

ADEQ

ARKANSAS
Department of Environmental Quality

March 22, 2011

*Ken Johnson, Manager
Pine Bluff Wastewater Utility
1520 South Ohio Street
Pine Bluff, Arkansas 71601-6055*

RE: Sanitary Sewer Overflow Inspection


AFIN: 35-00149 NPDES Permit No.: AR0033316

Dear Mr. Johnson:

On March 2, 2011, 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,



*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="3"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="6"/> 11 12 <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="2"/> 17 18 <input type="text" value="V"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks								
Inspection Work Days		Facility Evaluation Rating		BI		QA		-----Reserved-----	
67 <input type="text"/> <input type="text"/> <input type="text"/> 69		70 <input type="text" value="N"/>		71 <input type="text" value="N"/>		72 <input type="text" value="N"/>		73 <input type="text"/> <input type="text"/> <input type="text"/> 74 75 <input type="text"/> <input type="text"/> <input type="text"/> 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>) Pine Bluff Wastewater Utility – Boyd Point Facility <i>1.5 miles from Highway 79 on Island Harbor Marina Road</i> 900 Island Harbor Road <i>Jefferson County, Arkansas</i> Section 22, Township 5 South, Range 9 West	Entry Time/Date 8:30 a.m. 3/2/2011	Permit Effective Date September 1, 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Vincent Miles, Laboratory Supervisor (870) 535-0828 (870) 535-6243 Fax Stacey Carpenter, Senior Lab Technician	Exit Time/Date 1:00 p.m. 3/2/2011	Permit Expiration Date August 31, 2014
Name, Address of Responsible Official/Title/Phone and Fax Number Ken Johnson, Manager (870) 535-6605 Pine Bluff Wastewater Utility 1520 South Ohio Street Pine Bluff, Arkansas 71601-6055	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data N 34 16' 30" W 91 57' 59"

Section C: Areas Evaluated During Inspection

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

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

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

A routine sanitary sewer overflow inspection was conducted to determine compliance status with the Arkansas Water and Air Pollution Control Act, the Federal Clean Water Act, and the regulations promulgated thereunder. At the time of inspection, the system appeared to be in compliance with the applicable regulations.

Name(s) and Signature(s) of Inspector(s) <i>Steven L. Henderson</i> Steven L. Henderson	Agency/Office/Telephone/Fax ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185	Date March 3, 2011
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity Flow > 48 Pump Stations > Wastewater Treatment Lagoon System		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: Population of service area = approx. 60,000 Residential Connections = 15,000 Commercial Connections = 2,000		
FEET OF SEWER SYSTEM: approximately 450 miles		
AGE OF SYSTEM: approximately 122 years old		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): wet weather – infiltration and collapsed lines dry weather – blockage and broken/collapsed lines	<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): ADEQ is notified within twenty-four (24) hours and written notification is submitted within five (5) days.	<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	
PUMP STATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: 48	NUMBER WITH BACKUP POWER: 5	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: daily by SCADA/ weekly by manual inspection		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes		
ADEQUATE INVENTORY OF SPARE PARTS: Yes		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): SCADA System		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Pump stations are equipped with audible and visual alarms		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 1		
SATELLITE SYSTEMS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: Yes		
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: City of White Hall Lagoon System (~.5 million gal./day)		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: No		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		
Ricky Doucey, 101 Parkway, White Hall, Arkansas 71602 (870) 247-1420		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <i>Pump Station #2, Kansas Street</i>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: 3	NUMBER OPERATIONAL: 3
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: 2 @ 200hp, 1 @ 300hp	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <i>High water level, Water level adjustment, Pump failure, Generator operation, Intrusion</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE