 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT		
	AFIN: 05-00054	PERMIT #: AR0034321	DATE: 1/4/2024
	COUNTY: 05 Boone	PDS #: 128772	MEDIA: WN
	GPS LAT: 36.240819 LONG: -93.080621 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Harrison WWTP LOCATION: 1508 Silver Valley Road CITY: Harrison	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 36537 S - State FACILITY EVALUATION RATING: 5 - Satisfactory INSPECTION TYPE: SSO/Collection System DATE(S): 1/4/2024 ENTRY TIME: 12:00 EXIT TIME: 15:00 PERMIT EFFECTIVE DATE: 8/1/2021 PERMIT EXPIRATION DATE: 7/31/2026
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Kathryn Catlin / Wastewater Manager COMPANY: City of Harrison MAILING ADDRESS: P.O. Box 1715 CITY, STATE, ZIP: Harrison AR 72601 PHONE & EXT. / FAX: 870-741-5527 / EMAIL: kcatlin@harrisonar.com	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: ***	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Michael Crow WW Plant Asst. Manager, 870-741-2528, mcrow@haarrisonar.gov ; Jeremy Jennings, Pretreatment Coordinator, 870-741-4426, jjennings@harrisonar.gov



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
S	OTHER: Pump stations				

SUMMARY OF FINDINGS

No violations observed during this inspection.

GENERAL COMMENTS

On January 4, 2024, I investigated the POTW's collection system with the participants listed above. The City has 5 lift stations around town that collect wastewater and pump to the Main lift station. The Main lift station then pumps all wastewater to the POTW. The facility documents inspections and maintenance and keeps spare parts for the pumps.

INSPECTOR'S SIGNATURE: 	DATE: 01/24/2024
SUPERVISOR'S SIGNATURE: 	DATE: 2/7/2024

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input 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: Gravity flow to five lift stations, and the Main lift station		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: 7,700 connections		
FEET OF SEWER SYSTEM: ~118 miles		
AGE OF SYSTEM: Initially built in late 1940's, latest addition in January 2024.		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): Infiltration during wet weather	<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): Report on DMR and 24-hour online report	<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): 2/15/2023 overflow to a dry creek bed	<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: 6	NUMBER WITH BACKUP POWER: One portable generator available for 5 lift stations. Backup power at Main lift station.	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: twice/week and remote monitored		
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): SCADA		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Alarms, find and fix problems, cleanup and report		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 3		
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: No		
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: Meyers Lift station	
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>3</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	
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: <u>Generator hook-up</u>	<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>Power outage, high level</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: Coy Street Lift Station	
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:	<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: <u>Generator Hook-up</u>	<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>Power outage and high level</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>Main</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:	
NUMBER OF PUMPS: <u>4</u>	NUMBER OPERATIONAL: <u>4</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	
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>power outage and high level</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

Office of Water Quality Photographic Evidence Sheet

Location:	Harrison WWTP		
Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1406
		Photo #:	1
Description:	Gate around Meyers Lift Station.		



Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1407
		Photo #:	2
Description:	Inside the wet well of Meyers Lift Station.		



Office of Water Quality Photographic Evidence Sheet

Location:	Harrison WWTP		
Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1412
		Photo #:	3
Description:	Lid to the Coy Street lift station.		



Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1413
		Photo #:	4
Description:	Inside the Coy Street lift station.		



Office of Water Quality Photographic Evidence Sheet

Location:	Harrison WWTP		
Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1419
Description:	Outside the Main lift station.		



01.04.2024 14:19

Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1419
Description:	Generator for backup power at Main lift station.		



01.04.2024 14:19

Office of Water Quality Photographic Evidence Sheet

Location:	Harrison WWTP		
Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1420
		Photo #:	7
Description:	Access lids to four pumps at Main lift station.		



Photographer:	Amy Huneycutt	Date:	January 4, 2024
Witness:	NA	Time:	1420
		Photo #:	8
Description:	One of the pumps at the Main lift station.		

