



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	Inspection Type	Inspector	Fac. Type
1 [N] 2 [5] 3 [A] [R] [0] [0] [2] [0] [3] [0] [3]	11 12 [1] [0] [0] [3] [0] [4]	17 18 [V]	19 [S]	20 [1]	
Remarks					
<div></div>					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 [ ] [ ] [ ] 69	70 [N]	71 [N]	72 [N]	73 [ ] [ ] [ ]	74 75 [ ] [ ] [ ] [ ] [ ] [ ] 80

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>NLR WASTEWATER UTILITY - Faulkner Lake Plant- 7400 Bauscum Pike, NLR</b>	Entry Time/Date <b>10:05 am on 03/04/10</b>	Permit Effective Date <b>4/1/2008</b>
	Exit Time/Date <b>2:45 pm on 03/04/10</b>	Permit Expiration Date <b>3/31/2013</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Emric Roll, Superintendent, 501-945-7186</b>		
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Gary Mills NLR WASTEWATER UTILITY PO Box 17898 North Little Rock, AR 72117 501-945-7186</b>		
Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		


### Section C: Areas Evaluated During Inspection

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

S	Permit	N	Flow Measurement	M	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	N	Other:

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

1. A visit to the Wilcox Wastewater Pumping Station revealed an alarm light that was not functioning. This is a violation of Part II, B.1 of the permit which requires the facility to be properly operated and maintained at all times.
2. Previous collection system surveys completed by North Little Rock did not include information about non-municipal satellite wastewater collection systems such as the VA Hospital at Ft. Roots and the Union Pacific. Please provide the following information on **all** non-municipal satellite wastewater collection systems:
  - a. A brief description of the satellite system and the type of wastewater received (residential, commercial, and/or industrial.
  - b. A listing of any known problems within the satellite system, and
  - c. The name, address and telephone number for the person responsible for the satellite system.

Name(s) and Signature(s) of Inspector(s) Dennis Benson 	Agency/Office/Telephone/Fax	Date <b>03/04/10</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input type="checkbox"/> S <input checked="" 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 flow system with 44 pumping stations</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>29353 residential connections: 3275 commercial connections</u>		
FEET OF SEWER SYSTEM: <u>664 miles (~3505920 feet)</u>		
AGE OF SYSTEM: <u>the oldest part of the system is over 100 years old.</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>SSOs and hydraulic overloads at the 5-Mile plant</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>Maintenance faxes reports to ADEQ, Superintendent reviews and signs monthly rpt.</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
NLR does not separate the SSOs to the Waters of the US from the waters of the state.		
<b>PUMP STATIONS</b>		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>2</u>	NUMBER WITH BACKUP POWER: <u>1 portable generator</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>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>none</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES:		
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 checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <u>yes</u>		
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <u>NLR has one municipal satellite system (Sherwood)</u>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <u>There have been past significant problems in the area where Sherwood and NLR lines intersect. Past surveys have not included non-municipal satellite systems such as the VA Hospital at Fort Roots and the Union Pacific rail yard.</u>		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <u>NLR did not have this information and past surveys have not include non-municipal satellite system. This information will be requested.</u>		

**PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)****GENERAL INFORMATION AND OVERALL EVALUATION**☒S ☐M ☐U ☐NA

NAME AND/OR LOCATION OF PUMP STATION:

**Hill Lake Pump Station**TYPE(S) OF WASTE WATER RECEIVED: ☒RESIDENTIAL ☒COMMERCIAL ☐INDUSTRIAL ☐OTHER:NUMBER OF PUMPS: 3NUMBER OPERATIONAL: 3

NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:

☒S ☐M ☐U ☐NA ☐NE

EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:

☐Y ☒N ☐NA ☐NE**GENERAL OPERATION AND MAINTENANCE**☒S ☐M ☐U ☐NA

CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:

☒S ☐M ☐U ☐NA ☐NE

GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:

☒S ☐M ☐U ☐NA ☐NE

WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:

☒S ☐M ☐U ☐NA ☐NE

ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:

☒S ☐M ☐U ☐NA ☐NE

GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):

☒S ☐M ☐U ☐NA ☐NE

ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:

☒S ☐M ☐U ☐NA ☐NE

ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:

☒S ☐M ☐U ☐NA ☐NE

SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:

☒S ☐M ☐U ☐NA ☐NE

MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:

☒S ☐M ☐U ☐NA ☐NE**BACKUP POWER AND ALARMS**☒S ☐M ☐U ☐NA

PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:

☒S ☐M ☐U ☐NA ☐NE

AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:

☒S ☐M ☐U ☐NA ☐NE

SCADA SYSTEM (LIST PARAMETERS MONITORED):

☐Y ☐N ☒NA ☐NE

**PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)****GENERAL INFORMATION AND OVERALL EVALUATION**☒S ☐M ☐U ☐NA

NAME AND/OR LOCATION OF PUMP STATION:

**Wilcox Pump Station**TYPE(S) OF WASTE WATER RECEIVED: ☒RESIDENTIAL ☒COMMERCIAL ☐INDUSTRIAL ☐OTHER:NUMBER OF PUMPS: 3NUMBER OPERATIONAL: 3NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: yes☒S ☐M ☐U ☐NA ☐NEEVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: no☐Y ☒N ☐NA ☐NE**GENERAL OPERATION AND MAINTENANCE**☒S ☐M ☐U ☐NA

CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:

☒S ☐M ☐U ☐NA ☐NE

GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:

☒S ☐M ☐U ☐NA ☐NE

WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:

☒S ☐M ☐U ☐NA ☐NE

ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:

☒S ☐M ☐U ☐NA ☐NE

GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):

☒S ☐M ☐U ☐NA ☐NE

ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:

☒S ☐M ☐U ☐NA ☐NE

ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:

☒S ☐M ☐U ☐NA ☐NE

SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:

☒S ☐M ☐U ☐NA ☐NE

MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:

☒S ☐M ☐U ☐NA ☐NE**BACKUP POWER AND ALARMS**☐S ☒M ☐U ☐NA

PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:

☒S ☐M ☐U ☐NA ☐NE

AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:

☐S ☒M ☐U ☐NA ☐NE**Alarm light was out at the time of the inspection.**

SCADA SYSTEM (LIST PARAMETERS MONITORED):

☐Y ☐N ☒NA ☐NE