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|  A R K A N S A S Department of Environmental Quality | | WATER DIVISION INSPECTION REPORT | | | | | | |
| | | AFIN: 16-00936 | | PERMIT #: AR0043401 | | DATE: 6/9/2016 | | |
| | | COUNTY: 16 Craighead | | | PDS #: 091992 | | 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 | | |
| RESPONSIBLE OFFICIAL NAME / TITLE: Jake Rice III, PE / Manager COMPANY: Jonesboro City Water and Light MAILING ADDRESS: P.O. Box 1289 CITY, STATE, ZIP: Jonesboro AR 72403 PHONE & EXT. / FAX: 870-935-5581 / 870-930-3301 EMAIL: jrice@jonesborocwl.org CONTACTED DURING INSPECTION: Yes | | | | FACILITY EVALUATION RATING: N | | INSPECTION TYPE: SSO/Collection System | | |
| | | | | DATE(S): | ENTRY TIME: | EXIT TIME: | PERMIT EFFECTIVE DATE: | |
| | | | | 6/9/2016 | 08:00 | 14:00 | 3/1/2012 | |
| | | | | 6/8/2016 | 08:00 | 16:30 | PERMIT EXPIRATION DATE: | |
| 6/7/2016 | 09:00 | 16:10 | 2/28/2017 | | | | | |
| FAYETTEVILLE SHALE RELATED: N | | | | | | | | |
| FAYETTEVILLE SHALE VIOLATIONS: N | | | | | | | | |
| INSPECTION PARTICIPANTS | | | | | | | | |
| NAME/TITLE/PHONE/FAX/EMAIL/ETC.: | | | | | | | | |
| CWL: Adam Saulsbury, Steve Johnson, Scott Maynard | | | | | | | | |
| ADEQ: Jason Bolenbaugh, Sarah Frasher, Keith Waters, Brent Walker | | | | | | | | |
| AREA EVALUATIONS | | | | | | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | | | | |
| S | PERMIT | N | FLOW MEASUREMENT | N | STORMWATER | | | |
| S | RECORDS/REPORTS | N | LABORATORY | S | FACILITY SITE REVIEW | | | |
| S | OPERATION & MAINTENANCE | N | EFFLUENT/RECEIVING WATER | N | SELF-MONITORING PROGRAM | | | |
| N | SAMPLING | N | SLUDGE HANDLING/DISPOSAL | N | PRETREATMENT | | | |
| N | OTHER: | | | | | | | |
| SUMMARY OF FINDINGS | | | | | | | | |
| <p>No violations or areas of concern were noted at the time of the inspection.</p> <p>Collection system is well maintained.</p> <p>CWL has developed and submitted a Corrective Action Plan (CAP) for SSOs.</p> | | | | | | | | |
| GENERAL COMMENTS | | | | | | | | |
| This inspection was performed in conjunction with Compliance Evaluation, Industrial Stormwater and Pretreatment Compliance Inspections of this facility. A letter covering all inspections is attached to the Pretreatment Compliance Inspection. | | | | | | | | |
| INSPECTOR'S SIGNATURE:  | | | | DATE: 7/22/2016 | | | | |
| SUPERVISOR'S SIGNATURE:  | | | | DATE: 7/25/2016 | | | | |

| | | |
|--|---|---|
| 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: <u>Combination gravity and force main system</u> | | |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>23,451*</u> | | |
| FEET OF SEWER SYSTEM: <u>400.1 miles gravity & 23 miles force main*</u> | | |
| AGE OF SYSTEM: <u>1906 and newer</u> | | |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>Minor I&I</u> | | <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): <u>When staff member becomes aware of an SSO either by direct discovery or customer report, they notify a supervisor who then makes a 24hr report to ADEQ – SSOs are also tracked in CWL Database for tabular reporting and internal use for reducing SSOs</u> | | <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): <u>All known SSO's reported and available in ADEQ SSO Database</u> | | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| <u>*The reported number of connection and miles of sewer system are the combined total for both the East and West Treatment Plants</u> | | |
| 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: <u>28**</u> | NUMBER WITH BACKUP POWER: <u>11 Permanent, 5 dedicated portables</u> | |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Minimum of 3 times per week</u> | | |
| ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>Yes</u> | | |
| ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u> | | |
| TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>SCADA</u> | | |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Backup generators and transfer switches</u> | | |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>2</u> | | |
| <u>**The reported number of pump stations are the combined total for both the East and West Treatment Plants</u> | | |
| 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: <u>No</u> | | |
| 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 | |
| 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): <u>Power status, pump amp draw, runtime, wet well level</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| 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: Oak Park | |
| 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 status, pump amp draw, runtime, wet well level</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |