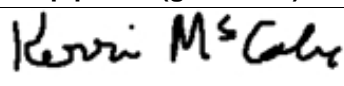

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>					
		AFIN: 45-00021		PERMIT #: AR0021717		DATE: 1/5/2017	
		COUNTY: 45 Marion			PDS #: 095797		MEDIA: WN
		GPS LAT: 36.282294 LONG: -92.586491 LOCATION: General Area					
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>				
NAME: <b>City of Flippin POTW Collection System</b> LOCATION: <b>East Industrial Drive</b> CITY: <b>Flippin, AR</b>			FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>84022 S - State</b>		
			FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>		INSPECTION TYPE: <b>SSO/Collection System</b>		
			DATE(S): <b>1/5/2017</b>	ENTRY TIME: <b>10:00</b>	EXIT TIME: <b>13:00</b>	PERMIT EFFECTIVE DATE: <b>11/1/2012</b>	
					PERMIT EXPIRATION DATE: <b>10/31/2017</b>		
<b>RESPONSIBLE OFFICIAL</b>			<b>INSPECTION PARTICIPANTS</b>				
NAME / TITLE: <b>Jerald Marberry / Mayor</b> COMPANY: <b>City of Flippin</b> MAILING ADDRESS: <b>PO Box 40</b> CITY, STATE, ZIP: <b>Flippin AR 72634</b> PHONE & EXT. / FAX: <b>870-453-8300 /</b> EMAIL: <b>mayor@cityofflippin.com</b>			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jerald Marberry/Mayor/(870) 453-8300/mayor@cityofflippin.com</b> <b>JL Wagoner (Lic# 010535)/Utilities Manager/(870) 405-0600</b> <b>Scott Garrison (Lic# 008578)/WW Operator</b> <b>Susan Poe/ARWA</b> <b>District 2 Inspector Skyler Schlick</b>				
CONTACTED DURING INSPECTION: Yes							
<b>AREA EVALUATIONS</b>							
(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		
S	OTHER: SSO/Collection System						
<b>SUMMARY OF FINDINGS</b>							
No violations were noted during the inspection.							
<b>GENERAL COMMENTS</b>							
On Thurs, Jan 5, 2017 an inspection was conducted of the City of Flippin collection system.							
The inspection consisted of an assessment of the system's lift station and a record review of the reported SSO information.							
The system consists of one (1) lift station located at the plant. City reports using an FMC for cleaning lines (pressurized) and the City of Mountain Home provides their vac truck for cleaning wet wells and manholes. For reporting requirements, the operator acknowledges that threat to public health is an overflow at a residence and an overflow that reaches waters of the State is a threat to the environment. For electrical issues, Crawford Electric (870-425-4518; Mountain Home) is used, and JCI Industries, Inc. (417-623-4544; Joplin, MO) is used for pump and valve repairs. City is responsible for main lines (property line to main), manholes, and lift station only. City has emergency backup power (generator) onsite for plant and lift station.							
INSPECTOR'S SIGNATURE: 			Kerri McCabe		DATE: 3/9/2017		
SUPERVISOR'S SIGNATURE: 			Jason Bolenbaugh		DATE: 3/10/2017		

<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>All gravity feed to main lift station located at POTW.</b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL (60%) AND COMMERCIAL (20%) AND INDUSTRIAL (20%) CONNECTIONS: <b>-1400</b>		
FEET OF SEWER SYSTEM: <b>Unknown</b>		
AGE OF SYSTEM: <b>1970-1980</b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR <b>WET</b> WEATHER (EXPLAIN): <b>I&amp;I (&gt; 5" rain event)</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):		<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): <b>Reviewed 2014-present SSO data; City has reported six (6) SSOs: three (3) for 2015, one (1) in 2016, and two (2) in 2017. SSO from Dec 28, 2015 was large volume and reached waters of the State.</b>		<input checked="" type="checkbox"/> Y <input 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 (1)</b>	NUMBER WITH BACKUP POWER: <b>One (1)</b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b>Daily</b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b>Yes</b>		
ADEQUATE INVENTORY OF SPARE PARTS: <b>In the process of having more items available; lids, rings, valves, etc.</b>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b>No</b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b>Identify, repair, clean (removing solids &amp; disposing of properly), disinfect, and report.</b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b>One (1)</b>		
<b>SATELLITE SYSTEMS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <b>Yes</b>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <b>Nursing home with lift station managed by owner; tied to City's collection system.</b>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <b>No</b>		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <b>Twin Lakes Therapy and Living, 6152 AR-202, Flippin, AR 72634; (870) 453-4603</b>		

<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: <b>Main Lift Station at City of Flippin POTW off East Industrial Drive (36.282294, -92.586491)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>Two (2)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>Above-ground pumps in dry well.</b>	<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
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT: <b>Dry well classified as a confined space; did not enter</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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.) : <b>Below ground</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <b>Outside; dry well below ground</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <b>Outside; dry well below ground</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <b>Below ground</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Onsite generator of plant and lift station; some holding capacity at wet well.</b>	<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: <b>Lift station at plant.</b>	<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

**Water Division Photographic Evidence Sheet**

Location: **City of Flippin POTW Collection System**

Photographer: **Kerri McCabe**      Date: **Jan 5, 2017**      Time: **1004**

Witness: **Skyler Schlick**      Photo #: **1**

Description: **Overview of the main lift station at the City of Flippin's POTW.**



Photographer: **Kerri McCabe**      Date: **Jan 5, 2017**      Time: **1004**

Witness: **Skyler Schlick**      Photo #: **2**

Description: **Dry well with two above-ground pumps; classified as a confined space (did not enter).**





**Water Division Photographic Evidence Sheet**

Location: **City of Flippin POTW Collection System**

Photographer: **Kerri McCabe**      Date: **Jan 5, 2017**      Time: **1004**

Witness: **Skyler Schlick**      Photo #: **3**

Description: **Pump run hours for the main lift station.**



Photographer: **Kerri McCabe**      Date: **Jan 5, 2017**      Time: **1005**

Witness: **Skyler Schlick**      Photo #: **4**

Description: **Wet well and contents for main lift station; some storage capacity available.**





Figure 1. Google Earth image dated May 4, 2014 identifying main lift station at the City of Flippin's POTW.

