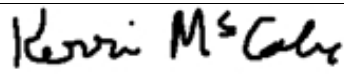



 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>					
		AFIN: 68-00015		PERMIT #: AR0022110		DATE: 6/24/2015	
		COUNTY: 68 Sharp			PDS #: 085182		MEDIA: WN
		GPS LAT: 35.955988 LONG: -91.540132 LOCATION: Entrance					
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>			
NAME: Cave City WWTP - Cypress Ln Lift Station LOCATION: Cypress Lane CITY: Cave City, AR				FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 84022 S - State			
				FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: SSO/Collection System			
				DATE(S): 6/24/2015 ENTRY TIME: 10:30 EXIT TIME: 14:30		PERMIT EFFECTIVE DATE: 1/1/2014 PERMIT EXPIRATION DATE: 12/31/2018	
<b>RESPONSIBLE OFFICIAL</b>							
NAME / TITLE: Jim Smith / Public Works Director COMPANY: City of Cave City MAILING ADDRESS: PO Box 69 CITY, STATE, ZIP: Cave City AR 725210069 PHONE & EXT: / FAX: 870-283-5563 / EMAIL:				FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
				<b>INSPECTION PARTICIPANTS</b>			
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Alton Stewart/Water Operator Cody Wallace/ADEQ District 10 Water Inspector			
CONTACTED DURING INSPECTION: Yes							
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
N	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						
<b>SUMMARY OF FINDINGS</b>							
No violations were noted during the inspection. Single lift station is in a remote location away from the public, but the Operator may wish to provide the public emergency contact information at lift station.							
<b>GENERAL COMMENTS</b>							
On Wed June 24, 2015, an inspection of the WWTP's collection system was conducted with the above-mentioned inspection participants. The collection system consists of service lines (privately-owned), main lines with manholes, and a single lift station (Cypress Lane). Some parts of the City are gravity-fed directly to the WWTP.							
Mr. Stewart reported that no SSOs had occurred at the lift station; however, SSOs do occur at some of the City's manholes during heavy rain events. The collection system is mainly 45/45 ductile/PVC lines with 10% concrete, and I&I occurs during wet-weather. There was no evidence of any SSOs at the lift station at the time of the inspection.							
INSPECTOR'S SIGNATURE:  Kerri McCabe				DATE: 7/13/2015			
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 7/13/2015			

<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>Service lines (privately-owned) -&gt; main -&gt; lift station -&gt; WWTP</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b>769 residential, &lt;30 commercial, and 1 industry</b>		
FEET OF SEWER SYSTEM: <b>UNKNOWN</b>		
AGE OF SYSTEM: <b>UNKNOWN</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <b>I&amp;I during wet-weather.</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>Monthly reporting on DMR; 24-hr reporting for SSO Report</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 STATE" (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>ONE</b>	NUMBER WITH BACKUP POWER: <b>NONE</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED:		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT:		
ADEQUATE INVENTORY OF SPARE PARTS: <b>Basic parts; rebuild</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>NO</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Call to AP&amp;L, 2000-gal holding capacity, SSO Report, and clean area (remove solids and lime).</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>ONE</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: <b>NO</b>		
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: <u>Cypress Lane</u>	
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>TWO</u>	NUMBER OPERATIONAL: <u>TWO</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: <u>Float system used (high/low).</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	<input checked="" type="checkbox"/> S <input 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 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>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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
<b>COMMENTS:</b> No provisions for backup power; however, lift station has considerable holding capacity. No emergency contact info posted, but lift station is in remote area away from public (audio/visual alarms present).	

Water Division Photographic Evidence Sheet			
Location:	<b>Cave City WWTP - Cypress Ln Lift Station</b>		
Photographer:	<b>Cody Wallace</b>	Date:	<b>June 24, 2015</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1204</b>
		Photo #:	<b>1</b>
Description:	<b>Cypress Lane Lift Station; secured with fence and lock; adequate ventilation.</b>		
			

Photographer:	<b>Cody Wallace</b>	Date:	<b>June 24, 2015</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1206</b>
		Photo #:	<b>2</b>
Description:	<b>Two pumps and both operational; note clean area.</b>		
			



**Water Division Photographic Evidence Sheet**

Location:	<b>Cave City WWTP - Cypress Ln Lift Station</b>		
Photographer:	<b>Cody Wallace</b>	Date:	<b>June 24, 2015</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1206</b>
		Photo #:	<b>3</b>
Description:	<b>Control panel kept inside pump house away from elements.</b>		



Photographer:	<b>Cody Wallace</b>	Date:	<b>June 24, 2015</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1205</b>
		Photo #:	<b>4</b>
Description:	<b>Wet well with ventilation outside pump house.</b>		





Water Division Photographic Evidence Sheet			
Location:	<b>Cave City WWTP - Cypress Ln Lift Station</b>		
Photographer:	<b>Cody Wallace</b>	Date:	<b>June 24, 2015</b>
Witness:	<b>Kerri McCabe</b>	Time:	<b>1209</b>
Description:	<b>Wet well free of accumulated grease and excessive floatables.</b>		
			

**Figure 1. Google Earth image dated Nov 16, 2012 of the Cypress Lane Lift Station.**

