

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>		
	AFIN: <b>10-00463</b>		PERMIT #: <b>AR0020605</b>
	COUNTY: <b>10 Clark</b>	PDS #: <b>129016</b>	DATE: <b>1/30/2024</b>
	GPS LAT: <b>34.084117</b> LONG: <b>-93.051534</b> LOCATION: <b>Entrance</b>		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>City of Arkadelphia</b> LOCATION: <b>1047 South 3rd Street</b> CITY: <b>Arkadelphia, AR</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>101531 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>
<b>RESPONSIBLE OFFICIAL</b>	DATE(S): <b>1/30/2024</b> ENTRY TIME: <b>10:00</b> EXIT TIME: <b>12:45</b> PERMIT EFFECTIVE DATE: <b>11/1/2023</b> PERMIT EXPIRATION DATE: <b>10/31/2028</b>
	NAME / TITLE: <b>David Green / Utilities Manager</b> COMPANY: <b>City of Arkadelphia</b> MAILING ADDRESS: <b>PO Box 495</b> CITY, STATE, ZIP: <b>Arkadelphia AR 71923</b> PHONE & EXT: / FAX: <b>870-246-5863 / 870-246-9546</b> EMAIL: <b>david.green@arkadelphia.gov</b> CONTACTED DURING INSPECTION: <b>No</b>
	<b>INSPECTION PARTICIPANTS</b>
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>David Thomason/Operator (Lic. #001842)</b> <b>Anna Ray/Operator (Lic. #012594)</b> <b>Elizabeth Givens/DEQ OWQ Area 3 Water Inspector</b>

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

SUMMARY OF FINDINGS
<p><b>No violations observed at the time of inspection.</b></p>
GENERAL COMMENTS
<p>This collections systems inspection consisted of visiting the main lift station and the industrial park lift station. At the main lift station, I observed the control panel and David Thomason stated that there were dial-out features of the main lift station (see photo 1). To access the pumps there was a spiral staircase that we did not enter (see photo 2). Pumps were in operation and there were no issues at the time of observation. We then traveled south of Gum Springs, AR where the Clark County Industrial Park is located. At the industrial park there is a very large wet well and pumps for the future expansion of the industrial park. I observed the control panel to be in good condition (see photo 3) and the ladder to access the pumps was also in good condition (see photo 4). In the wet well I observed a large storage capacity and very little foaming on top of the water (see photo 5).</p>

INSPECTOR'S SIGNATURE:  <b>Michael Young</b>	DATE: <b>02/12/2024</b>
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>	DATE: <b>3/6/2024</b>

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input 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>Gravity &gt;12 lift stations-&gt;force-&gt;WWTP</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~12,000</u>		
FEET OF SEWER SYSTEM: <u>Unknown</u>		
AGE OF SYSTEM: <u>50+ Years</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):	<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):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input 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: <u>12</u>	NUMBER WITH BACKUP POWER: <u>12</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Twice week/sometimes daily</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>Dial-out on main</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Generators and pump truck</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>2</u>		
<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: <u>No</u>		
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: <u>Main lift station</u>	
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:	NUMBER OPERATIONAL:
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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> N <input 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: <u>Industrial Park</u>	
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: <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 checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Arkadelphia</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>01/30/2024</b>
Witness:	<b>Elizabeth Givens</b>	Time:	<b>12:01</b>
		Photo #:	<b>1</b>
Description:	<b>Control panel for main lift station that has dial out features.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>01/30/2024</b>
Witness:	<b>Elizabeth Givens</b>	Time:	<b>12:02</b>
		Photo #:	<b>2</b>
Description:	<b>Maintenance area for main lift station.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Arkadelphia</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>01/30/2024</b>	Time:	<b>12:22</b>
Witness:	<b>Elizabeth Givens</b>	Photo #:	<b>3</b>		
Description:	<b>Control panel for Industrial park lift station.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>01/30/2024</b>	Time:	<b>12:23</b>
Witness:	<b>Elizabeth Givens</b>	Photo #:	<b>4</b>		
Description:	<b>Maintenance entrance of industrial park lift station.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Arkadelphia</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>01/30/2024</b>
Witness:	<b>Elizabeth Givens</b>	Time:	<b>12:24</b>
		Photo #:	<b>5</b>
Description:	<b>Wet well for the industrial park lift station.</b>		



Photographer:		Date:	
Witness:		Time:	
		Photo #:	
Description:			

**Intentionally left blank.**

Figure 1. Overview of City of Arkadelphia with the locations of the main lift station and industrial park lift station.

