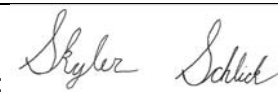
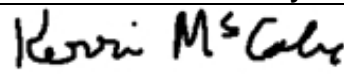
 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>					
		AFIN: <b>03-00039</b>		PERMIT #: <b>AR0021211</b>		DATE: <b>5/7/2018</b>	
		COUNTY: <b>03 Baxter</b>			PDS #: <b>103292</b>		MEDIA: <b>WN</b>
		GPS LAT:		LONG:		LOCATION: <b>N/A</b>	
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>			
NAME: <b>City of Mountain Home WWTP</b> LOCATION: <b>537 Hicks Rd.</b> CITY: <b>Mountain Home</b>				FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>117208 S - State</b>	
<b>RESPONSIBLE OFFICIAL</b> NAME / TITLE: <b>Joe Dillard / Mayor</b> COMPANY: <b>City of Mountain Home</b> MAILING ADDRESS: <b>720 S. Hickory St</b> CITY, STATE, ZIP: <b>Mountain Home AR 72653</b> PHONE & EXT. / FAX: <b>870-425-5116 /</b> EMAIL: <b>mayor@cityofmountainhome.com</b> CONTACTED DURING INSPECTION: <b>No</b>				FACILITY EVALUATION RATING: <b>2 - Marginal</b>		INSPECTION TYPE: <b>SSO/Collection System</b>	
				DATE(S): <b>5/7/2018</b>		ENTRY TIME: <b>09:20</b>	
				PERMIT EFFECTIVE DATE: <b>9/1/2015</b>		PERMIT EXPIRATION DATE: <b>8/31/2020</b>	
				FAYETTEVILLE SHALE RELATED: <b>N</b>			
				FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
				<b>INSPECTION PARTICIPANTS</b>			
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com</b>			
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER	**	
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW	**	
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM	**	
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT	**	
<b>M</b>	<b>OTHER: SSO/Collection System</b>						
<b>SUMMARY OF FINDINGS</b>							
The following item is a violation of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6, which has adopted the "10 States Standards" ( <a href="http://10statesstandards.com/wastewaterstandards.html#40">http://10statesstandards.com/wastewaterstandards.html#40</a> ):							
There was no alarm at the Old Arkana Road lift station. All the lift stations need to have alarms in case of overflows and other issues.							
<b>GENERAL COMMENTS</b>							
On May 7, 2018, an inspection was conducted of the collection system with the above mentioned inspection participants. The inspection consisted of a site assessment of six (6) lift stations and a review of the reported SSO information.							
The system consists of twelve (12) lift stations. The facility maintains daily inspection logs, maintenance logs, and adequate spare parts. Facility has a vac-truck available for emptying the wet wells with contents hauled directly to the plant. For electrical motor repairs, Evans Enterprises, Inc. is used. For reporting requirements, the operator acknowledges that threat to public health is an overflow at a residence and an overflow that reaches waters of the State is a threat to the environment.							
INSPECTOR'S SIGNATURE:  <b>Skyler Schlick</b>						DATE: <b>5/23/2018</b>	
SUPERVISOR'S SIGNATURE:  <b>Kerri McCabe</b>						DATE: <b>6/13/2018</b>	

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <u>Gravity to lift stations; force to WWTP</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>Around 7500 connections</u>		
FEET OF SEWER SYSTEM:		
AGE OF SYSTEM: <u>40 years</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR <u>WET</u> WEATHER (EXPLAIN):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<u>Report online to ADEQ and call if necessary.</u>		
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH):	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<u>2015 to present: 42 records with 6 large volume (&gt;10,000 gallons) and 7 reaching waters of the State.</u>		
<b>PUMP STATIONS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>12</u>	NUMBER WITH BACKUP POWER: <u>None; 2 portable generators</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>Daily logs</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>Yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>Yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>No</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Fix problem, pick up debris, lime, and report to ADEQ</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>6</u>		
<b>SATELLITE SYSTEMS</b>		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <u>Not familiar with any.</u>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Old Arkana Rd (36.314315, -92.369461)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Confined space</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Confined space</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Low</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Vac-truck; 12 ft. wet well</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No audio/visual alarm</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>County Road 390 (36.351539, -92.325728)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>100 hp</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Low</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Vac-truck; 15 ft. wet well</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Hwy 62 E (36.359819, -92.339320)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>10 hp</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Above-ground</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Above-ground</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Vac-truck; 12 ft. wet well</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Colewood Drive (36.340839, -92.353155)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Low</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Vac-truck; 12 ft. wet well</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Franklin Ave (36.360245, -92.397524)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Above-ground</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Above-ground</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Vac-truck</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Hickory Hollow Drive (36.365620, -92.390380)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Low</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Vac-truck</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1137</b>
		Photo #:	<b>1</b>
Description:	<b>An overview of the Old Arkana Road lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1136</b>
		Photo #:	<b>2</b>
Description:	<b>Old Arkana Road wet well.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1134</b>
		Photo #:	<b>3</b>
Description:	<b>Old Arkana Road pumps.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1148</b>
		Photo #:	<b>4</b>
Description:	<b>An overview of County Road 390 lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1145</b>
Description:	<b>Control panel for County Road 390 lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1146</b>
Description:	<b>Wet well for County Road 390 lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1156</b>
		Photo #:	<b>7</b>
Description:	<b>An overview of Hwy 62 E lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1154</b>
		Photo #:	<b>8</b>
Description:	<b>Control panel for Hwy 62 E lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1204</b>
		Photo #:	<b>9</b>
Description:	<b>An overview of Colewood Drive lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1202</b>
		Photo #:	<b>10</b>
Description:	<b>Control panel for Colewood Drive lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1203</b>
		Photo #:	<b>11</b>
Description:	<b>Wet well for Colewood Drive lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1214</b>
		Photo #:	<b>12</b>
Description:	<b>An overview of Franklin Avenue lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1214</b>
		Photo #:	<b>13</b>
Description:	<b>Pumps at Franklin Avenue lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1219</b>
		Photo #:	<b>14</b>
Description:	<b>An overview of Hickory Hollow Drive lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1218</b>
		Photo #:	<b>15</b>
Description:	<b>Control panel for Hickory Hollow Drive lift station.</b>		

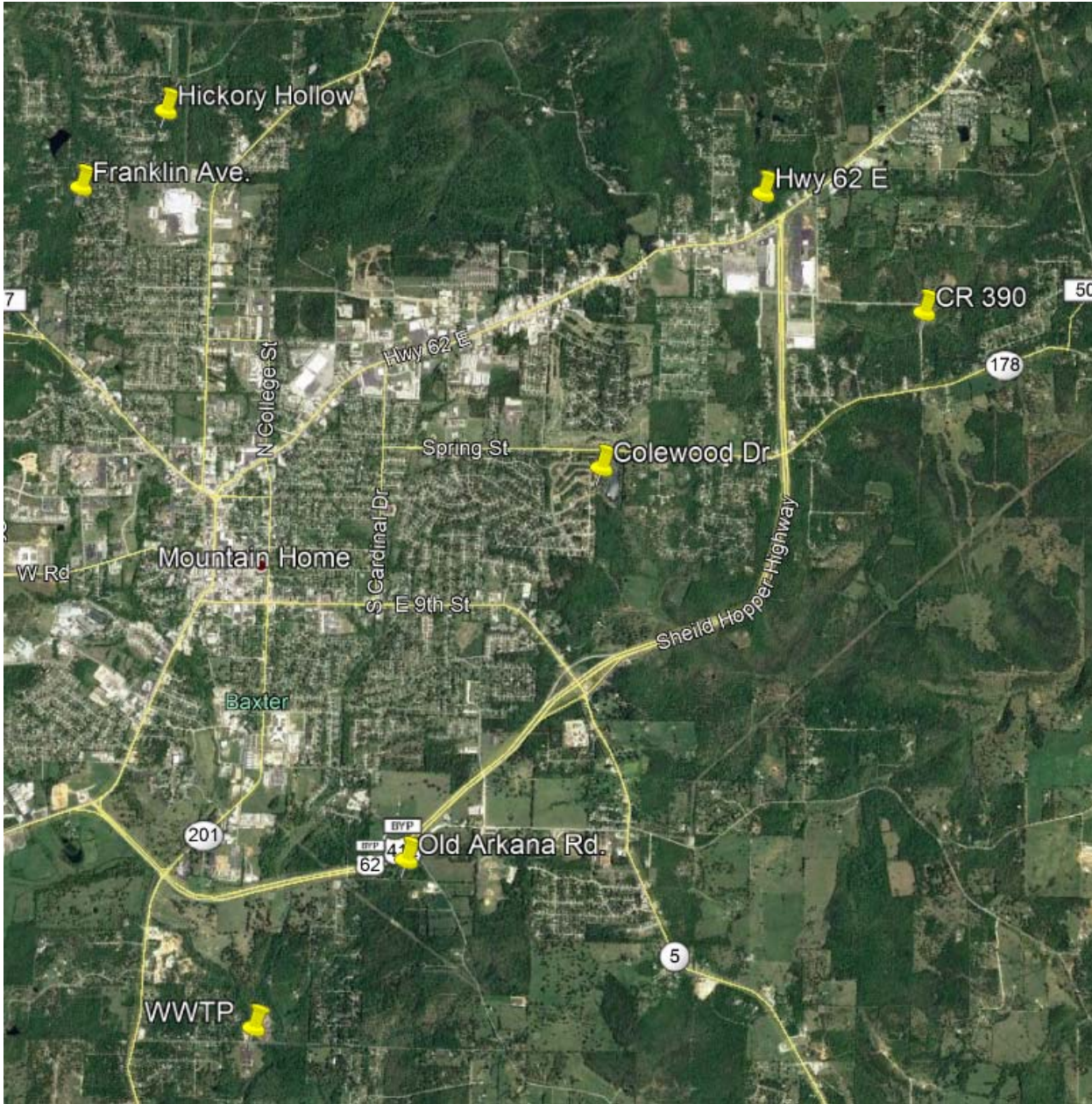


Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1219</b>
		Photo #:	<b>16</b>
Description:	<b>Wet well for Hickory Hollow Drive lift station.</b>		





**Figure 1. Mountain Home Lift Stations inspected on May 7, 2018 (Google Earth image dated May 4, 2014).**



**From:** [Alma L. Clark](#)  
**To:** [Water-Inspection-Report](#); [Schlick, Skyler](#)  
**Subject:** Mountain Home Inspection Report Corrections AFIN# 03-00039  
**Date:** Monday, June 18, 2018 8:22:30 AM  
**Attachments:** [NPDES# AR0021211\\_Inspection\\_Corrections.pdf](#)

---

**If there is anything else needed please let me know.. thanks**

**ALMA L. CLARK  
DIRECTOR WATER/SEWER  
CITY OF MOUNTAIN HOME  
752 N. COLLEGE ST.  
MOUNTAIN HOME, AR 72653  
PHONE: 870-425-5115  
FAX: 870-425-4828**

**CITY OF MOUNTAIN HOME  
WATER AND SEWER DEPARTMENT**

752 N. College Street  
Mountain Home, AR 72653  
Phone (870) 425-5115 Fax (870) 425-5139

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**Alma L. Clark**

Director Water/Wastewater

June 18, 2018

Water Division Inspection Branch  
ADEQ  
5301 Northshore Drive  
North Little Rock, AR 72118

Skyler Schlick  
District 2 Field Inspector,

RE: City of Mountain Home WWTP Inspection on 05/07/2018  
ADFIN: 03-00039  
NPDES PERMIT# AR0021211

This letter is with regards to the inspection on 05/07/18. All of the items in the summary of findings have been corrected to date. Attached are pictures of the corrections. If you need anything else please let me know.

Regards,



Alma L. Clark  
City of Mountain Home  
Director W/S

**DMR Calculation Check**

Reporting Period: From 2017 04 01 To 2017 04 30  
 Year Month Day Year Month Day

Parameter Checked: NO3+NO2-N

	Loading	Concentration	
	Mass	Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>217.63</u>	<u>7.18</u>	<u>8.36</u>
Calculated Value:	<u>228.01</u>	<u>7.18</u>	<u>8.36</u>
Permit Value:	<u>417</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Values are the slightly different for Mass Loading (lbs/day) for Monthly Average (see Table 2 for calculations).

The April 26<sup>th</sup> calculation was the only one different; 6.55 mg/L \* 4.21 MGD \* 8.34 = 230.0 lbs/day

APRIL 2017  
NO3-N4-NO2

Exhibit A  
PDS # 103291

Page 9 of 24

DATE	Flow	MG/L	LBS.
4-5-17	5.68	6.89 mg/L	326.4 lbs.
4-12-17	2.74	6.93 mg/L	158.4 lbs.
4-19-17	2.83	8.36 mg/L	197.3 lbs.
4-26-17	4.21	6.55 mg/L	230.0 lbs. <del>188.4 lbs.</del>

MONTHLY Avg. MG/L: 7.18 mg/L

7 DAY Avg. MG/L: 8.36 mg/L

MONTHLY Avg. LBS.: 217.63 lbs. 228.03 lbs.

Exhibit A-1

Code	Parameter Name	NODI	Quantity or Loading	Value 1	Value 2	Units	Value 3	Value 4	Value 5	Value 6	Value 7
00300	Oxygen, dissolved [DO]	Smpl.					-8.95			19 - mg/L	19 - mg/L
Season: 0										19 - mg/L	19 - mg/L
NODI: -											
00400	pH	Req.								1.1 - 9.0	9
Season: 0										1.1 - 9.0	9
NODI: -											
00530	Solids, total suspended	Smpl.		291.7							
Season: 0											
NODI: -											
00610	Nitrogen, ammonia total [as N]	Smpl.		0.32							
Season: 0											
NODI: -											
00630	Nitrite + Nitrate total [as N]	Smpl.		228.03							
Season: 0											
NODI: -											
00665	Phosphorus, total [as P]	Smpl.		79.6							
Season: 1											
NODI: -											
119	Copper, total recoverable	Smpl.		0.4							
Season: 0											
NODI: -											

Handwritten notes: *Fixed Due Resubmitted*

Table columns and values from image:  
Value 3: -8.95, >=7 INST MIN, =7.23, >=6 MINIMUM, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d, 26 - lb/d  
Value 4: =12.4, <=15 MO AVG, =0.01, <=1.6 MO AVG, =7.18, <=10 MO AVG, =2.64, Req Mon MO AVG, =19, <=41.4 MO AVG  
Value 5: =13.8, <=22.57 DA AVG, <=3.7 DA AVG, <=157 DA AVG, <=3.7 DA AVG, <=10 MO AVG, =3.42, Req Mon MO AVG, =19, <=41.4 MO AVG  
Value 6: 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L, 19 - mg/L  
Value 7: 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9



ARKANSAS  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: 03-00039	PERMIT #: AR0021211	DATE: 5/7/2018
COUNTY: 03 Baxter	PDS #: 103292	MEDIA: WN
GPS LAT:	LONG:	LOCATION: N/A

### FACILITY INFORMATION

NAME: **City of Mountain Home WWTP**  
 LOCATION: **537 Hicks Rd.**  
 CITY: **Mountain Home**

### RESPONSIBLE OFFICIAL

NAME / TITLE: **Joe Dillard / Mayor**  
 COMPANY: **City of Mountain Home**  
 MAILING ADDRESS: **720 S. Hickory St**  
 CITY, STATE, ZIP: **Mountain Home AR 72653**  
 PHONE & EXT. / FAX: **870-425-5116 /**  
 EMAIL: **mayor@cityofmountainhome.com**

CONTACTED DURING INSPECTION: **No**

### INSPECTION INFORMATION

FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>117208 S - State</b>
FACILITY EVALUATION RATING: <b>2 - Marginal</b>	INSPECTION TYPE: <b>SSO/Collection System</b>
DATE(S): <b>5/7/2018</b>	ENTRY TIME: <b>09:20</b>
	EXIT TIME: <b>12:38</b>
	PERMIT EFFECTIVE DATE: <b>9/1/2015</b>
	PERMIT EXPIRATION DATE: <b>8/31/2020</b>

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

### INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:  
**Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com**

### AREA EVALUATIONS

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

** PERMIT	** FLOW MEASUREMENT	** STORMWATER
** RECORDS/REPORTS	** LABORATORY	** FACILITY SITE REVIEW
** OPERATION & MAINTENANCE	** EFFLUENT/RECEIVING WATER	** SELF-MONITORING PROGRAM
** SAMPLING	** SLUDGE HANDLING/DISPOSAL	** PRETREATMENT
<b>M</b> OTHER: <b>SSO/Collection System</b>		

### SUMMARY OF FINDINGS

The following item is a violation of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6, which has adopted the "10 States Standards" (<http://10statesstandards.com/wastewaterstandards.html#40>):

There was no alarm at the Old Arkana Road lift station. All the lift stations need to have alarms in case of overflows and other issues.

### GENERAL COMMENTS

On May 7, 2018, an inspection was conducted of the collection system with the above mentioned inspection participants. The inspection consisted of a site assessment of six (6) lift stations and a review of the reported SSO information.

The system consists of twelve (12) lift stations. The facility maintains daily inspection logs, maintenance logs, and adequate spare parts. Facility has a vac-truck available for emptying the wet wells with contents hauled directly to the plant. For electrical motor repairs, Evans Enterprises, Inc. is used. For reporting requirements, the operator acknowledges that threat to public health is an overflow at a residence and an overflow that reaches waters of the State is a threat to the environment.

INSPECTOR'S SIGNATURE:  Skyler Schlick	DATE: 5/23/2018
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 6/13/2018



Fixed 6/6/18  
Exhibit B  
PDS # 103292



<h1 style="margin: 0;">ADEQ</h1> <p style="margin: 0; font-size: small;">A R K A N S A S Department of Environmental Quality</p>		<b>WATER DIVISION INSPECTION REPORT</b>	
		AFIN: 03-00039	PERMIT #: AR0021211C
COUNTY: 03 Baxter		PDS #: 103294	MEDIA: WN
GPS LAT: 36.304705 LONG: -92.380104 LOCATION: General Area			
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>City of Mountain Home WWTP</b> LOCATION: <b>537 Hicks Rd.</b> CITY: <b>Mountain Home</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>117208 S - State</b> FACILITY EVALUATION RATING: <b>N</b> INSPECTION TYPE: <b>Other</b>	
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>5/7/2018</b>	ENTRY TIME: <b>09:20</b> EXIT TIME: <b>12:38</b> PERMIT EFFECTIVE DATE: <b>3/31/2017</b> PERMIT EXPIRATION DATE:
NAME / TITLE: <b>Joe Dillard / Mayor</b> COMPANY: <b>City of Mountain Home</b> MAILING ADDRESS: <b>720 S. Hickory St</b> CITY, STATE, ZIP: <b>Mountain Home AR 72653</b> PHONE & EXT: / FAX: <b>870-425-5116</b> / EMAIL: <b>mayor@cityofmountainhome.com</b>		<b>INSPECTION PARTICIPANTS</b>	
CONTACTED DURING INSPECTION: No		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com</b>	
<b>AREA EVALUATIONS</b>			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
** PERMIT	** FLOW MEASUREMENT	** STORMWATER	
** RECORDS/REPORTS	** LABORATORY	** FACILITY SITE REVIEW	
** OPERATION & MAINTENANCE	** EFFLUENT/RECEIVING WATER	** SELF-MONITORING PROGRAM	
** SAMPLING	** SLUDGE HANDLING/DISPOSAL	** PRETREATMENT	
M OTHER: State WWTP Construction			
<b>SUMMARY OF FINDINGS</b>			
The Professional Engineer (PE) for the State WWTP Construction permit has not submitted a written certification regarding the completion of the construction within thirty (30) days. The project was completed prior to the May 2018 inspection; however, the permit is still active. This is a violation of Condition #3 of the State construction permit. The city needs to contact the consulting engineer to submit a certified letter stating the project is complete and was constructed as approved.			
<b>GENERAL COMMENTS</b>			
On May 7, 2018, an inspection was conducted of the State WWTP Construction permit to determine if the system had been constructed as designed and approved by the Department. There were four sludge drying beds removed and the last drying bed was converted into a larger drying bed for disposal of wastewater from vacuum trucks.			
INSPECTOR'S SIGNATURE: <i>Skyler Schlick</i> Skyler Schlick		DATE: 5/23/2018	
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> Kerri McCabe		DATE: 6/13/2018	

**Ellington Engineering Services, LLC**

155 Kierra Place  
Mountain Home, AR 72653

(870) 736-4336  
ees@ellingtoneng.com



CIVIL  
ENGINEERING  
SURVEYING  
LAND DESIGN

**LETTER OF CERTIFICATION**

June 14, 2018

Arkansas Department of Environmental Quality  
Permits Branch of the Office of Water Quality  
5301 Northshore Drive  
North Little Rock, AR 72118

Re: City of Mountain Home WWTP  
Construction Permit AR0021211C  
AFIN: 03-00039

Dear Permits Branch:

The purpose of this letter is to provide written certification that the "Sludge Drying Beds Modification" project of the Mountain Home Wastewater Treatment Facility, permit number AR0021211C, has been completed and was constructed in accordance to the approved plans and specifications.

In accordance with Permit AR0021211, Part III, Section D. 11. C:

"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 who manage the system, or those 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."

Sincerely,

A handwritten signature in blue ink that reads "Danny Ellington".

Danny Ellington, P.E.  
Ellington Engineering Services

Cc: Alma Clark – MH Water & Sewer Director

Exhibit C  
PDS # 103294



# WATER DIVISION INSPECTION REPORT

**AR K A N S A S**  
Department of Environmental Quality

AFIN: 03-00039	PERMIT #: ARR000063	DATE: 5/7/2018	
COUNTY: 03 Baxter	PDS #: 103295	MEDIA: WN	
GPS LAT: 36.303401 LONG: -92.381499 LOCATION: General Area			

### FACILITY INFORMATION

NAME:  
**City of Mountain Home WWTP**  
LOCATION:  
**537 Hicks Rd.**  
CITY:  
**Mountain Home**

### RESPONSIBLE OFFICIAL

NAME / TITLE:  
**Joe Dillard / Mayor**  
COMPANY:  
**City of Mountain Home**  
MAILING ADDRESS:  
**720 S. Hickory St**  
CITY, STATE, ZIP:  
**Mountain Home AR 72653**  
PHONE & EXT. / FAX:  
**870-425-5116 /**  
EMAIL:  
**mayor@cityofmountainhome.com**

CONTACTED DURING INSPECTION: **No**

### INSPECTION INFORMATION

FACILITY TYPE: <b>2 - Industrial</b>	INSPECTOR ID#: <b>117208 S - State</b>
FACILITY EVALUATION RATING: <b>N</b>	INSPECTION TYPE: <b>Industrial Stormwater</b>
DATE(S): <b>5/7/2018</b>	ENTRY TIME: <b>09:20</b>
	EXIT TIME: <b>12:38</b>
	PERMIT EFFECTIVE DATE: <b>7/1/2014</b>
	PERMIT EXPIRATION DATE: <b>6/30/2019</b>

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

### INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:  
**Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com**

### AREA EVALUATIONS

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

** PERMIT	** FLOW MEASUREMENT	** STORMWATER	
** RECORDS/REPORTS	** LABORATORY	** FACILITY SITE REVIEW	
** OPERATION & MAINTENANCE	** EFFLUENT/RECEIVING WATER	** SELF-MONITORING PROGRAM	
** SAMPLING	** SLUDGE HANDLING/DISPOSAL	** PRETREATMENT	
<b>M OTHER: No-Exposure</b>			

### SUMMARY OF FINDINGS

The following item violates Part 1.7 of the general permit and 40 CFR 122.26(g):

- There were multiple petroleum-based leaks on the ground around the maintenance area.

### GENERAL COMMENTS

On May 7, 2018, an inspection was conducted at the facility to determine compliance with the city's No-Exposure Exclusion. The inspection consisted of a site assessment to determine if materials from the industrial activity were being exposed to stormwater.

With the exception of the item mentioned above, the majority of the materials located at the treatment plant are stored inside buildings/trailers or within containment. Leaks, spills, and residuals observed on the ground will need to be adequately cleaned and disposed of properly to prevent exposure to stormwater.

INSPECTOR'S SIGNATURE: <i>Skyler Schlick</i> Skyler Schlick	DATE: 5/23/2018
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SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> Kerri McCabe	DATE: 6/13/2018
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Spied 5/21/18  
Exhibit D  
PDS# 103295

# ADEQ

ARKANSAS  
Department of Environmental Quality

October 2, 2018

Joe Dillard, Mayor  
City of Mountain Home  
720 S. Hickory St  
Mountain Home, AR 72653

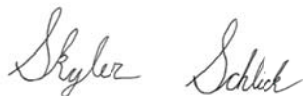
**RE: City of Mountain Home - Response to Inspections (Baxter Co)**  
**AFIN: 03-00039**                      **NPDES Permit No.: AR0021211**  
**AR0021211C**  
**ARR000063**

Dear Mr. Dillard:

I have reviewed the response pertaining to my May 7, 2018 inspections for the City of Mountain Home. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time, the Department has no further comment concerning these particular inspections. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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 (870) 424-3322 ext. 2 or you may e-mail me at [schlicks@adeq.state.ar.us](mailto:schlicks@adeq.state.ar.us).

Sincerely,



Skyler Schlick  
District 2 Field Inspector  
Office of Water Quality