



A R K A N S A S
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 29-00034	PERMIT #: AR0038466	DATE: 7/25/2018
COUNTY: 29 Hempstead	PDS #: 105940	MEDIA: WN
GPS LAT:	LONG:	LOCATION: N/A

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Hope - West Collection System LOCATION: 3307 Hwy 67; 1 mile south on CR 381 CITY: Hope, AR	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 84022 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: SSO/Collection System DATE(S): 7/25/2018 ENTRY TIME: 10:45 EXIT TIME: 14:15 PERMIT EFFECTIVE DATE: 5/1/2013 PERMIT EXPIRATION DATE: 4/30/2018
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Catherine Cook / City Manager COMPANY: City of Hope MAILING ADDRESS: PO Box 667 CITY, STATE, ZIP: Hope AR 71802 PHONE & EXT. / FAX: 870-777-6701 / 870-722-2511 EMAIL: citymanager@hopearkansas.net CONTACTED DURING INSPECTION: Yes	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Bobby Arney, Utility Director (Class I/Basic Lic. #006359)/(870) 777-8644

AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

** PERMIT	** FLOW MEASUREMENT	** STORMWATER
** RECORDS/REPORTS	** LABORATORY	** FACILITY SITE REVIEW
** OPERATION & MAINTENANCE	** EFFLUENT/RECEIVING WATER	** SELF-MONITORING PROGRAM
** SAMPLING	** SLUDGE HANDLING/DISPOSAL	** PRETREATMENT
S OTHER: SSO/Collection System		

SUMMARY OF FINDINGS

No violations were noted during the inspection.

The collection system experiences excessive I&I; however, the city continues to identify and repair problem areas.

GENERAL COMMENTS

On Wed, July 25, 2018, an inspection was conducted of the City of Hope – West Plant collection system.

The inspection consisted of an assessment of the system’s lift stations and a record review of the reported SSO information.

The system consists of seven (7) lift stations (six main and one small) and an influent lift station at the West Plant. The lift station at the hotel with backup problems has been decommissioned with gravity lines covering the area. The city is responsible for main lines, manholes, and lift stations; residents are responsible for service lines (to the edge of the street). For reporting requirements, city personnel acknowledge that a threat to public health is an overflow at a residence (close contact with people) and an overflow that reaches waters of the State is a threat to the environment. Based on monthly reports submitted with the city’s 2018 permit renewal application, the city has rehabilitated numerous lines, manholes, and clean-outs to reduce I&I within the system.

For electrical and mechanical issues, the city uses Barwick’s Electric Service (870-777-3341; Hope) and Sam Cornelius. For motor/pump issues, the city uses Pumps and Power, Inc. (800-654-2991; El Dorado).

INSPECTOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 12/31/2018
SUPERVISOR'S SIGNATURE: <i>Jason R. Bolenbaugh</i>	Jason Bolenbaugh	DATE: 12/31/2018

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/force to lift stations -> WWTP		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 5838 residents w/ 2113 residential connects and 319 commercial connects (from 2009 inspection)		
FEET OF SEWER SYSTEM: 250 miles with 3000 manholes		
AGE OF SYSTEM: 100 years and newer; still expanding. Mainly clay pipe with newer portions replaced with PVC.		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR <u>WET</u> WEATHER (EXPLAIN): During rain events (> 2" or more)	<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): 24-hour reporting online and with monthly NetDMR	<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): Reviewed 2014 – present: 61 records with 12 large volume (> 10,000 gallons)	<input checked="" type="checkbox"/> Y <input 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: Seven (7)	NUMBER WITH BACKUP POWER: None; portable pump and hook-ups to force main available; wet wells 12-15' deep (capacity)	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes		
ADEQUATE INVENTORY OF SPARE PARTS: Yes; spare motor, flapper valves, floats, etc.		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): None		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: ID problem, fix, clean-up solids, disinfect, and report.		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): Three (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: Yes; three (3) systems		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Heather Manor – nursing home; Workforce – employment agency		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: No		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		
Heather Manor Rehabilitation, 400 W 23rd Street, Hope, AR 71801 (870-777-3448) Workforce Center at Hope WIOA, 205 Smith Rd, Hope, AR 71801 (870-777-3421)		

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: Trade School LS at Lester Drive (33.643258, -93.605142)	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Two (2)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Above-ground	<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: Inside structure	<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: Outside; but protected	<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: Outside; but protected	<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: Some solids accumulation	<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: Portable pump with connection to force main; priority for Hope Water and Light.	<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

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: Black Branch LS at CR 3 (33.625142,-93.577673)	
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: Two (2)	NUMBER OPERATIONAL: Two (2)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Above-ground	<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: Inside structure	<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: Outside, but protected	<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: Outside, but protected	<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: Some solids accumulation	<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: Portable pump with connection to force main; priority for Hope Water and Light.	<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

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: 32 LS at Hwy 32 N (33.723933,-93.641757)	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Two (2)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Above-ground	<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: Inside structure	<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: Outside, but protected	<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: Outside, but protected	<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: Some solids accumulation	<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: Portable pump with connection to force main; priority for Hope Water and Light.	<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:	City of Hope - Wes				
Photographer:	Kerri McCabe	Date:	July 25, 2018	Time:	1337
Witness:	N/A	Photo #:	1		
Description:	Signage for Trade School Lift Station.				



Photographer:	Kerri McCabe	Date:	July 25, 2018	Time:	1337
Witness:	N/A	Photo #:	2		
Description:	Overview of Trade School LS.				



Water Division Photographic Evidence Sheet

Location:	City of Hope - Wes		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1336
		Photo #:	3
Description:	Above-ground pumps for Trade School LS.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1335
		Photo #:	4
Description:	Wet well contents for Trade School LS.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Wes		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1346
		Photo #:	5
Description:	Signage for Black Branch Lift Station.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1346
		Photo #:	6
Description:	Overview of Black Branch LS.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Wes		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1345
		Photo #:	7
Description:	Above-ground pumps for Black Branch LS.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1345
		Photo #:	8
Description:	Wet well contents for Black Branch LS.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Wes			
Photographer:	Kerri McCabe	Date:	July 25, 2018	
Witness:	N/A	Time:	1406	
Description:	Signage for 32 Lift Station.		Photo #:	9



Photographer:	Kerri McCabe	Date:	July 25, 2018	
Witness:	N/A	Time:	1406	
Description:	Overview of 32 LS.		Photo #:	10



Water Division Photographic Evidence Sheet

Location:	City of Hope - Wes		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1405
		Photo #:	11
Description:	Above-ground pumps for 32 LS.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1405
		Photo #:	12
Description:	Wet well contents for 32 LS.		



Figure 1. Google Earth image dated Nov 28, 2013 depicting the City of Hope West Plant and lift stations inspected.

