



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

# NPDES Compliance Inspection Report

Form Approved  
OMB No. 2040-0003

## 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   4   1   3   3   5   11   12   0   9   0   2   2   4   17   18   V   19   S   20   1					
Remarks					
A   F   I   N   6   0   -   0   0   5   4   3					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67       69	70   4	71   N	72   N	73       74	75         80

## Section B: Facility Data

Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>Jacksonville Wastewater Utility – J. Albert Johnson Plant – 248 Cloverdale Road Jacksonville, AR</b>	Entry Time/Date <b>0945 on 9/24/09</b>	Permit Effective Date <b>11/01/07</b>
	Exit Time/Date <b>1440 on 9/24/09</b>	Permit Expiration Date <b>10/31/12</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Sam Zehtaban – Operations Manager / 501-982-0581</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Thea Hughes – General Manager / 501-982-0581 Jacksonville Wastewater Utility 248 Cloverdale Road Jacksonville, AR 72076</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

## Section C: Areas Evaluated During Inspection

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

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

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

No problems were noted during inspection.

Name(s) and Signature(s) of Inspector(s) <b>Jill Glenn / <i>Jill Glenn</i></b>	Agency/Office/Telephone/Fax <b>ADEQ/ North Little Rock/ 501-682-0658/ 501 682-0910 (Fax)</b>	Date <b>2/24/09</b>
<b>Dennis Benson</b>	<b>ADEQ/ North Little Rock/ 501-683-0827/ 501 682-0910 (Fax)</b>	<b>2/24/09</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <b>Mostly gravity with some force main</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>8,900 total</b>		
FEET OF SEWER SYSTEM: <b>163.8 miles of line, 3,500 man holes</b>		
AGE OF SYSTEM: <b>4-50 years</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>old part of town has some I &amp; I problems; higher flow with wet weather</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): <b>Online SSO report form and SSO monthly report with DMR</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
ARE ALL SSOS REPORTED REGARDLESS OF SIZE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOS REACHED "WATERS OF THE 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>PUMP STATIONS</b>		
NUMBER OF PUMP STATIONS IN SYSTEM: <b>13</b>		NUMBER WITH BACKUP POWER: <b>2 big; other 11 have quick connects</b>
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>1/week (every Wednesday)</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Yes</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>Yes</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>SCADA</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>2 people on call 24/7, 1<sup>st</sup> is paged and checks problem, calls 2<sup>nd</sup> if help is needed</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>2</b>		
<b>SATELLITE SYSTEMS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <b>Yes, Air Force Base and trailer park</b>		
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <b>Trailer park and Air Force Base (pop. 6,000-8,000)</b>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <b>No</b>		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		
<b>Air Force Base – Sam Clinton, 528 Thomas Ave, LR Air Force Base, AR 72099</b>		
<b>Lake View Estate Trailer Park – James Speillman, 501-454-3933</b>		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>East Pump Station located on N JP Wright Loop Rd ~0.5 mi north of Graham Rd.</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL(99%) <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>4</u>	NUMBER OPERATIONAL: <u>4</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>High/low level, temp, amp, pump failure, and intrusion</b>	

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Loop Pump Station located at N JP Wright Loop Rd and Leonard Drive</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: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>High/low level, temp, amp, pump failure, and intrusion</b>	