
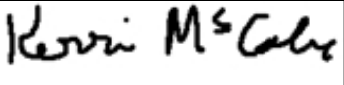
 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 01-00214		PERMIT #: AR0034380		DATE: 11/4/2015
		COUNTY: 01 Arkansas		PDS #: 087812		MEDIA: WN
		GPS LAT: 34.493992 LONG: -91.564096 LOCATION: Entrance				
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: City of Stuttgart WWTP LOCATION: 10th Street Extension West CITY: Stuttgart, AR 72160			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 26075 S - State		
			FACILITY EVALUATION RATING: N	INSPECTION TYPE: SSO/Collection System		
			DATE(S): 11/4/2015	ENTRY TIME: 09:00	EXIT TIME: 11:45	PERMIT EFFECTIVE DATE: 2/1/2015 PERMIT EXPIRATION DATE: 1/31/2020
RESPONSIBLE OFFICIAL						
NAME / TITLE: Tommy Lawson, / Water Utilities Manager COMPANY: City of Stuttgart MAILING ADDRESS: P.O. Box 130 CITY, STATE, ZIP: Stuttgart, AR 72160 PHONE & EXT: / FAX: 870-674- 7115 / EMAIL:			FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: ***			INSPECTION PARTICIPANTS			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Danny Wilson, Head Wastewater Operator, Class IV			
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
S	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER	
S	RECORDS/REPORTS	N	LABORATORY	S	FACILITY SITE REVIEW	
S	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM	
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT	
N	OTHER:					
SUMMARY OF FINDINGS						
A routine sanitary sewer collection system 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 was in compliance with the applicable regulations.						
GENERAL COMMENTS						
None						
INSPECTOR'S SIGNATURE: 			Steven L. Henderson		DATE: 11/6/2015	
SUPERVISOR'S SIGNATURE: 			Kerri McCabe		DATE: 11/20/2015	

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 > 17 Pump Secondary Pump Stations > 3 Primary Pump Stations > WWTP Pump Station		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: Population= 9,500 Residential= 3,854 Commercial= 563		
FEET OF SEWER SYSTEM: <u>approx. 63 miles</u>		
AGE OF SYSTEM: <u>Some 50-80 years old</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Infiltration during heavy rain events.		<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):		<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 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: <u>20</u>	NUMBER WITH BACKUP POWER: <u>20</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Daily</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>Yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>SCADA (McCracken only)</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Portable generators for pump stations and permanent generators for WWTP</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>1</u>		
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:		
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: McCracken Pump Station	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE