



# Arkansas Department of Health and Human Services



## Division of Health

**Paul K. Halverson, DrPH, Director**

Engineering Section – Environmental Health Branch – Center for Local Public Health

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September 20, 2005

David Sbanotto  
P.O. Box 127  
Tontitown, AR 72770

Dear Mr. Sbanotto,

Enclosed please find a copy of the sanitary survey for Tontitown Waterworks.

Please note the comments listed in the body of the survey. Be aware of a significant deficiency in that Tontitown does not enforce the cross connection control program.

Public Law 93-523 requires that the survey be kept on file for a minimum of ten years and accessible to the public.

Should you have any questions please contact me at this office.

Sincerely,

Jeff Sohl  
Environmental Specialist  
Division of Engineering

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**Arkansas Department of Health**  
**Public Water Supply Sanitary Survey**

Name of System Tontitown Waterworks PWS ID # 566  
County Washington  
Date of Survey February 10, 2005  
Survey By JEFF SOHL  
Title ENVIRONMENTAL SPECIALIST

**Public Water Supply Sanitary Survey**

Arkansas Department of Health

Name of System: Tontitown Waterworks PWS # 566  
 Address: PO Box 127 Tontitown, AR 72770  
 Manager: David Sbanotto License #: 04815 D4 Telephone #: (479) 361-2700  
 Alternate Telephone #: \_\_\_\_\_ Cell #: (479) 877-0582 Fax #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Treatment Plant Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_ Telephone #: SAME  
 Distribution System Supervisor: David Sbanotto License #: 04815 D2 Telephone #: \_\_\_\_\_  
 Number of Licensed Employees: 2 # of Treatment Licenses: 0 # of Distribution Licenses: 2  
Mayor/Chairman/President/Other Paul Maestri (H) Telephone # (479) 361-2700  
 Address: same (W) Telephone \_\_\_\_\_  
 # of Services: 728 %Metered: 100 Total Pop. Served: 1967 Retail Pop. Served: \_\_\_\_\_ Consecutive Pop. Served: \_\_\_\_\_  
 # Domestic: 598 # Commercial: 122 # Wholesale: 0 # Industrial: 0 # Irrigation: 8  
 Engineering District: 1 County Name: Washington County Code #: 72  
 Plumbing Inspector: Steve Sabo License #: IC 1177

Plant Name & ID	Type of Plant	Construction Date	# of Sources	Type(s) of Source
Master Meter 101	Master Meter	1974	1	Surface Purchase
Master Meter 102	Master Meter	1988	1	Surface Purchase
Master Meter 103	Master Meter	2000	1	Surface Purchase

Maximum System Capacity: 0.33 MGD (All Plants)

Total System Storage 0 MGD Useable System Storage 0 MGD

Production Figures								
System Segment Plant Name & ID	Capacity (MGD)	Limiting Factor	Code	Maximum Demand		Average Demand		Population Served
				(MGD)	%Cap.	(MGD)	%Cap.	
Master Meter North (1)	111,111	Contract	8	0.1	90 %	0.055	55 %	1967
Master Meter South(2)	111,111	Contract	8	0.1	90 %	0.055	55 %	
Master Meter Middle (3)	111,111	Contract	8	0.1	90 %	0.055	55 %	
					%		%	
					%		%	
					%		%	
<b>Primary System</b>	333,333			0.3	90 %	0.165	55 %	1967
<b>Consecutive Systems</b>		PWS ID #	Status					
					%		%	
					%		%	
					%		%	
					%		%	
					%		%	
<b>Industrial Demand</b>								
<b>Unaccounted-for Water</b>	0.83 %							

(Status: P – Primary, E – Emergency, I – Intermittent, O – Other)

Estimated  Calculated

Identify Significant Deficiencies: Tontitown is not enforcing a Cross Connection Control Program for high hazard cross connections.

Give brief evaluation of system condition and operation: System has no storage and relies on Springdale to provide the needed volume and pressure. A tank site has been selected northwest of town near the Liberty Road area. Tontitown needs to obtain approximately one day's, at average demand, useable storage. The south master meter has no lock and was standing over half full of water. The master meter vault was not was not locked and stood a quarter full of water

Public Water Supply Sanitary Survey

Name of System: Tontitown Waterworks PWS # 566

**Purchase Source**

Source Entity ID #: 101 Source:(# 1 of 3 )  
PWS Source Name Springdale Water  
PWS ID #: 575 Maximum Purchase Agreement 0.111 MGD

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source Entity ID #: 301 Source:(# 2 of 3 )  
PWS Source Name: Springdale Water  
PWS ID #: 575 Maximum Purchase Agreement: 0.111 MGD

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source Entity ID #: 201 Source:(# 3 of 3 )  
PWS Source Name: Springdale Water  
PWS ID #: 575 Maximum Purchase Agreement: 0.111 MGD

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Public Water Supply Sanitary Survey**

Name of System: Tontitown Waterworks PWS # 566

**Treatment Plant**

(Short Form)  
(Page 1)

Plant:(# 1 of 1)

Plant ID # \_\_\_\_\_ Plant Name: \_\_\_\_\_

Plant Location: \_\_\_\_\_  
(Give directions from major road/street or highway intersection.)

