|                                                                                                                                                                                                                     | WATER DIVISION INSPECTION REPORT         |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------|--------|-------------------|
| ADEU                                                                                                                                                                                                                |                                          | AFIN: 17-00059 PERMIT #: AR0021466    |                                                                                                         |                                                                                                                                       |        | DATE: 1/19/2018 |        |                   |
| _                                                                                                                                                                                                                   | R K A N S A S                            | COUNTY: 17 Cr                         | awf                                                                                                     | ord P                                                                                                                                 | DS #   | #: <b>1013</b>  | 42     | MEDIA: WN         |
| Dep                                                                                                                                                                                                                 | artment of Environmental Quality         | GPS LAT:                              | L                                                                                                       | ONG: LOCAT                                                                                                                            | TION   | : N/A           |        | I                 |
| FACILITY INFORMATION                                                                                                                                                                                                |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 | NFORM  | MATION            |
| Cit                                                                                                                                                                                                                 | y of Alma WWTP Collection Syste          | em                                    |                                                                                                         | FACILITY TYPE:INSPECTOR ID#:1 - Municipal34946 S - State                                                                              |        |                 |        |                   |
| <b>25(</b>                                                                                                                                                                                                          | 00 Orrick Road                           |                                       |                                                                                                         |                                                                                                                                       |        |                 |        | Collection System |
|                                                                                                                                                                                                                     | na, AR                                   |                                       |                                                                                                         | DATE(S): ENTRY TIME: EXIT TIME: PERMIT EFFECTIVE DATE:   1/19/2018 09:30 13:05 5/1/2013   PERMIT EXPIRATION DATE: 4/30/2018 4/30/2018 |        |                 |        |                   |
|                                                                                                                                                                                                                     | RESPONSIBLE OFFIC                        |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| HO<br>COMF                                                                                                                                                                                                          | norable V. Keith Greene / Mayor          |                                       |                                                                                                         | FAYETTEVILLE SHALE RELATED: N                                                                                                         |        |                 |        |                   |
|                                                                                                                                                                                                                     | y of Alma                                |                                       |                                                                                                         | FAYETTEVILLE SI                                                                                                                       |        |                 |        |                   |
|                                                                                                                                                                                                                     | NG ADDRESS:<br>Fayetteville Avenue       |                                       |                                                                                                         |                                                                                                                                       |        |                 |        | IPANTS            |
| CITY, STATE, ZIP:<br>Alma AR 72921<br>PHONE & EXT: / FAX:                                                                                                                                                           |                                          |                                       | NAME/TITLE/PHONE/FAX/EMAIL/ETC:<br>Tony Maxwell / Chief Operator / 479-670-3003 /<br>almawwtp@ymail.com |                                                                                                                                       |        |                 |        |                   |
| 479<br>EMAIL                                                                                                                                                                                                        | -632-4119 /                              |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| em                                                                                                                                                                                                                  | afoodscoinc@gmail.com                    |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| CO                                                                                                                                                                                                                  | NTACTED DURING INSPECTION                |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
|                                                                                                                                                                                                                     | (S=S                                     | AREA E<br>atisfactory, M=Marginal, U= | EVA<br>Unsat                                                                                            | LUATIONS<br>isfactory, N=Not Applicable/Eva                                                                                           | luated |                 |        |                   |
| **                                                                                                                                                                                                                  | PERMIT                                   | ** FLOW MEA                           | SUF                                                                                                     |                                                                                                                                       | **     | STOF            | RMWA   |                   |
| **                                                                                                                                                                                                                  | RECORDS/REPORTS                          | ** LABORATO                           |                                                                                                         |                                                                                                                                       | **     |                 |        | ITE REVIEW        |
| S<br>**                                                                                                                                                                                                             | OPERATION & MAINTENANCE                  |                                       |                                                                                                         | CEIVING WATER                                                                                                                         | **     |                 |        |                   |
| **                                                                                                                                                                                                                  | SAMPLING                                 | **   SLUDGE HA                        | ANL                                                                                                     | LING/DISPOSAL                                                                                                                         | **     | PREI            | REAT   | MENI              |
|                                                                                                                                                                                                                     | OTHER:                                   | CI IMM A C                            |                                                                                                         | OF FINDINGS                                                                                                                           |        |                 |        |                   |
| No                                                                                                                                                                                                                  | violations were noted during the         |                                       | ( r (                                                                                                   |                                                                                                                                       |        |                 |        |                   |
|                                                                                                                                                                                                                     | violations were noted during the         | inspection                            |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
|                                                                                                                                                                                                                     |                                          |                                       |                                                                                                         | COMMENTS                                                                                                                              |        |                 |        |                   |
|                                                                                                                                                                                                                     | inspection of the collection systemeters |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| with a CEI of the treatment plant. There are five lift stations excluding the lift station at the wastewater plant.                                                                                                 |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| All                                                                                                                                                                                                                 | five were assessed during the in         | spection: Meado                       | or's                                                                                                    | , Uptown, Walmart,                                                                                                                    | Dov    | vntowr          | n, and | Riley Estates.    |
| All life stations have stationary generator bookup with regular maintenance suchs being performed. Organized                                                                                                        |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| All lift stations have stationary generator backup with regular maintenance cycles being performed. Grease and grit accumulations are removed once a year from all lift stations by a septic hauler. Minimal grease |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| accumulation was observed in each lift station with no evidence of high levels or overflows. All pumps were                                                                                                         |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| operational.                                                                                                                                                                                                        |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| Grey Kremers                                                                                                                                                                                                        |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| INSPECTOR'S SIGNATURE: Greg Kremers                                                                                                                                                                                 |                                          |                                       |                                                                                                         |                                                                                                                                       |        | DATE: 2/5/2018  |        |                   |
| Kerri M'S Cale                                                                                                                                                                                                      |                                          |                                       |                                                                                                         |                                                                                                                                       |        |                 |        |                   |
| SU                                                                                                                                                                                                                  | PERVISOR'S SIGNATURE                     |                                       |                                                                                                         |                                                                                                                                       |        |                 |        | DATE: 2/8/2018    |

| COLLECTION SYSTEM INSPECTION AND OVERALL RAT                                                                                                                                                  | ØS OM OU ONA ONE              |                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--|--|
| PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity to five (5) lift stations, force (lift) to manholes, gravity to lift station at WWTP (from 2016 inspection)                     |                               |                          |  |  |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND                                                                                                                                                   | COMMERCIAL CONNECTIONS        | E 1830 total connections |  |  |
| FEET OF SEWER SYSTEM: 38 miles gravity and 6.5 mile                                                                                                                                           | s force (from 2016 inspection | 1                        |  |  |
| AGE OF SYSTEM: Unknown                                                                                                                                                                        |                               |                          |  |  |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING I<br>(EXPLAIN): Inflow and infiltration during heavier rain even                                                                                   |                               | ØY □N □NA □NE            |  |  |
| IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS<br>Overflows are reported on DMRs.                                                                                                              |                               |                          |  |  |
| ARE ALL SSOs REPORTED REGARDLESS OF SIZE:                                                                                                                                                     |                               | ØY ON ONA ONE            |  |  |
| HAVE SSOS REACHED "WATERS OF THE STATE" (LIST I<br>EACH):                                                                                                                                     |                               |                          |  |  |
|                                                                                                                                                                                               |                               |                          |  |  |
| PUMP STATIONS                                                                                                                                                                                 |                               | ØS OM OU ONA ONE         |  |  |
| NUMBER OF PUMP STATIONS IN SYSTEM: 6                                                                                                                                                          | NUMBER WITH BACKUP PO         | WER: <u>6</u>            |  |  |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Twice per week                                                                                                                               |                               |                          |  |  |
| ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes                                                                                                                                        |                               |                          |  |  |
| ADEQUATE INVENTORY OF SPARE PARTS: Yes                                                                                                                                                        |                               |                          |  |  |
| TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): Auto dialers                                                                                                          |                               |                          |  |  |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES:                                                                                                                                                        |                               |                          |  |  |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>5</u>                                                                                                |                               |                          |  |  |
|                                                                                                                                                                                               |                               |                          |  |  |
| SATELLITE SYSTEMS                                                                                                                                                                             |                               | ØS OM OU ONA ONE         |  |  |
| DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: Yes; City of Dyer                                                                                                             |                               |                          |  |  |
| TYPE(S) OF WASTE WATER RECEIVED: ØRESIDENTIAL OCOMMERCIAL INDUSTRIAL OTHER:                                                                                                                   |                               |                          |  |  |
| BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Four pump stations route wastewater to Alma WWTP.                                                                                                      |                               |                          |  |  |
| ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <u>None</u>                                                                                                                                         |                               |                          |  |  |
| NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <u>Lonnie Robins,</u><br>Public Works Director for City of Dyer, 305 North Washington, Dyer, AR 72935 479-997-8557 |                               |                          |  |  |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) |                       |                  |  |  |
|----------------------------------------------------------------------------------|-----------------------|------------------|--|--|
| GENERAL INFORMATION AND OVERALL EVALUATION                                       | ØS OM OU ONA          |                  |  |  |
| NAME AND/OR LOCATION OF PUMP STATION: Meadors lift station                       |                       |                  |  |  |
| TYPE(S) OF WASTE WATER RECEIVED: ØRESIDENTIAL                                    |                       | AL OTHER:        |  |  |
| NUMBER OF PUMPS: <u>2</u>                                                        | NUMBER OPERATIONAL: 2 |                  |  |  |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:                                       |                       | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:                                     |                       | ⊡Y ØN ⊡NA ⊡NE    |  |  |
|                                                                                  |                       |                  |  |  |
| GENERAL OPERATION AND MAINTENANCE                                                |                       | ⊠S ⊡M ⊡U ⊡NA     |  |  |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:                         |                       | ØS OM OU ONA ONE |  |  |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE<br>ACCESS AND/OR TAMPERING:        | ØS OM OU ONA ONE      |                  |  |  |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED<br>PROTECTED:                       | ØS OM OU ONA ONE      |                  |  |  |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP<br>INSTALLED AND MAINTAINED:        | ØS OM OU ONA ONE      |                  |  |  |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU<br>DRIVESHAFTS, ETC.) :            | □S □M □U □NA ØNE      |                  |  |  |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON<br>GASES AND FUMES:                | ØS OM OU ONA ONE      |                  |  |  |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN                                    | TENANCE:              | ØS OM OU ONA ONE |  |  |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:                |                       | □S □M □U □NA ØNE |  |  |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V                                   | ⊠S □M □U □NA □NE      |                  |  |  |
|                                                                                  |                       |                  |  |  |
| BACKUP POWER AND ALARMS                                                          |                       | ØS OM OU ONA     |  |  |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T                                      | RANSFER PUMP:         | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT                                      | INFORMATION POSTED:   | ØS OM OU ONA ONE |  |  |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Aut</u>                             | □Y □N ☑NA □NE         |                  |  |  |
|                                                                                  |                       |                  |  |  |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) |                       |                  |  |  |
|----------------------------------------------------------------------------------|-----------------------|------------------|--|--|
| GENERAL INFORMATION AND OVERALL EVALUATION                                       | ØS OM OU ONA          |                  |  |  |
| NAME AND/OR LOCATION OF PUMP STATION: Uptown lift station                        |                       |                  |  |  |
| TYPE(S) OF WASTE WATER RECEIVED: ØRESIDENTIAL                                    |                       | AL OTHER:        |  |  |
| NUMBER OF PUMPS: 2                                                               | NUMBER OPERATIONAL: 2 |                  |  |  |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:                                       |                       | ØS OM OU ONA ONE |  |  |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:                                     |                       | ⊡Y ØN ⊡NA ⊡NE    |  |  |
|                                                                                  |                       |                  |  |  |
| GENERAL OPERATION AND MAINTENANCE                                                |                       |                  |  |  |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:                         |                       | ØS OM OU ONA ONE |  |  |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE<br>ACCESS AND/OR TAMPERING:        | ØS □M □U □NA □NE      |                  |  |  |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED<br>PROTECTED:                       | ØS OM OU ONA ONE      |                  |  |  |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP<br>INSTALLED AND MAINTAINED:        | ØS OM OU ONA ONE      |                  |  |  |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU<br>DRIVESHAFTS, ETC.) :            | ⊡S ⊡M ⊡U ⊡NA ØNE      |                  |  |  |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON<br>GASES AND FUMES:                | ØS OM OU ONA ONE      |                  |  |  |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN                                    | TENANCE:              | ØS OM OU ONA ONE |  |  |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:                |                       | □S □M □U □NA ØNE |  |  |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V                                   | ⊠S □M □U □NA □NE      |                  |  |  |
|                                                                                  |                       |                  |  |  |
| BACKUP POWER AND ALARMS                                                          |                       | OS OM OU ONA     |  |  |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T                                      | RANSFER PUMP:         | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT                                      | INFORMATION POSTED:   | ØS OM OU ONA ONE |  |  |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): Aut                                    | ⊡Y ⊡N ⊠NA ⊡NE         |                  |  |  |
|                                                                                  |                       |                  |  |  |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) |                       |                  |  |  |
|----------------------------------------------------------------------------------|-----------------------|------------------|--|--|
| GENERAL INFORMATION AND OVERALL EVALUATION                                       | ØS OM OU ONA          |                  |  |  |
| NAME AND/OR LOCATION OF PUMP STATION: Walmart lift station                       |                       |                  |  |  |
| TYPE(S) OF WASTE WATER RECEIVED: CRESIDENTIAL                                    |                       | AL OTHER:        |  |  |
| NUMBER OF PUMPS: <u>2</u>                                                        | NUMBER OPERATIONAL: 2 |                  |  |  |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:                                       |                       | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:                                     |                       | ⊡Y ØN ⊡NA ⊡NE    |  |  |
|                                                                                  |                       |                  |  |  |
| GENERAL OPERATION AND MAINTENANCE                                                |                       | ⊠S ⊡M ⊡U ⊡NA     |  |  |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:                         |                       | ØS OM OU ONA ONE |  |  |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE<br>ACCESS AND/OR TAMPERING:        | ØS □M □U □NA □NE      |                  |  |  |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED<br>PROTECTED:                       | ØS OM OU ONA ONE      |                  |  |  |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP<br>INSTALLED AND MAINTAINED:        | ØS OM OU ONA ONE      |                  |  |  |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU<br>DRIVESHAFTS, ETC.) :            | □S □M □U □NA ØNE      |                  |  |  |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON<br>GASES AND FUMES:                | ØS OM OU ONA ONE      |                  |  |  |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN                                    | TENANCE:              | ØS OM OU ONA ONE |  |  |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:                |                       | □S □M □U □NA ØNE |  |  |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V                                   | ⊠S □M □U □NA □NE      |                  |  |  |
|                                                                                  |                       |                  |  |  |
| BACKUP POWER AND ALARMS                                                          |                       | ØS OM OU ONA     |  |  |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T                                      | RANSFER PUMP:         | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT                                      | INFORMATION POSTED:   | ØS OM OU ONA ONE |  |  |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Aut</u>                             | ⊡Y ⊡N ⊠NA ⊡NE         |                  |  |  |
|                                                                                  |                       |                  |  |  |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) |                       |                  |  |
|----------------------------------------------------------------------------------|-----------------------|------------------|--|
| GENERAL INFORMATION AND OVERALL EVALUATION                                       | ØS OM OU ONA          |                  |  |
| NAME AND/OR LOCATION OF PUMP STATION: Downtown lift station                      |                       |                  |  |
| TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL                                    |                       | AL DOTHER:       |  |
| NUMBER OF PUMPS: <u>2</u>                                                        | NUMBER OPERATIONAL: 2 |                  |  |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:                                       |                       | ØS OM OU ONA ONE |  |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:                                     |                       | ⊡Y ØN ⊡NA ⊡NE    |  |
|                                                                                  |                       |                  |  |
| GENERAL OPERATION AND MAINTENANCE                                                |                       | ØS 🗆 M 🗇 🗆 NA    |  |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG<br>EQUIPMENT:                      | ØS OM OU ONA ONE      |                  |  |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE<br>ACCESS AND/OR TAMPERING:        | ØS OM OU ONA ONE      |                  |  |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:                          | ØS OM OU ONA ONE      |                  |  |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF<br>INSTALLED AND MAINTAINED:        | ØS OM OU ONA ONE      |                  |  |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQI<br>DRIVESHAFTS, ETC.):             | ØS OM OU ONA ONE      |                  |  |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CO<br>GASES AND FUMES:                 | ØS OM OU ONA ONE      |                  |  |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN                                    | TENANCE:              | ØS OM OU ONA ONE |  |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:                |                       | ØS OM OU ONA ONE |  |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V                                   | ØS OM OU ONA ONE      |                  |  |
|                                                                                  |                       |                  |  |
| BACKUP POWER AND ALARMS                                                          |                       | ØS OM OU ONA     |  |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T                                      | RANSFER PUMP:         | ØS OM OU ONA ONE |  |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT                                      | INFORMATION POSTED:   | ØS OM OU ONA ONE |  |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): <u>Aut</u>                             | o Dialer              | □Y □N ☑NA □NE    |  |
|                                                                                  |                       |                  |  |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) |                       |                  |  |  |
|----------------------------------------------------------------------------------|-----------------------|------------------|--|--|
| GENERAL INFORMATION AND OVERALL EVALUATION                                       | ØS 🗆 M 🗇 U 🗆 NA       |                  |  |  |
| NAME AND/OR LOCATION OF PUMP STATION: Riley Estates lift station                 |                       |                  |  |  |
| TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL                                    |                       | AL OTHER:        |  |  |
| NUMBER OF PUMPS: 2                                                               | NUMBER OPERATIONAL: 2 |                  |  |  |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:                                       |                       | ØS OM OU ONA ONE |  |  |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:                                     |                       | ⊡Y ØN ⊡NA ⊡NE    |  |  |
|                                                                                  |                       |                  |  |  |
| GENERAL OPERATION AND MAINTENANCE                                                |                       | OS OM OU ONA     |  |  |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG<br>EQUIPMENT:                      |                       | ØS OM OU ONA ONE |  |  |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE<br>ACCESS AND/OR TAMPERING:        | ØS OM OU ONA ONE      |                  |  |  |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:                          | ØS □M □U □NA □NE      |                  |  |  |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF<br>INSTALLED AND MAINTAINED:        | ØS □M □U □NA □NE      |                  |  |  |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU<br>DRIVESHAFTS, ETC.):             | ⊡S ⊡M ⊡U ⊡NA ØNE      |                  |  |  |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CO<br>GASES AND FUMES:                 | ØS OM OU ONA ONE      |                  |  |  |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN                                    | TENANCE:              | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:                |                       | ⊡S ⊡M ⊡U ⊡NA ⊠NE |  |  |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V                                   | ØS OM OU ONA ONE      |                  |  |  |
|                                                                                  |                       |                  |  |  |
| BACKUP POWER AND ALARMS                                                          |                       | OS OM OU ONA     |  |  |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T                                      | RANSFER PUMP:         | ⊠S ⊡M ⊡U ⊡NA ⊡NE |  |  |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT                                      | INFORMATION POSTED:   | ØS OM OU ONA ONE |  |  |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): Aut                                    | o Dialer              | □Y □N ☑NA □NE    |  |  |
|                                                                                  |                       |                  |  |  |









