

# ADEQ

ARKANSAS  
Department of Environmental Quality

*November 9, 2010*

*Tommy Lawson, Manager  
City of Stuttgart Water Utilities  
P.O. Box 130  
Stuttgart, Arkansas 72160*

*RE: Sanitary Sewer Collection System*

*AFIN: 01-00041                      NPDES Permit No.: AR0034380*

*Dear Mr. Lawson:*

*On November 3, 2010, I conducted a Sanitary Sewer Overflow Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. At the time of inspection, the system appeared to be in compliance with the applicable regulations.*

*If I can be of any assistance, please contact me at (870) 247-5155.*

*Sincerely,*



*Steven L. Henderson  
District 6 Inspector  
Water Division*

*cc:     Water Division Enforcement Branch  
        Water Division Permits Branch*



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 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="0"/>                          | 11 <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> | 17 <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> | 18 <input type="text" value="V"/> | 19 <input type="text" value="S"/>   | 20 <input type="text" value="1"/> |
| Remarks   |  |   |                                   |   |                                   |
| <input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="1"/> |  |   |                                   |   |                                   |
| Inspection Work Days  |  | Facility Evaluation Rating  |                                   | BI  |                                   |
| 67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69   |  | 70 <input type="text" value="N"/>   |                                   | 71 <input type="text" value="N"/> 72 <input type="text" value="N"/> 73 <input type="text" value=""/> <input type="text" value=""/> 74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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)<br><b>City of Stuttgart Water Utilities</b><br><b>612 South College</b><br><b>Stuttgart, Arkansas 72160</b><br><b>Arkansas County, Arkansas</b> | Entry Time/Date<br><b>9:00 a.m. 11/3/2010</b>    | Permit Effective Date<br><b>September 1, 2009</b>                                |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)<br><b>Tommy Lawson, Manager (870) 674-7115</b>   | Exit Time/Date<br><b>11:30 a.m. 11/3/2010</b>    |  |
| Name, Address of Responsible Official/Title/Phone and Fax Number<br><b>Tommy Lawson, Manager (870) 674-7115</b><br><b>City of Stuttgart Water Utilities</b><br><b>P.O. Box 130</b><br><b>Stuttgart, Arkansas 72160</b>   | Permit Expiration Date<br><b>August 31, 2014</b> |  |
| Other Facility Data  |  | Contacted<br>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                    | N | Flow Measurement        | S | Operations & Maintenance | N | Sampling             |
| S | Records/Reports           | N | Self-Monitoring Program | N | Sludge Handling/Disposal | N | Pollution Prevention |
| S | 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)

**At the time of inspection, the sanitary sewer collection system appeared to be in compliance with the applicable regulations and permit..**

|  |  |                          |
|--|--|--------------------------|
| Name(s) and Signature(s) of Inspector(s)<br><i>Steven L. Henderson</i> Steven L. Henderson | Agency/Office/Telephone/Fax<br>ADEQ/White Hall/ (870) 247-5155/ (870) 247-5185 | Date<br>November 4, 2010 |
| 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:<br><b>Gravity Flow &gt; 17 secondary pump stations &gt; 3 primary pump stations &gt; WWTP pump station</b>              |  |   |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:<br><b>Population = 9,500/ 3,854 residential/ 563 commercial</b>   |  |   |
| FEET OF SEWER SYSTEM: <b>approximately 63 miles</b>   |  |   |
| AGE OF SYSTEM: <b>Some lines as old as 80 years, oldest pump station 50 years, latest update to WWTP 2002, 2009 construction was completed on 2.5 miles of new force main</b> |  |   |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>Infiltration during heavy rainfall events</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):<br><b>Monthly SSO Reports are submitted with DMR's</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>  |  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| NUMBER OF PUMP STATIONS IN SYSTEM: <b>20</b>  | NUMBER WITH BACKUP POWER: <b>20</b>  |   |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily</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 (McCracken only)</b>   |  |   |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Portable generators are available for pump stations, Permanent generators are available at the WWTP</b>                             |  |   |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>2</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA                             |
| NAME AND/OR LOCATION OF PUMP STATION:<br><b>13th 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>3</b>   | NUMBER OPERATIONAL: <b>2</b>  |
| 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SCADA SYSTEM (LIST PARAMETERS MONITORED):   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

| <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:<br><b>McCracken 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:   | <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>   |   |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA  |   |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| <b>BACKUP POWER AND ALARMS</b>   |   |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA  |   |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): <b>Hi/Lo levels, power outage</b>  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |