



ARKANSAS  
Department of Environmental Quality

March 4, 2011

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

AFIN: 43-00059, NPDES Permit No: AR0021661, Routine Compliance Inspection

Dear Mr. Joyner:

On February 15 and 16, 2011, I performed a routine compliance sampling 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. The inspection revealed the following:

1. The permit to construct this facility, AR0021661C, is still active, although, clearly the construction on this facility has been complete for some time. According to the Permits Branch of the Water Division, it will be necessary to file a final report which indicates that construction on the facility is complete and that the facility was constructed as submitted and approved by the permit. For more information, contact the Permit's Branch of the Water Division.
2. As we discussed, this facility has not achieved the stabilization goals that are required by the Department's Construction Stormwater Permit. Although, this facility never obtained a Construction Stormwater Permit for this project, the Department expects the barren ground to be fully stabilized to a vegetative density of 80% on all exposed soil on the site.
3. This facility has not obtained an Industrial General Stormwater Permit, but is operating under the stormwater language contained in NPDES Permit AR0021661. Please be aware, that you will be required to obtain an industrial stormwater permit for this facility when NPDES Permit AR0021661 expires. The following observations were made concerning industrial stormwater at the plant:
  - a. Over 90% of the stormwater generated at this facility is discharged to either the sludge storage lagoon or the flow equalization basin and is eventually treated before being discharged. As we discussed, since this water is treated and discharged through the permitted outfall, you should consider filing a "no exposure certification" in lieu of implementing the requirements of a stormwater pollution prevention plan (SWPPP). Please be aware, the equipment and materials being stored at the north end of the site will have to be moved, if you elect to file a "no exposure certification" because the runoff in this location does go offsite. For more information about filing a "no exposure certification" and the regulatory relief it may offer, please contact the Permits Branch of the Water Division.
  - b. The SWPPP currently being used is deficient. The permit requires the SWPPP to address erosion issues (see page 19 of Part III of the permit). The current SWPPP does not include erosion issues and clearly it is not being monitored during periodic inspections. Erosion issues at the plant are primarily due to the failure to properly stabilize the grounds after construction as discussed in item 2 above.
4. The flow equalization basin and the sludge storage lagoon do not have pond level gauges as required by the Recommended Standards for Wastewater Facilities (a.k.a. "10-States Standards") adopted by the Arkansas Pollution Control and Ecology Commission in Minute Order 80-21. Section 93.56 of the "10-States Standards" states "Pond level gauges shall be provided". These gauges will help ensure that two (2) feet minimum of freeboard is maintained on the ponds at all times. The Arkansas Water and Air Pollution Control Act requires compliance with all orders of the Commission (see A.C.A. §8-4-217(a)(3)).

5. A review of the file reveals that NPDES Construction Stormwater Permit ARR152752 issued for the construction of the main drive into the treatment plant was allowed to expire without the filing of a Notice of Termination (NOT) as required by the permit. The construction of the driveway is complete, the barren ground has been fully stabilized and all temporary erosion controls have been removed. You should discuss with the permit's branch if you should file an NOT to clear up the administrative record and have the appropriate documentation that the site was properly stabilized.
6. I discussed with your operator the monitoring of the influent at your facility. Part III.2.of your permit requires an 85% removal percentage of CBOD and TSS. While your historical record can demonstrate compliance with this provision of your permit, it is my understanding that you are no longer monitoring the CBOD in your influent. Influent monitoring for CBOD and TSS should be conducted periodically to ensure compliance with this provision of your permit.
7. It appears the sludge storage lagoon is nearing capacity. For activated sludge plants, solids management is one of the primary causes of effluent violations. Plans should be made to service the sludge storage lagoon before sludge storage space becomes an issue that affects your ability to properly manage the solids at your plant.
8. The results of the split sampling event revealed no violations of the permit effluent limits on the day of the sample. Sample results are attached to this report.

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 documentations (i.e. picture) is due by March 14, 2011.

If I can be any assistance, please contact me at [benson@adeq.state.ar.us](mailto:benson@adeq.state.ar.us) or 501-683-0827.

Sincerely,



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

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

# NPDES Compliance Inspection Report

## 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 1	12 1	0	2	1	5	17 18 S	19 S	20 1	
Remarks																				
Inspection Work Days					Facility Evaluation Rating					BI	QA	-----Reserved-----								
67					70	4	71	N	72	N	73		74	75						80

## Section B: Facility Data

Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>Cabot Water &amp; Wastewater Comm. - From NLR Office go east on I-40 to Highway 67/167 North to Cabot. Take the first Cabot exit and go east (right) on Highway 321 approximately 2.75 miles to CO road 449 (turn left) and go ~1 mile to Marshall Road. Turn left on Marshall Road. Plant is a end of Road.</b>	Entry Time/Date 08:00 am on 2/15/11 08:00 am on 2/16/11	Permit Effective Date 11/1/2007
	Exit Time/Date 10:37 am on 2/15/11 08:45 am on 2/16/11	Permit Expiration Date 10/31/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Jana Kohlmann, Operator; Bill Hawk, Superintendent; Tim Joyner, General Manager</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Tim Joyner Cabot Water &amp; Wastewater Comm. PO Box 1287 Cabot, AR 72023 (501) 843-3566</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

## Section C: Areas Evaluated During Inspection

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

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

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

See NPDES Page 8 for details

Name(s) and Signature(s) of Inspector(s) <b>Dennis Benson</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality- (501) 683-0827/(501) 682-0910 (Fax)</b>	Date <b>02/16/11</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<b>SECTION A: PERMIT VERIFICATION</b>	
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 checked="" type="checkbox"/> NA <input 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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input 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 Class IV operator, only one operator at the 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <u>(I&amp;I program)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE



**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: Y N NA NE
- 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: Y N NA NE
- 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: Y N NA NE
- 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: Y N NA NE
- 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: Y N NA NE
- 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: Y N NA NE
  - a. SAMPLES REFRIGERATED DURING COMPOSITING: Y N NA NE
  - b. PROPER PRESERVATION TECHNIQUES USED: Y N NA NE
  - c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: Y N NA NE
- 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: Y N NA NE

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:\_\_\_ TYPE OF DEVICE: 24" Parshall flume Y N NA NE
- 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: Y N NA NE
- 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: Y N NA NE
- 4. CALIBRATION FREQUENCY ADEQUATE: Y N NA NE
- 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: Y N NA NE
- 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: Y N NA NE
- 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: Y N NA NE
- 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: Y N NA NE
- 9. HEAD MEASURED AT PROPER LOCATION: Y N NA NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : Y N NA NE
- 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: Y N NA NE
- 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: Y N NA NE
- 4. QUALITY CONTROL PROCEDURES ADEQUATE: Y N NA NE
- 5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME: Y N NA NE
- 6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME: Y N NA NE
- 7. COMMERCIAL LABORATORY USED: Y N NA NE
  - a. LAB NAME: McClelland Laboratory
  - b. LAB ADDRESS:
  - c. PARAMETERS PERFORMED: CBOD, TSS, AMM, FCB, pH, DO
- 8. BIOMONITORING PROCEDURES ADEQUATE: Y N NA NE
  - a. PROPER ORGANISMS USED: Y N NA NE
  - b. PROPER DILUTION SERIES FOLLOWED: Y N NA NE
  - c. PROPER TEST METHODS AND DURATION: Y N NA NE
  - d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: Y N NA NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	None	None
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Sludge storage lagoon is nearing capacity</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:___ <input checked="" type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY: <u>Weekdays</u>							
3. SAMPLES PRESERVED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT 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: <b>SWPPP does not adequately address erosion issues at the plant.</b>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE: <u>1/27/11</u>						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	

# FLOW CALCULATION SHEET

Date: 2/15/10 Time: 10:00 am

Head in Inches: \_\_\_\_\_ Feet: 0.776

Type & Size of Primary Flow Measurement Device:  
**24" Parshall Flume**

---

Name & Model of Secondary Flow Measurement Device:  
**Failed to record**

---

Recorded Flow at Date & Time Listed Above: 3.378 (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 3.448  
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{3.378 - 3.448}{3.448} \times 100$$

$$\% \text{ Error} = \frac{-0.023}{3.448} \times 100$$

$$\% \text{ Error} = \frac{-2.3}{3.448} \times 100$$

$$\% \text{ Error} = \frac{-2.3}{3.448} \times 100 \%$$

Comments:





## NPDES Compliance Inspection Report Further Explanation


1. The permit to construct this facility, AR0021661C, is still active, although, clearly the construction on this facility has been complete for some time. According to the Permits Branch of the Water Division, it will be necessary to file a final report which indicates that construction on the facility is complete and that the facility was constructed as submitted and approved by the permit.
2. As we discussed, this facility has not achieved the stabilization goals that are required by the Department's Construction Stormwater Permit. Although, this facility never obtained a Construction Stormwater Permit for this project, the Department expects the barren ground to be fully stabilized to a vegetative density of 80% on all exposed soil on the site.
3. This facility has not obtained an Industrial General Stormwater Permit, but is operating under the stormwater language contained in NPDES Permit AR0021661. Please be aware, that you will be required to obtain an industrial stormwater permit for this facility when NPDES Permit AR0021661 expires. The following observations were made concerning industrial stormwater at the plant:
  - a. Over 90% of the stormwater generated at this facility is discharged to either the sludge storage lagoon or the flow equalization basin and is eventually treated before being discharged. As we discussed, since this water is treated and discharged through the permitted outfall, you should consider filing a "no exposure certification" in lieu of implementing the requirements of a stormwater pollution prevention plan (SWPPP). Please be aware, the equipment and materials being stored at the north end of the site will have to be moved, if you elect to file a "no exposure certification" because the runoff in this location does go offsite. For more information about filing a "no exposure certification" and the regulatory relief it may offer, please contact the Permits Branch of the Water Division.
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6. I discussed with your operator the monitoring of the influent at your facility. Part III.2. of your permit requires an 85% removal percentage of CBOD and TSS. While your historical record can demonstrate compliance with this provision of your permit, it is my understanding that you are no longer monitoring the CBOD in your influent. Influent monitoring for CBOD and TSS should be conducted periodically to ensure compliance with this provision of your permit.

7. It appears the sludge storage lagoon is nearing capacity. For activated sludge plants, solids management is one of the primary causes of effluent violations. Plans should be made to service the sludge storage lagoon before sludge storage space becomes an issue that affects your ability to properly manage the solids at your plant.
8. The results of the split sampling event revealed no violations of the permit effluent limits on the day of the sample. Sample results are attached to this report.

# ADEQ



ARKANSAS  
Department of Environmental Quality

<b>Location:</b>	Cabot Water & Wastewater Comm.						
<b>Photographer:</b>	Dennis Benson			<b>Witness:</b>	None		
<b>Photo #</b>	1	<b>Of</b>	5	<b>Date:</b>	2/15/11	<b>Time:</b>	9:46 am
<b>Description:</b>	Area of plant not sufficiently stabilized.						
							

<b>Photographer:</b>	Dennis Benson			<b>Witness:</b>	None		
<b>Photo #</b>	2	<b>Of</b>	5	<b>Date:</b>	2/15/11	<b>Time:</b>	10:10 am
<b>Description:</b>	Another area of the plant not properly stabilized.						
							




## Photographic Evidence Sheet

<b>Location:</b>	Cabot Water & Wastewater Comm.						
<b>Photographer:</b>	Dennis Benson			<b>Witness:</b>	None		
<b>Photo #</b>	3	<b>Of</b>	5	<b>Date:</b>	2/15/11	<b>Time:</b>	10:12 am
<b>Description:</b>	Area on north end of plant not properly stabilized and where the stormwater runs offsite.						
							
<b>Photographer:</b>	Dennis Benson			<b>Witness:</b>	None		
<b>Photo #</b>	4	<b>Of</b>	5	<b>Date:</b>	2/15/11	<b>Time:</b>	9:54 am
<b>Description:</b>	Sludge storage lagoon almost full. No pond level gauge.						
							

# ADEQ

ARKANSAS  
Department of Environmental Quality

## Photographic Evidence Sheet

<b>Location:</b>	Cabot Water & Wastewater Comm.						
<b>Photographer:</b>	Dennis Benson				<b>Witness:</b>	None	
<b>Photo #</b>	5	<b>Of</b>	5	<b>Date:</b>	2/15/11	<b>Time:</b>	9:53 am
<b>Description:</b>	Another area on the plant grounds that has not been properly stabilized.						
							

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ARKANSAS  
Department of Environmental Quality

<b>Client:</b>	CSI	<b>Client Sample ID:</b>	City of Cabot			
<b>Lab ID:</b>	2011-0398	<b>Collection Date:</b>	2/16/2011 8:17:00 AM			
-	-	<b>Matrix:</b>	Water			
<b>Analyses</b>						
<b>Ammonia as Nitrogen</b>		<b>SM 4500-NH3 H (20th)</b>	<b>Batch: 11021707 Run: 1</b>			
		<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
	Ammonia as N	<0.03*	0.03	0.03		mg/L
	Dilution Factor	1.0				
	Analyzed By	Chad Carrington				
	Analysis Date/Time	2/16/2011 2:06:26 PM				
<b>Carb. Biochemical Oxygen Demand (CBOD) 5 Day</b>						
<b>SM 5210-B</b>		<b>Batch: 11022206 Run: 1</b>				
		<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
	Carbonaceous BOD	1.81*	0.2	0.2		mg/L
	Analyzed By					
	Analysis Date/Time					
<b>Total Suspended Solids</b>						
<b>EPA 160.2</b>		<b>Batch: 11022208 Run: 1</b>				
		<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
	Total Suspended Solids	4.0*	1.0	1.0		mg/L
	Analyzed By	Robert Graddy				
	Analysis Date/Time	2/16/2011 7:30				
<b>Fecal Coliforms</b>						
<b>SM 9222 D</b>		<b>Batch: 11021712 Run: 1</b>				
		<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
	Fecal Coliforms	100*	1.0	1.0		cfu/100 ml
	Analyzed By	Lazendra L Hairston				
	Analysis Date/Time	2-16-2011 1000				

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<i>Field Data</i>		<i>Batch:</i>	<i>Run: 1</i>
	<u>Result</u>	<u>Unit</u>	
Dissolved Oxygen	8.8*	mg/L	
pH	6.4*	SU	
Temperature	13.8*	C	
Analyzed By	Dennis Benson		
Analysis Date/Time	2/16/2011 08:17		

# **WaterWorks** **CABOT**

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

March 14, 2011

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

Re: NPDES Permit No: AR0021661

Dear Mrs. Garner:

Cabot Waterworks has received the Routine Compliance Inspection for our referenced permit. Our response to each item is listed below.

1. We have requested clarification from John Bailey at ADEQ on closing the construction permit.
2. Cabot Waterworks will seed and/or add sod areas where vegetation is inadequate.
3. Cabot Waterworks will file a "no exposure certification" with ADEQ and relocate equipment and material stored at the north end of the site.
4. Pond level gauges will be installed.
5. We have requested clarification from John Bailey at ADEQ on closing the storm water permit.
6. We will begin periodic monitoring of the influent CBOD and TSS.
7. Cabot Waterworks has ordered floating aeration equipment for the sludge lagoon. We are planning to aerobically digest the solids in order to extend the time period on sludge disposal.

If additional information is required please let me know.

Sincerely



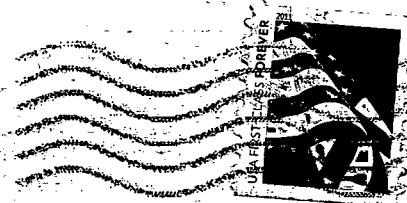
Tim D. Joyner P.E.  
General Manager

# WaterWorks CABOT

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

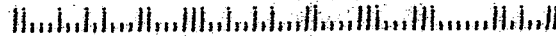
LITTLE ROCK AR 722

14 MAR 2011 PM 4 T



Arkansas Department of Environmental Quality  
NPDES Enforcement Section  
Cindy Garner, Water 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

April 22, 2011

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

Re: NPDES Permit No: AR0021661, Routine Compliance Inspection

Dear Mrs. Garner:

Attached is the additional information requested in your letter dated April 6, 2011.

1. See attached photos of areas where seed and sod have been applied to establish vegetation. We will reseed as required in-order to establish the required vegetation.
2. We are in the process of relocating construction materials prior to filing a "No Exposure Certification" this may take a few weeks to reorganize materials. Question, why does new construction material have to be under cover, (pipe, precast manholes and manhole rings & lids)? If all new material has to be undercover we may not be able to file for no-exposure.
3. See attached photos of pond level gauge.
4. See attached copies of the Notice of Termination and acknowledgment from ADEQ.
5. We plan to collect influent CBOD and TSS for two-30 periods per year in-order to confirm the 85% removal.

If additional information is required please let me know.

Sincerely



Tim D. Joyner P.E.  
General Manager





04/22/2011 13:20





04/22/2011 13:17





04/22/2011 13:17





04/22/2011 13:19





04/22/2011 13:21





04/22/2011 13:17



# ADEQ

ARKANSAS  
Department of Environmental Quality

March 29, 2011

Mr. Tim Joyner  
Cabot Water Works  
1 City Plaza, Suite B  
Cabot, AR 72023

RE: Notice of Termination, Stormwater Construction General Permit, Cabot WWTP Entrance and Paving, Cabot, AR (Permit Tracking No. **ARR152752**, AFIN **43-00059**)

Dear Mr. Joyner:

In accordance with receipt of the Notice of Termination (NOT), you are hereby notified that the coverage under the General Permit ARR150000 with tracking number **ARR152752** has been terminated effective the date of this letter. Resumption of construction activities at this site resulting in a stormwater discharge of any pollutant to waters of the State is unlawful, and it will be necessary to file a new Notice of Intent prior to commencing any such activities.

Receipt of this termination does not relieve any operator of the responsibility to comply with any other applicable federal, state or local statute, ordinance, policy, or regulation. If you have any questions concerning this matter or need additional information, please feel free to contact the General Permits Section at (501) 682-0623.

Sincerely,



Mo Shafii  
Assistant Chief  
Water Division

MS: lr

cc: Electronic Filing (ARR152752, w/ attachments)  
Eric Fleming, Branch Manager, Field Services Branch  
Cindy Garner, Branch Manager, Enforcement Branch  
Jim Purvis, Administrative Analyst, Fiscal Division  
David Ramsey, ICIS Program Coordinator, Enforcement Branch

Arkansas Department of Environmental Quality  
NPDES Branch, Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118  
(501) 682-0623

NOTICE OF TERMINATION (NOT)  
FOR DISCHARGERS OF STORMWATER RUNOFF ASSOCIATED WITH  
CONSTRUCTION ACTIVITY  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000

Permit Tracking Number to be Terminated: ARR15 2752

I. PERMITTEE INFORMATION

Permittee Legal Name: Cabot Water Works Permittee Type:  
Permittee Mailing Address: 1 City Plaza, Ste. B  STATE  PARTNERSHIP  
City: Cabot  FEDERAL  CORPORATION\*  
State: Arkansas Zip: 72023  SOLE PROPRIETORSHIP  Public  
Permittee Telephone Number: 501-605-1740 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: 501-605-1743 E-mail tim.joyner@cabotwaterworks.com

II. CONSTRUCTION SITE INFORMATION

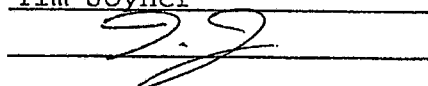
Project Name: Cabot WWTP-Entrance Rd. and Paving Project Contact Person: Tim Joyner  
Project County: Lonoke Project Physical Address: 76 Marshall Lane  
Project City: Cabot, AR Zip: 72023 Cabot, AR  
Telephone Number: 501-605-1740

Have you established vegetation cover with 70% density?  YES  NO  
Have all discharges associated with construction activities been eliminated?  YES  NO  
Have you included pictures of vegetation coverage and stabilized areas?  YES  NO

III. PERMITTEE CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

"In addition, I understand that by submitting this Notice of Termination that I am no longer authorized to discharge storm water by general permit, and that discharging pollutants in stormwater associated with construction activity to Waters of the State is unlawful under the Clean Water Act and the Arkansas Water and Air Pollution Control Act where the discharge is not authorized by an NPDES permit."

Typed or Printed Name: Tim Joyner Title: General Manager  
Signature:  Date: 3/17/11

# USI Consulting Engineers

*Engineering the Future*

March 21, 2011

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

Jessica L. McQueen, P.E.  
Project Engineer  
4847 Kaylee Avenue  
Springdale, Arkansas 72762  
479.872.7115 Telephone  
479.872.7118 Facsimile  
www.usi-ce.com  
jlmcqueen@usi-ce.com

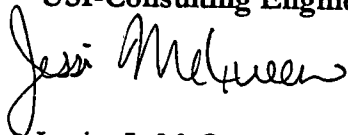
RE: State Construction Permit – AR0021661C  
Cabot Wastewater Treatment Plant  
Cabot WaterWorks  
Cabot, Arkansas  
USI Project No. 0501002.01

Dear Cindy,

We would like to notify you that the Cabot Wastewater Treatment Plant expansion is now complete. The facility has been constructed in accordance with the approved plans and specifications. We request that you please close the State Construction Permit (AR0021661C).

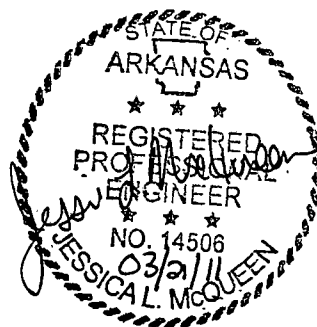
My phone and email information is listed above. Please do not hesitate to contact me if you have any questions or require any additional information.

Sincerely,  
USI-Consulting Engineers, Inc.



Jessica L. McQueen, P.E.  
Project Engineer

cc: Mr. Tim Joyner





**WaterWorks**  
**CABOT**

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

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

