
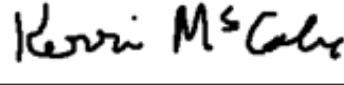
 A R K A N S A S Department of Environmental Quality	WATER DIVISION INSPECTION REPORT		
	AFIN: 45-00021	PERMIT #: AR0021717	DATE: 5/7/2014
	COUNTY: 45 Marion	PDS #: 078180	MEDIA: WN
	GPS LAT: 36.282088 LONG: -92.584293 LOCATION: General Area		
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Flippin Wastewater Facility LOCATION: 222 E Industrial Park Road CITY: Flippin		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 25955 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: SSO/Collection System DATE(S): 5/7/2014 ENTRY TIME: 09:36 EXIT TIME: 10:53 PERMIT EFFECTIVE DATE: 11/1/2012 PERMIT EXPIRATION DATE: 10/31/2017	
RESPONSIBLE OFFICIAL		INSPECTION PARTICIPANTS	
NAME / TITLE: James J. Hudson / Mayor COMPANY: City of Flippin MAILING ADDRESS: PO Box 40 CITY, STATE, ZIP: Flippin AR 72634 PHONE & EXT. / FAX: 870-453-8300 / EMAIL:		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Scott Garrison / Operator / 870-453-2566	
CONTACTED DURING INSPECTION: No			
AREA EVALUATIONS			
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>			
S	PERMIT	N	FLOW MEASUREMENT
S	RECORDS/REPORTS	N	LABORATORY
S	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL
S	OTHER: COLLECTION SYSTEM		
SUMMARY OF FINDINGS			
No violations were noted at the time of this inspection.			
GENERAL COMMENTS			
The City has only one lift station in its collection system. This lift station is monitored daily by City personnel. According to treatment plant flow records, the facility experiences high wet weather flows due to infiltration and inflow. The Operator reported that significant wet weather flows periodically result in hydraulic overloads of the activated sludge treatment unit washing out solids onto the sand filter beds where manual removal is required. All sewer overflows are being reported as required by the referenced permit.			
INSPECTOR'S SIGNATURE: 		DATE: 5-15-2014	
SUPERVISOR'S SIGNATURE: 		DATE: 6/9/2014	

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: Gravity flow to main lift station on treatment plant grounds.		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: estimated 625		
FEET OF SEWER SYSTEM: unknown		
AGE OF SYSTEM: over 40 years		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):		<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): 24 hour reporting in addition to monthly Discharge Monitoring Reports		<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):		<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: 1	NUMBER WITH BACKUP POWER: 1	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: daily		
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): n/a		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: standby generator runs plant and main lift station		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 1		
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: MAIN	
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:	<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):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE