



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

Engineering Section, Slot H37

www.HealthvArkansas.com/eng/

Ph 501-661-2623

After Hours Emergencv 501-661-2136

Fax 501-661-2032

February 13, 2017

James Clark
Tontitown Waterworks
P.O. Box 305
Tontitown, AR 72770

RE: Sanitary Survey of November 8, 2016
Tontitown Waterworks– PWS 566

Dear Mr. Clark:

Enclosed is a copy of the Sanitary Survey for Tontitown Waterworks. Please note the comments made throughout the survey.

Tontitown Waterworks is required to keep a copy of this survey for a minimum of 10 years. This survey should be filed in a central location that will be accessible to the public.

At this time, maps of your system are not included with the sanitary survey. These maps will be mailed to you at a later date. If there are any questions concerning this survey, please contact me at 501-661-2623.

Sincerely,

A handwritten signature in black ink that reads "Trent Gephardt". The signature is written in a cursive, flowing style.

Trent Gephardt
District 1 Environmental Specialist
ADH Engineering Section

Enclosure: 2016 Tontitown Waterworks
RT:AP:TG:tg

Arkansas Department of Health
Public Water Supply Sanitary Survey

Name of System Tontitown Waterworks **PWS #** 566

County Washington

Date of Survey November 8, 2016

Survey By Trent Gephardt

Title Environmental Health Specialist

Public Water Supply Sanitary Survey

Arkansas Department of Health

Name of System: Tontitown Waterworks PWS # 566
 Address: Mailing: P.O.Box 127, Tontitown, AR 72770 Physical: 201 E. Henri de Tonti Blvd., Springdale, Ar 72762
 Manager: James Clark License #: 06639D4T3 Telephone #: 479-361-2700
 Alternate Telephone #: 479-361-2996 Cell #: 479-263-2916 Fax #: 479-421-0012 E-mail Address: pwdirector@tontitownar.gov
 Treatment Plant Supervisor: _____ License #: _____ Telephone #: _____
 Distribution System Supervisor: James Clark License #: 06639D4T3 Telephone #: 479-361-2700
 Number of Licensed Employees: 2 # of Treatment Licenses: 1 # of Distribution Licenses: 2
 Mayor/Chairman/President/Other: Paul Colvin Jr. (H) Telephone #: 479-879-4510
 Address: P.O. Box 305 Tontitown, AR 72760 (W) Telephone #: 479-361-2700

of Services: 1236 %Metered: 100 Total Pop. Served: 3090 Retail Pop.Served: 3090 Consecutive Pop.Served: 0
 # Domestic: 980 # Commercial: 201 # Wholesale: 0 # Industrial: 0 # Irrigation: 55
 Engineering District: I County Name: Washington County Code #: 72
 Plumbing Inspector: Roger Duncan License #: P103244

Plant Name & ID	Type of Plant	Construction Date	# of Sources	Type(s) of Source
Master Meter 1 (Barrington)	Master Meter	2001	1	Surface Purchase
Master Meter 2 (Kissinger)	Master Meter	1988	1	Surface Purchase
Master Meter 3 (Sunset)	Master Meter	2000	1	Surface Purchase

Maximum System Capacity: 0.6 MGD (All Plants)
 Total System Storage: 0 MG Usable System Storage: 0 MG

Production Figures								
System Segment Plant Name & ID	Capacity (MGD)	Limiting Factor	Code	Maximum Demand		Average Demand		Population Served
				(MGD)	%Cap.	(MGD)	%Cap.	
MM 1,2, & 3	0.6	Contract	8	0.352	59%	0.263	44%	3090
Primary System	0.6			0.352	59%	0.263	44%	3090
Consecutive Systems		PWS ID #	Status					

Industrial Demand Unaccounted-for Water 10.8 %
 Estimated Calculated
 (Status: P – Primary, E – Emergency, I – Intermittent, O – Other)

Identify Significant Deficiencies: _____

Give brief evaluation of system condition and operation: Tontitown Waterworks is a surface purchase system that purchases water from Springdale Water Utilities through three master meters. The distribution system is one single pressure plane and does not have any tanks or pump stations. The system is planning to add a 500,000 gallon tank in 2017 that should allow for 48 hours of storage.

Public Water Supply Sanitary Survey

Arkansas Department of Health

Name of System: Tontitown Waterworks PWS # 566

Purchase Source

Source Entity ID #: 101 Source: (# 1 of 3)

PWS Source Name: Springdale Water Utilities

PWS ID #: 575 Maximum Purchase Agreement: 0.6 (All Master Meters Combined) MGD

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Are maximum purchase agreements adequate? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Has the system been free from shortages of source in the past? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Does source system have adequate emergency plan? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Is source system's overall operation in accordance with the regulations? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Is master meter read routinely and reading recorded? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Is connection to source system adequate? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Is connection to source system provided with adequate backflow prevention? |

Comments: Barrington Master Meter. This master meter is a 3" meter and is for emergency use only. No other treatment provided.

Source Entity ID #: 201 Source: (# 2 of 3)

PWS Source Name: Springdale Water Utilities

PWS ID #: 575 Maximum Purchase Agreement: 0.6 (All Master Meters Combined) MGD

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Are maximum purchase agreements adequate? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Has the system been free from shortages of source in the past? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Does source system have adequate emergency plan? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Is source system's overall operation in accordance with the regulations? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Is master meter read routinely and reading recorded? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Is connection to source system adequate? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Is connection to source system provided with adequate backflow prevention? |

Comments: Kissinger Master Meter. This is a 3" master meter and no other treatment is provided.

Source Entity ID #: 301 Source: (# 3 of 3)

PWS Source Name: Springdale Water Utilities

PWS ID #: 575 Maximum Purchase Agreement: 0.6 (All Master Meters Combined) MGD

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Are maximum purchase agreements adequate? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Has the system been free from shortages of source in the past? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Does source system have adequate emergency plan? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Is source system's overall operation in accordance with the regulations? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Is master meter read routinely and reading recorded? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Is connection to source system adequate? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Is connection to source system provided with adequate backflow prevention? |

Comments: Sunset Master Meter. This is an 8" master meter and accounts for 90% of the system's water that's purchased. No other treatment provided.

Name of System: Tontitown Waterworks

PWS # 566

Monitoring, Reporting, and Data Verification

Laboratory Testing & Equipment				
Lab Tests	Frequency	Sample Location	Method	Make & Model #
Chlorine	Monthly	Bacti Sites	DPD	Hach Pocket II Colorimeter
Chlorine	Continuous	Master Meter 3	Amperometric Sensor	HACH 9184SC

Calibration Records					
	Calibration Frequency	Date Last Calibrated	Are Calibration Logs Available	Field Verification	
				ADH Results	System Results
Hach Pocket II Colorimeter	n/a	n/a	n/a	0.75 mg/l Free Cl ₂ Exp: 12/18	0.62 mg/l Free Cl ₂ Exp: 3/17
Hach 9184SC Online Analyzer	Out of Service	Out of Service	No	N/A	N/A

- | Yes | No | N/A | |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are laboratory facilities, testing equipment, and procedures, accurate, adequate, and operable? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.1 Are records of lab tests being maintained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.2 Do reagents used have an unexpired shelf life? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1.3 Are continuous turbidimeters and recorders provided on each filter? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1.4 Is continuous chlorine analyzer and recorder provided on plant effluent? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is all routine compliance monitoring up-to-date? (Check monitoring status report.) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.1 Are the proper numbers of bacti samples being collected? Number required? <u>3</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2.2 For surface systems with conventional treatment, is raw water alkalinity being monitored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2.3 For systems using chlorine dioxide, are daily entry point analysis for ClO ₂ residual and Chlorite being collected and reported? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the system monitored according to ADH approved methods and sample site plan(s)? <input checked="" type="checkbox"/> Bacti <input type="checkbox"/> CT <input checked="" type="checkbox"/> Disinfectant Residual <input checked="" type="checkbox"/> THM <input checked="" type="checkbox"/> HAA5 <input type="checkbox"/> ClO ₂ Residual Distribution System Samples (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> Chlorite Distribution System Samples (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the system in compliance with the monitoring and reporting requirements of the Lead and Copper Rule as outline in their approved Optimal Corrosion Control and Treatment plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Are fluoride check samples submitted monthly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Are daily fluoride analyses performed, results recorded, and submitted monthly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the system accurately complete Monthly Operational Report forms? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.1 Has the system submitted Monthly Operational Report forms on time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.2 Does the system have the proper records on file and available for review? <input checked="" type="checkbox"/> Sanitary Surveys <input checked="" type="checkbox"/> Bacteriological and Chemical Analysis Reports <input type="checkbox"/> Source Water Assessment Report <input checked="" type="checkbox"/> Sample Site Plans <input type="checkbox"/> Optimal Corrosion Control and Treatment Plan for Lead & Copper Rule (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> Disinfection Profile and Benchmark Report (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> Individual Filter Monitoring Data (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> Filter Profile Report (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> Filter Self-Assessment Report (<input checked="" type="checkbox"/> N/A) <input type="checkbox"/> CPE report (<input checked="" type="checkbox"/> N/A) <input checked="" type="checkbox"/> CCR <input type="checkbox"/> Other _____ |

Comments: The online chlorine analyzer located near the Sunset Master Meter was significantly out of calibration. The system has taken it offline

Name of System: Tontitown Waterworks PWS # 566

Distribution System

- | <u>Yes</u> | <u>No</u> | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Are pressures in all portions of the system maintained above 20 psi during peak demand?
If no, give reason: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Is a detectable disinfectant residual level maintained in all portions of the system? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Is a sufficient number of valves provided, properly located, and are they accessible? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3.1 Does the system have a valve exercise / replacement program? |
| | | 4. What piping materials are used? (Estimate percentage) <u>7%</u> DI/CI <u>91.6%</u> PVC <u>0</u> Galvanized
<u>1.4%</u> AC Other: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Has the distribution system been free of water quality problems? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Does the system have an adequate maintenance and flushing program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Are mains and appurtenances properly flushed, disinfected and tested after repairs or extensions? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Is a licensed plumbing inspector available? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Does the system have a meter replacement program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Does the system have a leak detection program? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Is the overall condition of the distribution system acceptable? |

Comments: All valves are exercised once or twice per year. Tontitown keeps a list of problem areas in their distribution system and flushes them twice per year. All water meters are replaced in 10 year intervals. Tontitown does in house leak detection using data logger equipment.

Cross-Connection Control

- | <u>Yes</u> | <u>No</u> | <u>N/A</u> | |
|-------------------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 1. Does the system have an active Cross-Connection Control Program? |
| | | <input type="checkbox"/> | 1.1 Who is responsible for the Cross Connection Control Program? <u>James Clark</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 1.2 Does the governing body have an ordinance, by-law or written resolution specifically addressing cross connection control? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 1.3 Is the system requiring annual testing of backflow preventers and keeping records of the tests? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 2. Is the system free of high-hazard unprotected cross-connections? <input type="checkbox"/> Treatment Plant
<input type="checkbox"/> Pumping Facilities <input checked="" type="checkbox"/> Distribution |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is a Cross-Connection Control Program being enforced for high-hazard services? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3.1 Have all commercial and industrial customers been surveyed? |

Comments: Tontitown Waterworks tracks all new and existing back flow preventer and enforces yearly testings. After a customer has been delinquent on testing their back flow preventer for a certain period of time, the unit is tested by Tontitown Waterworks staff for a fee.

Name of System: Tontitown Waterworks

PWS # 566

System Operations & Management

Identify the management structure of water system.

