

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 47-00956	PERMIT #: AR0021580	DATE: 9/3/2020
	COUNTY: 47 Mississippi	PDS #: 114382	MEDIA: WN
GPS LAT: 35.679585 LONG: -90.038580 LOCATION: Entrance			
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Osceola WWTP LOCATION: ~1.27 miles W. Keiser Avenue CITY: Osceola		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: SSO/Collection System	
RESPONSIBLE OFFICIAL		DATE(S): 9/3/2020 ENTRY TIME: 10:42 EXIT TIME: 12:34 PERMIT EFFECTIVE DATE: 10/1/2016 PERMIT EXPIRATION DATE: 9/30/2021	
NAME: / TITLE Sally Wilson / Mayor COMPANY: City of Osceola MAILING ADDRESS: P.O. Box 443 CITY, STATE, ZIP: Osceola AR 72370 PHONE & EXT: / FAX: EMAIL:		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Brandon Haynes/ Water & Wastewater Superintendent/ 870-563-2628	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	N	FLOW MEASUREMENT
S	RECORDS/REPORTS	N	LABORATORY
S	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL
N	OTHER:	N	STORMWATER
		N	FACILITY SITE REVIEW
		N	SELF-MONITORING PROGRAM
		N	PRETREATMENT
SUMMARY OF FINDINGS			
<p>No violations were noted at the time of the inspection.</p>			
GENERAL COMMENTS			
<p>The two pump stations observed in this inspection had a marginal accumulation of grease and solids in the wet well (Photos 3 and 6). The operator, Brandon Haynes, explained that the city employees were in the process of cleaning and pumping out the wet wells by transferring the solids down the chain of pump stations.</p> <p>Smoke testing has been done on the east side of the city to help work on I&I problems. Some manholes and sanitary sewer lines have been checked with some being re-lined as needed.</p> <p>A Compliance Evaluation Inspection and Industrial Stormwater No Exposure Inspection (ARR000149), were performed in conjunction with this inspection. Please view corresponding reports for further details.</p>			
INSPECTOR'S SIGNATURE: 		DATE: 11/3/2020	
SUPERVISOR'S SIGNATURE: 		DATE: 12/14/2020	

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: <u>Shallow gravity flow system with force mains</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~8,000 connections</u>		
FEET OF SEWER SYSTEM: <u>Unknown</u>		
AGE OF SYSTEM: <u>1930s and newer</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>Moderate wet weather and I&I from rising river levels</u>		<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): <u>Operator reports all SSOs to ADEQ</u>		<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): <u>All SSOs have been reported and available in the Enforcement Branch Database</u>		<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: <u>23</u>	NUMBER WITH BACKUP POWER: <u>2</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>once a day</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>Yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>N/A</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Vacuum Truck available and someone on-call</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH):		
SATELLITE SYSTEMS		<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:		

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: Main Pump/ Country Club Road	
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: <u>4</u>	NUMBER OPERATIONAL: <u>4</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
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 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:	<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: Keiser Avenue Pump	
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: <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
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Office of Water Quality Photographic Evidence Sheet

Location:	Osceola WWTP		
Photographer:	Sarah Frasher	Date:	9/3/2020
Witness:	None	Time:	12:01
		Photo #:	1
Description:	View of the Main Pump Station.		



Photographer:	Sarah Frasher	Date:	9/3/2020
Witness:	None	Time:	12:02
		Photo #:	2
Description:	View of the pumps inside the building.		



Office of Water Quality Photographic Evidence Sheet

Location:	Osceola WWTP		
Photographer:	Sarah Frasher	Date:	9/3/2020
Witness:	None	Time:	12:05
		Photo #:	3
Description:	View of inside of the wet well. Note the accumulation of grease and solids.		



Photographer:	Sarah Frasher	Date:	9/3/2020
Witness:	None	Time:	12:18
		Photo #:	4
Description:	View of the Keiser Avenue Pump Station.		



Office of Water Quality Photographic Evidence Sheet

Location:	Osceola WWTP		
Photographer:	Sarah Frasher	Date:	9/3/2020
Witness:	None	Time:	12:20
		Photo #:	5
Description:	View of the pumps inside the building.		



Photographer:	Sarah Frasher	Date:	9/3/2020
Witness:	None	Time:	12:25
		Photo #:	6
Description:	View of the inside of the wet well. Note the accumulation of grease and solids.		

