

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 47-00956	PERMIT #: AR0021580	DATE: 9/29/2022
	COUNTY: 47 Mississippi	PDS #: 126541	MEDIA: WN
GPS LAT: 35.679585 LONG: -90.038580 LOCATION: Entrance			

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Osceola WWTP LOCATION: ~1.27 miles W. Keiser CITY: Osceola	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: SSO/Collection System DATE(S): 9/29/2022 ENTRY TIME: 10:41 EXIT TIME: 12:14 PERMIT EFFECTIVE DATE: 10/1/2016 PERMIT EXPIRATION DATE: 9/30/2021
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Joe Harris, Jr. / Mayor COMPANY: City of Osceola MAILING ADDRESS: P.O. Box 443 CITY, STATE, ZIP: Osceola AR 72370 PHONE & EXT. / FAX: EMAIL: mayorjoeharrisjr@osceolaar.org & bhaynes58@yahoo.com	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: No	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Brandon Haynes/ Water & Wastewater Superintendent

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	N	LABORATORY	N	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS
<p>The wet wells to both pump stations inspected were observed to have a high accumulation of grease/solids in violation of Part III, Section B.1.a of the permit. These wet wells were scheduled to be cleaned by the Operator. Please provide an update with your response.</p>
GENERAL COMMENTS
<p>The Pump Stations inspected were recently cleaned on the inside (Photos 2 and 5).</p> <p>This inspection was performed in conjunction with a Compliance Evaluation Inspection. Please view the separate report for details.</p>

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE:
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 6/28/2023

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 flow with force main		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~8,000 population</u>		
FEET OF SEWER SYSTEM: <u>~45 miles</u>		
AGE OF SYSTEM: <u>1930s and newer</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): High I&I		<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): Operator reports to DEQ		<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
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>3</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Daily 7/week</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>Portable generator and 2 vacuum trucks available</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>2</u>		
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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Main Pump Station	
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
GENERAL OPERATION AND MAINTENANCE	
<input type="checkbox"/> S <input checked="" 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 checked="" type="checkbox"/> U <input 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

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Phillips Pump Station	
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 type="checkbox"/> S <input checked="" 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 checked="" type="checkbox"/> U <input 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:	9/29/0022
Witness:	None	Time:	11:39
		Photo #:	1
Description:	Overview of the Main Pump Station		



Photographer:	Sarah Frasher	Date:	9/29/2022
Witness:	None	Time:	11:42
		Photo #:	2
Description:	View of the pumps in the Main Pump Station.		



Office of Water Quality Photographic Evidence Sheet

Location:	Osceola WWTP		
Photographer:	Sarah Frasher	Date:	9/29/2022
Witness:	None	Time:	11:41
		Photo #:	3
Description:	View of the wet well to the Main Pump Station.		



Photographer:	Sarah Frasher	Date:	9/29/2022
Witness:	None	Time:	12:06
		Photo #:	4
Description:	Overview of the Phillips Pump Station.		



Office of Water Quality Photographic Evidence Sheet

Location:	Osceola WWTP		
Photographer:	Sarah Frasher	Date:	9/29/2022
Witness:	None	Time:	12:08
		Photo #:	5
Description:	View of the inside of the Phillips Pump Station. Note the cleanliness of the floor.		



Photographer:	Sarah Frasher	Date:	9/29/2022
Witness:	None	Time:	12:07
		Photo #:	6
Description:	View of the wet well to the Phillips Pump Station. Note the accumulation of grease/solids.		



From: Sarah Frasher (adpce.ad)
Sent: Monday, December 18, 2023 4:09 PM
To: Uniqika Marshall (adpce.ad)
Subject: FW: Written Response for Osceola AR0021580

Uniqika,
Please attach the following response to the inspection report for the City of Osceola, AR0021580, PDS 126540 and 126541. Thanks for your help.

Sarah Frasher | Inspector
Division of Environmental Quality | Office of Water Quality
Compliance Branch
2212 Fowler Avenue, Suite B | Jonesboro, AR 72401
t: 870.935.7221 ext.-15 | c: [501.837.2072](tel:501.837.2072) | e: Sarah.Frasher@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Brandon Haynes <bhaynes58@yahoo.com>
Sent: Wednesday, December 13, 2023 2:20 PM
To: Sarah Frasher (adpce.ad) <Sarah.Frasher@adeq.state.ar.us>
Subject: Written Response

Sarah,

Sorry for the delay in response.

This is a written response pertaining to the SSO/ Collection system inspection conducted on September 29, 2022. The findings were an accumulation of grease/solids in the wet well area. This particular day was in between cleanings and the problem area was taken care of and cleaned the following week. All of our collection system is regularly inspected and cleaned appropriately.

Thanks,
Brandon Haynes
Osceola W/WW Supt.
Cell: 870-815-9691
Cell: 870-549-1807
Email: bhaynes58@yahoo.com



**DIVISION OF
ENVIRONMENTAL
QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

December 18, 2023

Honorable Joe Harris, Jr., Mayor
City of Osceola
P.O. Box 443
Osceola, AR 72370
Email Address: bhaynes58@yahoo.com

RE: Response to Inspection- PDS# 126540 & 126541
AFIN: 47-00956 Permit No.: AR0021580

Dear Mayor Harris, Jr.:

I have reviewed the response pertaining to my September 29, 2022 inspection of the City of Osceola. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this particular inspection. Acceptance of this response by the Division does not preclude any future enforcement action deemed necessary at this site or any other site.

If I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions please contact me at (870) 935-7221 ext.-15 or you may email me at Sarah.Frasher@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Frasher'.

Sarah Frasher
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

Cc: Cody Shreve, Chief Operating Officer, City of Osceola, cshreve@osceolaar.gov