

ADEQ

ARKANSAS
Department of Environmental Quality

December 14, 2009

Mr. Arnold Rogers, Plant Superintendent
City of Harrison Wastewater Treatment Facility
P.O. Box 1715
Harrison, AR 72602

RE: Sanitary Sewer Overflow Inspection
AFIN: 05-00054; NPDES Permit No. AR0034321

Dear Mr. Rogers:

On December 2, 2009, I performed a Sanitary Sewer Overflow Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection did not reveal any violations.

If I can be of any assistance, please contact me at (870) 446-6170 or by e-mail at Kirkpatrick@adeq.state.ar.us.

Sincerely,



Bruce Kirkpatrick
District 2 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

Form Approved
OMB No. 2040-0003

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/>	11 <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/>	17 <input type="text" value="V"/>	18 <input type="text" value="S"/>	19 <input type="text" value="1"/>	20 <input type="text" value="1"/>
Remarks					
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="4"/>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69	70 <input type="text" value="N"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text" value=""/> <input type="text" value=""/>	74 <input type="text" value=""/> <input type="text" value=""/>
75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 80					

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Harrison Wastewater Treatment Plant 1508 Silver Valley Road Harrison, Arkansas Section 2, T18N, R20W in Boone County	Entry Time/Date 1000 / December 2, 2009	Permit Effective Date October 1, 2007
	Exit Time/Date 1225 / December 2, 2009	Permit Expiration Date September 30, 2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Mike Crow / Plant Foreman / Phone 870-741-2528 Mr. Arnold Rogers / Wastewater Superintendent / Phone: 870-741-5527	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Arnold Rogers / Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection

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

S	Permit	N	Flow Measurement	S	Operations & Maintenance	N	Sampling
S	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	S	Other: SSO

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

A sanitary sewer overflow inspection (SSO) was performed on 12/02/09. The City's six lift stations were all inspected. Records and reports related to collection system overflows since the previous SSO were reviewed. Based on the information gathered, the City experienced five overflows during 2009. All of these overflows were reported in a timely manner. Copies of overflow reports are included in this report. The City of Harrison has an ongoing program of collection system maintenance, line replacement, and system monitoring and conducts prompt emergency response. City has its own camera van and flush truck and has an extensive line replacement program. All lift stations have dialers which provide alerts to 24/7 personnel for power outage and high wet-well liquid level. The Main Lift Station has a fixed power generator. The facility has a portable generator capable of powering the remainder of the lift stations.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Bruce Kirkpatrick	AR Dept. of Environmental Quality-Jasper PHONE# (870) 446-6170 / FAX# (870) 446-2181	December 7, 2009
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

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: City operates a system of about 170 miles of sewer with about 3000 manholes and 6 lift stations		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>14,000/5139</u>		
FEET OF SEWER SYSTEM: <u>170 miles</u>		
AGE OF SYSTEM: <u>Sewer dates back to 1920's.</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>Both</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>Within 24 hrs ADEQ is notified by phone, fax and/or e-mail. Monthly SSO Report submitted.</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 U.S." (LIST DATE AND LOCATION OF EACH):	<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>6</u>	NUMBER WITH BACKUP POWER: <u>6</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Inspected routinely M/W/F - monitored 24/7</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>SCADA</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>back-up generators / pump truck / repair-replace as needed</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>6</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: <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:		

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: <u>Main</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input checked="" 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 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:	<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): <u>power/ high liquid level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Coy Street</u>	
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: <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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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): <u>power/ high liquid level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Meyers</u>	
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: <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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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): <u>power/ high liquid level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Forrest Heights</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input checked="" 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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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): <u>power/ high liquid level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Wellington</u>		
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: <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	
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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): <u>power/ high liquid level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Brewer Street</u>	
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: <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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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): <u>power/ high liquid level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison							
Photographer:	Bruce Kirkpatrick				Witness:	None		
Photo #	1	of	16		Date:	12/2/09	Time:	1046
Description:	Main Lift Station							

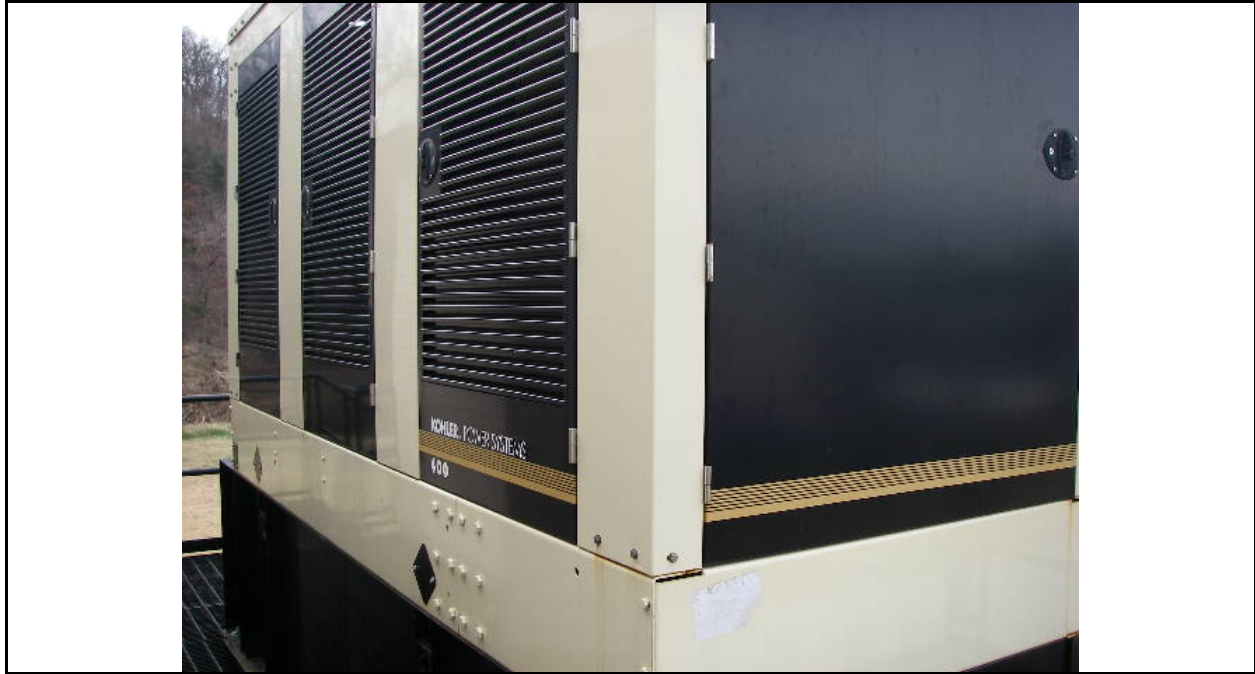


Photographer:	Bruce Kirkpatrick				Witness:	None		
Photo #	2	Of	16		Date:	12/2/09	Time:	1046
Description:	Main Lift Station							



Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	3	Of	16	Date:	12/2/09	Time:	1047
Description:	Main Lift Station						



Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	4	of	16	Date:	12/2/09	Time:	1054
Description:	Meyers Lift Station						

