July 30, 2024

J Allan Gilbert, City Administrator
City of Siloam Springs
P.O. Box 80 400 Broadway
Siloam Springs, AR 72761
Email Address: agilbert@siloamsprings.com

RE: City of Siloam Springs Inspection – PDS# 131027 (Benton Co.)
AFIN: 04-00106 Permit No.: AR0020273

Dear Mr. Gilbert:

On July 9, 2024, I performed a SSO/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 William.Cody@adeq.state.ar.us or (501) 944-2569.

Sincerely,

William Cody
Inspector, Office of Water Quality

Cc: abrown@siloamsprings.com

ENVIRONMENTAL QUALITY

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: **04-00106**	PERMIT #: **AR0020273**	DATE: **7/9/2024**
COUNTY: **04 Benton**	PDS #: **131027**	MEDIA: **WN**
GPS LAT: **36.192823** LONG: **-94.563199** LOCATION: **Entrance**		

FACILITY INFORMATION

NAME:
City of Siloam Springs
LOCATION:
975 Anderson Avenue
CITY:
Siloam Springs

RESPONSIBLE OFFICIAL

NAME: / TITLE
J Allan Gilbert / City Administrator
COMPANY:
City of Siloam Springs
MAILING ADDRESS:
P.O. Box 80 400 Broadway
CITY, STATE, ZIP:
Siloam Springs AR 72761
PHONE & EXT: / FAX:
479-524-5623 /
EMAIL:
agilbert@siloamsprings.com

CONTACTED DURING INSPECTION: **No**

INSPECTION INFORMATION

FACILITY TYPE: **1 - Municipal**	INSPECTOR ID#: **142257 S - State**	
FACILITY EVALUATION RATING: *******		INSPECTION TYPE: **SSO/Collection System**
DATE(S): **7/9/2024**	ENTRY TIME: **10:02**	EXIT TIME: **10:40**
		PERMIT EFFECTIVE DATE: **10/1/2007**
		PERMIT EXPIRATION DATE: **9/30/2099**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Tony Brown, Wastewater Superintendent - Class IV, City of Siloam Springs, (479) 228-2000, abrown@siloamsprings.com
Austin Hawes, DEQ Area 1 Inspector, (501) 837-6910, austin.hawes@adeq.state.ar.us
William Cody, DEQ Area 1 Inspector, (501) 944-2569, william.cody@adeq.state.ar.us

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
******	OTHER:				

SUMMARY OF FINDINGS

No items were noted during the inspection.

GENERAL COMMENTS

On July 9, 2024, DEQ Area 1 Inspector Austin Hawes and I conducted a SSO/Collection System inspection at the above-referenced facility. The inspection consisted of visiting three lift stations within the collection system to assess the solids and grease levels in the wet wells, along with ensuring proper operation and maintenance is maintained. All lift stations visited revealed little to no accumulation of solids and grease and were in adequate condition. An adequate overall description of the collection system was provided and sufficiently addresses all questions prompted. There is no evidence of overflows at any lift stations visited and all electronic equipment appeared to be in adequate condition. There are no items noted with the collection system inspection.

INSPECTOR'S SIGNATURE: Will Cody **William Cody**	DATE: **7/22/2024**
SUPERVISOR'S SIGNATURE: Amy Huneycutt **Amy Huneycutt**	DATE: **7/29/2024**

COLLECTION SYSTEM INSPECTION AND OVERALL RATING	**☑S ☐M ☐U ☐NA ☐NE**
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: **Municipal Collection System**	
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: **17,632 pop., 7,671 served**	
FEET OF SEWER SYSTEM: **608,040 ft. as of 2023**	
AGE OF SYSTEM: **Unknown collection start date, City incorporated in 1882**	
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): **I&I during wet weather**	**☑Y ☐N ☐NA ☐NE**
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): **Digital online submittals via DEQ website.**	**☑Y ☐N ☐NA ☐NE**
ARE ALL SSOs REPORTED REGARDLESS OF SIZE: **Yes**	**☑Y ☐N ☐NA ☐NE**
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): **6/5/24; 5/20/24; & 5/7/24 all at headworks to Sager Creek.**	**☑Y ☐N ☐NA ☐NE**

PUMP STATIONS		**☑S ☐M ☐U ☐NA ☐NE**
NUMBER OF PUMP STATIONS IN SYSTEM: **20**	NUMBER WITH BACKUP POWER: **bypass pumping connections on most.**	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: **Weekly, 13 are 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): **Monitored by Mission**		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: **Contact Electric for portable power/gas, bypass pumping, on-call staff for after hours, 24/7.**		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): **3**		

SATELLITE SYSTEMS	**☑S ☐M ☐U ☐NA ☐NE**
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: **Yes**	
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL ☑COMMERCIAL ☑INDUSTRIAL ☐OTHER:	
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: **Municipal Government**	
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: **None apparent**	
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: **Town of West Siloam Springs, 4880 Cedar Drive, West Siloam Springs, OK, Colcord, OK 74338, Mayor Rhonda Wise, (918) 422-5101.**	

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

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	**☑S ☐M ☐U ☐NA**
NAME AND/OR LOCATION OF PUMP STATION: **Villa View**	
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐OTHER:	
NUMBER OF PUMPS: **2** / NUMBER OPERATIONAL: **2**	
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: **10 HP**	**☑S ☐M ☐U ☐NA ☐NE**
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	**☐Y ☑N ☐NA ☐NE**
GENERAL OPERATION AND MAINTENANCE	**☑S ☐M ☐U ☐NA**
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	**☑S ☐M ☐U ☐NA ☐NE**
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	**☑S ☐M ☐U ☐NA ☐NE**
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	**☑S ☐M ☐U ☐NA ☐NE**
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	**☑S ☐M ☐U ☐NA ☐NE**
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	**☑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 WET WELLS:	**☑S ☐M ☐U ☐NA ☐NE**
BACKUP POWER AND ALARMS	**☑S ☐M ☐U ☐NA**
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	**☑S ☐M ☐U ☐NA ☐NE**
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	**☑S ☐M ☐U ☐NA ☐NE**
SCADA SYSTEM (LIST PARAMETERS MONITORED): **Facility utilizes Monitored by Mission system.**	**☐Y ☐N ☑NA ☐NE**

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

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Siloam Springs**				
Photographer:	**William Cody**	Date:	**7/9/2024**	Time:	**10:10**
Witness:	**Tony Brown, Austin Hawes**			Photo #:	**1**
Description:	**Eighteen Acres lift station with minor accumulation of solids and grease.**				

Photographer:	**William Cody**	Date:	**7/9/2024**	Time:	**10:18**
Witness:	**Tony Brown, Austin Hawes**			Photo #:	**2**
Description:	**Villa View lift station with minor accumulation of solids and grease.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Siloam Springs**				
Photographer:	**William Cody**	Date:	**7/9/2024**	Time:	**10:32**
Witness:	**Tony Brown, Austin Hawes**			Photo #:	**3**
Description:	**Simmons lift station with minor/no accumulation of solids and grease.**				

Photographer:	**William Cody**	Date:	**7/9/2024**	Time:	**10:34**
Witness:	**Tony Brown, Austin Hawes**			Photo #:	**4**
Description:	**Example of the Monitored by Mission system/program for collection system.**