

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 62-00070	PERMIT #: AR0020087	DATE: 9/22/2020
	COUNTY: 62 St. Francis	PDS #: 114213	MEDIA: WN
GPS LAT:	LONG:	LOCATION: N/A	
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Forrest City WWTP Collection System LOCATION: 320 SFC 209 CITY: Forrest City, AR		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 84022 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: SSO/Collection System	
RESPONSIBLE OFFICIAL		DATE(S): 9/22/2020 ENTRY TIME: 09:45 EXIT TIME: 12:15 PERMIT EFFECTIVE DATE: 11/1/2017 PERMIT EXPIRATION DATE: 10/31/2022	
NAME: / TITLE WH Calvin Murdock / Utility Manager COMPANY: City of Forrest City MAILING ADDRESS: 303 N Rosser Street PO Box 816 CITY, STATE, ZIP: Forrest City AR 723661074 PHONE & EXT: / FAX: 870-633-2921 / 870-633-5921 EMAIL: whcm2@aol.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: Yes		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Edward Gregory, Water Supervisor (Class III/Advanced Industrial; Lic. #007843)	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
**	PERMIT	**	FLOW MEASUREMENT
**	RECORDS/REPORTS	**	LABORATORY
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL
S	OTHER: Collection System		
SUMMARY OF FINDINGS			
<p>No violations noted at the time of the inspection.</p> <p>Please see attached email dated Sept 23, 2020 sent to city personnel providing immediate feedback regarding the inspection.</p>			
GENERAL COMMENTS			
<p>On Tue, Sept 22, 2020, an inspection was conducted of the City of Forrest City collection system.</p> <p>The inspection consisted of an assessment of the system's lift stations and a record review of the reported SSO information.</p> <p>The system consists of eighteen (18) lift stations with all lift stations installed with quick connects for portable generator (city owns two portable generators). The city is responsible for main lines, manholes, and city-owned/operated lift stations; residents are responsible for clean-outs and service lines (to the edge of the street). The city has no established ordinances, beyond plumbing codes, for commercial businesses (e.g., carwashes and restaurants) or residential requirements for rags and FOG. 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.</p> <p>For mechanical and pump issues, the city uses LEC (Forrest City) or the original pump manufacturer. For electrical issues, the city uses LEC (Forrest City). For wet well maintenance, the city uses Southern Plumbing (870-238-9481; Wynne) and a city-owned vac-truck (when operational). The city applies degreaser, as needed.</p>			

INSPECTOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 12/1/2020
SUPERVISOR'S SIGNATURE: <i>Jason R. Bolenbaugh</i>	Jason Bolenbaugh	DATE: 12/3/2020

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: Collection system that is 98% gravity and 2% pressure directed to lift stations and WWTP.		
POPULATION SERVED/NUMBER OF RESIDENTIAL (96-97%) AND COMMERCIAL (3-4%) CONNECTIONS: Population = 15,220 Residential = 3,602 Commercial = 392 (info from last inspection)		
FEET OF SEWER SYSTEM: Approximately 53,000 (info from last inspection)		
AGE OF SYSTEM: 1920 and newer		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): I&I during rain events (2" or greater)	<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): Reviewed info from 2109-present:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
PUMP STATIONS		
NUMBER OF PUMP STATIONS IN SYSTEM: 18		NUMBER WITH BACKUP POWER: One (1) - Main; quick connects for portable generators (2)
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: No; used to keep records, but have stopped doing this.		
ADEQUATE INVENTORY OF SPARE PARTS: Yes		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): No		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Identify, fix, remove solids, disinfect (lime), and report		
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: IFC Forrest City Low – federal prison (low security)		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: A federal prison with ~5000 inmates/employees (three buildings)		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: The prison lift station connected to the city's collection system has experienced overflows in the past; prison is now responsible for lift station maintenance.		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: IFC Forrest City Low, 1400 Dale Bumpers Rd, Forrest City, AR 72335; 870-630-6000		

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: Mallory Lift Station #1 (Main) at SFC 200 (34.995240,-90.828913)	
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: Three (3)	NUMBER OPERATIONAL: Three (3)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Aboveground; 3 phase; 150hp	<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: Enclosed	<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: Enclosed	<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: Enclosed	<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: Onsite generator and quick connect for portable generator	<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: No emergency contact info.	<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

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: Turner Lift Station #4 at Turner Rd (35.008628,-90.803278)	
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: Aboveground; 3 phase	<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: Enclosed	<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: Enclosed	<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: Enclosed	<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: Moderate	<input type="checkbox"/> S <input checked="" 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: Quick connect for portable generator	<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: Stonebrook Lift Station #19 at New Castle Rd (35.038882,-90.772213)	
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: Aboveground; 3 phase	<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: Enclosed	<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: Enclosed	<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: Enclosed	<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: Quick connect for portable generator	<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: No emergency contact info posted.	<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

Water Division Photographic Evidence Sheet

Location:	Forrest City WWTP Collection System		
Photographer:	Kerri McCabe	Date:	Sept 22, 2020
Witness:		Time:	1136
		Photo #:	1
Description:	Overview of the Mallory LS #1; onsite generator; no contact info posted		



Photographer:	Kerri McCabe	Date:	Sept 22, 2020
Witness:		Time:	1131
		Photo #:	2
Description:	Quick connect at Mallory LS #1		



Water Division Photographic Evidence Sheet

Location:	Forrest City WWTP Collection System		
Photographer:	Kerri McCabe	Date:	Sept 22, 2020
Witness:		Time:	1134
		Photo #:	3
Description:	One of three aboveground pumps at the Mallory LS #1.		



Photographer:	Kerri McCabe	Date:	Sept 22, 2020
Witness:		Time:	1131
		Photo #:	4
Description:	Wet well contents of the Mallory LS #1.		



Water Division Photographic Evidence Sheet

Location:	Forrest City WWTP Collection System		
Photographer:	Kerri McCabe	Date:	Sept 22, 2020
Witness:		Time:	1135
		Photo #:	5
Description:	Visual alarm at the Mallory LS #1.		



Photographer:	Kerri McCabe	Date:	Sept 22, 2020
Witness:		Time:	1145
		Photo #:	6
Description:	Overview of Turner LS #4; contact info posted and visual alarm in place.		



Water Division Photographic Evidence Sheet

Location: Forrest City WWTP Collection System			
Photographer: Kerri McCabe	Date: Sept 22, 2020	Time: 1144	
Witness:		Photo #: 7	
Description: Aboveground pumps for Turner LS #4.			



Photographer: Kerri McCabe		Date: Sept 22, 2020	Time: 1142
Witness:		Photo #: 8	
Description: Wet well contents for Turner LS #4.			



Water Division Photographic Evidence Sheet

Location: Forrest City WWTP Collection System			
Photographer: Kerri McCabe	Date: Sept 22, 2020	Time: 1158	
Witness:		Photo #: 9	
Description: Overview of Stonebrook LS #19; no contact info posted.			



Photographer: Kerri McCabe		Date: Sept 22, 2020	Time: 1159
Witness:		Photo #: 10	
Description: Aboveground pumps for Stonebrook LS #19.			



Water Division Photographic Evidence Sheet

Location: Forrest City WWTP Collection System			
Photographer: Kerri McCabe	Date: Sept 22, 2020	Time: 1159	
Witness:		Photo #: 11	
Description: Wet well contents for Stonebrook LS #19.			



Photographer: Kerri McCabe			
Date: Sept 22, 2020	Time: 1200		
Witness:		Photo #: 12	
Description: Visual alarm for Stonebrook LS #19.			



Figure 1. Google Earth image dated June 7, 2016 of City of Forrest City POTW and lift stations inspected.

