

ADEQ

ARKANSAS
Department of Environmental Quality

March 19, 2019

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 February 28, 2019, Water Quality Inspector Blain Sanders and I performed a Compliance Evaluation 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 we can be of any assistance, please contact Jason Bolenbaugh, Compliance Branch Manager, at bolenbaugh@adeq.state.ar.us or 501-682-0659.

Sincerely,



Keith Waters
District 9 Field Inspector
Office of Water Quality

CC: Tim Joyner, General Manager, tim@cabotwaterworks.com
Jimmy Johnson, Operator, jimmy@cabotwaterworks.com

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 43-00059		PERMIT #: AR0021661		DATE: 2/28/2019	
		COUNTY: 43 Lonoke		PDS #: 107018		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			
RESPONSIBLE OFFICIAL 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 CONTACTED DURING INSPECTION: Yes			FACILITY EVALUATION RATING: 4 - Satisfactory		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 2/28/2019	ENTRY TIME: 08:30	EXIT TIME: 09:30	PERMIT EFFECTIVE DATE: 3/1/2013	
			PERMIT EXPIRATION DATE: 2/28/2023				
			FAYETTEVILLE SHALE RELATED: N				
FAYETTEVILLE SHALE VIOLATIONS: N							
INSPECTION PARTICIPANTS							
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Keith Waters/Water Quality Inspector/501-683-6629 Blain Sanders/ Water Quality Inspector/ 501-682-0657 Tim Joyner/General Manager/501-743-2154 Jimmy Johnson/Operator/501-743-1153							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	M	STORMWATER		
S	RECORDS/REPORTS	N	LABORATORY	S	FACILITY SITE REVIEW		
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM		
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
**	OTHER:						
SUMMARY OF FINDINGS							
<p>No violations were noted at the time of the inspection.</p>							
GENERAL COMMENTS							
<p>The sampling data for November 27, 2018 was used for DMR calculations even though they did not meet the permit sampling requirements (see photo 15). Samples taken that day were all grab samples, not composite as required by the permit, please submit a corrected DMR and non-compliance report for November 2018.</p> <p>All the chain of custodies (COCs) sent in for review were not received by anyone after they were relinquished by the sampler (see photos 15 and 16). This leaves the COC incomplete and can call the validity of your samples to be questioned.</p>							
INSPECTOR'S SIGNATURE:  Keith Waters				DATE: 3/4/2019			
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 3/8/2019			

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 type="checkbox"/> Y <input checked="" 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 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:	<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	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" 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>Yearly</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>Daily</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: <u>Sludge is stored in large lagoon.</u>							
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 type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

FLOW CALCULATION SHEET				
Date:	2/28/2019	9:13am		
Head in Inches:		Feet:	.79	
Type & Size of Primary Flow Measurement Device: 24" Parshall flume				
Name & Model of Secondary Flow Measurement Device:				FMU90 Endress+Hauser
Date of last Calibration of Secondary Flow Device:				Sticker was unable to read.
Recorded Flow at Date & Time Listed Above:				3.467 (Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:				3.588 MGD
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)</small>				
% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			
% Error =	3.467	-	3.588	X 100
	3.588			
% Error =	-0.121	X 100		
	3.588			
% Error =	-0.0337	X 100		
% Error =	-3.37	%		
Comments:				

DMR Calculation Check

Reporting Period: From 2018 11 1 To 2018 11 30
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>84.7</u>	<u>2.25</u>	<u>4</u>
Calculated Value:	<u>105.7</u>	<u>2.67</u>	<u>4</u>
Permit Value:	<u>750.6</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

The City of Cabot used samples results from the 11/27/18 sampling. Those samples do not meet the requirements of the permit and should have not been used for the DMR calculations. Please submit a corrected DMR and noncompliance report as a response to this inspection.

DMR Calculation Check

Reporting Period: From 2019 1 1 To 2019 1 31
 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>3.2</u>	<u>0.1</u>	<u>0.1</u>
Calculated Value:	<u>3.2</u>	<u>0.1</u>	<u>0.1</u>
Permit Value:	<u>200.2</u>	<u>4</u>	<u>6</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet				
Location:	City of Cabot			
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	8:40
Description:	Influent of lift station.		Photo #:	1
				
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	8:42
Description:	Bar screen and screening process.		Photo #:	2
				

Water Division Photographic Evidence Sheet

Location:	City of Cabot			
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson	Time:	8:42	
Description:	Bar screen and screening process.		Photo #:	3



Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson	Time:	8:44	
Description:	EQ Basin's for the facility.		Photo #:	4



Water Division Photographic Evidence Sheet

Location:	City of Cabot			
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	8:56
			Photo #:	5
Description:	Orbal Aeration Basin. The two inner raceways were being used during my inspection.			



Photographer:	Keith Waters	Date:	2/28/2019	Time:	8:57
Witness:	Blain Sanders, Jimmy Johnson			Photo #:	6
Description:	Orbal Aeration Basin. Outer raceway that is not being used filled with stormwater.				



Water Division Photographic Evidence Sheet

Location:	City of Cabot				
Photographer:	Keith Waters	Date:	2/28/2019	Time:	8:58
Witness:	Blain Sanders, Jimmy Johnson			Photo #:	7
Description:	An overview of the sludge ponds.				



Photographer:	Keith Waters	Date:	2/28/2019	Time:	9:01
Witness:	Blain Sanders, Jimmy Johnson			Photo #:	8
Description:	Secondary clarifier for the treatment system.				



Water Division Photographic Evidence Sheet

Location:	City of Cabot			
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	9:01
Description:	Secondary clarifier for the treatment system with weirs clean and in working order.		Photo #:	9



Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	9:05
Description:	UV banks for disinfection.		Photo #:	10



Water Division Photographic Evidence Sheet

Location:	City of Cabot		
Photographer:	Keith Waters	Date:	2/28/2019
Witness:	Blain Sanders, Jimmy Johnson	Time:	9:05
Description:	Bank of UV lights clean and in working order.		



Photographer:	Keith Waters	Date:	2/28/2019
Witness:	Blain Sanders, Jimmy Johnson	Time:	9:08
Description:	Composite sampler clean and in working order. Thermometer placed in sampler in media to confirm temperature.		



Water Division Photographic Evidence Sheet

Location:	City of Cabot			
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	9:11
			Photo #:	13
Description:	24" Parshall flume, with primary and secondary measuring device in good working order.			



Photographer:	Keith Waters	Date:	2/28/2019	Time:	9:11
Witness:	Blain Sanders, Jimmy Johnson			Photo #:	14
Description:	Dissolved Oxygen concrete stair step before final outfall of the facility.				



Water Division Photographic Evidence Sheet

Location:	City of Cabot			
Photographer:	Keith Waters	Date:	2/28/2019	
Witness:	Blain Sanders, Jimmy Johnson		Time:	N/A
Description:	Chain of Custody (COC) for November 27, 2018 sample event. No composite samples were taken and sampling data should not have been reported on the DMR.			



Chain of Custody

Company Name: **Cabot** Contact: Tim Joyner
 Address: 76 Marshall Lane Telephone: 501-843-4654
Cabot, AR 72023

Date/Time Composite Taken: 11/27/18 8am-8pm Sampler: Kyle Jackson
 Date/Time Grab Taken: 11/27/18 0902 Sampler: Kyle Jackson
 Number of Containers: 2

Sample ID / Location: 001 Influent Effluent Temp. 15.1 °

pH 6.70 Time: 0905 DO 8.30 Time: 0905
 Flow 2.715 mgd CR _____ Time _____

Container	Type of Container	Type of Sample	Preservation	Parameters
1	Plastic Jug	Comp grab	4°C	CBOD, TSS
2	Whirl-Pak	Comp grab	4°C H ₂ SO ₄	NH ₃
3				
4				
5				

Relinquished By: Kyle Jackson Date/Time: 11/27/18 1500
 Received By: _____ Date/Time: _____
 Relinquished By: _____ Date/Time: _____
 Received By: _____ Date/Time: _____
 Comments: Sampler was empty, all samples are a grab

pH 4 actual/observed 4.00 → 4.01 pH 7 actual/observed 7.00 → 7.04 pH 10 actual/observed 10.01 → 10.12
 Slope: -57.43 9790

Photographer:	Keith Waters	Date:	2/28/2019	Time:	N/A
Witness:	Blain Sanders, Jimmy Johnson		Photo #:	16	
Description:	Chain of Custody (COC) for January 8, 2019 sampling event. All COCs sent for review were not received by anyone after they had been relinquished by the sampler.				



Chain of Custody

Company Name: **Cabot** Contact: Tim Joyner
 Address: 76 Marshall Lane Telephone: 501-843-4654
Cabot, AR 72023

Date/Time Composite Taken: 1/7/19 8am-8pm Sampler: Kyle Jackson
 Date/Time Grab Taken: 1/8/19 0914 Sampler: Kyle Jackson
 Number of Containers: 2

Sample ID / Location: 001 Influent Effluent Temp. 15.6 °

pH 6.75 Time: 0914 DO 7.81 Time: 0914
 Flow 2.665 mgd CR _____ Time _____

Container	Type of Container	Type of Sample	Preservation	Parameters
1	Plastic Jug	Comp	4°C	CBOD, TSS
2	Whirl-Pak	Comp	4°C H ₂ SO ₄	NH ₃
3				
4				
5				

Relinquished By: Kyle Jackson Date/Time: 1/8/19 1615
 Received By: _____ Date/Time: _____
 Relinquished By: _____ Date/Time: _____
 Received By: _____ Date/Time: _____
 Comments: _____

pH 4 actual/observed 4 → 4.81 pH 7 actual/observed 7 → 7.93 pH 10 actual/observed 10.01 → 10.09
 Slope: -57.43 (97%)

Google Earth image of the facility.

