

ADEQ

ARKANSAS
Department of Environmental Quality

February 20, 2020

Lioneld Jordan, Mayor
City of Fayetteville
113 West Mountain Street
Fayetteville, AR 72701

RE: Paul R. Noland WWTF Inspection
AFIN: 72-00781 Permit No.: AR0020010

Honorable Mayor Jordan:

On January 16, 2020, 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 grimesg@adeq.state.ar.us or 479-267-0811 extension 16.

Sincerely,



Garrett Grimes
District 1 Field Inspector
Office of Water Quality



ARKANSAS
Department of Environmental Quality

OFFICE OF WATER QUALITY INSPECTION REPORT

| | | |
|--|---------------------|-----------------|
| AFIN: 72-00781 | PERMIT #: AR0020010 | DATE: 1/16/2020 |
| COUNTY: 72 Washington | PDS #: 111106 | MEDIA: WN |
| GPS LAT: 36.08067 LONG: -94.08920 LOCATION: Entrance | | |

| FACILITY INFORMATION | INSPECTION INFORMATION |
|---|---|
| NAME: Paul R. Noland WWTF LOCATION: 1400 N. Fox Hunter Road CITY: Fayetteville | FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 104111 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: SSO/Collection System DATE(S): 1/16/2020 ENTRY TIME: 13:45 EXIT TIME: 15:20 PERMIT EFFECTIVE DATE: 1/1/2018 PERMIT EXPIRATION DATE: 12/31/2022 |
| RESPONSIBLE OFFICIAL | FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N |
| NAME: / TITLE Lioneld Jordan / Mayor COMPANY: City of Fayetteville MAILING ADDRESS: 113 West Mountain Street CITY, STATE, ZIP: Fayetteville AR 72701 PHONE & EXT: / FAX: 479-601-2065 / EMAIL: | INSPECTION PARTICIPANTS |
| CONTACTED DURING INSPECTION: No | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Josh Alleman, Maintenance Supervisor, Jacobs; Brian Daniels, Lead Mechanic, Jacobs; Tim Luther, Operations Manager, Jacobs; Garrett Grimes, District 1 Inspector, ADEQ |

| AREA EVALUATIONS | | | | | |
|--|-------------------------|----------|--------------------------|----------|-------------------------|
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | |
| S | PERMIT | N | FLOW MEASUREMENT | N | STORMWATER |
| S | RECORDS/REPORTS | N | LABORATORY | N | FACILITY SITE REVIEW |
| S | OPERATION & MAINTENANCE | N | EFFLUENT/RECEIVING WATER | N | SELF-MONITORING PROGRAM |
| N | SAMPLING | N | SLUDGE HANDLING/DISPOSAL | N | PRETREATMENT |
| N | OTHER: | | | | |

SUMMARY OF FINDINGS

No violations were noted during the inspection.

GENERAL COMMENTS

None

| | |
|---|-----------------|
| INSPECTOR'S SIGNATURE: <i>Garrett Grimes</i> Garrett Grimes | DATE: 1/23/2019 |
| SUPERVISOR'S SIGNATURE: <i>Brent L Walker</i> Brent L. Walker | DATE: 2/20/2020 |

| | | |
|--|--|---|
| 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>The collection system to the Paul R. Noland WWTF includes residential, commercial, and industrial connection within the city of Fayetteville. The system also receives flow from several nearby satellite systems.</u> | | |
| POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>28,374 combined connections</u> | | |
| FEET OF SEWER SYSTEM: | | |
| AGE OF SYSTEM: <u>Oldest pipe from the early 1900's. Major upgrade to the collection system occurred in 2008.</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): <u>The city will report overflows at lift stations and within the collection system.</u> | <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): <u>February 2019 – 2380 N. Creekwood Ave. to Niokaska Creek</u> | <input checked="" type="checkbox"/> Y <input 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>22</u> | NUMBER WITH BACKUP POWER: <u>21</u> | |
| HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>weekly</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>Emergency response plan</u> | | |
| NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>2</u> | | |
| 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: <u>Yes</u> | | |
| TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER: | | |
| BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <u>Satellite systems are located within the cities of Greenland, Johnson, and Elkins.</u> | | |
| ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: <u>NE</u> | | |
| NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: <u>Jacobs Engineering monitors the lift stations in the City of Greenland. The City of Elkins maintains its own collection system. Johnson's system is maintained by the City of Springdale.</u> | | |

| 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>Lift Station 14</u> | |
| TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER: | |
| NUMBER OF PUMPS: <u>3</u> | NUMBER OPERATIONAL: <u>3</u> |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>40 hp</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 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 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: | <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: | <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: | <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: | <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): <u>High/Low level, pump trends, lift station status</u> | <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>Lift Station #40</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</u> | NUMBER OPERATIONAL: <u>2</u> |
| NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>5.5 hp</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 | |
| <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 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: | <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: | <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: | <input type="checkbox"/> S <input checked="" 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): <u>High/Low level, pump trends, lift station status</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |