

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>						
		AFIN: <b>47-00956</b>		PERMIT #: <b>AR0021580</b>		DATE: <b>8/28/2018</b>		
		COUNTY: <b>47 Mississippi</b>			PDS #: <b>105545</b>		MEDIA: <b>WN</b>	
		GPS LAT: <b>35.679585</b> LONG: <b>-90.038580</b> LOCATION: <b>Entrance</b>						
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>				
NAME: <b>Osceola WWTP</b> LOCATION: <b>~1.27 miles W. Keiser Avenue</b> CITY: <b>Osceola</b>				FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>112347 S - State</b>		
				FACILITY EVALUATION RATING: <b>N</b>		INSPECTION TYPE: <b>SSO/Collection System</b>		
				DATE(S): <b>8/28/2018</b>	ENTRY TIME: <b>11:00</b>	EXIT TIME: <b>15:03</b>	PERMIT EFFECTIVE DATE: <b>10/1/2016</b>	
						PERMIT EXPIRATION DATE: <b>9/30/2021</b>		
<b>RESPONSIBLE OFFICIAL</b>				<b>INSPECTION PARTICIPANTS</b>				
NAME / TITLE: <b>Dickie Kennemore / Mayor</b> COMPANY: <b>City of Osceola</b> MAILING ADDRESS: <b>P.O. Box 443</b> CITY, STATE, ZIP: <b>Osceola AR 72370</b> PHONE & EXT. / FAX:  EMAIL:  								
CONTACTED DURING INSPECTION: <b>No</b>								
<b>AREA EVALUATIONS</b>								
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
<b>S</b>	PERMIT	<b>N</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER			
<b>S</b>	RECORDS/REPORTS	<b>N</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW			
<b>S</b>	OPERATION & MAINTENANCE	<b>N</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM			
<b>N</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT			
<b>N</b>	OTHER:							
<b>SUMMARY OF FINDINGS</b>								
<p>The Cheryl Pump Station was observed with a broken light bulb for the visual alarm in violation of Part III, Section B.1.a as well as Item 46 of 10 States Standards.</p>								
<b>GENERAL COMMENTS</b>								
<p>Repeated overflows were reported at the manhole near the Airport in February and April 2018 by the facility. The remediation efforts appear adequate (Photo 14) with the addition of lime to the area.</p> <p>An Industrial Stormwater Inspection and Compliance Evaluation Inspection were performed in conjunction with this inspection.</p>								
INSPECTOR'S SIGNATURE:  <b>Sarah Frasher</b>				DATE: <b>11/15/2018</b>				
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>				DATE: <b>11/19/2018</b>				

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<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: <b>Gravity flow with force main</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>~8,000 population</b>		
FEET OF SEWER SYSTEM: <b>~45 miles</b>		
AGE OF SYSTEM: <b>1930s and newer</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>Moderate wet weather and high I&amp;I from rising river levels</b>	<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): <b>Operator reports to ADEQ</b>	<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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>PUMP STATIONS</b>		<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: <b>23</b>	NUMBER WITH BACKUP POWER: <b>3</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily 7/week</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Yes</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>Yes</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>N/A</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Portable generator and 2 vacuum trucks available</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>3</b>		
<b>SATELLITE SYSTEMS</b>		<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:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Main Pump Station</b>	
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: <u>3</u>	NUMBER OPERATIONAL: <u>3</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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
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
<b>BACKUP POWER AND ALARMS</b>	
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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Greenbriar Pump Station</b>	
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:	<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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
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
<b>BACKUP POWER AND ALARMS</b>	
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: <b>Visual alarm was observed in need of repair.</b>	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Cheryl Pump 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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
<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
<b>BACKUP POWER AND ALARMS</b>	
<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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>				
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>	Time:	<b>12:18</b>
Witness:	<b>None</b>	Photo #:	<b>1</b>		
Description:	<b>Overview of the Main Pump Station.</b>				



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>	Time:	<b>12:28</b>
Witness:	<b>None</b>	Photo #:	<b>2</b>		
Description:	<b>Close-up view of the Main Pump Station.</b>				





**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>				
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>	Time:	<b>12:19</b>
Witness:	<b>None</b>	Photo #:	<b>3</b>		
Description:	<b>View of the inside of the Main Pump Station.</b>				



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>	Time:	<b>12:19</b>
Witness:	<b>None</b>	Photo #:	<b>4</b>		
Description:	<b>View of the electrical equipment in the Main Pump Station.</b>				





**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:22</b>
		Photo #:	<b>5</b>
Description:	<b>View of the generator for the Main Pump Station.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:36</b>
		Photo #:	<b>6</b>
Description:	<b>View of the Greenbriar Pump Station.</b>		



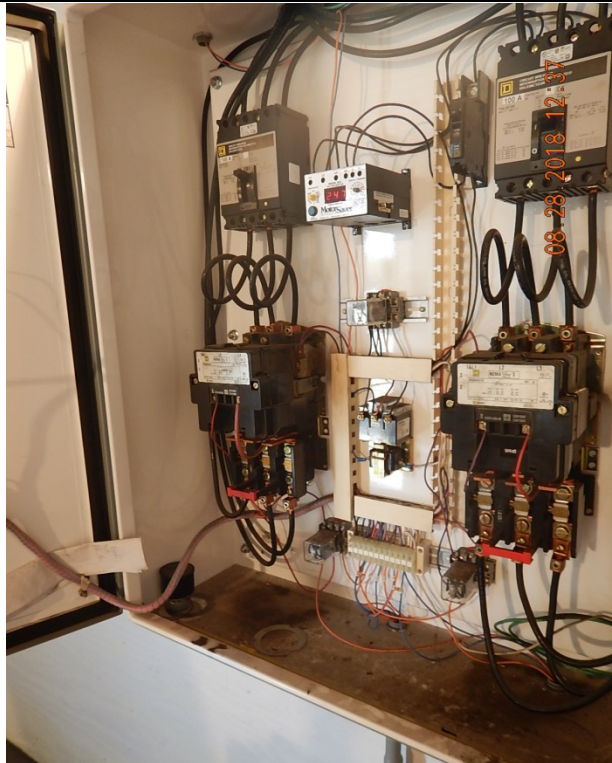


**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:37</b>
		Photo #:	<b>7</b>
Description:	<b>View of the inside of the Greenbriar Pump Station.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:37</b>
		Photo #:	<b>8</b>
Description:	<b>View of the electrical equipment of the Greenbriar Pump Station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>				
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>	Time:	<b>12:40</b>
Witness:	<b>None</b>	Photo #:	<b>9</b>		
Description:	<b>View of the Greenbriar Pump Station wet well.</b>				



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>	Time:	<b>12:46</b>
Witness:	<b>None</b>	Photo #:	<b>10</b>		
Description:	<b>View of the Cheryl Pump Station.</b>				



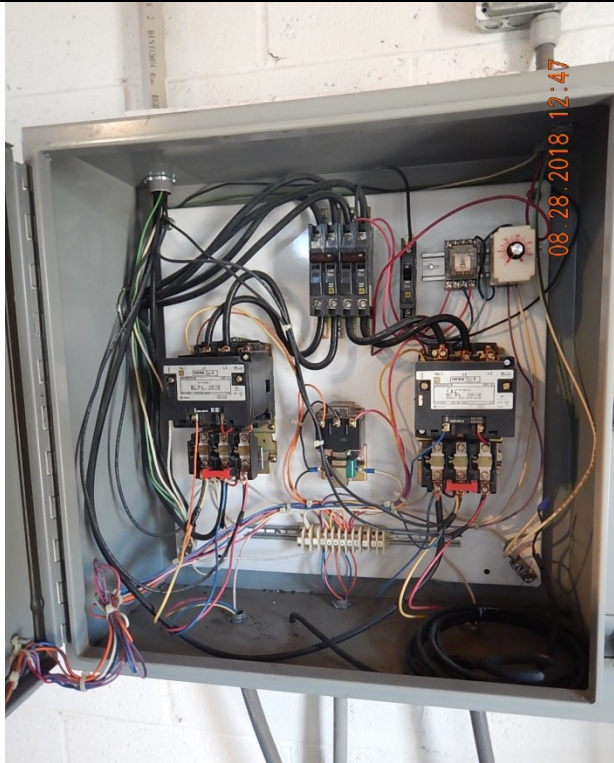


**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:47</b>
		Photo #:	<b>11</b>
Description:	<b>View of the inside of the Cheryl Pump Station.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:47</b>
		Photo #:	<b>12</b>
Description:	<b>View of the electrical equipment at the Cheryl Pump Station.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Osceola WWTP</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>12:48</b>
		Photo #:	<b>13</b>
Description:	<b>View of the wet well at the Cheryl Pump Station.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>8/28/2018</b>
Witness:	<b>None</b>	Time:	<b>15:04</b>
		Photo #:	<b>14</b>
Description:	<b>View of the manhole near the Airport. Note the lime on the ground.</b>		



# ADEQ

ARKANSAS  
Department of Environmental Quality

June 11, 2019

Dickie Kennemore, Mayor  
City of Osceola  
P.O. Box 443  
Osceola, AR 72370

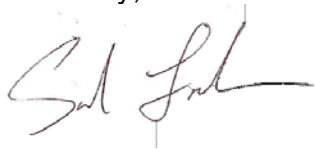
RE: City of Osceola Inspection Response  
Permit No.: AR0021580      AFIN: 47-00956

Dear Mayor Kennemore:

I have reviewed the response pertaining to my August 28, 2018 inspection of the City of Osceola. The information provided sufficiently addresses the violations referenced in my inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 870-935-7221 ext.-15 or you may e-mail me at [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division