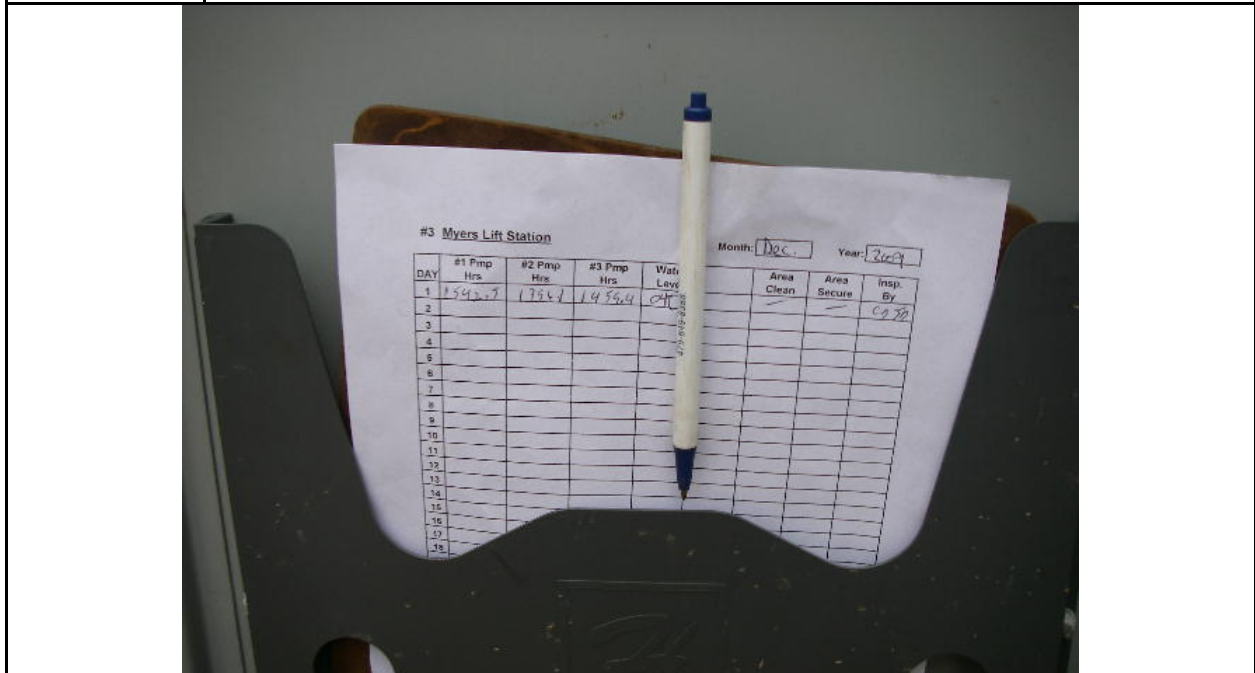


Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	5	of	16	Date:	12/2/09	Time:	1055
Description:	Meyers Lift Station						



Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	6	of	16	Date:	12/2/09	Time:	1056
Description:	Meyers Lift Station						



Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	7	of	16	Date:	12/2/09	Time:	1101
Description:	Coy Street Lift Station						



Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	8	of	16	Date:	12/2/09	Time:	1101
Description:	Coy Street Lift Station						



Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick				Witness:	None	
Photo #	9	of	16	Date:	12/2/09	Time:	1109
Description:	Forrest Heights Lift Station						

