



# ARKANSAS

## ENERGY & ENVIRONMENT

September 14, 2021

Mr. Monty Ledbetter, Utilities Director  
City of Hot Springs POTW  
780 Adams Street  
Hot Springs, AR 71901

**RE: City of Hot Springs POTW Inspections (Garland Co)**  
**AFIN: 26-00145**                      **NPDES Permit No.: AR0033880**  
**ARR000059**

Dear Mr. Ledbetter:

On June 23, 2021, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and Industrial Stormwater 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 each of the inspection reports is enclosed for your records.


**Please refer to the “Summary of Findings” section of each of the inspection reports and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **September 29, 2021**.

If I can be of any assistance please contact me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us) or (501) 837-2070.

Sincerely,

A handwritten signature in cursive script that reads "Travis Harmon".

Travis Harmon  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>		
	<b>INSPECTION REPORT</b>		
	AFIN: 26-00145	PERMIT #: AR0033880	DATE: 6/23/2021
	COUNTY: 26 Garland	PDS #: 117419	MEDIA: WN
GPS LAT: 34.450316 LONG: -93.019033 LOCATION: General Area			
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>City of Hot Springs POTW</b> LOCATION: <b>320 Davidson Drive</b> CITY: <b>Hot Springs, AR 71901</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>34689 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b>	
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>6/23/2021</b> ENTRY TIME: <b>10:00</b> EXIT TIME: <b>15:00</b> PERMIT EFFECTIVE DATE: <b>9/1/2018</b> PERMIT EXPIRATION DATE: <b>8/31/2023</b>	
NAME: / TITLE <b>Mr. Monty Ledbetter / Utilities Director</b> COMPANY: <b>City of Hot Springs POTW</b> MAILING ADDRESS: <b>780 Adams Street</b> CITY, STATE, ZIP: <b>Hot Springs AR 71901</b> PHONE & EXT: / FAX: <b>501-651-7730 /</b> EMAIL: <b>mledbetter@cityhs.net</b> <b>hmauldin@cityhs.net</b> <b>gyates@cityhs.net</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>	
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Gordon Yates/ Operator</b> <b>Ronnie Mann/ Operator</b> <b>501-262-1125</b>	
<b>AREA EVALUATIONS</b>			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
<b>S</b>	PERMIT	<b>U</b>	FLOW MEASUREMENT
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL
<b>N</b>	OTHER:	<b>S</b>	STORMWATER
		<b>N</b>	FACILITY SITE REVIEW
		<b>N</b>	SELF-MONITORING PROGRAM
		<b>N</b>	PRETREATMENT
<b>SUMMARY OF FINDINGS</b>			
<ol style="list-style-type: none"> <li>1. The facility has reported exceedances in April and May 2021. These are violations of Part 1.A of the permit. Exceedances include TSS &amp; CBOD in May and TSS, TP, &amp; CBOD in April. Additionally, 12 exceedances were reported from January 2021 through March 2021. The facility has properly reported these exceedances in monthly DMR and no inspection response is required for this item.</li>   <li>2. I photographed excessive algae and vegetative growth in the secondary clarifiers and sand filters at the time of inspection. This is a violation of Part III.B.1.A of the permit. The facility is overloaded and currently a new filter system is being installed. Per operators, they need the new filter system on-line prior to washing down excess algae, which would disrupt treatment.</li>   <li>3. The effluent flowmeter was last calibrated on March 9, 2020. This is a violation of Part III.C.2 of the permit. The Division requires an annual calibration of the effluent flowmeter, conducted by a qualified technician.</li> </ol>			

**GENERAL COMMENTS**

Introduction


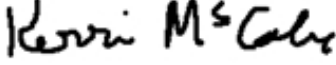
I inspected on June 23, 2021. The inspection was scheduled. Mr. Gordon Yates and Mr. Ronnie Mann, Operators, represented the facility during the inspection. In addition, Ms. Amanda Cates, Lab Supervisor, represented the on-site lab. Hot Springs operates a POTW designed to treat 12 MGD.

Records Review

Enforcement Branch conducted a DMR review from January 2021 through March 2021, which showed 12 exceedances during this time period. I also reviewed DMR for April and May 2021 and found seven additional exceedances. The facility provided all sample results for April 2021 to check DMR averaging and load calculations. The plant is exceeding design capacity and a new filter system is under construction. I also reviewed quarterly biomonitoring DMR from the 2<sup>nd</sup> Quarter 2020 through the 1<sup>st</sup> Quarter 2021. I used a TSS questionnaire at the lab. The lab answered all questions pertaining to the questionnaire. I also photographed a lab bench sheet to check TSS calculations.

Treatment Plant Inspection

I inspected the treatment plant from influent to final effluent. I started at the headworks and photographed the two bar screens and grit removal. I then photographed the equalization basin. The plant was pumping basin wastewater to the plant at the time. The plant consists of three primary clarifiers, three trains of aeration each with a sludge basin, followed by four secondary clarifiers. The plant then treats with sand filtration; however, a new filter system is currently under construction. Effluent is then disinfected with UV light. During the inspection, I photographed the effluent flowmeter, which was last calibrated March 9, 2020. I viewed the final effluent as collected in the composite sample bottle.

INSPECTOR'S SIGNATURE: 	Travis Harmon	DATE: 7/8/2021
SUPERVISOR'S SIGNATURE: 	Kerri McCabe	DATE: 9/13/2021

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" 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: <u>Excess algae in clarifiers and sand filters</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input 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 type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>4 ft. Parshall is covered</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input 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: <u>Teledyne ISCO</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated by qualified technician on March 9, 2020</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<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: <u>Effluent channel covered</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
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: <u>Used TSS questionnaire and checked TSS for bench sheet calculation (Method 2540 D).</u>	
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 checked="" type="checkbox"/> NA <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>City of Hot Springs</u>	
b. LAB ADDRESS: <u>320 Davidson Drive, Hot Springs, AR 71901</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3-N, DO, FCB, TP</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS: <u>Viewed effluent collected in sample bottle.</u></b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	none	none	clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS: <u>Belt press and taken to compost facility (permitted under ARR000166).</u></b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
<b>SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS: <u>No-Exposure inspection conducted per ARR000059; no violations of No-Exposure Exclusion.</u></b>							
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input 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	

**DMR Calculation Check**

Reporting Period: From 2021 04 01 To 2021 04 30  
 Year Month Day Year Month Day

Parameter Checked: TP

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>159</u>	<u>1.45</u>	<u>2.13</u>
Calculated Value:	<u>159.1</u>	<u>1.45</u>	<u>2.13</u>
Permit Value:	<u>100.1</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain:

**DMR Calculation Check**

Reporting Period: From 2021 04 01 To 2021 04 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>1502</u>	<u>13.15</u>	<u>17.54</u>
Calculated Value:	<u>1501.6</u>	<u>13.154</u>	<u>17.537</u>
Permit Value:	<u>1500</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>			
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>	
Witness:	<b>None- no other regulatory personnel</b>		Time:	<b>1036</b>
			Photo #:	<b>1</b>
Description:	<b>Plant influent at headworks with influent from EQ basin from left.</b>			



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>	Time:	<b>1037</b>
Witness:	<b>None</b>			Photo #:	<b>2</b>
Description:	<b>Influent screening.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1032</b>
Description:	<b>Grit removal.</b>	Photo #:	<b>3</b>



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1041</b>
Description:	<b>EQ Basin.</b>	Photo #:	<b>4</b>



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1050</b>
		Photo #:	<b>5</b>
Description:	<b>Facility has three primary clarifiers.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1054</b>
		Photo #:	<b>6</b>
Description:	<b>Three trains of aeration with sludge basin for RAS.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1054</b>
		Photo #:	<b>7</b>
Description:	<b>View of three aeration basins.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1104</b>
		Photo #:	<b>8</b>
Description:	<b>Excess algae in four secondary clarifiers.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1106</b>
		Photo #:	<b>9</b>
Description:	<b>Vegetation needing removal at secondary clarifiers.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1110</b>
		Photo #:	<b>10</b>
Description:	<b>Excess algae in sand filters.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>			
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>	
Witness:	<b>None</b>	Time:	<b>1115</b>	
Description:	<b>Sludge belt press.</b>		Photo #:	<b>11</b>



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>	
Witness:	<b>None</b>	Time:	<b>1117</b>	
Description:	<b>New filter system being installed.</b>		Photo #:	<b>12</b>



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1118</b>
Description:	<b>UV disinfection.</b>		

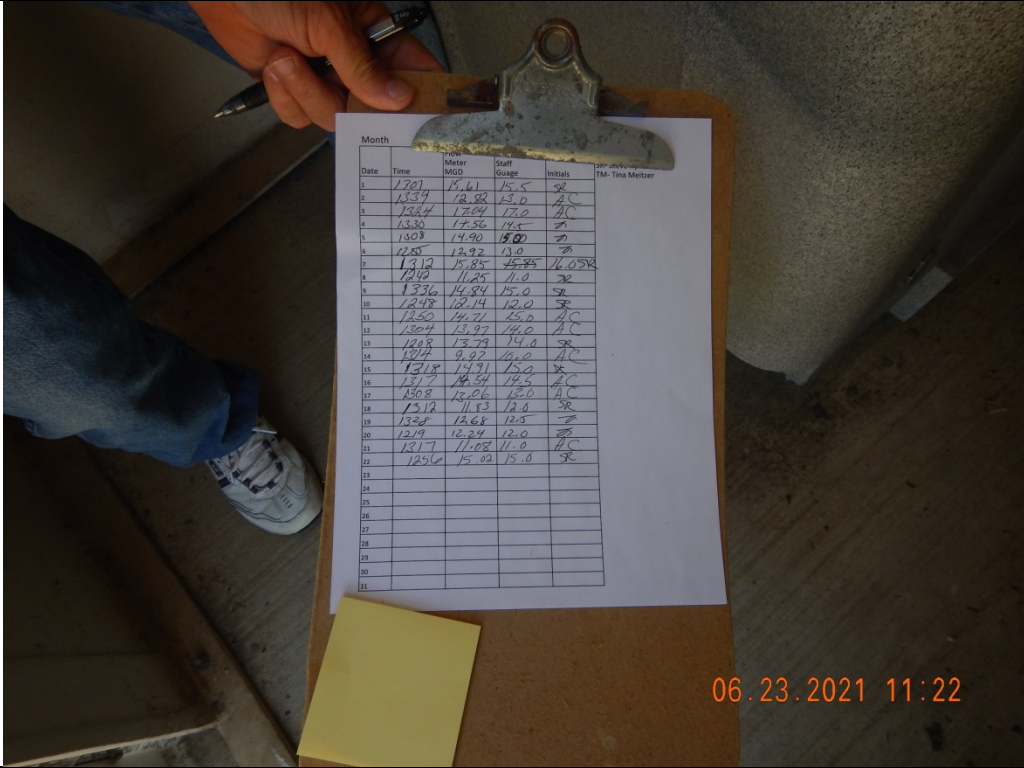


Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1124</b>
Description:	<b>View of final effluent as collected in composite sampler.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hot Springs POTW</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1122</b>
Description:	<b>Flow check log sheet.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>6/23/2021</b>
Witness:	<b>None</b>	Time:	<b>1125</b>
Description:	<b>Effluent flowmeter last calibrated March 20, 2020.</b>		





Figure 1. Google Earth image of City of Hot Springs POTW.





# CITY OF HOT SPRINGS

Utilities Department

780 Adams Street

Hot Springs, Arkansas 71901

September 23, 2021

Mr. Travis Harmon, Inspector  
Arkansas Energy & Environment  
Office of Water Quality  
5301 Northshore Drive  
North Little Rock, Arkansas 72118

**RE: Response to Letter of September 14, 2021 Regarding June 23, 2021 Compliance Evaluation Inspection - City of Hot Springs POTW Inspections (Garland County) - AFIN: 26-00145 NPDES Permit No.: AR0033880 / ARR000059**

Dear Mr. Harmon,

On June 23, 2021 a Compliance Evaluation Inspection and Industrial Stormwater Inspection took place for NPDES Permit No. AR0033880 and Industrial Stormwater Permit No. ARR000059. In the Summary of Findings, the Inspection Report calls for responses to the following issues at the Davidson Drive Wastewater Treatment Plant.

**Finding:** Excessive algae and vegetative growth in were present in secondary clarifiers and sand filters.

**Response:** On July 19, 2021 Plant Operators removed the excessive algae and plant growth from the secondary treatment and sand filters.

**Finding:** Calibration of the effluent flowmeter (last calibrated on March 9, 2020) was overdue for the required annual calibration.

**Response:** The effluent flowmeter has be calibrated as of July 22, 2021 by Paul Wofford with Instrument & Supply.

The June 23 Report also notes that four of six lift stations inspected had pumps out of service, including:

- Malvern Highway Pump Station
- Catherine Heights Pump Station
- Gulpha Pump Station
- Matthews Lane Pump Station

Response: Pump No. 2 at the Malvern Highway Pump Station had been rewound and is back in service.

Pump No. 3 at the Gulpha Pump Station has been rewound and is back in service.

Pump No. 1 at the Catherine Heights Pump Station has had the seals repaired and is back in service.

Pump No. 1 at the Matthews Lane pump station was repaired and reinstalled on June 24, 2021. Two pumps have been functioning at the station since that date.

If you need further information, please let us know. Harold Mauldin, Facilities Operations Manager for the Davidson Drive Wastewater Treatment Plant is available at 501.262.1125 or by email at [hmauldin@cityhs.net](mailto:hmauldin@cityhs.net). Jeff Palmer, Lift Station Manager is available at 501.321.2120 or by email at [jpalmer@cityhs.net](mailto:jpalmer@cityhs.net). I can be reached at 501.651.7730 or by email at [mledbetter@cityhs.net](mailto:mledbetter@cityhs.net).

Cordially,



Monty Ledbetter  
Utilities Director

Cc: Bill Burrough, City Manager, City of Hot Springs  
Bobby Harris, Field Operations Manager, City of Hot Springs Utilities  
Harold Mauldin, Wastewater Facilities Operations Manager, City of Hot Springs Utilities  
Jeff Palmer, Wastewater Lift Stations Manager, City of Hot Springs Utilities

Attachment: Davidson Drive Wastewater Treatment Plant Photos

Davidson Drive Wastewater Treatment Plant Photos

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## Davidson Drive Wastewater Treatment Plant Photos



Clarifier after cleaning



Effluent Meter Calibration  
July 22, 2021  
Instrument & Supply  
Paul Wofford

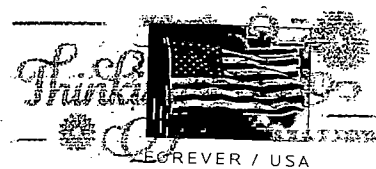


**City of Hot Springs  
Utilities Department**

Post Office Box 700  
Hot Springs National Park,  
Arkansas 71902

LITTLE ROCK AR 720

27 SEP 2021 PM 4 L



Mr. Travis Harmon, Inspector  
Arkansas Energy & Environment  
Office of Water Quality  
5301 Northshore Drive  
North Little Rock, Arkansas 72118

72118-531799





# ARKANSAS

## ENERGY & ENVIRONMENT

October 13, 2021

Monty Ledbetter, Utilities Director  
City of Hot Springs  
780 Adams Street  
Hot Springs, AR 71901

**RE: City of Hot Springs POTW - Response to Inspections (Garland Co)**  
**AFIN: 26-00145** **NPDES Permit No.: AR0033880**  
**ARR000059**

Dear Mr. Ledbetter:

I have reviewed the response pertaining to my June 23, 2021 inspections of the City of Hot Springs - Davidson POTW. The information provided sufficiently addresses the items 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 I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions please contact me at (501) 837-2070 or you may email me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us).

Sincerely,

A handwritten signature in cursive script that reads "Travis Harmon".

Travis Harmon  
Inspector, DEQ - Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118