

ADEQ

ARKANSAS
Department of Environmental Quality

September 18, 2017

Tim Joyner, General Manager
City of Cabot
208 North 1st St.
Cabot, AR 72023

RE: City of Cabot Inspection
AFIN: 43-00059 Permit No.: AR0021661

Dear Mr. Joyner:

On August 22, 2017, Office of Water Quality Compliance Branch Manager Jason Bolenbaugh and I performed a 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. A copy of the inspection report is enclosed for your records.




No violations were noted at the time of the inspection. Please refer to the attached inspection report for any comments.

If I can be of any assistance, please contact me at waters@adeq.state.ar.us or 501-683-6629.

Sincerely,



Keith Waters
District 9 Field Inspector
Office of Water Quality

 <p>A R K A N S A S Department of Environmental Quality</p>	WATER DIVISION INSPECTION REPORT		
	AFIN: 43-00059	PERMIT #: AR0021661	DATE: 8/22/2017
	COUNTY: 43 Lonoke	PDS #: 099141	MEDIA: WN
	GPS LAT: 34.953205 LONG: -92.028377 LOCATION: General Area		
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: City of Cabot LOCATION: Marshall Lane CITY: Cabot		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 97072 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Sampling	
RESPONSIBLE OFFICIAL		DATE(S): 8/22/2017 ENTRY TIME: 08:30 EXIT TIME: 10:30 PERMIT EFFECTIVE DATE: 11/1/2007 8/23/2017 08:30 09:00 PERMIT EXPIRATION DATE: 10/31/2017	
NAME / TITLE: Tim Joyner / General Manager COMPANY: City of Cabot MAILING ADDRESS: 208 North 1st St. CITY, STATE, ZIP: Cabot AR 72023 PHONE & EXT. / FAX: 501-743-2154 / EMAIL: tim@cabotwaterworks.com		INSPECTION PARTICIPANTS	
CONTACTED DURING INSPECTION: Yes		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Keith Waters/Water Inspector/501-683-6629 Jason Bolenbaugh/Compliance Branch Manager/501-682-0659 Tim Joyner/General Manager/501-743-2154 Jimmy Johnson/Operator/501-743-1153	
AREA EVALUATIONS			
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>			
S	PERMIT	S	FLOW MEASUREMENT
S	RECORDS/REPORTS	N	LABORATORY
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
**	OTHER:	M	STORMWATER
		S	FACILITY SITE REVIEW
		S	SELF-MONITORING PROGRAM
		N	PRETREATMENT
SUMMARY OF FINDINGS			
<p>No violations were noted at the time of the inspection.</p>			
GENERAL COMMENTS			
<p>Leaking dumpsters for screenings need to be replaced, staining on concrete outside of screening building needs to be cleaned up, and no pumps or used equipment needs to be sitting outside exposed to stormwater or it will void your no exposure stormwater permit.</p>			
INSPECTOR'S SIGNATURE: 		DATE: 9/14/2017	
SUPERVISOR'S SIGNATURE: 		DATE: 9/16/2017	

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 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
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
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 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 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
SECTION C: OPERATIONS AND MAINTENANCE	
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:	<input checked="" type="checkbox"/> S <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS 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. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u> </u> TYPE OF DEVICE: <u>24" Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Quarterly</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: <u>Weekly</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET 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. 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>McClelland Consulting Engineers, INC.</u>	
b. LAB ADDRESS: <u>900 West Markham St. Little Rock. AR 72201</u>	
c. PARAMETERS PERFORMED: <u>NH3-N CBOD, pH, TSS, FCB, DO, TP, N+N</u>	
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 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	No	No	No	No	No	No	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS 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. 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):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input checked="" 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:							
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	
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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **8/22/2017** **9:07 a.m.**

Head in Inches: **6.72** Feet: **0.56**

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

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **2.16 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2.11 MGD**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	2.16	-	2.11	X 100
	2.11			

% Error =	0.05	X 100
	2.11	

% Error =	0.02	X 100
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% Error =	2	%
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Comments:

DMR Calculation Check

Reporting Period: From 2017 6 1 To 2017 6 30
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>2.6</u>	<u>0.11</u>	<u>0.12</u>
Calculated Value:	<u>2.6</u>	<u>0.11</u>	<u>0.12</u>
Permit Value:	<u>105.1</u>	<u>2.1</u>	<u>5.2</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2017 4 1 To 2017 4 30
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>35.2</u>	<u>1.09</u>	<u>1.51</u>
Calculated Value:	<u>35.2</u>	<u>1.09</u>	<u>1.51</u>
Permit Value:	<u>500.4</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet

Location:	City of Cabot			
Photographer:	Keith Waters	Date:	8/22/2017	
Witness:	Jason Bolenbaugh, Tim Joyner		Time:	N/A
Description:	EQ basins north of the plant.		Photo #:	1



Photographer:	Keith Waters	Date:	8/22/2017	
Witness:	Jason Bolenbaugh, Tim Joyner		Time:	N/A
Description:	Influent lift station.		Photo #:	2



Water Division Photographic Evidence Sheet

Location:	City of Cabot		
Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Fine screening process.	Photo #:	3



Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Leaking screening dumpster that needs to be replaced.		



Water Division Photographic Evidence Sheet

Location:	City of Cabot		
Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Orbal oxidation ditch.	Photo #:	5



Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Inner orbals of oxidation ditch were not in service. Service between outer orbal and two inner orbals are interchanged yearly.		



Water Division Photographic Evidence Sheet

Location:	City of Cabot		
Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
		Photo #:	7
Description:	Weirs of secondary clarifiers clean and free of algal growth. Auto scrubbers were working at the time of our inspection.		



Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
		Photo #:	8
Description:	Overview of secondary clarifier.		



Water Division Photographic Evidence Sheet

Location:	City of Cabot				
Photographer:	Keith Waters	Date:	8/22/2017	Time:	N/A
Witness:	Jason Bolenbaugh, Tim Joyner			Photo #:	9
Description:	View of 2 sludge ponds south of plant.				



Photographer:	Keith Waters	Date:	8/22/2017	Time:	N/A
Witness:	Jason Bolenbaugh, Tim Joyner			Photo #:	10
Description:	UV bulb bank clean and in working order.				



Water Division Photographic Evidence Sheet

Location:	City of Cabot		
Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Parshall flume.	Photo #:	11



Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Post aeration basin.	Photo #:	12



Water Division Photographic Evidence Sheet

Location:	City of Cabot		
Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Final outfall of facility.	Photo #:	13



Photographer:	Keith Waters	Date:	8/22/2017
Witness:	Jason Bolenbaugh, Tim Joyner	Time:	N/A
Description:	Composite sampler with thermometer in media reading under 4° Celsius as required.		
		Photo #:	14



Google Earth image of the facility.



From: [Waters, Keith](#)
To: [McConnell, Melissa](#)
Subject: Inspection Report #099141 (City of Cabot)
Date: Monday, September 25, 2017 3:00:31 PM
Attachments: [City of Cabot 2017 2780-2781.pdf](#)

Please attach email and PDF file to inspection report #099141.

From: Waters, Keith
Sent: Monday, September 25, 2017 2:57 PM
To: 'Tim Joyner'
Subject: RE: Compliance Sampling Inspection 8/23/2017

Good Afternoon Tim: Here are the sample results from our compliance sampling inspection all were within the permit limits. They were to be attached to the inspection report but did not make it on the final version. If you have not received the inspection report you should here in the next couple days. If you need anything else please do not hesitate to contact me.

Keith Waters

NPDES Inspector

Office of Water Quality, Compliance Branch

Email: waters@adeq.state.ar.us

Office: 501-683-6629

Cell: 501-837-2078

Office of Water Quality, Compliance Branch

Email: waters@adeq.state.ar.us

Office: 501-683-6629

Cell: 501-837-2078



5301 Northshore Drive
North Little Rock, AR 72118
Telephone: 501-682-0744

Client Report For: City of Cabot CSI 2017 2780-2781
Attention:
Client Address:

Report Date: September 1, 2017
LAB ID: AR17AUG23-02
Comment:

<u>Client:</u> CSI	<u>Client Sample ID:</u> Cabot - Outfall 001 Grab
<u>Lab ID:</u> 2017-2781	<u>Collection Date:</u> 8/23/2017 8:37:00 AM
	<u>Matrix:</u> Water

Analyses

<i>Fecal Coliforms</i>	<i>SM 9222 D</i>	<i>Batch: 17082501</i>	<i>Run: 1</i>	
	<u>Result</u>	<u>Reporting</u>	<u>Qual</u>	<u>Unit</u>
		<u>Limit</u>		
Fecal Coliforms	<2	2		cfu/100ml
Analyzed By	Katy Hattenhauer			
Analysis Date/Time	08/23/2017 10:37			

Client: CSI	Client Sample ID: Cabot - Outfall 001 Comp
Lab ID: 2017-2780	Collection Date: 8/23/2017 8:30:00 AM
Matrix: Water	

Analyses

<i>Ammonia as Nitrogen</i>	<i>SM 4500-NH3 H (20th)</i>	<i>Batch: 17082412</i>	<i>Run: 1</i>		
	Result	Reporting Limit	Qual	Unit	
Ammonia as N	0.056	0.03			mg/L
Dilution Factor	1				
Analyzed By	Patrick Rawhouser				
Analysis Date/Time	8/23/2017 1:56:41 PM				

<i>Carb. Biochemical Oxygen Demand (CBOD) 5 Day</i>	<i>SM 5210-B</i>	<i>Batch: 17083002</i>	<i>Run: 1</i>		
	Result	Reporting Limit	Qual	Unit	
Carbonaceous BOD	0.47	0.2			mg/L
Analyzed By	Robert Graddy				
Analysis Date/Time	8-23-2017 14:47				

<i>Total Dissolved Solids</i>	<i>EPA 160.1</i>	<i>Batch: 17082404</i>	<i>Run: 1</i>		
	Result	Reporting Limit	Qual	Unit	
Total Dissolved Solids	287	5.0			mg/L
Analyzed By	Katy Hattenhauer				
Analysis Date/Time	8/23/2017 12:29				

<i>Total Suspended Solids</i>	<i>EPA 160.2</i>	<i>Batch: 17082403</i>	<i>Run: 1</i>		
	Result	Reporting Limit	Qual	Unit	
Total Suspended Solids	1.0	1.0			mg/L
Analyzed By	Katy Hattenhauer				
Analysis Date/Time	8/23/2017 11:00				

Client: CSI	Client Sample ID: Cabot - Outfall 001 Grab
Lab ID: 2017-2781	Collection Date: 8/23/2017 8:37:00 AM
Matrix: Water	

Analyses

<i>Nitrate and Nitrite</i>	<i>SM 4500-NO3 I (20th)</i>	<i>Batch: 17082413</i>	<i>Run: 1</i>
	<u>Result</u>	<u>Reporting Limit</u>	<u>Qual</u> <u>Unit</u>
Nitrate/Nitrite as N	4.82	0.25	mg/L
Dilution Factor	5		
Analyzed By	Patrick Rawhouser		
Analysis Date/Time	8/23/2017 1:54:17 PM		

<i>Total Phosphorus</i>	<i>SM 4500-P J (20th)</i>	<i>Batch: 17082414</i>	<i>Run: 1</i>
	<u>Result</u>	<u>Reporting Limit</u>	<u>Qual</u> <u>Unit</u>
Phosphorus-total	3.56	0.1	mg/L
Dilution Factor	5		
Analyzed By	Patrick Rawhouser		
Analysis Date/Time	8/24/2017 11:38:09 AM		

<u>Client:</u>	CSI	<u>Client Sample ID:</u>	Cabot - Outfall 001 Grab
<u>Lab ID:</u>	2017-2781	<u>Collection Date:</u>	8/23/2017 8:37:00 AM
		<u>Matrix:</u>	Water

Analyses

Field Data

Batch: 17083106 Run: 1

	<u>Result</u>	<u>Qual</u>	<u>Unit</u>
Dissolved Oxygen	6.34		mg/L
pH	7.23		SU
Temperature	27		C
Analyzed By	Keith Waters		
Analysis Date/Time	8/23/17 08:39		

Analytical Quality Control Results Report

Batch: 17082501	Fecal Coliforms - water
<i>Cabot - Outfall 001 Grab</i>	<i>LIMS ID: 2017-2781</i>

Fecal Coliforms DUP *Run: 1*

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Fecal Coliforms	~2 cfu/100ml	2		
Fecal Coliforms (RPD)	0 %			0 - 20
Analysis Date/Time	08/23/2017 10:37			
Analyzed By	Katy Hattenhauer			

MB	LIMS ID: 17082501-MB-01
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Fecal Coliforms MB *Run: 1*

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Fecal Coliforms	<3 cfu/100ml	3		
Analysis Date/Time	08/23/2017 10:37			
Analyzed By	Katy Hattenhauer			

LCS	LIMS ID: 17082501-LCS-01
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Fecal Coliforms LCS *Run: 1*

<i>Parameter</i>	<i>Result</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Fecal Coliforms	460 cfu/100ml	97-3592 CFU/100ml	
Analyzed By	Katy Hattenhauer		
Analysis Date/Time	08/23/2017 10:37		

Analytical Quality Control Results Report

Batch: 17082413	Lachat - NO3+NO2 (water)
Cabot - Outfall 001 Grab	LIMS ID: 2017-2781

Nitrate and Nitrite - water DUP

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Nitrate/Nitrite as N	4.85 mg/L	0.25		
Nitrate/Nitrite as N (RPD)	0.5 %			0 - 20
Dilution Factor	5			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/23/2017 1:55:28 PM			

MB	LIMS ID: 17082413-MB-01
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Nitrate and Nitrite - water MB

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Nitrate/Nitrite as N	<0.05 mg/L	0.05		
Dilution Factor	1			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/23/2017 1:10:48 PM			

LCS	LIMS ID: 17082413-LCS-01
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Nitrate and Nitrite - water LCS

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Nitrate/Nitrite as N (% Recovery)	91.8 %		80 - 120	
Dilution Factor	1			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/23/2017 1:11:57 PM			

Analytical Quality Control Results Report

Batch: 17082414	Lachat - TP (water)
Cabot - Outfall 001 Grab	LIMS ID: 2017-2781

TP (Total Phosphorus) - water DUP

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Phosphorus-total	3.66 mg/L	0.1		
Phosphorus-total (RPD)	2.9 %			0 - 20
Dilution Factor	5			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/24/2017 11:39:16 AM			

MB	LIMS ID: 17082414-MB-01
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TP (Total Phosphorus) - water MB

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Phosphorus-total	<0.02 mg/L	0.02		
Dilution Factor	1			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/24/2017 10:56:04 AM			

LCS	LIMS ID: 17082414-LCS-01
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TP (Total Phosphorus) - water LCS

Run: 1

Parameter	Result	Accuracy Control	Precision Control
Phosphorus-total (% Recovery)	97.0 %	80 - 120	
Dilution Factor	1		
Analyzed By	Patrick Rawhouser		
Analysis Date/Time	8/24/2017 10:57:10 AM		

Analytical Quality Control Results Report

Batch: 17082412	Lachat - Ammonia (water)
Cabot - Outfall 001 Comp	LIMS ID: 2017-2780

Ammonia as N - water DUP

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Ammonia as N	0.054 mg/L	0.03		
Ammonia as N (RPD)	3.1 %			0 - 20
Dilution Factor	1			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/23/2017 1:57:51 PM			

MB	LIMS ID: 17082412-MB-01
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Ammonia as N - water MB

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Ammonia as N	<0.03 mg/L	0.03		
Dilution Factor	1			
Analyzed By	Patrick Rawhouser			
Analysis Date/Time	8/23/2017 1:10:48 PM			

LCS	LIMS ID: 17082412-LCS-01
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Ammonia as N - water LCS

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Ammonia as N (% Recovery)	104 %	80 - 120	
Dilution Factor	1		
Analyzed By	Patrick Rawhouser		
Analysis Date/Time	8/23/2017 1:11:57 PM		

Analytical Quality Control Results Report

Batch: 17083002	CBOD5 - water
Cabot - Outfall 001 Comp	LIMS ID: 2017-2780

CBOD - water DUP **Run: 1**

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Carbonaceous BOD	0.53 mg/L	0.2		
Carbonaceous BOD (RPD)	11.9 %			0 - 20
Analyzed By	Robert Graddy			
Analysis Date/Time	8-23-2017 14:47			

MB	LIMS ID: 17083002-MB-01
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CBOD - water MB **Run: 1**

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Carbonaceous BOD	<0.2 mg/L	0.2		
Analyzed By	Robert Graddy			
Analysis Date/Time	8-23-2017 14:47			

LCS	LIMS ID: 17083002-LCS-01
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CBOD - water LCS **Run: 1**

<i>Parameter</i>	<i>Result</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Carbonaceous BOD (% Recovery)	107 %	84.6 - 115	
Analyzed By	Robert Graddy		
Analysis Date/Time	8-23-2017 14:47		

Analytical Quality Control Results Report

Batch: 17082404	TDS - water
Cabot - Outfall 001 Comp	LIMS ID: 2017-2780

Solids, Total Dissolved - water DUP

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Total Dissolved Solids (RPD)	0 %			0 - 20
Total Dissolved Solids	287 mg/L	5		
Analyzed By	Katy Hattenhauer			
Analysis Date/Time	8/23/2017 12:29			

MB	LIMS ID: 17082404-MB-02
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Solids, Total Dissolved - water MB

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Total Dissolved Solids	<5.0 mg/L	5		
Analyzed By	Katy Hattenhauer			
Analysis Date/Time	8/23/2017 12:29			

LCS	LIMS ID: 17082404-LCS-02
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Solids, Total Dissolved - water LCS

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Total Dissolved Solids (% Recovery)	102 %	90 - 110	
Analyzed By	Katy Hattenhauer		
Analysis Date/Time	8/23/2017 12:29		

Analytical Quality Control Results Report

Batch: 17082403	TSS - water
Cabot - Outfall 001 Comp	LIMS ID: 2017-2780

Solids, Total Suspended - water DUP

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Total Suspended Solids (RPD)	26.1 % * R			0 - 20
Total Suspended Solids	1.3 mg/L	1		
Analyzed By	Katy Hattenhauer			
Analysis Date/Time	8/23/2017 11:00			

*R = RPD does not meet acceptance criteria

MB	LIMS ID: 17082403-MB-02
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Solids, Total Suspended - water MB

Run: 1

Parameter	Result	RL	Accuracy Control	Precision Control
Total Suspended Solids	<1 mg/L	1		
Analyzed By	Katy Hattenhauer			
Analysis Date/Time	8/23/2017 7:12			

LCS	LIMS ID: 17082403-LCS-02
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Solids, Total Suspended - water LCS

Run: 1

Parameter	Result	Accuracy Control	Precision Control
Total Suspended Solids (% Recovery)	104 %	90 - 110	
Analyzed By	Katy Hattenhauer		
Analysis Date/Time	8/23/2017 7:12		

Analytical Quality Control Results Report

Batch: 17083106	Field Data
Cabot - Outfall 001 Grab	LIMS ID: 2017-2781

Field Parameters DUP

Run: 1

Parameter	Result	Accuracy Control	Precision Control
Dissolved Oxygen	6 mg/L		
Dissolved Oxygen (RPD)	0.8 %		0 - 5
pH (RPD)	0 %		0 - 5
pH	7.23 SU		
Temperature	27.0 C		
Temperature (RPD)	0 %		0 - 5
Analyzed By	Keith Waters		
Analysis Date/Time	8/23/17 08:39		