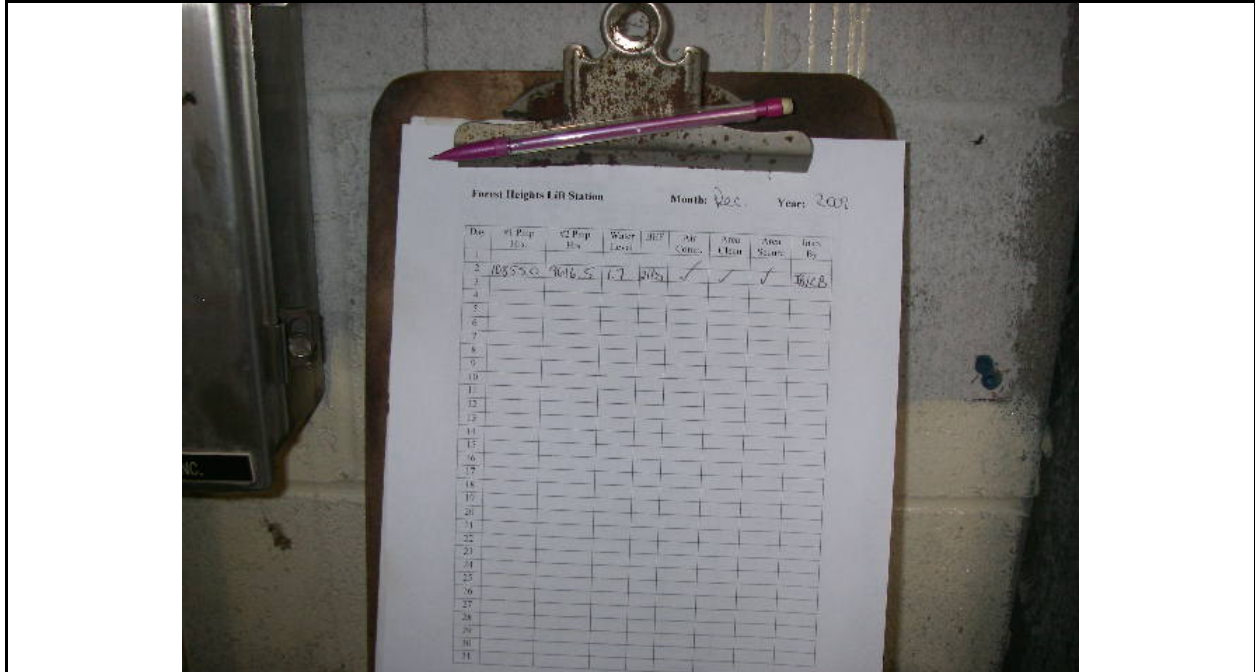


Photographer:	Bruce Kirkpatrick				Witness:	None	
Photo #	10	of	16	Date:	12/2/09	Time:	1110
Description:	Forrest Heights Lift Station (attached school does not have grease trap)						



Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	11	of	16	Date:	12/2/09	Time:	1111
Description:	Forrest Heights Lift Station						



Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	12	of	16	Date:	12/2/09	Time:	1129
Description:	Wellington Lift Station						



Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	13	of	16	Date:	12/2/09	Time:	1130
Description:	Wellington Lift Station						



Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	14	of	16	Date:	12/2/09	Time:	1121
Description:	Brewer Street Lift Station						



Water Division NPDES Photographic Evidence Sheet

Location:	City of Harrison						
Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	15	of	16	Date:	12/2/09	Time:	1122
Description:	Brewer Street Lift Station						



Photographer:	Bruce Kirkpatrick			Witness:	None		
Photo #	16	of	16	Date:	12/2/09	Time:	1123
Description:	Brewer Street Lift Station						



2009 Overflow Reports



CITY OF HARRISON
DEPARTMENT OF PUBLIC WORKS

P.O. Box 1715
Harrison, AR 72602
(870) 741-5527
Fax (870) 741-5022

Frank C. Gellinas
Director of Public Works
Arnold Rogers
Wastewater Systems Manager

COMPLAINT/ SPILL RESPONSE FORM

Date, Time Report Taken 2-26-09
 Who Took Report (Print Name, Job Title) NATHAN
MOVALL - SUPERVISOR
 Name, Address, Telephone Of Person Reporting Spill HARRISON
POLICE DEPT - HARRISON
 Estimated Date Time Spill Begin 3:30 PM
 When Date Time Spill Ended 4:45 PM
 Location Of Spill 804 N PINE ST
 Type Of Spill (Sewage, Fuel Etc.) SEWAGE
 Estimated Gallons Escaped 400
 Where Did Spill Go (On Ground, Storm Drain Etc.)
GROUND
 When Reported To ADPC&E 9:30 AM - 2-27-09
 Reported To Whom DRAG HURLEY
 What Caused Spill ROOTS IN LINE
 What Was Done To Clean Up COVER WITH LIME AND
MESS RACKED UP
 What Will Be Done To Prevent This From Happening Again
LINE WAS CLEANED OUT
 Comments _____

 Date Report Completed 2-27-09
 Person Doing Report
 (Print Name) NATHAN MOVALL
 (Sign Name) [Signature]
 Job Title SUPERVISOR



CITY OF HARRISON

DEPARTMENT OF PUBLIC WORKS

P.O. Box 1715
 Harrison, AR 72602
 (501) 741-3434
 Fax (501) 741-0318

Frank C. Gelnas
 Director of Public Works

ARNOLD ROGERS
 WASTEWATER SYSTEMS MANAGER

COMPLAINT/ SPILL RESPONSE FORM

Date, Time Report Taken 9-2-09 2:30 PM
 Who Took Report (Print Name, Job Title) Kenny CHRISTEN
 Name, Address, Telephone Of Person Reporting Spill UNKNOWN
 Estimated Date Time Spill Begin 1:30 PM
 When Date Time Spill Ended 3:15 PM
 Location Of Spill 610 CENTRAL
 Type Of Spill (Sewage, Fuel Etc.) SEWAGE
 Estimated Gallons Escaped 150
 Where Did Spill Go (On Ground, Storm Drain Etc.) ground
 When Reported To ADPC&E 8:00 AM 9-3-09
 Reported To Whom Doug HUALCY
 What Caused Spill Roots in line
 What Was Done to Clean Up RAKE DEBRIS AND SPRAY DOWN ROAD
 What Will Be Done To Prevent This From Happening Again ROOTS SAWED OUT OF LINE
 Comments _____

 Date Report Completed 9-3-09
 Person Doing Report
 (Print Name) NATHAN MOUNCE
 (Sign Name) [Signature]
 Job Title LINE SUPERVISOR



CITY OF HARRISON

DEPARTMENT OF PUBLIC WORKS

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Fax (501) 741-0318

Frank C. Gellinas
Director of Public Works

ARNOLD ROGERS
WASTEWATER SYSTEMS MANAGER

COMPLAINT/ SPILL RESPONSE FORM

Date, Time Report Taken 10-15-09
Who Took Report (Print Name, Job Title) M. A. C. TURNER

LEAD MAN
Name, Address, Telephone Of Person Reporting Spill _____

UNKNOWN
Estimated Date Time Spill Begin 10:10
When Date Time Spill Ended 1:45

Location Of Spill MALLE had smyths in
ALLES
Type Of Spill (Sewage, Fuel Etc.) SEWAGE

Estimated Gallons Escaped 200
Where Did Spill Go (On Ground, Storm Drain Etc.) ground

When Reported To ADPC&E 2:15
Reported To Whom Fred HURLEY

What Caused Spill in filtration

What Was Done To Clean Up flushed line and
noted debris

What Will Be Done To Prevent This From Happening Again
film line and find point of
entry

Comments SEVERAL
of rain for the week

Date Report Completed 10-15-09
Person Doing Report
(Print Name) NATHAN MOUNCE
(Sign Name) [Signature]
Job Title CREW SUPERVISOR

Fixed 10-15-09

[Signature]



CITY OF HARRISON
DEPARTMENT OF PUBLIC WORKS

P.O. Box 1715
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Fax (501) 741-0318

Frank C. Gelnas
Director of Public Works

ARNOLD ROGERS
WASTEWATER SYSTEMS MANAGER

COMPLAINT/ SPILL RESPONSE FORM

Date, Time Report Taken 8:30 AM
Who Took Report (Print Name, Job Title) NATHAN
MOUCE (SUPERVISOR)
Name, Address, Telephone Of Person Reporting Spill
JAMES HENSLEY PARKS & REC - 741-3434
Estimated Date Time Spill Begin 6: AM
When Date Time Spill Ended 9:30 AM
Location Of Spill HARRISON MINNIE HANNS PARK
Type Of Spill (Sewage, Fuel Etc.) SEWAGE
Estimated Gallons Escaped 700
Where Did Spill Go (On Ground, Storm Drain Etc.) ground

When Reported To ADPC&E 11:00
Reported To Whom _____

What Caused Spill DISCUSE AND INFILTRATION

What Was Done to Clean Up RAKED UP

What Will Be Done To Prevent This From Happening Again
KEEPING LINE CHECKED AND FLUSHED

Comments NOTICED AFTER BIG RAIN

Date Report Completed 10-23-09
Person Doing Report
(Print Name) NATHAN MOUCE
(Sign Name) [Signature]
Job Title CREW SUPERVISOR



CITY OF HARRISON

DEPARTMENT OF PUBLIC WORKS

P.O. Box 1715
Harrison, AR 72602
(870) 741-5527
Fax (870) 741-5022

Frank C. Gelnas
Director of Public Works
Arnold Rogers
Wastewater Systems Manager

COMPLAINT/ SPILL RESPONSE FORM

Date, Time Report Taken 10-29-09 3:45 PM

Who Took Report (Print Name, Job Title) 'EILEEN'

