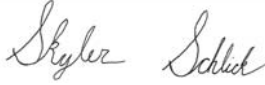
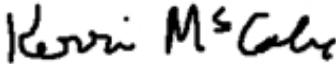


 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 69-00011		PERMIT #: AR0020117		DATE: 11/21/2017	
		COUNTY: 69 Stone			PDS #: 100615		MEDIA: WN
		GPS LAT:		LONG:		LOCATION: N/A	
FACILITY INFORMATION				INSPECTION INFORMATION			
NAME: City of Mountain View Collection System LOCATION: CITY: Mountain View				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 117208 S - State	
				FACILITY EVALUATION RATING: 1 - Unsatisfactory		INSPECTION TYPE: SSO/Collection System	
				DATE(S): 11/21/2017		ENTRY TIME: 09:15	
				EXIT TIME: 14:20		PERMIT EFFECTIVE DATE: 8/1/2013	
				PERMIT EXPIRATION DATE: 7/31/2018			
RESPONSIBLE OFFICIAL							
NAME / TITLE: Roger Gardner / Mayor COMPANY: City of Mountain View MAILING ADDRESS: P.O. Box 360 CITY, STATE, ZIP: Mountain View AR 72560 PHONE & EXT. / FAX: 870-269-3293 / EMAIL: mayor@cityofmtnview.com				FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No				INSPECTION PARTICIPANTS			
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Joe Thatcher/ Class III Operator (Lic# 001463) Jackie Craig/ Class III Operator (Lic# 007092) Kerri McCabe ADEQ Inspector Supervisor			
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	**	
U	OTHER: SSO/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"> • Lift stations need to have emergency contact information posted in case of overflows and other issues. • There are no alarms (visual/audio) at the lift stations. • Auto-dialers at lift stations need to be repaired. • The lift stations have no electrical hook-up capability. The lift stations need to have onsite generators or hook-ups for a portable generator. The holding capacity of the wet wells is not enough for some lift stations during rain events. • The collection system experiences excessive I&I, which results in overflows within the collection system and hydraulic overload at the plant. The city needs to evaluate problem areas and make repairs to lines. This may include a clean-out program to make sure caps are on clean-outs. • The county jail needs to install some type of pretreatment (i.e., grinder pump; oil-water separator) to limit clogging issues associated with items disposed of via the sewer system by inmates. 							

GENERAL COMMENTS

On November 21, 2017, an inspection was conducted of the City of Mountain View collection system. The inspection consisted of an assessment of the system's lift stations and a record review of the reported SSO information.

The system consists of 13 lift stations with three of them being main lift stations and the rest serving small residential communities. For electrical issues, Travis Trammel of Teco, Inc. is used (870-899-0686; Mountain View, AR). For pump repairs, Evans Enterprises is used (501-327-0254; Conway, AR). For reporting requirements, the operator acknowledges that threat to public health is an overflow at a residence (close contact with people) and an overflow that reaches waters of the State is a threat to the environment.

INSPECTOR'S SIGNATURE:  Skyler Schlick	DATE: 12/13/2017
SUPERVISOR'S SIGNATURE: 	Kerri McCabe DATE: 12/18/2017

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: About 5% pressure and 95% gravity to three main lift stations and then POTW.		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 80% residential and 20% commercial		
FEET OF SEWER SYSTEM: Unknown		
AGE OF SYSTEM: 1967		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): I&I; clay and brick and no gaskets on the pipes in the ditches/wet areas.	<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): Online and with monthly DMR (NetDMR)	<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): Reviewed SSO data from January 2015-present: 12 records with 1 (one) reaching waters of the State and 12 that were over 1000 gallons.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
PUMP STATIONS		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: 13 (3 main)	NUMBER WITH BACKUP POWER: One portable generator	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily (main lift stations)		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes; log everything.		
ADEQUATE INVENTORY OF SPARE PARTS:		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): Auto-dialers don't work at any of the lift stations.		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: ID problem, fix, pick up solids, lime area, and contact ADEQ		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): Five (5)		
SATELLITE SYSTEMS		<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: Ozark Folk Center		
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: Lift station connected to the city's collection system.		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: No		
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>Lift #1 at Park Ave (35.875024, -92.117631)</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 (2)</u>	NUMBER OPERATIONAL: <u>Two (2)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Above-ground</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <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>No hook-up ability for portable generator.</u>	<input type="checkbox"/> S <input checked="" 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 alarm or contact information.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Auto-dialer does not work.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Lift #4 at Oak Ave (35.869700, -92.114506)</u>	
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>Two (2)</u>	NUMBER OPERATIONAL: <u>Two (2)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Above-ground</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <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>No hook-up ability for portable generator.</u>	<input type="checkbox"/> S <input checked="" 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 alarm or contact information.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Auto-dialer does not work.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Lift Station at Riggsville Dr (35.855624, -92.090917)</u>	
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>Two (2)</u>	NUMBER OPERATIONAL: <u>Two (2)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Above-ground</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <u>Dry well; confined space</u>	<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: <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>No hook-up ability for portable generator.</u>	<input type="checkbox"/> S <input checked="" 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 alarm or contact information.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Auto-dialer does not work.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Lift # 9 at Collins St (35.849817, -92.074036)</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 (2)</u>	NUMBER OPERATIONAL: <u>Two (2)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Submerged</u>	<input 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 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 type="checkbox"/> S <input checked="" 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>Could not remove lock on wet well to evaluate contents.</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>No hook-up ability for portable generator.</u>	<input type="checkbox"/> S <input checked="" 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 alarm or contact information.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Auto-dialer does not work.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Lift# 10 at Wallis Rd (35.850083, -92.083018)</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 (2)</u>	NUMBER OPERATIONAL: <u>Two (2)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Submerged</u>	<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 type="checkbox"/> S <input checked="" 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>No hook-up ability for portable generator.</u>	<input type="checkbox"/> S <input checked="" 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 alarm or contact information.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Auto-dialer does not work.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

Water Division Photographic Evidence Sheet

Location:	City of Mountain View Collection System		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1154
		Photo #:	1
Description:	Overview of dry well at of Lift #1 (Park Ave).		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1155
		Photo #:	2
Description:	Lift #1 (Park Ave) wet well.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View Collection System			
Photographer:	Skyler Schlick	Date:	11/21/2017	
Witness:	Kerri McCabe	Time:	1203	
Description:	Overview of Lift #4 (Oak Ave).		Photo #:	3



Photographer:	Skyler Schlick	Date:	11/21/2017	
Witness:	Kerri McCabe	Time:	1203	
Description:	Lift #4 (Oak Ave) dry well.		Photo #:	4



Water Division Photographic Evidence Sheet

Location:	City of Mountain View Collection System		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1207
		Photo #:	5
Description:	Lift #4 (Oak Ave) wet well.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1219
		Photo #:	6
Description:	Dry well at lift station at Riggsville Dr.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View Collection System		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1219
		Photo #:	7
Description:	Overview of lift station at Riggsville Dr.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1220
		Photo #:	8
Description:	Lift station at Riggsville Dr wet well contents.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View Collection System		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1234
Description:	Control panel at Lift #9 (Collins St).		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1237
Description:	Overview of Lift #9 (Collins St).		



Water Division Photographic Evidence Sheet

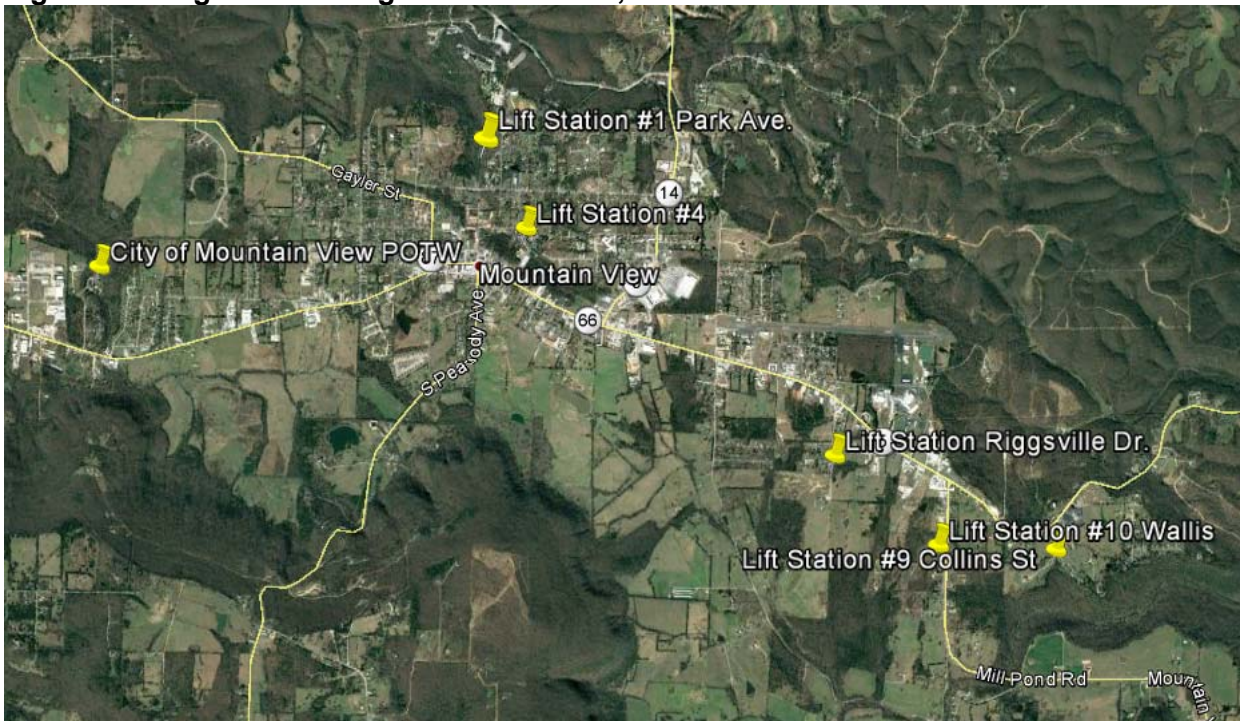
Location:	City of Mountain View Collection System		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1244
Description:	Control panel at Lift #10 (Wallis Rd).		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1243
Description:	Lift #10 (Wallis Rd) wet well.		



Figure 1. Google Earth image dated March 4, 2016 of POTW and associated lift stations.



MOUNTAIN VIEW WATER & WASTEWATER

PO BOX 360
311 WEST MAIN ST
MOUNTAIN VIEW AR 72560

PHONE: 870-269-3293
FAX: 870-269-9158

December 29, 2017

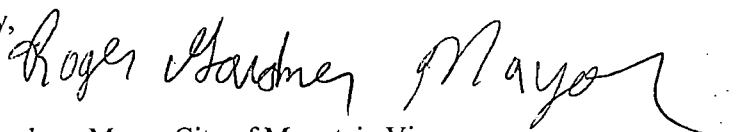
ADEQ
Water Division Inspection Branch
5301 Northshore Dr
North Little Rock AR 72118-5317

RE: City of Mountain View Inspection (Stone Co)
AFIN: 69-00011 NPDES Permit No: AR0020117
AR0020117C

Dear Mr. Schlick:

This is in regards to your letter dated December 19, 2017 for Compliance Evaluation Inspection. We received a copy of the letter that was sent to ADEQ by the engineers regarding AR0020117C satisfying this permit as listed in item number one on summary of findings. Item number two on findings we were collecting 3 effluent samples should be 4. We have contacted Mc Clelland Lab we will be doing the 4 samples as indicated, and the chain of custody form is being updated. Item number three in photo #4 was cleaned up and placed on drying bed and lime applied to area. Item number four is using chlorine to clean the clarifier of algae will no longer be used. The excessive I&I within the collection system is still being monitored and we are looking back at mainlines that we inspected by camera and found issues in a mainline on Vine Street from highway 87 to highway 66 that will be schedule to be repaired or replace in 2018. We are going to do more inspections by camera in areas that have not been done yet if any issues are found they will be addressed soon as possible weather permitting. We will be getting emergency contact information at lift stations posted as soon as signs are completed. The Auto-dialers will be updated and working alarm lights will be in place. We will install electric hook-ups for generators at lift stations for emergency use. We will address the holding capacity of the wet wells at lift stations. We will be contacting the Stone County Sheriff to address the issues coming from the jail.

Sincerely,



Roger Gardner, Mayor City of Mountain View

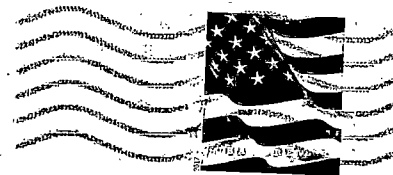
Jackie Craig II, Wastewater Plant Operator



MOUNTAIN VIEW WATER DEPT.
PO BOX 360
MOUNTAIN VIEW AR 72560

LITTLE ROCK AR 722

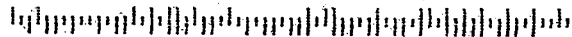
03 JAN 2018 PM 3 L



ADEQ

WATER DIVISION INSPECTION BRANCH
5301 NORTHSORE DR
NORTH LITTLE ROCK AR 72118-5317

72118-531799



ADEQ

ARKANSAS
Department of Environmental Quality

January 29, 2018

Roger Gardner
City of Mountain View
P.O. Box 360
Mountain View, AR 72560

Re: City of Mountain View POTW - Response to Inspections (Stone Co)
AFIN: 69-00011 **NPDES Permit No.: AR0020117**
AR0020117C

Dear Mayor Gardner:

I have reviewed your response pertaining to my inspection of the above-referenced facility.

Violations 1, 2, and 4 were sufficiently addressed; however, the other information provided did not sufficiently address the remaining violations referenced in my inspection report. Specifically,

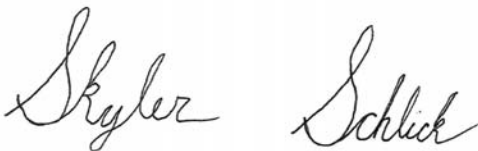
1.) Please provide the ADEQ Office of Water Quality Compliance Branch with a timeline for the completion of the required work on the I&I issues noted with the collection system.

2.) Please provide documentation and/or other evidence to indicate the work has been completed.

This documentation should be submitted as soon as possible. Please provide the information no later than **February 12, 2018**.

Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 2 or you may e-mail me at schlicks@adeq.state.ar.us.

Sincerely,



Skyler Schlick
District 2 Field Inspector
Office of Water Quality

From: [Schlick, Skyler](#)
To: [McConnell, Melissa](#)
Subject: FW: AR0020117 permit inspection letter
Date: Monday, February 12, 2018 7:42:14 AM
Attachments: [adeqinspletterfeb2018.docx](#)

WID 23502, 23503 AR0020117

Skyler Schlick
Inspector-Water Division District 2
Arkansas Department of Environmental Quality
Office- (870) 424-3322 ext. 2
Cell – (501) 514-2126

-----Original Message-----

From: Mountain View Water Department [<mailto:waterdepartment@cityofmtview.com>]
Sent: Friday, February 09, 2018 4:43 PM
To: SKYLER SCHLICK
Cc: ADEQ
Subject: AR0020117 permit inspection letter

Skylar
Here is the letter. Please let us know you received it.
Thanks

--

Mountain View Water Department
Voice 1-870-269-3293
Fax 1-870-269-9158

MOUNTAIN VIEW WATER & WASTEWATER

PO BOX 360
311 WEST MAIN ST
MOUNTAIN VIEW AR 72560

PHONE: 870-269-3293
FAX: 870-269-9158

February 9, 2018

ADEQ
Office of Water Quality
5301 Northshore Drive
North Little Rock AR 72118-5317

RE: City of Mountain View POTW-Response to Inspections (Stone Co.)
AFIN: 69-00011 NPDES Permit No: AR0020117
AR0020117C

Dear Sir;

Here is the information you have requested on the inspection report that was not addressed as stated in your letter of January 29, 2018. We have said in previous letters that we are trying to address the I&I problem and that we have reviewed the videos where the system was checked for areas that had problems. We did find some of the areas that had issues that were not repaired yet and we will proceed to fix them by the end of the year or by the summer of 2019. We are going to address the force main first that we talked about in our phone conversation yesterday. We will document all the repairs as they are completed and get this information to you. We will continue to work on this issue until we can stop the problem we are having at our POTW but until the customer service lines are addressed all of the problem will not be solved but slowed to a point where we are not out of compliance is what we will strive for. If you have any questions, please give me a call at any time.

Sincerely,

Roger Gardner, Mayor City of Mountain View, Arkansas
RG:dw