permit Number: AR0035611

Dear Mayor Anderson:

The Water Division Inspection Branch is in receipt of information provided in response to the July 19, 2013 inspections conducted by the Department. At this time, the Water Division Inspection Branch has no further comment regarding these inspections.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0658 or you may e-mail me at [parkerr@adeq.state.ar.us](mailto:parkerr@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Risa Parker", is written above the printed name.

Risa Parker  
District 9 Field Inspector  
Water Division