



ARKANSAS
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 16-00936	PERMIT #: AR0043401	DATE: 2/11/2014
COUNTY: 16 Craighead	PDS #: 076512	MEDIA: WN
GPS LAT: 35.791477 LONG: -90.633382 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION								
NAME: City Water & Light - East WWTP LOCATION: 5205 Ingels Rd. CITY: Jonesboro	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 52138 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: Sanitary Sewer Overflow								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>DATE(S): 2/11/2014</td> <td>ENTRY TIME: 09:30</td> <td>EXIT TIME: 16:30</td> <td>PERMIT EFFECTIVE DATE: 3/1/2012</td> </tr> <tr> <td>2/12/2014</td> <td>09:00</td> <td>14:10</td> <td>PERMIT EXPIRATION DATE: 2/28/2017</td> </tr> </table>	DATE(S): 2/11/2014	ENTRY TIME: 09:30	EXIT TIME: 16:30	PERMIT EFFECTIVE DATE: 3/1/2012	2/12/2014	09:00	14:10	PERMIT EXPIRATION DATE: 2/28/2017
DATE(S): 2/11/2014	ENTRY TIME: 09:30	EXIT TIME: 16:30	PERMIT EFFECTIVE DATE: 3/1/2012						
2/12/2014	09:00	14:10	PERMIT EXPIRATION DATE: 2/28/2017						
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N								
NAME / TITLE: Ronald L. Bowen / Manager COMPANY: Jonesboro City Water and Light MAILING ADDRESS: P.O. Box 1289 CITY, STATE, ZIP: Jonesboro AR 72401 PHONE & EXT. / FAX: 870-935-5581 / EMAIL:	FAYETTEVILLE SHALE VIOLATIONS: N								
CONTACTED DURING INSPECTION: No	INSPECTION PARTICIPANTS								
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Adam Saulsbury / W & WW Treatment Supervisor Myra Taylor / Lab Supervisor Jay Earley / Pretreatment Lab Coordinator Steve Johnson / Plant Operator								

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

SUMMARY OF FINDINGS

No violations were noted at the time of the inspection.

Collection system is well maintained.

GENERAL COMMENTS

Letter is attached to the CEI for AR0043401.

ADEQ Water Inspectors Sean Saunders and Michael Young along with their Supervisor Kerri McCabe also participated in this inspection as part of training activities for the inspection of Major Municipal Facilities.

INSPECTOR'S SIGNATURE: Brent L. Walker	DATE: 3/11/2014
SUPERVISOR'S SIGNATURE: Jason Bolenbaugh	DATE: 3/13/2014

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: Combination gravity and force main system		
NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 22,887 connections as of 1/2014*		
FEET OF SEWER SYSTEM: 1,865,115 (353.24 miles)		
AGE OF SYSTEM: 1906 to present		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Minor I&I	<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): When staff member becomes aware of an SSO either by direct discovery or customer report, they notify a supervisor who then makes 24hr report to ADEQ – SSOs are also tracked in CWL Database for tabular reporting and internal use for reducing SSOs	<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): All known SSOs reported, refer to ADEQ Enforcement Branch Database	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
COMMENTS: * The reported number of connections and feet of sewer system are the combined totals for both the East and West Treatment Plants		
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: 28**	NUMBER WITH BACKUP POWER: 12**	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Minimum of 3 times per week		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes		
ADEQUATE INVENTORY OF SPARE PARTS: Yes		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): SCADA		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Backup generators & transfer switches.		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 1		
COMMENTS: ** The reported number of pump stations is the combined total for both the East and West Treatment Plants		
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: NO		
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: Southwest Lift / 1601 Rich Rd. Station	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" 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>(Option for 3rd pump)</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
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/generator status, pump amp draw, pump failure, wet well level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE