



Form Approved  
OMB No. 2040-0003

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

# NPDES Compliance Inspection Report

## Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1   N   2   5   3   A   R   0   0   3   4   0   0   2   11   12   1   1   0   3   3   0   17   18   V   19   S   20   1					
Remarks					
A   F   I   N   6   3   -   0   0   0   6   5   S   A   L   I   N   E   C   O   U   N   T   Y					
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>Bryant Wastewater- Located at 1019 S.W. 2<sup>nd</sup> Street Bryant, AR 72022</b>	Entry Time/Date <b>9:00 a.m. on 03/30/2011</b>	Permit Effective Date <b>02/01/2009</b>
	Exit Time/Date <b>12:00 p.m. on 03/30/2011</b>	Permit Expiration Date <b>01/31/2014</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Monty Ledbetter/Manager/501-847-8083</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Monty Ledbetter/Manager 1019 S.W. 2<sup>nd</sup> Street Bryant, AR 72022 501-847-8083</b>	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)

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

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

- The facility does not have adequate lighting at the pump stations for inspection and maintenance.
- The facility does not have signage posted at the pump stations indicating who to call in case of an emergency.

Name(s) and Signature(s) of Inspector(s) <b>Dawn Keller/ <i>Dawn Keller</i></b>	Agency/Office/Telephone/Fax <b>ADEQ / Little Rock / 501-682-0659 / 501-682-0910</b>	Date <b>03/30/2011</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**COLLECTION SYSTEM INSPECTION AND OVERALL RATING**

PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM:

**Approx. 2000 manholes, Approx. 791,713 ft gravity sewer, 25 pump stations with a force main.**

POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS:


FEET OF SEWER SYSTEM: 791,713 ft.AGE OF SYSTEM: 119 yearsDOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): No

IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):

**All SSos are reported via website or fax.**ARE ALL SSOS REPORTED REGARDLESS OF SIZE: YesHAVE SSOS REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH): Yes**7-9 15641 Evergreen P.S. 5 Crooked Creek, 6-10 South of property east of Reynolds Rd Trunk Main.****PUMP STATIONS**NUMBER OF PUMP STATIONS IN SYSTEM: 28NUMBER WITH BACKUP POWER: 27HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily x 365ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: YesADEQUATE INVENTORY OF SPARE PARTS: YesTYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): Multi Trade- High Tide ScadaBRIEF SUMMARY OF EMERGENCY PROCEDURES: Written SOP for EmergenciesNUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 2**SATELLITE SYSTEMS**DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: YesTYPE(S) OF WASTE WATER RECEIVED:  RESIDENTIAL  COMMERCIAL  INDUSTRIAL  OTHER:BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Quail Ridge Subdivision- B&M Mobile Home ParkANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: B&M Mobile Home Park-I&I in their collection system.NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: Quail Ridge- Doug Loftin 501-847-8645 P.O. Box 895, Alexander, AR 72002; B&M Mobile Home Park- Mary Blevins 501-847-3731, 8404 Hwy 5 N, Alexander, AR 72002

<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: <b>Shobe Road Pump Station 5</b>	
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: <u>130 hp</u>	<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>	
<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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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>	
<input type="checkbox"/> S <input checked="" 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: <b>No contact information posted.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input checked="" type="checkbox"/> Y <input 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: <b><u>Wilkerson Road Pump Station 3</u></b>	
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: <u>5 hp</u>	<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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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: <b><u>No contact information is posted.</u></b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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

Water Division NPDES Photographic Evidence Sheet							
<b>Location:</b>	City of Bryant Wastewater						
<b>Photographer:</b>	Dawn Keller			<b>Witness:</b>	None		
<b>Photo #</b>	1	<b>Of</b>	2	<b>Date:</b>	03/30/2011	<b>Time:</b>	10:19 a.m.
<b>Description:</b>	Shobe Road Pump Station with no signage or adequate lighting.						
							

<b>Photographer:</b>	Dawn Keller			<b>Witness:</b>	None		
<b>Photo #</b>	2	<b>Of</b>	2	<b>Date:</b>	03/30/2011	<b>Time:</b>	10:37 a.m.
<b>Description:</b>	Wilkerson Road Pump Station with no signage or adequate lighting.						