- Mayor/Council Board of Directors Commission Other _____

MEMBERS NAME	TITLE
Paul Colvin Jr.	Mayor
Joseph Edgmon	Councilmen (Ward 1, Position 1)
Henry Piazza	Councilmen (Ward 1, Position 2)
Arthur Penzo	Councilmen (Ward 2, Position 1)
Larry Ardemagni	Councilmen (Ward 2, Position 2)
Don Doudna	Councilmen (Ward 3, Position 1)
Tommy Granata	Councilmen (Ward 3, Position 2)

- | | | |
|------------|-----------|--|
| Yes | No | |
|------------|-----------|--|
1. Is a current (i.e. less than 10 years old) Long-Range Plan/Master Plan on file with ADH?
 Long Range Plan (Date _____) Master Plan (Date April 2008)
 2. A written emergency plan is on file at the water system.
 3. The emergency plan is up to date and contains the proper names, numbers, etc.
 4. **Management provides the necessary budget, personnel, security measures, maintenance or repair parts to meet regulatory requirements and provide for the production of an adequate quantity of safe drinking water.**
 Adequate budget Sufficient / Qualified staff Adequate / Sufficient parts inventory
 Other _____
 5. Have all major modifications (since previous survey) been approved by ADH?
 6. Are the systems records being maintained according with regulatory requirements?
 Maintenance and repair records System maps Operating reports
 7. Is the maximum demand less than 80 percent of capacity (i.e. source, plant, pumping)? If no, discuss corrective actions. _____
 8. If the system has greater than 15% unaccounted for water, are corrective actions being taken? Discuss corrective actions. (N/A) _____
 9. Has the system been free of any violations since the last survey?
 TCR MRDL IOC VOC SOC Radio-chemicals
 THM (N/A) HAA5 (N/A) Bromate (N/A) Chlorite (N/A)
 Combined filter turbidity (N/A) Plant Effluent Disinfectant Residual (N/A)
 CT Enhanced Coagulation – TOC removal (N/A) Other _____
 10. Is system's Disinfection By-Product levels less than 80% of the MCL and not trending upward significantly since the last survey? TTHM HAA5 Bromate (N/A) Chlorite (N/A)
 11. What is the required license grade level for this system? Treatment 0 Distribution 1
 12. Does system have a completed source water assessment?
 13. Is source water assessment report on file and accessible to the public?

Comments: _____

Public Water Supply Sanitary Survey

Arkansas Department of Health

Name of System: Tontitown Waterworks

PWS # 566

Operator Certification

- 1. The operator(s) or responsible person(s) in charge of the treatment facility and/or distribution facilities have the required State certification.
- 2. Are all persons making individual judgements that affect water quality properly licensed?
- 3. Does the system have a sufficient number of licensed staff to perform all water quality related duties?
- 4. Are operators provided training in the proper use of safety equipment?

Operator	Title	License #
James Clark	Public Works Director	06639D4T3
Robert Dunlap	Operator	09963D1

Comments: With plans to add a storage tank and the high rate of growth the system is experiencing, the system should consider adding additional operators to help with increased maintenance demands.

Contact Information

Emergency Contact Person: James Clark Emergency Contact Phone Number: 479-263-9216

Type Code	Contact Name	Title	Mailing Address	City	State	Zip Code	E-Mail
A,B,R, D	James Clark	Public Works Director	P.O. Box 305	Tontitown	AR	72770	pwdirector@tontitownar.gov
\$	Rachel Bellamy	Admin. Assistant	P.O. Box 127	Tontitown	AR	72770	billing@tontitownar.gov

Type Codes: A – Primary Contact; B – Bacteriological Sample Bottle Mailing; \$ - Billing; O – System Owner / Responsible Party; Z – Administrative Address; F – Fax; M – Mobile Phone; G – Pager; W – World Wide Web Site; I – Internet E-Mail; R – Operator; T – Water Treatment Plant / Facility; D – Distribution Facility; P – Pumping Facility; S – Storage Facility; L – Location; E – Employee; V – Vendor; X – Other

Name of System: Tontitown Waterworks PWS # 566

Tontitown Waterworks Distribution Schematic