Name, Address, Telephone Of Person Reporting Spill
MAINT. SECRETARY
NA

Estimated Date Time Spill Begin 3:30 PM

When Date Time Spill Ended 10-29-09 4:30 PM

Location Of Spill 323 TAMM AND

Type Of Spill (Sewage, Fuel Etc.) SEWER

Estimated Gallons Escaped 350

Where Did Spill Go (On Ground, Storm Drain Etc.) ground

When Reported To ADPC&E 10-30-09 7:30 AM

Reported To Whom ALAN HURLEY

What Caused Spill ROOTS AND INFILTRATION

What Was Done to Clean Up D. RATED UP LINED

What Will Be Done To Prevent This From Happening Again
LINE CUT AND CLEANED OUT

Comments SEVERAL INCHES OF RAIN
BEFORE STOP UP

Date Report Completed 10-30-09

Person Doing Report
(Print Name) NATHAN MOUNCE

(Sign Name) Nathan Mounce
Job Title CREW SUPERVISOR

Date started	Date stopped	Volume	Environmental damage	Description	Cause	Stream	Location
1/21/2002	1/21/2002	2000	Unknown	Manhole #10-359 - 65 North	Grease blockage		
12/5/2004	12/5/2004	1500	unknown	1024 West Rogers	Roots & grease	road into run off ditch	
12/19/2001	12/19/2001	500	Unknown	726 A West Stephenson	Break in the line		
3/12/2001	3/12/2001	4000	Unknown	6265 North, manhole W-10 to W-4	Gravel and a 2x4		
6/1/2002	6/1/2002	500	unknown	65 North, manhole # 10-360	Grease and paper towel blockage		
9/17/2003	9/17/2003	1000	unknown	Old Belefonte Road	Broken line		
2/27/2002	2/27/2002	1500	unknown	710 Bogle Avenue	Roots & grease		
5/27/2002	5/27/2002	200	unknown	710 Bogle Avenue, manhole #839	Grease and roots		
12/12/2002	12/12/2002	1000	unknown	Manhole #8-59 backyard of 813 West Bower	Grease & roots		
3/3/2003	3/3/2003	500	unknown	Country Club Lane & Jerry	Roots & grease		
6/10/2002	6/10/2002	10000	unknown	Manhole #9-16BG, Jordan Creek and Crooked Creek meet	5" of rain and I/I		
11/7/2003	11/7/2003	500	unknown	end of Bogle Cul de Sac manhole #8-40	Roots & grease		
5/22/2004	5/22/2004	1500	unknown	Field - manhole #7-147	Roots & debris		
5/22/2004	5/22/2004	500	unknown	Crooked Creek Park, manhole #9-117	Grease		
6/10/2005	6/10/2005	200	unknown	Alma & Maple	Roots	street - storm drain	
1/31/2003	1/31/2003	400	unknown	Manhole #2-115	Roots		
3/14/2006	3/14/2006	5000	unknown	Gaines Street, manhole #1-83	grease	woods	
10/23/2005	10/23/2005	500	unknown	Country Club Road & Jerry	rocks & rags	drainage ditch	

Date started	Date stopped	Volume	Environmental damage	Description	Cause	Stream	Location
11/26/2002	1/7/2003	300	unknown	303 North 2nd Street - cleanout in basement	Grease, roots- several days prior men flush line at Montessori Daycare School & this could have resulted from that cleaning.		
7/15/2004	7/16/2004			Main line break - Crandall Street			
3/3/2003	3/3/2003	400	unknown	319 North Hickory	Roots		
7/15/2004	7/16/2004	3000	unknown	Manhole 3-61, Crandall Street	Collaspe of 12" main due to age & fatigue		
2/16/2004	2/16/2004	3000	unknown	504 Kelly, manhole #6-36	Roots/grease		
1/8/2003	1/8/2003	1500	unknown	801 West Newman	Roots		
3/31/2006	3/31/2006	500	unknown	Campus Road	rocks, grease & roots	drainage ditch	
6/11/2007	6/11/2007	500	none noted	sewage spill on ground and storm drain	roots		Holt and North Maple ST.
11/12/2007	11/12/2007	400	NEAHs	Manhole overflow	grease buildup in manhole.	Road and Storm Drain	2nd Cow St. and 65
					Roots in line		804 N. Pine
9/2/2009	9/3/2009	150	NEAH		Roots in line	Ground	610 Central
10/15/2009	10/15/2009	200			I & I	Ground	Maple and Smythe