Purpose of Plant  Disinfection  Fluoridation  Iron/Manganese Control  Corrosion Control  
Other \_\_\_\_\_

**Treatment Processes** (Provide System Flow Schematic & Locate Chemical Injection Points & Water Quality Monitoring Sites)

No Treatment Provided

Aeration:  Cascade/Tray  Forced/Induced Draft  Pressure Approved Capacity \_\_\_\_\_ MGD

Disinfection /  Pre  Intermediate  Final  Breakpoint Chlorination  Booster (Indicate on Flow Schematic)

Oxidation Type:  Cl<sub>2</sub> Gas  Hypochlorite  Ozone  ClO<sub>2</sub>  Chloramines  UV

Fluoridation:  Hydrofluosilic Acid  Sodium Silicofluoride  Sodium Fluoride  
Fluoridation startup date: \_\_\_\_\_ Give type and date of authorization: \_\_\_\_\_

Sequestration: Sequestering Agent: \_\_\_\_\_ Purpose: \_\_\_\_\_

Corrosion Control:  pH Adjustment \_\_\_\_\_  Corrosion Inhibitor \_\_\_\_\_

Clearwell:

# / Name	Capacity (gallons)	Dimensions (ft.)			Total Depth (ft.)	Minimum Operating Depth (ft.)
		L	W	Dia.		

- |   |  |
|---|--|
| <p><input checked="" type="checkbox"/> <b>Yes</b></p> <p><input type="checkbox"/> <b>No</b></p> | <p>1. Are treatment plant and individual processes functioning properly and within approved design parameters to ensure water quality? <input checked="" type="checkbox"/> Aeration <input type="checkbox"/> Mixing <input type="checkbox"/> Coagulation/Flocculation <input type="checkbox"/> Sedimentation <input type="checkbox"/> Filtration <input type="checkbox"/> Disinfection <input type="checkbox"/> Other _____</p> <p>1.1 Is operation and maintenance of unit processes satisfactory? <input type="checkbox"/></p> <p>1.2 Is the finished water quality satisfactory? <input type="checkbox"/></p> <p>1.3 Is site free from outside contamination? ( i.e. aerial spraying, stack emissions, flooding, etc.) <input type="checkbox"/></p> <p>1.4 Is finished water pumping capacity adequate? <input type="checkbox"/></p> <p>1.5 Is standby or auxiliary power available and operable? <input type="checkbox"/></p> <p>1.6 Is master meter adequate and operable? <input type="checkbox"/></p> <p>1.7 Are structures and grounds satisfactory? <input type="checkbox"/></p> <p>1.8 Are instrumentation and controls adequate and operable? <input type="checkbox"/></p> <p>1.9 Backwash water is not recycled. (X N/A) If no, where is recycle fed. _____ % of influent _____</p> <p>2. Is adequate disinfection being provided to meet CT and/or entry point requirements? (X N/A)</p> <p>2.1 Has disinfection been free from interruptions during the past 12 months? <input type="checkbox"/></p> <p>2.2 Are operational standby equipment provided or critical spare parts on hand? <input type="checkbox"/></p> <p>3. Has fluoride residual been maintained at optimum level during the past twelve months? X N/A <input type="checkbox"/></p> <p>4. Are alarms with auto dialers and/or automatic shutdown provided for turbidity and disinfection control for surface and GWUDI systems when plant is unstaffed. (X N/A) <input type="checkbox"/></p> |
|---|--|

Process Alarms				
Process or Water Quality Parameter Monitored	Set Points		Auto-dialer (Yes/No)	Auto-Shutdown (Yes/No)
	Low	High		

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of System: Tontitown Waterworks

PWS # 566

**Monitoring, Reporting, and Data Verification**

Laboratory Testing & Equipment				
Lab Tests	Frequency	Sample Location	Method	Make & Model #
CHLORINE	DAILY	SITE PLAN ATTACHE	Color comparer	Hach CN67

Calibration Records					
	Calibration Frequency	Date Last Calibrated	Are Calibration Logs Available	Field Verification	
				ADH Results	System Results
Turbidimeters					
pH Meters					
Disinfectant Analyzers				0.7 PPM	0.6 PPM

Yes No N/A

- X  1. Are laboratory facilities, testing equipment, and procedures, accurate, adequate, and operable?
- X  1.1 Are records of lab tests being maintained?
- X  1.2 Do reagents used have an unexpired shelf life?
- X 1.3 Are continuous turbidimeters and recorders provided on each filter?
- X 1.4 Is continuous chlorine analyzer and recorder provided on plant effluent?
- X  2. Is all routine compliance monitoring up-to-date? (Check monitoring status report.)
- X  2.1 Are the proper numbers of bacti samples being collected? Number required? 3
- X 2.2 For surface systems with conventional treatment, is raw water alkalinity being monitored?
- X 2.3 For systems using chlorine dioxide, are daily entry point analysis for ClO<sub>2</sub> residual and Chlorite being collected and reported?
- X  3. Is the system monitored according to ADH approved methods and sample site plan(s)? X Bacti  CT  
X Disinfectant Residual  THM  HAA5  ClO<sub>2</sub> Residual Distribution System Samples ( N/A)  
 Chlorite Distribution System Samples ( N/A)  Other \_\_\_\_\_
- X  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?
- X 5. Are fluoride check samples submitted monthly?
- X 6. Are daily fluoride analyses performed, results recorded, and submitted monthly?
- X  7. Does the system accurately complete Monthly Operational Report forms?
- X  7.1 Has the system submitted Monthly Operational Report forms on time?
- X  7.2 Does the system have the proper records on file and available for review? X Sanitary Surveys  
X Bacteriological and Chemical Analysis Reports  Source Water Assessment Report  
X Sample Site Plans  Optimal Corrosion Control and Treatment Plan for Lead & Copper Rule (X N/A)  
 Disinfection Profile and Benchmark Report (X N/A)  Individual Filter Monitoring Data (X N/A)  
 Filter Profile Report (X  N/A)  Filter Self-Assessment Report (X N/A)  CPE report (X N/A)  
X CCR  Other \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of System: Tontitown Waterworks PWS # 566

**Distribution System**

- | <u>Yes</u> | <u>No</u>                |  |
|------------|--------------------------|--|
| • X        | <input type="checkbox"/> | 1. Are pressures in all portions of the system maintained above 20 psi during peak demand?<br>If no, give reason: _____      |
| • X        | <input type="checkbox"/> | 2. Is a detectable disinfectant residual level maintained in all portions of the system?                                     |
| X          | <input type="checkbox"/> | 3. Is a sufficient number of valves provided, properly located, and are they accessible?                                     |
| X          | <input type="checkbox"/> | 3.1 Does the system have a valve exercise / replacement program?   |
|            |                          | 4. What piping materials are used? (Estimate percentage) ___ DI/CI <u>99%</u> PVC <u>1</u> Galvanized<br>___ AC Other: _____ |
| X          | <input type="checkbox"/> | 5. Has the distribution system been free of water quality problems?  |
| X          | <input type="checkbox"/> | 6. Does the system have an adequate maintenance and flushing program?  |
| X          | <input type="checkbox"/> | 7. Are mains and appurtenances properly flushed, disinfected and tested after repairs or extensions?                         |
| X          | <input type="checkbox"/> | 8. Is a licensed plumbing inspector available?   |
| X          | <input type="checkbox"/> | 9. Does the system have a meter replacement program?   |
| X          | <input type="checkbox"/> | 10. Does the system have a leak detection program?   |
| X          | <input type="checkbox"/> | 11. Is the overall condition of the distribution system acceptable?  |

Comments: \_\_\_\_\_

**Cross-Connection Control**

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

Comments: Tontitown, is not presently enforcing a Cross Connection Control Program. Ed Craig, who is in charge of the backflow prevention program for the Arkansas Department of Health has been notified.

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 Maestri	Mayor
Leon Zulpo	Alderman
Art Penzo	Alderman
Henry Piazza	Alderman
Andrew Penzo	Alderman
Ken Rob	Alderman
Steve Smith	Alderman
Kevin Roggin	Alderman

- Yes**    **No**
- X    X    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 \_\_\_\_\_)
- X       2. A written emergency plan is on file at the water system.
- X       3. The emergency plan is up to date and contains the proper names, numbers, etc.
- X     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 \_\_\_\_\_
- X       5. Have all major modifications (since previous survey) been approved by ADH?
- X     6. Are the systems records being maintained according with regulatory requirements?  
 Maintenance and repair records     System maps     Operating reports
- X    7. Is the maximum demand less than 80 percent of capacity (i.e. source, plant, pumping)? If no, discuss corrective actions. This is under review with Springdale and a storage tank is planned.
- X     8. If the system has greater than 15% unaccounted for water, are corrective actions being taken? Discuss corrective actions. (N/A) \_\_\_\_\_
- X     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 \_\_\_\_\_
- X     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 None    Distribution D 2
- X     12. Does system have a completed source water assessment?
- X     13. Is source water assessment report on file and accessible to the public?

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Name of System: Tontitown Waterworks PWS # 566

**Operator Certification**

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

Operator	Title	License #
David Sbanotto	Chief Operator	04815 D4

Comments: System only has one operator. Additional qualified staff are needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Information**

Emergency Contact Person: David Sbanotto Emergency Contact Phone Number: (479) 877-0582

Type Code	Contact Name	Title	Mailing Address	City	State	Zip Code	E-Mail
ABO Z\$R	David Sbanotto	Operator	PO Box 127	Tontitown	AR	72770	

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

# Tontitown Waterworks Schematic

