



Form Approved
OMB No. 2040-0003

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

NPDES Compliance Inspection Report

Section A: National Data System Coding

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| Transaction Code | | NPDES | | | | | | | | | | Yr/Mo/Day | | | | Inspec. Type | | Inspector | | Fac. Type | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | N | 2 | 5 | 3 | A | R | 0 | 0 | 2 | 2 | 3 | 8 | 1 | 11 | 12 | 1 | 4 | 0 | 3 | 1 | 1 | 17 | 18 | V | 19 | S | 20 | 1 | | | | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A F I N | | | | | | | | 1 2 - 0 0 0 2 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection Work Days | | | | | | Facility Evaluation Rating | | | | | | BI | | QA | | -----Reserved----- | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 | | | | | | 70 | | | | | | 71 | | 72 | | 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>) Heber Springs Wastewater Treatment Plant 1174 Bypass Rd. Heber Springs, AR 72543 | Entry Time/Date 11:00 3/11/2014 | Permit Effective Date 3/1/2013 |
| | Exit Time/Date 15:30 3/11/2014 | Permit Expiration Date 2/28/2018 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Sam Querry, Wastewater Superintendent, 501-250-6225 | Other Facility Data N35°29'11.350" W91°58'59.654" PDS# 077144 | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kent Latch, Water and Sewer Manager 1101 West Front Street Heber Springs, AR 72543 | 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 | M | Operations & Maintenance | S | Sampling |
| S | Records/Reports | S | Self-Monitoring Program | S | Sludge Handling/Disposal | S | Pollution Prevention |
| S | Facility Site Review | S | Compliance Schedules | N | Pretreatment | N | Multimedia |
| S | Effluent/Receiving Waters | S | Laboratory | N | Storm Water | N | Other: |

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

No violations were noted.

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|--|--|-------------------------------|
| Name(s) and Signature(s) of Inspector(s) Sean Saunders | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality Mountain Home (870) 424-3322 | Date March 31, 2014 |
| Signature of Reviewer Kerri McCabe | Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642 | Date April 7, 2014 |

| | | |
|---|--|---|
| 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: Heber Springs WWTP has a gravity collection system with 28 lift stations. | | |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: Approx. 8,000 people Approx. 2,990 residential connections and approx. 250 commercial connections. | | |
| FEET OF SEWER SYSTEM: Approx. 305,551 feet of gravity sewer and approx. 30,053 feet of force mains | | |
| AGE OF SYSTEM: 75yrs to newer. | | |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Inflow and infiltration | <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): All staff report SSOs to supervisor who reports SSOs to ADEQ within 24 hours or each occurrence. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| ARE ALL SSOS REPORTED REGARDLESS OF SIZE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| HAVE SSOS REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| | | |
| PUMP STATIONS | | <input 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: 28 | NUMBER WITH BACKUP POWER: 28 | |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Twice a week | | |
| 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): None | | |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: | | |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 3 | | |
| | | |
| SATELLITE SYSTEMS | | <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: No | | |
| 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: | | |
| | | |

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

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) | |
|--|---|
| GENERAL INFORMATION AND OVERALL EVALUATION | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| NAME AND/OR LOCATION OF PUMP STATION: Lift 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: <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 |
| 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 |
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| 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): | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

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| 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: Lift Station C | |
| 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> |
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