

# ADEQ

ARKANSAS  
Department of Environmental Quality

*March 1, 2011*

*Don O'Neal, Manager  
City of Wynne Water Utilities  
121 Merriman  
Wynne, Arkansas 72396*

*RE: Sanitary Sewer Collection System*

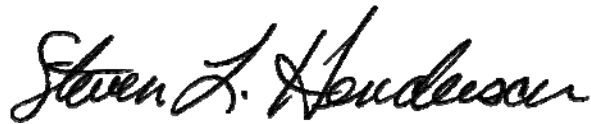
*AFIN: 19-00071                      NPDES Permit No.: AR0021903*

*Dear Mr. O'Neal:*

*On February 16, 2011, 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. At the time of inspection, the system appeared to be in compliance with the applicable regulations.*

*If I can be of any assistance, please contact me at (870) 247-5155.*

*Sincerely,*



*District 6 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="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="3"/>	11 <input type="text" value="1"/> 12 <input type="text" value="1"/> 13 <input type="text" value="0"/> 14 <input type="text" value="2"/> 15 <input type="text" value="1"/> 16 <input type="text" value="6"/>	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					
Inspection Work Days		Facility Evaluation Rating		BI	
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=""/> 74 <input type="text" value=""/> 75 <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 (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>City of Wynne WWTP</b> <i>1/4 mile south of Hwy. 284</i> <b>Wynne, Arkansas 72396</b> <i>Cross County, Arkansas</i>	Entry Time/Date <b>9:00 a.m. 02/16/2011</b>	Permit Effective Date <b>December 1, 2007</b>	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Harrell Williams, Lab Technician (870) 238-7574</b>	Other Facility Data <i>N 35 13' 07"</i> <i>W 90 49' 52"</i>		
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Don O'Neal, Manager (870) 238-7574</b> <i>City of Wynne Water Utilities</i> <b>121 Merriman</b> <b>Wynne, Arkansas 72396</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>Section C: Areas Evaluated During Inspection</b> (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 routine sanitary sewer collection system inspection was conducted to determine compliance status with the Arkansas Water and Air Pollution Control Code, the Federal Clean Water Act, and the regulations promulgated thereunder. At the time of inspection, the system appeared to be in compliance with the applicable regulations.

Name(s) and Signature(s) of Inspector(s) <i>Steven L. Henderson</i> Steven L. Henderson	Agency/Office/Telephone/Fax ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185	Date February 17, 2011
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<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: <b>Gravity Flow &gt; 13 pump stations &gt; WWTP</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>Population= 8,593 Residential Connections= 3,400 Commercial Connections= 460</b>		
FEET OF SEWER SYSTEM: <b>approximately 75 miles</b>		
AGE OF SYSTEM: <b>100 years plus</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>some infiltration during heavy rain events</b>	<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): <b>All sanitary sewer overflows are reported to ADEQ via phone followed with letter.</b>	<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	
<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: <b>13</b>	NUMBER WITH BACKUP POWER: <b>13</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Yes</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>Yes</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>Auto Dialers</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>operators are notified by phone to respond</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>1</b>		
<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:		
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: <i>Ekus Pump Station, Hwy. 1</i>	
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: <b>2</b>	NUMBER OPERATIONAL: <b>2</b>
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
<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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE