



A R K A N S A S
Department of Environmental Quality

October 21, 2010

Tim Joyner, Manager
Cabot Water & Wastewater
PO Box 1287
Cabot, AR 72023

AFIN: 43-00059, NPDES Permit No: AR0021661, Complaint Investigation

Dear Mr. Joyner:

On October 18, 2010, Lindsay Stoker and I performed a reconnaissance inspection of the above referenced facility in response to a complaint. The complainant stated that the facility was not being managed by a licensed operator and that Cabot had installed a water line off of Willy Ray Road that ADEQ allegedly prohibited. The inspection was conducted in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The allegations concerning the water line is not an ADEQ issue. This was forwarded to the Health Department. The inspection revealed the following:

1. The Department is still concerned that staffing at the facility is not adequate. At the time of the inspection, only one licensed operator was at the plant and she was by herself until your Operations Manager, Bill Hawk arrived on site. Ms. Kohlmann has a wastewater operator's license but Mr. Hawk does not have a license. Cabot operates a major municipal mechanical plant. The duties and dangers of operating a plant of this size and complexity require more than one qualified operator at the plant.
2. There was a clump of algae or moss in the return trough on the activated sludge basin. This is a violation of Part II, B.1 of the permit which requires all systems of treatment and control to be properly operated and maintained at all times.
3. The clear flow line on the effluent sampler was contaminated with mold and slime that could shear off and enter the sample jug. This can bias your samples negatively. This is a violation of Part II, B.1 of the permit which requires all systems of treatment and control to be properly operated and maintained at all times. This is also a violation of Part II, C.3 of the permit which requires you to adequately maintain all equipment necessary to collect a sample that is representative of the discharge. Your laboratory QA/QC program should include periodic inspections and change out of sample contact surfaces before they become a potential problem.

Tim Joyner, Cabot Water and Wastewater
October 21, 2010
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The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager. This response should be mailed to the address below. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. pictures) is due by October 31, 2010.

If I can be any assistance, please contact me at benson@adeq.state.ar.us or 501-683-0827.

Sincerely,

A handwritten signature in blue ink that reads "Dennis Benson".

Dennis Benson
District 9 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 N 2 5 3 A R 0 0 2 1 6 6 1 11 12 1 0 1 0 1 8 17 18 R 19 S 20 1					
Remarks					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 N	71 N	72 N	73 <input type="text"/> <input type="text"/> <input type="text"/>	74 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Cabot Water & Wastewater – From the NLR Office go east on I-40 to Highway 67/167 North to Cabot. Take the first Cabot exit and go east to Kerr Station Road. Turn left on Kerr Station Road and go approximately 1 mile to Marshall Lane. Turn left on Marshall Lane. Treatment plant is at end of road.	Entry Time/Date 11:07 am on 10/18/10	Permit Effective Date 11/1/2007
	Exit Time/Date 11:24 am on 10/18/10	Permit Expiration Date 10/31/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jana Kohlmann, Operator and Bill Hawk, Operations Manager	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Tim Joyner Cabot Water & Wastewater PO Box 1287 Cabot, AR 72023 (501) 843-3566	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

N	Permit	N	Flow Measurement	U	Operations & Maintenance	U	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
M	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)


- The Department is still concerned that staffing at the facility is not adequate. At the time of the inspection, only one licensed operator was at the plant and she was by herself until your Operations Manager, Bill Hawk arrived on site. Ms. Kohlmann has a wastewater operator's licensed but Mr. Hawk does not have a license. Cabot operates a major municipal mechanical plant. The duties and dangers of operating a plant of this size and complexity require more than one qualified operator at the plant.
- There was a clump of algae or moss in the return trough on the activated sludge basin. This is a violation of Part II, B.1 of the permit which requires all systems of treatment and control to be properly operated and maintained at all times.
- The clear flow line on the effluent sampler was contaminated with mold and slime that could shear off and enter the sample jug. This can bias your samples negatively. This is a violation of Part II, B.1 of the permit which requires all systems of treatment and control to be properly operated and maintained at all times. This is also a violation of Part II, C.3 of the permit which requires you to adequately maintain all equipment necessary to collect a sample that is representative of the discharge. Your laboratory QA/QC program should include periodic inspections and change out of sample contact surfaces before they become a potential problem.


Name(s) and Signature(s) of Inspector(s) Dennis Benson	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality- (501) 683-0827/(501) 682-0910 (Fax)	Date 10/19/10
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>clump of algae in activated, effluent sampler in poor condition.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Only one operator at this plant</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE: <u>Routine maintenance of effluent sampler is needed.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Discharge slightly turbid, appeared to have pin floc in discharge.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	slight	none	none	light brown	none
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

Location:	Cabot Water & Wastewater						
Photographer:	Dennis Benson			Witness:	None		
Photo #	1	Of	2	Date:	10/18/10	Time:	11:11 am
Description:	Clump of green algae or moss trapped in sludge return						
							

Photographer:	Dennis Benson			Witness:	None		
Photo #	2	Of	2	Date:	10/18/10	Time:	11:15 am
Description:	Contaminated clear flow sample line from sampler to effluent.						
							

WaterWorks **CABOT**

One City Plaza, Suite B
P.O. BOX 1287
Cabot, Arkansas 72023
Phone 501 605-1740
Fax 501-605-1743

October 29, 2010

Arkansas Department of Environmental Quality
NPDES Enforcement Section
Cindy Garner, Water Division Enforcement Branch Manager
5301 Northshore Drive
Little Rock, Arkansas 72118-5317

Re: AFIN: 43-00059, NPDES Permit No: AR0021661 Complaint Investigation

Dear Mrs. Garner:

In response to the ADEQ Complaint Investigation report dated October 21, 2010, Cabot WaterWorks has taken the following corrective actions:

1. Currently, Cabot WaterWorks has 11 (eleven) employees assigned to the Wastewater Department. Of these eleven, they have the following wastewater licenses:
 - 1 Employee has a Class IV WasteWater License
 - 3 Employees have Class III WasteWater Licenses
 - 3 Employees have Class II WasteWater Licenses
 - 1 Employee has a Class I WasteWater License

The employees with a Class III License are preparing for the Class IV testing and/or waiting to meet the experience requirements. Bill Hawk, our Operations Manager is scheduling to attend licensing classes and obtain the Class IV license. All of these employees perform maintenance in the Collection system as well as the Treatment Plant.

Your letter seems to suggest that Cabot WaterWorks is required, by law or regulation, to have more than one qualified operator on duty at the plant at all times? Cabot Works believes that it is operating in accordance with the law. If ADEQ will clarify what it believes to be an appropriate level of qualified operators that Cabot Waterworks should have available at any time, Cabot WaterWorks will take the steps necessary to staff the wastewater treatment plant in accordance with ADEQ's requirements.

2. The clump of algae has been removed from the aeration basin. Cabot WaterWorks is having a screening basket constructed to catch future solids and/or algae that is circulated through the Return Activated Sludge (RAS) piping. The screening basket will be mounted under the RAS discharge piping into the aeration basin. This should catch material that passes the bar screens.
3. The effluent sampler tubing has been replaced. (See attached picture) We have also added additional siding around the Plant Effluent enclosure to reduce sun light which should stop the growth of algae.

If additional information is required please let me know.

Sincerely



Tim D. Joyner P.E.
General Manager

WaterWorks CABOT

One City Plaza, Suite B
P.O. BOX 1287
Cabot, Arkansas 72023
Phone 501 605-1740
Fax 501-605-1743

Sampler Tubing Replaced



Enclosure Siding to Control Algae Growth @ Plant Effluent Meter and Sample Collection Station



WaterWorks CABOT

One City Plaza, Suite B
P.O. Box 1287
Cabot, Arkansas 72023

LITTLE ROCK AR 722

01 NOV 2010 PM 4 T



Arkansas Department of Environmental Quality
NPDES Enforcement Section
Cindy Garner, Water Division Enforcement Branch
Manager
5301 Northshore Drive
Little Rock, Arkansas 72118-5317

72118+5317



WaterWorks CABOT

One City Plaza, Suite B
P.O. BOX 1287
Cabot, Arkansas 72023
Phone 501 605-1740
Fax 501-605-1743

November 29, 2010

Arkansas Department of Environmental Quality
NPDES Enforcement Section
Cindy Garner, Water Division Enforcement Branch Manager
5301 Northshore Drive
Little Rock, Arkansas 72118-5317

Re: AFIN: 43-00059, NPDES Permit No: AR0021661 Complaint Investigation


Dear Mrs. Garner:

I am writing in response to the ADEQ letter dated November 9th, requesting additional information related to the above referenced complaint. I will attempt to address your concerns.

1. The Plant Operator, not the Operations Manager, is responsible for the operation of the wastewater treatment plant. The Plant Operator is the person with the requisite knowledge to see and determine what action, if any, needs to be taken at any time with regard to the operation and/or maintenance of the wastewater treatment plant. If the Plant Operator is in need of assistance, however, the Operations Manager is the person responsible for working out the logistics of who and how our other employees assist the Plant Operator. Also, please be aware that we have two other employees who have fulfilled the necessary time requirements to sit for the Class IV examination and they plan to take the exam in 2011.
2. The following persons are assigned to and have periodic duties at Cabot Waterworks' wastewater treatment facility: one plant operator, one operations manager, one superintendent, one foreman, one electrician, two crew leaders, and six crewmen. It is the responsibility of the plant operator to assure that the plant is functioning properly and to take all necessary steps to assure proper operation. The primary responsibilities of the Foreman, Crew Leaders and Crewmen are to inspect, maintain and repair the Wastewater Collection system and assist with maintenance of the Wastewater Plant as requested by the Plant Operator. The primary responsibility of our Electrician is to inspect, maintain and repair all electrical powered equipment at the Wastewater Plant and Lift Stations. The Operations Manager, Superintendent and even I (the General Manager) are available as and when needed to make sure the wastewater plant operates properly.
3. Each day, Cabot WaterWorks' Operations Manager, together with input from the Superintendent, the General Manager and the Plant Operator, prioritizes the activities of the crews on the collection system as well as at the Wastewater Plant. All of our operators are available when needed to assist the Plant Operator (the Class IV operator).
4. Inspection of the effluent sampler & tubing has been added to the Plant Operators daily inspection log.

If additional information is required please let me know.

Sincerely



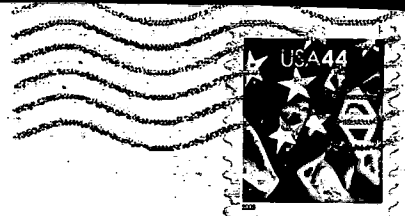
Tim D. Joyner P.E.
General Manager

WaterWorks **CABOT**

One City Plaza, Suite B
P.O. Box 1287
Cabot, Arkansas 72023

LITTLE ROCK AR 722

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Arkansas Department of Environmental Quality
NPDES Enforcement Section
Cindy Garner, Water Division Enforcement Branch
Manager
5301 Northshore Drive
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721185317



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November 29, 2010

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A R K A N S A S
Department of Environmental Quality

December 14, 2010

Tim Joyner, Manager
Cabot Water & Wastewater
PO Box 1287
Cabot, AR 72023

Re: NPDES Permit No: AR0021661 AFIN: 43-00059
Response to Complaint Investigation

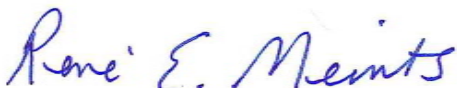
Dear Mr. Joyner:

The Department has received your response to the October 18, 2010 reconnaissance inspection of the above referenced facility in response to a complaint by our District Field Inspectors, Lindsay Stoker and Dennis Benson. Your letter appears to adequately address the discrepancies identified during the visit as long as you can meet all permit requirements. The Department assumes the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your site and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0631 or you may e-mail me at meints@adeq.state.ar.us.

Sincerely,



René Meints
Enforcement Analyst
Water Division Enforcement Branch