

ADEQ

ARKANSAS
Department of Environmental Quality

February 28, 2019

Honorable Allen Scott, Mayor
City of Bryant
210 SW 3rd Street
Bryant, AR 72022

RE: City of Bryant Inspection
AFIN: 63-00065 Permit No.: AR0034002

Dear Honorable Mayor Scott:

On January 24, 2019, Water Quality Inspector Blain Sanders and I performed a Collection System Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.




No violations were noted at the time of the inspection. Please refer to the attached inspection report for any comments. If I can be of any assistance, please contact me at waters@adeq.state.ar.us or 501-683-6629.

Sincerely,



Keith Waters
District 9 Field Inspector
Office of Water Quality

CC: Greg Asher, WWT Superintendent, gasher@cityofbryant.com
Bryce Rimmer, Pumps and Controls Manager, brimmer@cityofbryant.com

| | | | | | | | |
|---|-------------------------|---|--|--|--|--|--|
|  A R K A N S A S Department of Environmental Quality | | WATER DIVISION INSPECTION REPORT | | | | | |
| | | AFIN: 63-00065 | | PERMIT #: AR0034002 | | DATE: 1/23/2019 | |
| | | COUNTY: 63 Saline | | PDS #: 106728 | | MEDIA: WN | |
| | | GPS LAT: 34.593881 LONG: -92.501283 LOCATION: General Area | | | | | |
| FACILITY INFORMATION | | | INSPECTION INFORMATION | | | | |
| NAME: City of Bryant LOCATION: SW 2nd Street CITY: Bryant | | | FACILITY TYPE: 1 - Municipal | INSPECTOR ID#: 97072 S - State | | | |
| | | | FACILITY EVALUATION RATING: 4 - Satisfactory | | INSPECTION TYPE: SSO/Collection System | | |
| | | | DATE(S): 1/23/2019 | ENTRY TIME: 07:30 | EXIT TIME: 11:00 | PERMIT EFFECTIVE DATE: 12/1/2014 | |
| | | | | | PERMIT EXPIRATION DATE: 11/30/2019 | | |
| RESPONSIBLE OFFICIAL | | | FAYETTEVILLE SHALE RELATED: N | | | | |
| NAME / TITLE: Honorable Allen Scott / Mayor COMPANY: City of Bryant MAILING ADDRESS: 210 SW 3rd Street CITY, STATE, ZIP: Bryant AR 72022 PHONE & EXT. / FAX: 501-943-0469 / EMAIL: | | | FAYETTEVILLE SHALE VIOLATIONS: N | | | | |
| CONTACTED DURING INSPECTION: Yes | | | INSPECTION PARTICIPANTS | | | | |
| NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Keith Waters/Water Quality Inspector/501-683-6629 Blain Sanders/Water Quality Inspector/501-682-0657 Bryce Rimmer/Bryant Utilities/501-732-0065 | | | | | | | |
| AREA EVALUATIONS | | | | | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | | | |
| S | PERMIT | ** | FLOW MEASUREMENT | ** | STORMWATER | | |
| S | RECORDS/REPORTS | ** | LABORATORY | ** | FACILITY SITE REVIEW | | |
| S | OPERATION & MAINTENANCE | ** | EFFLUENT/RECEIVING WATER | S | SELF-MONITORING PROGRAM | | |
| ** | SAMPLING | ** | SLUDGE HANDLING/DISPOSAL | ** | PRETREATMENT | | |
| ** | OTHER: | | | | | | |
| SUMMARY OF FINDINGS | | | | | | | |
| No violations were noted at the time of the inspection. | | | | | | | |
| GENERAL COMMENTS | | | | | | | |
| | | | | | | | |
| INSPECTOR'S SIGNATURE:  Keith Waters | | | | DATE: 2/22/2019 | | | |
| SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh | | | | DATE: 2/27/2019 | | | |

| | | |
|---|---|---|
| COLLECTION SYSTEM INSPECTION AND OVERALL RATING | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <u>Approx. 2000 manholes, Approx. 791,713 ft. gravity sewer, 40 pump stations with a force main</u> | | |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>7300</u> | | |
| FEET OF SEWER SYSTEM: <u>2.6 miles</u> | | |
| AGE OF SYSTEM: <u>60s-Present</u> | | |
| DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>I&I</u> | | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): | | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ARE ALL SSOs REPORTED REGARDLESS OF SIZE: | | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): | | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| | | |
| PUMP STATIONS | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| NUMBER OF PUMP STATIONS IN SYSTEM: <u>40</u> | NUMBER WITH BACKUP POWER: <u>all have access to backup power, or access to pump</u> | |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>weekly and all are on SCADA</u> | | |
| ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>Yes</u> | | |
| ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u> | | |
| TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>SCADA</u> | | |
| BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>SCADA</u> | | |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>3</u> | | |
| | | |
| SATELLITE SYSTEMS | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: | | |
| TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER: | | |
| BRIEFLY DESCRIBE THE SATELLITE SYSTEM: | | |
| ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: | | |
| NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: | | |
| | | |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) | |
|--|---|
| GENERAL INFORMATION AND OVERALL EVALUATION | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| NAME AND/OR LOCATION OF PUMP STATION: <u>17</u> | |
| TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER: | |
| NUMBER OF PUMPS: <u>2 2HP</u> | NUMBER OPERATIONAL: <u>2</u> |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GENERAL OPERATION AND MAINTENANCE | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA | |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| BACKUP POWER AND ALARMS | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA | |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) | |
|---|---|
| GENERAL INFORMATION AND OVERALL EVALUATION | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| NAME AND/OR LOCATION OF PUMP STATION: <u>5</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>3 85HP</u> | NUMBER OPERATIONAL: <u>3</u> |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GENERAL OPERATION AND MAINTENANCE | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA | |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: | <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 | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA | |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED) | |
|--|---|
| GENERAL INFORMATION AND OVERALL EVALUATION | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| NAME AND/OR LOCATION OF PUMP STATION: <u>7</u> | |
| TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER: | |
| NUMBER OF PUMPS: <u>2 11HP</u> | NUMBER OPERATIONAL: <u>2</u> |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GENERAL OPERATION AND MAINTENANCE | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA | |
| CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: | <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 | |
| <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA | |
| PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SCADA SYSTEM (LIST PARAMETERS MONITORED): | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

Water Division Photographic Evidence Sheet

| | | | |
|---------------|---|----------|------------------|
| Location: | City of Bryant | | |
| Photographer: | Keith Waters | Date: | 1/24/2019 |
| Witness: | Blain Sanders, Bryce Rimmer | Time: | 10:02 |
| | | Photo #: | 1 |
| Description: | Lift station 17 with proper signage and emergency contact information. | | |



| | | | |
|---------------|--|----------|------------------|
| Photographer: | Keith Waters | Date: | 1/23/2019 |
| Witness: | Blain Sanders, Bryce Rimmer | Time: | 10:04 |
| | | Photo #: | 2 |
| Description: | Wet well for lift station 17 with minimal accumulation of solids. | | |



Water Division Photographic Evidence Sheet

| | | | | |
|---------------|---------------------------------------|-------|------------------|----------|
| Location: | City of Bryant | | | |
| Photographer: | Keith Waters | Date: | 1/24/2019 | |
| Witness: | Blain Sanders, Bryce Rimmer | Time: | 10:29 | |
| Description: | An overview of lift station 5. | | Photo #: | 3 |



| | | | | |
|---------------|---|-------|------------------|----------|
| Photographer: | Keith Waters | Date: | 1/24/2019 | |
| Witness: | Blain Sanders, Bryce Rimmer | Time: | 10:23 | |
| Description: | Lift station 5 wet well with minimal accumulation of solids. | | Photo #: | 4 |



Water Division Photographic Evidence Sheet

| | | | |
|---------------|--|----------|------------------|
| Location: | City of Bryant | | |
| Photographer: | Keith Waters | Date: | 1/24/2019 |
| Witness: | Blain Sanders, Bryce Rimmer | Time: | 10:46 |
| | | Photo #: | 5 |
| Description: | Control panel at lift station 7 | | |



| | | | |
|---------------|---|----------|------------------|
| Photographer: | Keith Waters | Date: | 1/24/2019 |
| Witness: | Blain Sanders, Bryce Rimmer | Time: | 10:46 |
| | | Photo #: | 6 |
| Description: | Lift station 7 wet well with minimal accumulation of solids. | | |

