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|  A R K A N S A S Department of Environmental Quality | | WATER DIVISION INSPECTION REPORT | | | | |
| | | AFIN: 60-00543 | | PERMIT #: AR0041335 | | DATE: 4/13/2017 |
| | | COUNTY: 60 Pulaski | | PDS #: 096976 | | MEDIA: WN |
| | | GPS LAT: 34.843961 LONG: -92.128486 LOCATION: General Area | | | | |
| FACILITY INFORMATION | | | INSPECTION INFORMATION | | | |
| NAME: Jacksonville WW Utility LOCATION: 248 Cloverdale Road CITY: Jacksonville | | | FACILITY TYPE: 1 - Municipal | | INSPECTOR ID#: 97072 S - State | |
| | | | FACILITY EVALUATION RATING: 5 - Satisfactory | | INSPECTION TYPE: SSO/Collection System | |
| | | | DATE(S): 4/13/2017 | ENTRY TIME: 10:00 | EXIT TIME: 13:00 | PERMIT EFFECTIVE DATE: 11/1/2012 PERMIT EXPIRATION DATE: 10/31/2022 |
| RESPONSIBLE OFFICIAL | | | FAYETTEVILLE SHALE RELATED: N | | | |
| NAME / TITLE: Thea Hughes / General Manager COMPANY: Jacksonville WW Utility MAILING ADDRESS: 248 Cloverdale Road CITY, STATE, ZIP: Jacksonville AR 72076 PHONE & EXT. / FAX: 501-982-5791 / EMAIL: Mike@jwwu.com | | | FAYETTEVILLE SHALE VIOLATIONS: N | | | |
| CONTACTED DURING INSPECTION: Yes | | | INSPECTION PARTICIPANTS | | | |
| NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Keith Waters/Water Inspector/501-683-6629 Millie Remer/Water Inspector/501-682-0658 Mike Overstreet/Manager/501-982-0581 Kevin McGill, Jacksonville WWTP Bruce Jones, Jacksonville WWTP | | | | | | |
| AREA EVALUATIONS | | | | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | | |
| ** | PERMIT | ** | FLOW MEASUREMENT | ** | STORMWATER | |
| ** | RECORDS/REPORTS | ** | LABORATORY | ** | FACILITY SITE REVIEW | |
| S | OPERATION & MAINTENANCE | ** | EFFLUENT/RECEIVING WATER | ** | SELF-MONITORING PROGRAM | |
| ** | SAMPLING | S | SLUDGE HANDLING/DISPOSAL | ** | PRETREATMENT | |
| ** | OTHER: | | | | | |
| SUMMARY OF FINDINGS | | | | | | |
| <p>No violations found at the time of inspection.</p> | | | | | | |
| GENERAL COMMENTS | | | | | | |
| | | | | | | |
| INSPECTOR'S SIGNATURE:  Keith Waters | | | | DATE: 4/26/2017 | | |
| SUPERVISOR'S SIGNATURE:  Clark Baker | | | | DATE: 5/10/2017 | | |

| | | |
|--|--|---|
| 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: Variation of 6-42" pipe consisting of concrete, clay, ductile iron, and HBPE | | |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 9,000 | | |
| FEET OF SEWER SYSTEM: 192 miles | | |
| AGE OF SYSTEM: 1940s-Present | | |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Non-flushable items, grease, and I&I | | <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: 14 | NUMBER WITH BACKUP POWER: all have capability or can be pumped. | |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: SCADA plus a visual once per week. | | |
| ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Work Orders | | |
| ADEQUATE INVENTORY OF SPARE PARTS: Yes | | |
| TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): SCADA | | |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: SCADA | | |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 3 | | |
| | | |
| 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: Airforce base, Lake side estates, The meadows. | | |
| 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: | | |
| BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Airforce Base, or small communities/subdivisions that send their waste to the system. | | |
| ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: none noted for treatment at the time of the inspection. | | |
| 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: Valentine | |
| 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: <u>2 30Hp;Yes</u> | <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 |

| 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: <u>South Jacksonville</u> | |
| TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" 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: <u>2:7.5hp; Yes</u> | <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): | <input checked="" type="checkbox"/> Y <input 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: Gun Club | |
| 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: <u>2:2hp; Yes</u> | <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): | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

Water Division Photographic Evidence Sheet

| | | | |
|---------------|-------------------------------------|----------|------------------|
| Location: | Jacksonville WW Utility | | |
| Photographer: | Keith Waters | Date: | 4/13/2017 |
| Witness: | Millie Remer and Bruce Jones | Time: | N/A |
| Description: | Valentine wet well | Photo #: | 1 |



| | | | |
|---------------|--|----------|------------------|
| Photographer: | Keith Waters | Date: | 4/13/2017 |
| Witness: | Millie Remer and Bruce Jones | Time: | N/A |
| Description: | South Jacksonville wet well, moderate amount of solids beginning to accumulate in wet well. | | |
| | | Photo #: | 2 |



Water Division Photographic Evidence Sheet

| | | | | | |
|---------------|-------------------------------------|-------|------------------|----------|------------|
| Location: | Jacksonville WW Utility | | | | |
| Photographer: | Keith Waters | Date: | 4/13/2017 | Time: | N/A |
| Witness: | Millie Remer and Bruce Jones | | | Photo #: | 3 |
| Description: | Gun Club wet well. | | | | |

