 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT							
		AFIN: 05-00054		PERMIT #: AR0034321		DATE: 7/20/2016			
		COUNTY: 05 Boone			PDS #: 092066		MEDIA: WN		
		GPS LAT:		LONG:		LOCATION: N/A			
FACILITY INFORMATION				INSPECTION INFORMATION					
NAME: City of Harrison WWTP LOCATION: 1508 Silver Valley Rd CITY: Harrison, AR				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 109962 S - State			
RESPONSIBLE OFFICIAL NAME / TITLE: Kathryn Catlin / Wastewater Systems Manager COMPANY: City of Harrison MAILING ADDRESS: P.O. Box 1715 CITY, STATE, ZIP: Harrison AR 72602 PHONE & EXT: / FAX: 870-741-5527 / EMAIL: kathryn.catlin@cityofharrison.com CONTACTED DURING INSPECTION: Yes				FACILITY EVALUATION RATING: 3 - Satisfactory		INSPECTION TYPE: SSO/Collection System			
				DATE(S): 7/20/2016		ENTRY TIME: 08:27		EXIT TIME: 14:38	
								PERMIT EFFECTIVE DATE: 10/1/2007 PERMIT EXPIRATION DATE: 9/30/2012	
				FAYETTEVILLE SHALE RELATED: N					
				FAYETTEVILLE SHALE VIOLATIONS: N					
				INSPECTION PARTICIPANTS					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Kathryn Catlin Lic# 002003/Wastewater Systems Manager/870-741-5527/kathryn.catlin@cityofharrison.com Mike Crow Lic# 007153/870-741-5527/michael.crow@cityofharrison.com					
AREA EVALUATIONS									
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)									
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER	**			
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW	**			
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM	**			
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT	**			
M	OTHER: Collection System								
SUMMARY OF FINDINGS									
The following items are violations of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6, which has adopted the "10 States Standards" (http://10statesstandards.com/wastewaterstandards.html#40):									
<ul style="list-style-type: none"> • Public emergency contact information is not posted at any lift stations. • Accumulated solids and grease should be removed from the Meyers Lift Station and the Forest Heights Lift Station to avoid operational problems. All other lift stations were satisfactory during the inspection, but should continue to be maintained with other lift stations to avoid operational problems from the accumulation of grit, solids, and grease. 									


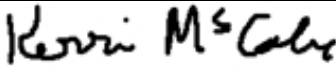
GENERAL COMMENTS

An inspection on the City of Harrison's collection system was conducted on Wednesday, July 20, 2016 with the above-mentioned inspection participants. All six (6) of the city's lift stations were evaluated during the inspection.

All lift stations were secured and grounds/housing facilities were maintained with no evidence of any recent overflows. Moderate to high accumulations of solids and grease was observed in the Meyers Lift Station and the Forest Heights Lift Station. Solids and grease will need to be removed to decrease the risk of operational problems occurring. Lift stations were equipped with SCADA systems and alarms. However, emergency contact information will need to be posted at all lift stations as an added precaution. The city has reported 13 SSOs from January 2014 through June 2016. Please see Figure 2 for dates, volumes, and locations.

The city cleans out wet wells with their own vacuum truck approximately once per year or on an as needed basis according to Mr. Mike Crow. In addition, degreaser is used occasionally for waste break down in wells. The city uses Aulds Electric (a local electrician) for electrical work associated with the lift stations and WWTP.

Note: According to Mr. Crow, the city is not responsible for private service lines. The city services street lines only (i.e., property owner is responsible for any lines outside of street curbs).

INSPECTOR'S SIGNATURE:  Cody Wallace	DATE: 7/26/2016
SUPERVISOR'S SIGNATURE: 	Kerri McCabe DATE: 8/2/2016

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input type="checkbox"/> S <input checked="" 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 five (5) lift stations→Gravity flow to Main Lift Station and five (5) lift stations pump to Main Lift Station→Force main to WWTP		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 13,000 served; unknown on connections		
FEET OF SEWER SYSTEM: Approximately 113 miles		
AGE OF SYSTEM: Built in late 1940s		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Infiltration during wet weather	<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): Reports on monthly DMRs and 24-hr online reporting.	<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): SSO Online Report reviewed from 1/1/2014 to 6/30/2016: 12/28/2015---Dry Jordan and Crooked Creek, 4/30/2014---storm drain to unknown receiving water, 4/15/2014---reached unknown receiving water	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
PUMP STATIONS		<input 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: 6	NUMBER WITH BACKUP POWER: None; one (1) portable generator available for all lift stations	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Inspected three (3) times a week; remote monitored continuously.		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes		
ADEQUATE INVENTORY OF SPARE PARTS: Yes; pumps, fuses, etc.		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): SCADA		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: alarms→ find problem→fix problem→cleanup→report		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 6		
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: None		
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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Meyers Lift Station (GPS=36.215074, -93.066576)</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>2</u>	NUMBER OPERATIONAL: <u>1 in use; other pump is getting repaired</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: <u>Outside</u>	<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: <u>Outside</u>	<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: <u>High</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>City has one (1) portable generator available for lift stations. Main Lift Station has its own generator.</u>	<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: <u>No emergency contact info.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power outage and high levels.</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: Coy St Lift Station (GPS=36.212890, -93.073180)	
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:	<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: <u>Outside</u>	<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: <u>Outside</u>	<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: <u>Low</u>	<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: <u>City has one (1) portable generator available for lift stations. Main Lift Station has its own generator.</u>	<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: <u>No emergency contact info.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power outage and high levels.</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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Forest Heights Lift Station (GPS=36.217249, -93.122717)	
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: <u>Moderate</u>	<input type="checkbox"/> S <input checked="" 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: <u>City has one (1) portable generator available for lift stations. Main Lift Station has its own generator.</u>	<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: <u>No emergency contact info.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power outage and high levels.</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: Main Lift Station (GPS=36.231908, -93.091932)	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>4</u>	NUMBER OPERATIONAL: <u>3 in use, pipe to pump not in use getting repairs</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: <u>Low</u>	<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: <u>Equipped with stationary generator.</u>	<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: <u>No emergency contact info.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power outage and high levels.</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: Brewer St Lift Station (GPS=36.257560, -93.108480)	
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:	<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: <u>Outside</u>	<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: <u>Outside</u>	<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: <u>Low to moderate</u>	<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: <u>City has one (1) portable generator available for lift stations. Main Lift Station has its own generator.</u>	<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: <u>No emergency contact info.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power outage and high levels.</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: Wellington Lift Station (GPS=36.267624, -93.109484)	
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:	<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: <u>Outside</u>	<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: <u>Outside</u>	<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: <u>No access to wet well during inspection.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>City has one (1) portable generator available for lift stations. Main Lift Station has its own generator.</u>	<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: <u>No emergency contact info.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Power outage and high levels.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP			
Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1023	
Description:	Overview of Meyers Lift Station.		Photo #:	1

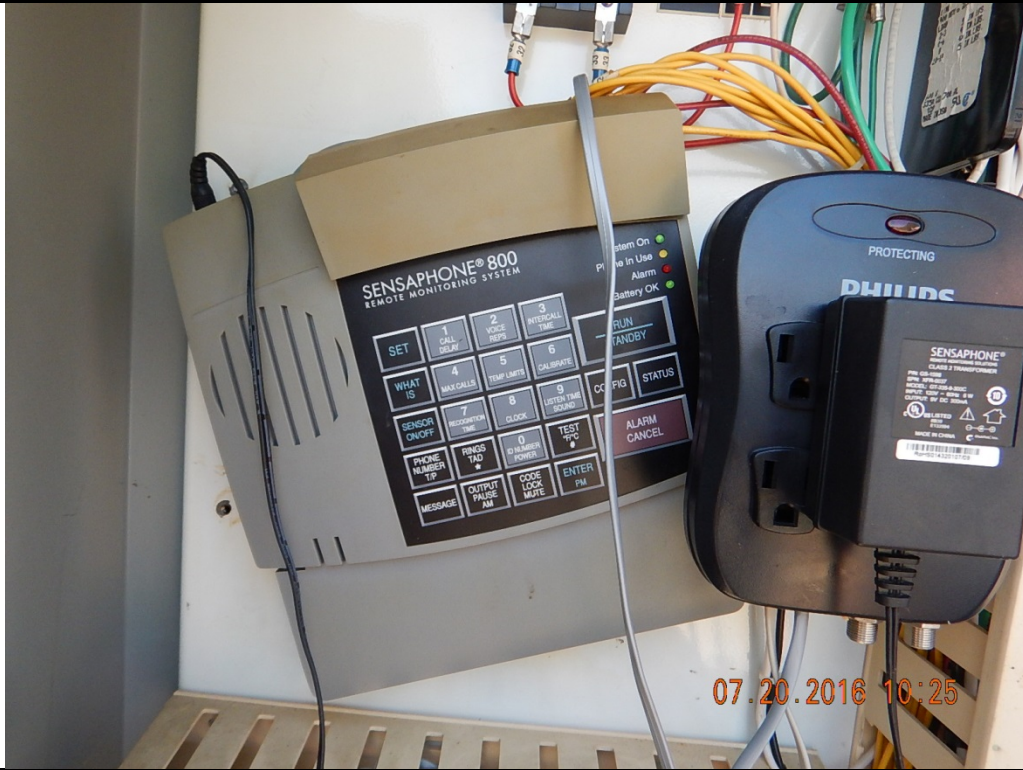


Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1024	
Description:	Pump run hours for Meyers Lift Station.		Photo #:	2



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1025
Description:	SCADA system employed at Meyers Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1024
Description:	Wet well of Meyers Lift Station; solids/grease high.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP			
Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1033	
Description:	Overview of Coy St Lift Station.		Photo #:	5

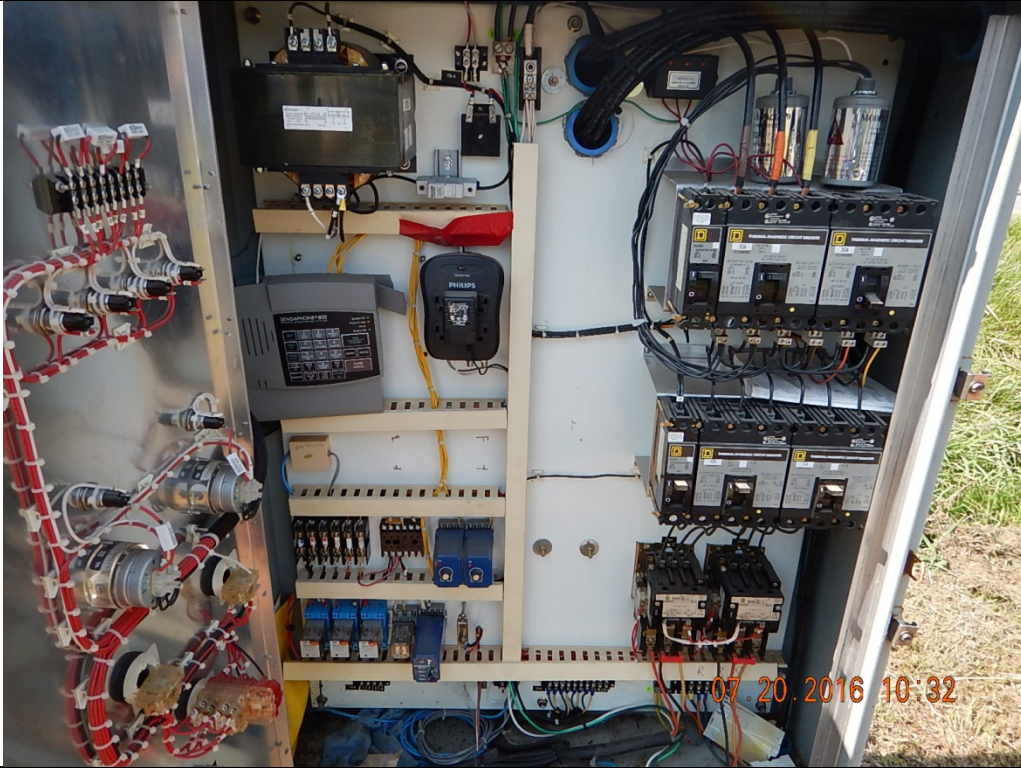


Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1032	
Description:	Pump run hours for Coy St Lift Station.		Photo #:	6



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1032
Description:	Control panel with SCADA system employed at Coy Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1031
Description:	Coy St Lift Station wet well; grease/solids low.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1045
Description:	Overview of Forest Heights Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1044
Description:	Pump run hours for Forest Heights Lift Station.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1044
Description:	SCADA system employed at Forest Heights Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1043
Description:	Wet well of Forest Heights Lift Station; solids/grease moderate.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP			
Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1058	
Description:	Overview of Main Lift Station.		Photo #:	13



Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1056	
Description:	Electrical panels for pumps at Main Lift Station.		Photo #:	14



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1056
Description:	SCADA system employed at Main Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1057
Description:	Stationary generator at Main Lift Station.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP			
Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1055	
Description:	Wet well of Main Lift Station; solids/grease low.		Photo #:	17

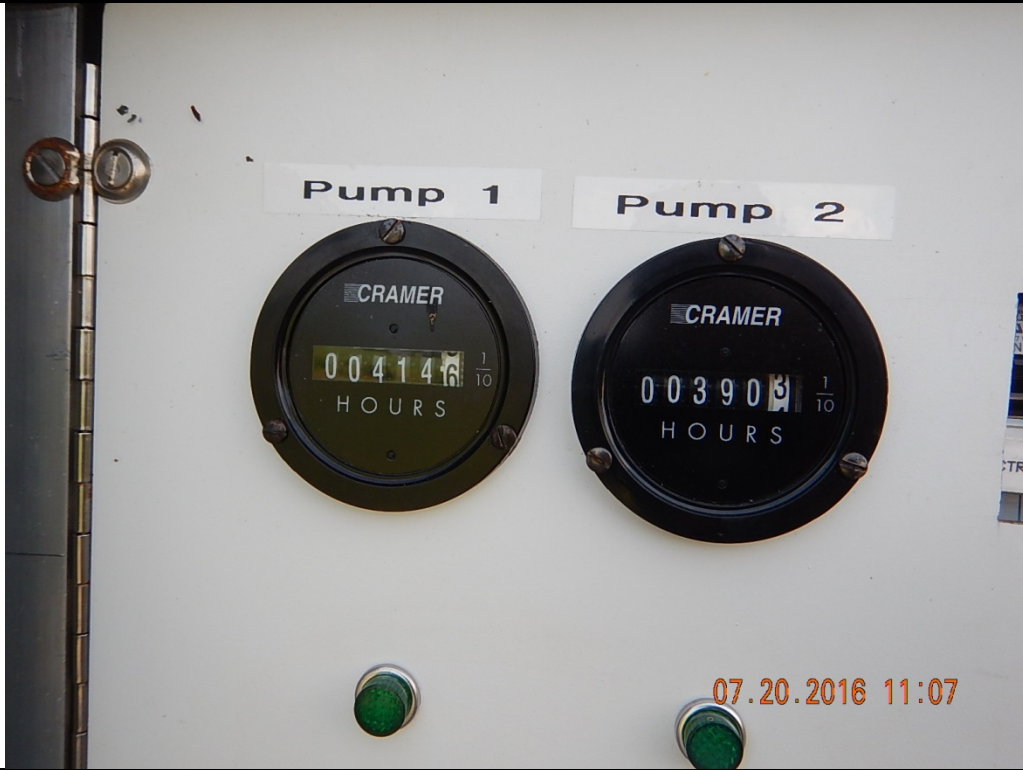


Photographer:	Cody Wallace	Date:	July 20, 2016	
Witness:	Kathryn Catlin, Mike Crow	Time:	1108	
Description:	Overview of Brewer St Lift Station.		Photo #:	18



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1107
Description:	Pump run hours for Brewer St Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1107
Description:	SCADA system employed at Brewer St Lift Station.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1106
Description:	Wet well of Brewer St Lift Station; solids/grease low to moderate.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1117
Description:	Overview of Wellington Lift Station. No access to wet well during inspection.		



Water Division Photographic Evidence Sheet

Location:	City of Harrison WWTP		
Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1116
Description:	Pump run hours for Wellington Lift Station.		



Photographer:	Cody Wallace	Date:	July 20, 2016
Witness:	Kathryn Catlin, Mike Crow	Time:	1116
Description:	SCADA system employed at Wellington Lift Station.		



Figure 1. Aerial view of WWTP location and the six (6) lift stations associated with the collection system (Google Earth: imagery date April 24, 2014).

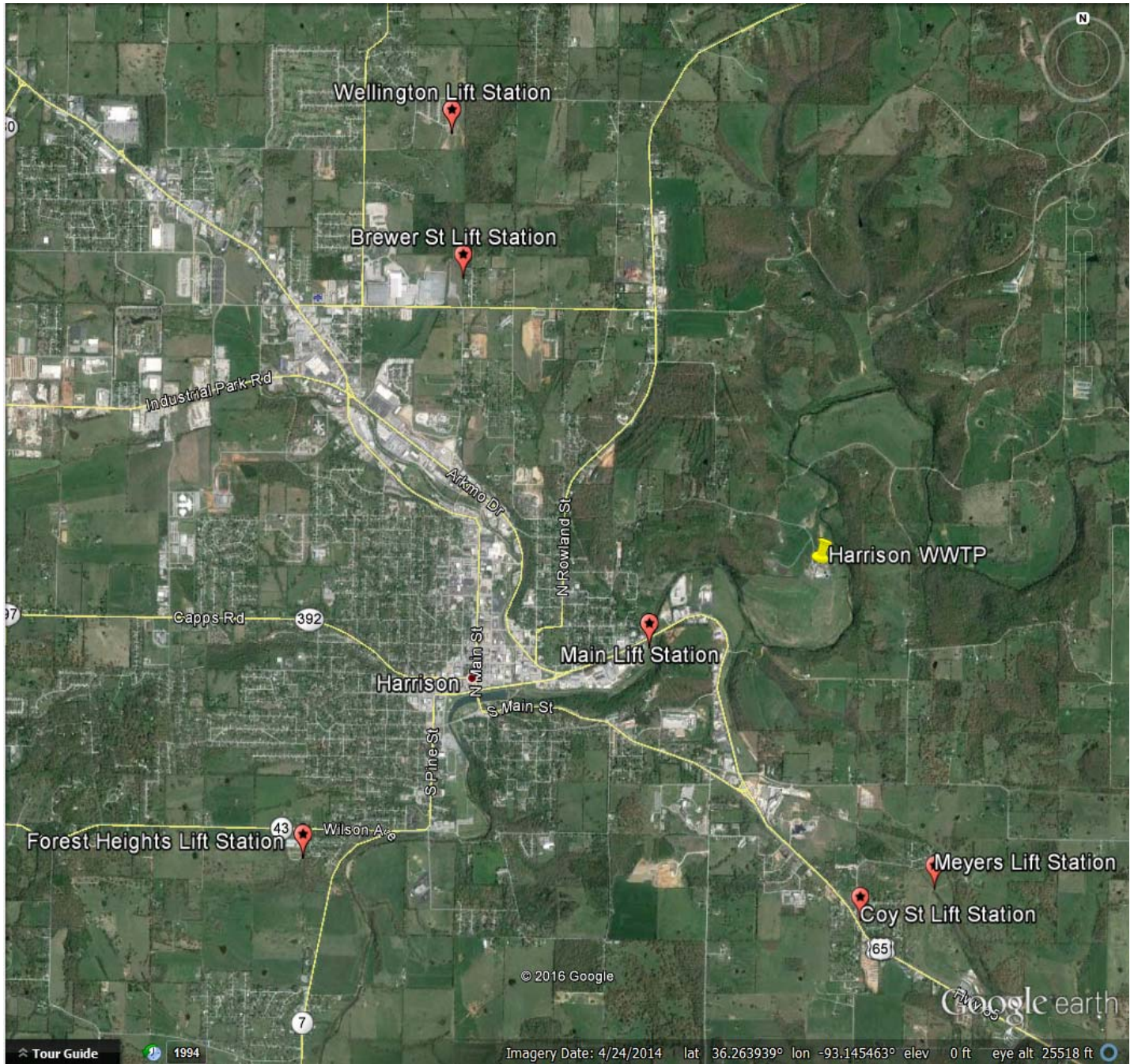


Figure 2. City of Harrison SSOs reported to ADEQ from January 2014 through June 2016.

Sanitary Sewer Overflow (SSO) Online Report (24-hour and Five Days)

NPDES Permit Number	Facility Name	Location	Date Overflow Started	Date Overflow Stopped	Date Reported	Volume (Gallons)	Stream	SSO	Bypass	Upset	Environmental Damage
AR0034321	HARRISON, CITY OF	Capps Road (off of) - Manhole - overflow to ground	01/03/2016	01/04/2016	01/05/2016	1000 gallons	SSO Affected Private Property (ground)	Y			
Web Confirmation Number: 47d1913d-cdd2-4dfd-b214-a7841debf429											
AR0034321	HARRISON, CITY OF	Dry Jordan and Crooked Creek - MH -overflow to stream	12/28/2015	12/30/2015	12/31/2015	5000 gallons	SSO Reached Receiving Water (river,stream)	Y			
Comments: The excessive rain caused a backup at the lift station, which resulted in an overflow at the manhole.											
Web Confirmation Number: 6434df49-4754-4b7d-bc80-3d97040488b6											
AR0034321	HARRISON, CITY OF	West Newman Manhole # 1 - 153 into street	08/26/2015	08/26/2015	08/26/2015	500	SSO Reached Public Land Only (ground)	Y			
Web Confirmation Number: 61f4c906-2bdd-43a7-b4ef-feec37de9955											
AR0034321	HARRISON, CITY OF	503 Union Road - Manhole # 1-70 - ground	06/06/2015	06/08/2015	06/08/2015	800	SSO Affected Private Property (ground)	Y			
Web Confirmation Number: 28976b70-7016-4da5-9b49-d4bbdfc1b57											
AR0034321	HARRISON, CITY OF	2001 Cedar Ridge Manhole # 10-469	05/31/2015	06/01/2015	06/02/2015	1000 gallons	SSO Affected Private Property (ground)	Y			
Web Confirmation Number: 05950357-6f00-43cb-81a3-9c59b9d9abfd											
AR0034321	HARRISON, CITY OF	West Rogers and South Spruce Manhole 6-5	04/21/2015	04/21/2015	04/21/2015	40	SSO Reached Public Land Only (ground)	Y			
Web Confirmation Number: 5860d392-c84e-44b0-b1f4-b6775fd2f20c											
AR0034321	HARRISON, CITY OF	West Rogers and South Spruce - Manhole 6-4	04/21/2015	04/21/2015	04/21/2015	20	SSO Reached Public Land Only (ground)	Y			
Comments: overflow happened when crew flushing Manhole 6-5											
Web Confirmation Number: 397d5511-889e-4fa1-9a47-03e3733fb581											
AR0034321	HARRISON, CITY OF	812 East Ridge Manhole # 2-14	04/08/2015	04/08/2015	04/08/2015	10	SSO Reached Public Land Only (ground)	Y			
Web Confirmation Number: f1f09082-1fe3-4005-84a3-0fa5ad018461											
AR0034321	HARRISON, CITY OF	1100 West Bower	04/07/2015	04/08/2015	04/08/2015	150	SSO Reached Public Land Only (ground)	Y			
Web Confirmation Number: f5e84a52-0058-42e1-adbb-9c9532eed534											
AR0034321	HARRISON, CITY OF	Intersection of S. Spruce & W. Rogers - Manhole # 6-4 (behind residence)	05/16/2014	05/22/2014	05/22/2014	2500 gallons	SSO Affected Private Property (ground)	Y			
Web Confirmation Number: f9d36163-7d1a-4418-a778-6ad7bf836e35											
AR0034321	HARRISON, CITY OF	Manhole # 10-237 on Dogwood Street.	04/30/2014	05/01/2014	05/01/2014	1000 gallons	SSO Reached Receiving Water (river,stream)	Y			
Comments: Approximately 200 gallons of the overflow reached the storm drain at that location. The remaining volume went onto the ground.											
Web Confirmation Number: 9498ccb0-7d50-4b19-b36d-b50f483c37b8											
AR0034321	HARRISON, CITY OF	Prospect Street by Duran Center. Manhole #4-12	04/15/2014	04/15/2014	04/22/2014	200 gallons	SSO Reached Receiving Water (river,stream)	Y			
Web Confirmation Number: e69fb735-1fce-45a2-bffe-d4f2776e59c0											
AR0034321	HARRISON, CITY OF	Stevenson Street Manhole # 7-60	04/08/2014	04/08/2014	04/09/2014	500	SSO Affected Private Property (ground)	Y			
Web Confirmation Number: 60ad3f92-1541-4426-8228-3023c7508c75											
Recs Found: 13 << < Page 1 / 1 > >> Records Per Page: 20 Export...											

From: [Kathryn Catlin](#)
To: [Water-Inspection-Report](#)
Subject: RE: Response to 2016 Inspection Report City of Harrison AR0034321, ARR00C373, 5158-W
Date: Tuesday, August 02, 2016 3:10:29 PM
Attachments: [2016 Response to ADEQ Inspection.pdf](#)

Attached please find the [revised](#) response to the Inspections report dated August 2, 2016 for the City of Harrison. If you have any questions, or require any additional information please feel free to contact me.

Kathryn Catlin

From: Kathryn Catlin [mailto:kathryn.catlin@cityofharrison.com]
Sent: Tuesday, August 02, 2016 2:51 PM
To: 'Water-Inspection-Report@adeq.state.ar.us'
Subject: Response to 2016 Inspection Report City of Harrison AR0034321, ARR00C373, 5158-W

Attached please find the response to the Inspections report dated August 2, 2016 for the City of Harrison WWTP. If you have any questions, or require any additional information please feel free to contact me.

Kathryn Catlin
Wastewater Systems Manager



PO Box 1715
Harrison, Arkansas 72601
Office: 870.741.5527
Fax: 870.741.0318
kathryn.catlin@cityofharrison.com

8/2/2016

Cody Wallace
District 2 Field Inspector
ADEQ – Water Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

Wastewater Department
Kathryn Catlin
Wastewater Systems Manager
1508 Silver Valley Road
Harrison, Arkansas 72601
Office: 870.741.5527
Fax: 870.741.0318
www.cityofharrison.com
kathryn.catlin@cityofharrison.com

RE: City of Harrison WWTP Inspections (Boone Co)
AFIN: 05-00054 Permit No.: AR0034321
ARR00C373
5158-W

Dear M. Wallace:

In response to your reports on the Compliance Evaluation Inspection, Collections System Inspection, and No-Exposure Stormwater Inspection conducted on July 20, 2016; the following corrective actions have been taken:

AR0034321 – New pH buffers were ordered July 20, 2016. Until the new buffers arrive, the laboratory used non-expired buffers borrowed from the City's Pretreatment Coordinator. The laboratory technician is now writing the expiration date on all chemical bottles and containers.

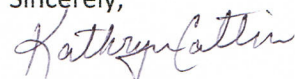
AR0034321 Collection System – Emergency contact signs were posted at all of the lift stations on Thursday August 29, 2016 (see Attachment A for examples). Accumulated solids and grease were removed from the Meyers Lift Station and the Forest Heights Lift Station on Friday, July 22, 2016.

ARR00C37 – All items listed in the Summary of Findings have been addressed (see attached pictures in Attachment B). Fluid containers and waste materials (e.g., piles of scrap metal) have been removed. Spills have been cleaned up and/or sealed.

5158-W – When the biosolids sample was sent to the laboratory in October 2015 the second page of the Chain of Custody was not documented by the receiving personnel. All missing parameters were on the second page of the Chain of Custody. A biosolids sample was collected on July 29, 2016 and sent to Waypoint Analytical for analysis of Molybdenum, Selenium, Zinc, Polychlorinated Biphenyls (PCBs), Magnesium, Sodium, Calcium, and Sodium Absorption Ratio (SAR). Once the City receives the results we will revise our 2015 Land Application Report and Biosolids DMRs to reflect the new data.

If you have any questions or require any additional information, please feel free to contact me at 870-741-5527 or Kathryn.catlin@cityofharrison.com.

Sincerely,



Kathryn Catlin
Wastewater Systems Manager

ATTACHMENT A



ATTACHMENT B



Photo #1 Barrels & buckets unsealed and residuals from spills exposed to stormwater – **AFTER**
Barrels & buckets remove, soil removed, & gravel added.



Photo #2 Unsealed barrels and spill/leak constituents exposed to stormwater – **AFTER**
Asphalt sealant used to seal oil stains.



Photo #3 Unsealed/deteriorating bucket and barrel exposed to stormwater – **AFTER**
Barrel & bucket removed, there were no signs of leakage on soil.



Photo #4 Scrap waste on ground exposed to stormwater – **AFTER**
Scrap metal & bucket removed.

From: [Kathryn Catlin](#)
To: [Wallace, Cody](#); [Water-Inspection-Report](#)
Subject: RE: Response to 2016 Inspection Report City of Harrison AR0034321, ARR00C373, 5158-W
Date: Wednesday, August 03, 2016 7:27:11 AM
Attachments: [image004.png](#)
[2016 Response to Inspections lift stations.pdf](#)

Cody,

Per your request, attached find pictures of Meyers Lift Station and Forest Height Lift Station after they were cleaned out. If you have any questions or require any additional information please feel free to contact me.

Kathryn Catlin
Wastewater Systems Manager



PO Box 1715
Harrison, Arkansas 72601
Office: 870.741.5527
Fax: 870.741.0318
kathryn.catlin@cityofharrison.com

From: Wallace, Cody [<mailto:wallace@adeq.state.ar.us>]
Sent: Tuesday, August 02, 2016 3:17 PM
To: Kathryn Catlin
Subject: RE: Response to 2016 Inspection Report City of Harrison AR0034321, ARR00C373, 5158-W

Kathryn,

Can you please provide photos of the wet wells that were cleaned out? Once those are received that will take care of everything.

Thanks,

Cody Wallace
Inspector---Water Division District 2
Arkansas Department of Environmental Quality
Office---(870) 424-3322 ext. 3
Cell---(501) 837-2074

From: McCabe, Kerri
Sent: Tuesday, August 02, 2016 3:03 PM
To: Kathryn Catlin
Cc: Wallace, Cody
Subject: RE: Response to 2016 Inspection Report City of Harrison AR0034321, ARR00C373, 5158-W

Ms. Catlin,

You have an August 29, 2016 date in the response. I assume this is July 29, 2016. This email confirms we have received your responses to Inspector Wallace's inspections, and he will determine adequacy of the responses. Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: Kathryn Catlin [<mailto:kathryn.catlin@cityofharrison.com>]
Sent: Tuesday, August 02, 2016 2:51 PM
To: Water-Inspection-Report
Subject: Response to 2016 Inspection Report City of Harrison AR0034321, ARR00C373, 5158-W

Attached please find the response to the Inspections report dated August 2, 2016 for the City of Harrison WWTP. If you have any questions, or require any additional information please feel free to contact me.

Kathryn Catlin
Wastewater Systems Manager



PO Box 1715
Harrison, Arkansas 72601
Office: 870.741.5527
Fax: 870.741.0318
kathryn.catlin@cityofharrison.com



Photo #4 Wet well of Meyers Lift Station; solids/grease high. **AFTER**



Photo # 12 Wet well of Forest Heights Lift Station; solids/grease moderate. **AFTER**

ADEQ

ARKANSAS
Department of Environmental Quality

August 8, 2016

Kathryn Catlin, Wastewater Systems Manager
City of Harrison
P.O. Box 1715
Harrison, AR 72602

RE: Response to City of Harrison WWTP Inspections (Boone Co)
AFIN: 05-00054 **Permit No.: AR0034321**
ARR00C373
5158-W

Dear Ms. Catlin:

I have reviewed the response pertaining to my July 20, 2016 inspections of the above-referenced facility. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 3 or you may e-mail me at wallace@adeq.state.ar.us.

Sincerely,



Cody Wallace
District 2 Field Inspector
Water Division