Inspection Report: City of Trumann, AFIN: 56-00047, Permit #: AR0035602

| | WATER DIVISION INSPECTION REPORT | | | | | | | |
|---|--|------------------------------------|----------------------------|--|------------|----------------|------------------|-------------------------------------|
| <u>ADEQ</u> | | AFIN: 56-00047 PERMIT #: AR0035602 | | | | DATE: 8/2/2018 | | |
| | | | | #: 105 | | MEDIA: WN | | |
| A Der | R K A N S A S partment of Environmental Quality | | PS LAT: 35.68251 | | | | | |
| Dop | FACILITY INFORMAT | - | | | | | - | MATION |
| NAME | | | | FACILITY TYPE: | INSPE | CTOR ID#: | | |
| | y of Trumann | | | 1 - Municipal | | 347 S | - State | |
| | 36 miles East of N. Speedway St. | | | FACILITY EVALUATION RATING: INSPECTION TYPE: N SSO/Collection System | | | - | |
| οιτγ: Τrι | umann | | | DATE(S): ENTRY TIME: EXIT TIME: PERMIT FEFECTIVE DATE: | | | | |
| | RESPONSIBLE OFFIC | | _ | 8/2/2018 1 | 0:30 | 10 | :42 | 1/1/2015 PERMIT EXPIRATION DATE: |
| | E: / TITLE | | - | | | | | 12/31/2019 |
| COMF | rbara Lewallen / Mayor | | | FAYETTEVILLE SHALE RELATED: N | | | | |
| | y of Trumann | | | FAYETTEVILLE SHALE VIOLATIONS: N | | | | |
| | ng address: 4 Hwy. 463 North | | | | | | | |
| CITY, | STATE, ZIP: | | | NAME/TITLE/PHONE/FAX/EMA | AIL/ETC.: | | | |
| - | J mann AR 72472 ie & ext: / fax: | | | | mecu | JII Sys | stem Su | iperintendent |
| | 1 | | | | | | | |
| EMAII | L: | | | | | | | |
| СС | NTACTED DURING INSPECTION | No | | | | | | |
| | | | | LUATIONS | | | | |
| S | | atisfac N | tory, M=Marginal, U=Unsati | | e/Evaluate | | RMWA | TFR |
| S | RECORDS/REPORTS | N | LABORATORY | | N | | | |
| S | OPERATION & MAINTENANCE | Ν | | CEIVING WATER | | | | ITORING PROGRAM |
| Ν | SAMPLING | Ν | SLUDGE HAND | LING/DISPOSAL | . N | PRE | TREAT | MENT |
| Ν | OTHER: | | SUMMARY C | | | | | |
| | | | SUMMART | | | | | |
| No | violations were observed at the t | ime | of the inspectio | n. | | | | |
| | | | • | | | | | |
| | | | GENERAL (| COMMENTS | | | | |
| | | | | | | | | |
| | mp Stations were under construc | | | • | | - | | • |
| | ation (Photos 1-3) was under cons | | - | • | - | - | | • |
| | irhan Pump Station (Photos 10-12 | | • | • | | - | • | |
| continuing to update and improve their Collection System to better facilitate the needs of their customers. | | | | | | | | |
| An Industrial Stormwater Inspection and Compliance Evaluation Inspection were performed in conjunction with | | | | | | | | |
| this inspection. | | | | | | | | |
| | | | | | | | | |
| 1101 | | | | | | | | |
| INSPECTOR'S SIGNATURE: Sarah Frash | | | | | | | | |
| INSPECTOR'S SIGNATURE: Sarah Frashe | | | ier | | | | DATE: 10/16/2018 | |
| an Really | | | | | | | | |
| SUPERVISOR'S SIGNATURE: Jason | | | on Bolenbaugh | | | | DATE: 10/18/2018 | |

| COLLECTION SYSTEM INSPECTION AND OVERALL RATING | | | | |
|--|----------------------------------|--|--|--|
| PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Gravity flow and force main | | | | |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS | S [.] ~7.296 population | | | |
| FEET OF SEWER SYSTEM: ~50 miles | . <u></u> | | | |
| AGE OF SYSTEM: 1960s and newer | | | | |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER Image: Comparison of the system of | | | | |
| IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): | | | | |
| Operator reports to ADEQ | | | | |
| ARE ALL SSOs REPORTED REGARDLESS OF SIZE: | ØY ON ONA ONE | | | |
| HAVE SSOS REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): | DY ØN DNA DNE | | | |
| | | | | |
| PUMP STATIONS | ØS OM OU ONA ONE | | | |
| NUMBER OF PUMP STATIONS IN SYSTEM: 50 NUMBER WITH BACKUP PC portable generators available portable generators available | | | | |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Daily | | | | |
| 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: Portable generators and Hydrovac trailer available | | | | |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 4 | | | | |
| | | | | |
| SATELLITE SYSTEMS | □S □M □U ØNA □NE | | | |
| DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: | | | | |
| TYPE(S) OF WASTE WATER RECEIVED: DRESIDENTIAL COMMERCIAL DINDUSTRIAL OTHER: | | | | |
| BRIEFLY DESCRIBE THE SATELLITE SYSTEM: | | | | |
| ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: | | | | |
| NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: | | | | |
| | | | | |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) | | | |
|---|------------------|------------------|--|
| GENERAL INFORMATION AND OVERALL EVALUATION | ØS OM OU ONA | | |
| NAME AND/OR LOCATION OF PUMP STATION: Ballard's (Under construction with new pumps recently installed) | | | |
| TYPE(S) OF WASTE WATER RECEIVED: ØRESIDENTIAL | | AL DOTHER: | |
| NUMBER OF PUMPS: 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 🗇 U 🗆 NA | |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT: | | □S □M □U ØNA □NE | |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING: | ØS □M □U □NA □NE | | |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED: | ØS □M □U □NA □NE | | |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED: | ØS □M □U □NA □NE | | |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) : | ØS OM OU ONA ONE | | |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES: | ØS OM OU ONA ONE | | |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN | ØS OM OU ONA ONE | | |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN | ØS OM OU ONA ONE | | |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V | ØS OM OU ONA ONE | | |
| | | | |
| BACKUP POWER AND ALARMS | | ØS 🗆 M 🗇 U 🗆 NA | |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T | RANSFER PUMP: | ØS OM OU ONA ONE | |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT | □S □M □U ØNA □NE | | |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): Hig | ØY ON ONA ONE | | |
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| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) | | | | |
|--|-----------------------|------------------|--|--|
| GENERAL INFORMATION AND OVERALL EVALUATION | OS ØM OU ONA | | | |
| NAME AND/OR LOCATION OF PUMP STATION: Wagon Wheel | | | | |
| TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL | AL DOTHER: | | | |
| 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 | | ØS OM OU ONA | | |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT: | | ØS □M □U □NA □NE | | |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE 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 EQUIP INSTALLED AND MAINTAINED: | ØS OM OU ONA ONE | | | |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) : | ØS OM OU ONA ONE | | | |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON 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 MAINTAIN | ØS OM OU ONA ONE | | | |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V | □S ØM □U □NA □NE | | | |
| | | | | |
| 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 I | □S □M □U ØNA □NE | | | |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): Hig | ØY □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: Gairhan (Recently added 2 years ago) | | | | |
| 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 | | ØS OM OU ONA | | |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT: | | ØS OM OU ONA ONE | | |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING: | | ØS □M □U □NA □NE | | |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED: | ØS □M □U □NA □NE | | | |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED: | ØS OM OU ONA ONE | | | |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) : | ØS OM OU ONA ONE | | | |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES: | ØS OM OU ONA ONE | | | |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN | ØS OM OU ONA ONE | | | |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN | ØS OM OU ONA ONE | | | |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN W | 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 I | ⊡S ⊡M ⊡U ⊠NA ⊡NE | | | |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): High | Levels | ØY ON ONA ONE | | |

| 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: Jaxx | | | |
| TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL | | AL DOTHER: | |
| 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 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 INSTALLED AND MAINTAINED: | ØS OM OU ONA ONE | | |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) : | ØS OM OU ONA ONE | | |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE COL GASES AND FUMES: | ØS OM OU ONA ONE | | |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN | ØS OM OU ONA ONE | | |
| SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN | ØS OM OU ONA ONE | | |
| MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V | | | |
| | | | |
| BACKUP POWER AND ALARMS | | ØS DM DU DNA | |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY T | RANSFER PUMP: | ØS OM OU ONA ONE | |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT | □S □M □U ØNA □NE | | |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): Hig | ⊠Y ⊡N ⊡NA ⊡NE | | |







| Water Division Photographic Evidence Sheet | | | | | |
|--|----------------------------------|----------------------------------|--|--|--|
| | ity of Trumann | | | | |
| Photographe | er: Sarah Frasher | Date: 8/2/2018 Time: 14:25 | | | |
| Witness: No | | Photo #: 7 | | | |
| Description: | View of the electrical controls. | | | | |
| | | | | | |
| Photographe | er: Sarah Frasher | Date: 8/2/2018 Time: 14:25 | | | |
| Witness: No | one | Photo #: 8 | | | |
| Description: | | alled since previous inspection. | | | |
| | | | | | |







