Inspection Report: City of Stuttgart WWTP, AFIN: 01-00214, Permit #: AR0034380

<u>ADEQ</u>		WATER DIVISION INSPECTIO						
		AFIN: 01-00214 PERMIT #: AR0034380						DATE: <b>11/7/2017</b>
A R K A N S A S Department of Environmental Quality		COUNTY: 01 Arkansas Pl				S #: 10		MEDIA: WN
		GPS LAT: 34.493992 LONG: -91.564096 LOCATION: Entranc					Entrance	
	FACILITY INFORMAT	ION		INSPECTION INFORMATION				
City of Stuttgart WWTP			FACILITY TYPE:     INSPECTOR ID#:       1 - Municipal     26075 S - State					
10 <sup>th</sup> Street Extension West			FACILITY EVALUATION RATING: INSPECTION TYPE:   3 - Satisfactory SSO/Collection System					
CITY:			DATE(S): ENT	TRY TIM		T TIME:	PERMIT EFFECTIVE DATE:	
Stuttgart, AR 72160			11/7/2017 09	9:00	12	2:00	2/1/2015	
RESPONSIBLE OFFICIAL						PERMIT EXPIRATION DATE: 1/31/2020		
Tommy Lawson, / Water Utilities Manager			FAYETTEVILLE SHALE RELATED: N					
City of Stuttgart			FAYETTEVILLE SHALE VIOLATIONS: N					
_	D. Box 130			INSPECTION PARTICIPANTS				
CITY, STATE, ZIP: Stuttgart, AR 72160			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Danny Wilson, Head Wastewater Operator, Class IV					
					Iou		Junator	oporator, chaod IV
870 EMAI	0-674- 7115 /							
	ittgartarwater@centurytel.net							
	NTACTED DURING INSPECTION:	No						
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
S	PERMIT	N	FLOW MEASUF				DRMWA	ATER
S	RECORDS/REPORTS	Ν	LABORATORY					SITE REVIEW
S	OPERATION & MAINTENANCE	Ν		CEIVING WATER			SELF-MONITORING PROGRAM	
S	SAMPLING	Ν	N SLUDGE HANDLING/DISPOSAL N PRETREATMENT					
Ν	OTHER:		SUMMARY C					
Ar	outine inspection was conducted	l to			n the	e Arkan	sas Wa	ater 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 J. Henderson DATE: 11/13/2017								
INSPECTOR'S SIGNATURE:   Steven L. Henderson   DATE: 11/13/2017     SUPERVISOR'S SIGNATURE:   Kerri McCabe   DATE: 12/5/2017								

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COLLECTION SYSTEM INSPECTION AND OVERALL RAT		ØS OM OU ONA ONE							
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM:									
Gravity Flow > 17 Secondary Pump Stations > 3 Primary Pumps Stations > WWTP Pump Station POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:									
Population= 9,500 Residential= 3,854 Commercial= 563									
FEET OF SEWER SYSTEM: Approx. 63 miles									
AGE OF SYSTEM: Some new; some 50+ years									
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR <u>WET</u> WEATHER (EXPLAIN): Infiltration during heavy rain events									
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):									
Monthly DMR									
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	ØY ON ONA ONE								
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST D	DY ØN DNA DNE								
EACH):									
PUMP STATIONS		ØS OM OU ONA ONE							
NUMBER OF PUMP STATIONS IN SYSTEM: 20	NUMBER WITH BACKUP PO	WER:_ <b>20</b>							
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: Yes									
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): SCADA (McCracken only)									
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Portable generators for pump stations; permanent generators for WWTP									
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>1</u>									
SATELLITE SYSTEMS		□S □M □U ØNA □NE							
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS:									
TYPE(S) OF WASTE WATER RECEIVED: DRESIDENTIAL COMMERCIAL DINDUSTRIAL 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	ØS OM OU ONA						
NAME AND/OR LOCATION OF PUMP STATION: <u>L &amp; N Pump Station, 22<sup>nd</sup> Street</u>							
TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL	AL DOTHER:						
NUMBER OF PUMPS: 2	NUMBER OPERATIONAL: 2						
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	ØS OM OU ONA ONE						
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	⊡Y ØN ⊡NA ⊡NE						
GENERAL OPERATION AND MAINTENANCE		⊠S ⊡M ⊡U ⊡NA					
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		ØS OM OU ONA ONE					
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		ØS OM OU ONA ONE					
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:		ØS OM OU ONA ONE					
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF INSTALLED AND MAINTAINED:		ØS OM OU ONA ONE					
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQI DRIVESHAFTS, ETC.) :	UIPMENT (BELTS, PULLEYS,	ØS OM OU ONA ONE					
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CO GASES AND FUMES:	NDENSATION AND/OR	ØS OM OU ONA ONE					
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE					
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE					
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS:	ØS OM OU ONA ONE					
BACKUP POWER AND ALARMS		ØS OM OU ONA					
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	ØS OM OU ONA ONE					
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT	INFORMATION POSTED:	ØS OM OU ONA ONE					
SCADA SYSTEM (LIST PARAMETERS MONITORED):		⊡Y ØN ⊡NA ⊡NE					

