



ARKANSAS

ENERGY & ENVIRONMENT

November 19, 2021

Tim Joyner, General Manager
Cabot Water & WW Commission
P.O. Box 1287
Cabot, AR 72023

RE: Cabot Water & Wastewater Comm. Inspection
AFIN: 43-00059 Permit No.: AR0021661

Dear Mr. Joyner:

On June 24, 2021, 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.


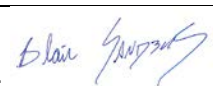
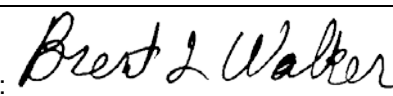
Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. 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 **December 10, 2021**.

If I can be of any assistance please contact me at blain.sanders@adeq.state.ar.us or (501) 682-0657.

Sincerely,

A handwritten signature in blue ink that reads "Blain Sanders".

Blain Sanders
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 43-00059	PERMIT #: AR0021661	DATE: 6/24/2021
	COUNTY: 43 Lonoke	PDS #: 118245	MEDIA: WN
GPS LAT: 34.95321 LONG: -92.028930 LOCATION: General Area			
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Cabot Water & Wastewater Comm. LOCATION: 76 Marshall Lane CITY: Cabot		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 123247 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation	
RESPONSIBLE OFFICIAL		DATE(S): 6/24/2021 ENTRY TIME: 09:45 EXIT TIME: 11:15 PERMIT EFFECTIVE DATE: 1/1/2020 PERMIT EXPIRATION DATE: 12/31/2024	
NAME: / TITLE Tim Joyner / General Manager COMPANY: Cabot Water & WW Commission MAILING ADDRESS: P.O. Box 1287 CITY, STATE, ZIP: Cabot AR 72023 PHONE & EXT: / FAX: 501-743-2154 / EMAIL: Tim@cabotwaterworks.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: Yes		INSPECTION PARTICIPANTS	
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Blain Sanders, DEQ Inspector, 501-682-0657 Will Cody, DEQ Inspector, 501-682-0827 Ryan Jones, Operator, 501-743-2154 Tim Joyner, General Manager, 501-743-2154			
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	M	FLOW MEASUREMENT
S	RECORDS/REPORTS	S	LABORATORY
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
N	OTHER:	N	STORMWATER
S		S	FACILITY SITE REVIEW
S		S	SELF-MONITORING PROGRAM
N		N	PRETREATMENT
SUMMARY OF FINDINGS			
The following violations were noted and require a written response:			
<ol style="list-style-type: none"> The UV bulbs contained significant amounts of algae and debris (Photo 17). This is a violation of Part III, Section B, 1, Operations and Maintenance. The staff gauge located at the flume was stained and difficult to read (Photo 20). This is a violation of Part III, Section B, 1, Operations and Maintenance. 			
GENERAL COMMENTS			
None			
INSPECTOR'S SIGNATURE:  Blain Sanders			DATE: 6/28/2021
SUPERVISOR'S SIGNATURE:  Brent L. Walker			DATE: 11/9/2021

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
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>UV bulbs and staff gauge in need of cleaning</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: <u>Onsite generator; weekly inspections</u>	<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: <u>SCADA</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Ryan Jones; Class IV Municipal</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: Outfall 001	<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 type="checkbox"/> N <input checked="" 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
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT 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. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: 24" Parshall Flume; Unable to read staff gauge, maintenance needed	<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: Annual	<input checked="" type="checkbox"/> Y <input 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: Unable to read staff gauge for routine checks	<input type="checkbox"/> Y <input checked="" 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: McClelland Consulting Engineers, Inc.	
b. LAB ADDRESS: 900 West Markham Street Little Rock, AR 72201	
c. PARAMETERS PERFORMED: NH3-N, CBOD, pH, TSS, FCB, Dissolved Oxygen, Total Phosphorus, Total Recoverable Arsenic, N+N	
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: 0%, 32%, 45%, 56%, 75%, 100%	<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

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	None	None	None	None	None	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: <u>Sludge is stored in large lagoon</u>						<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 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	
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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **June 24, 2021** Time: **10:19**

Head in Inches: Feet: **Unable to read staff gauge**

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

Name & Model of Secondary Flow Measurement Device: **Endress+Hauser FMU90**

Date of last Calibration of Secondary Flow Device: **Unable to read calibration sticker**

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

Calculated Flow at Date & Time Listed Above:

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

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

% Error =		-		X 100	

% Error =		X 100	

% Error =		X 100	
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% Error =		%	
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Comments: **I was unable to perform a calibration check due to the staff gauge being difficult to read. Maintenance is needed.**

DMR Calculation Check

Reporting Period: From 2021 4 1 To 2021 4 31
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>60.5</u>	<u>2.5</u>	<u>3.5</u>
Calculated Value:	<u>61.9</u>	<u>2.5</u>	<u>3.5</u>
Permit Value:	<u>500.4</u>	<u>10.0</u>	<u>15.0</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2021 4 1 To 2021 4 31
 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>88</u>	<u>4.3</u>	<u>9</u>
Calculated Value:	<u>88</u>	<u>4.3</u>	<u>9</u>
Permit Value:	<u>750.6</u>	<u>15.0</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:52
		Photo #:	1
Description:	Influent to the plant.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:54
		Photo #:	2
Description:	Mechanical bar screen.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:55
		Photo #:	3
Description:	View inside mechanical bar screen.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:55
		Photo #:	4
Description:	Dumpster where solids from bar screen are deposited.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:56
		Photo #:	5
Description:	Fluids from dumpster flow into drain that leads back into the treatment system.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:56
		Photo #:	6
Description:	Overview of the emergency EQ basin.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:58
		Photo #:	7
Description:	Overview of the EQ basin.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	09:58
		Photo #:	8
Description:	EQ basin; levees well maintained with adequate freeboard.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:00
		Photo #:	9
Description:	Orbal aeration basin; outer raceway that is offline filled with stormwater.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:02
		Photo #:	10
Description:	Orbal aeration basin; view of inner raceways that are in use.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:02
		Photo #:	11
Description:	Inner raceway with adequate flow throughout.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:03
		Photo #:	12
Description:	Onsite generator; weekly inspections are conducted. Serviced when needed.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:04
		Photo #:	13
Description:	Overview of 1 of 2 clarifiers.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:05
		Photo #:	14
Description:	Auto scrubbers inside both clarifiers; weirs clean and well maintained.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:08
		Photo #:	15
Description:	Control board of the UV disinfection system.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:10
		Photo #:	16
Description:	UV banks.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:12
		Photo #:	17
Description:	UV bulbs; needs cleaning and maintenance.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:15
		Photo #:	18
Description:	View inside composite sampler; bottles and tubing clean and secure.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:16
		Photo #:	19
Description:	Thermometer placed in media to confirm temperature.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:17
		Photo #:	20
Description:	Staff gauge near flume unable to read; maintenance needed.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:19
		Photo #:	21
Description:	Flowmeter; unable to read last calibration date.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:20
		Photo #:	22
Description:	24" Parshall Flume.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:20
		Photo #:	23
Description:	Step aeration before final outfall.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:21
		Photo #:	24
Description:	Offline sludge pond; currently working to remove Alligator Weed.		



Office of Water Quality Photographic Evidence Sheet

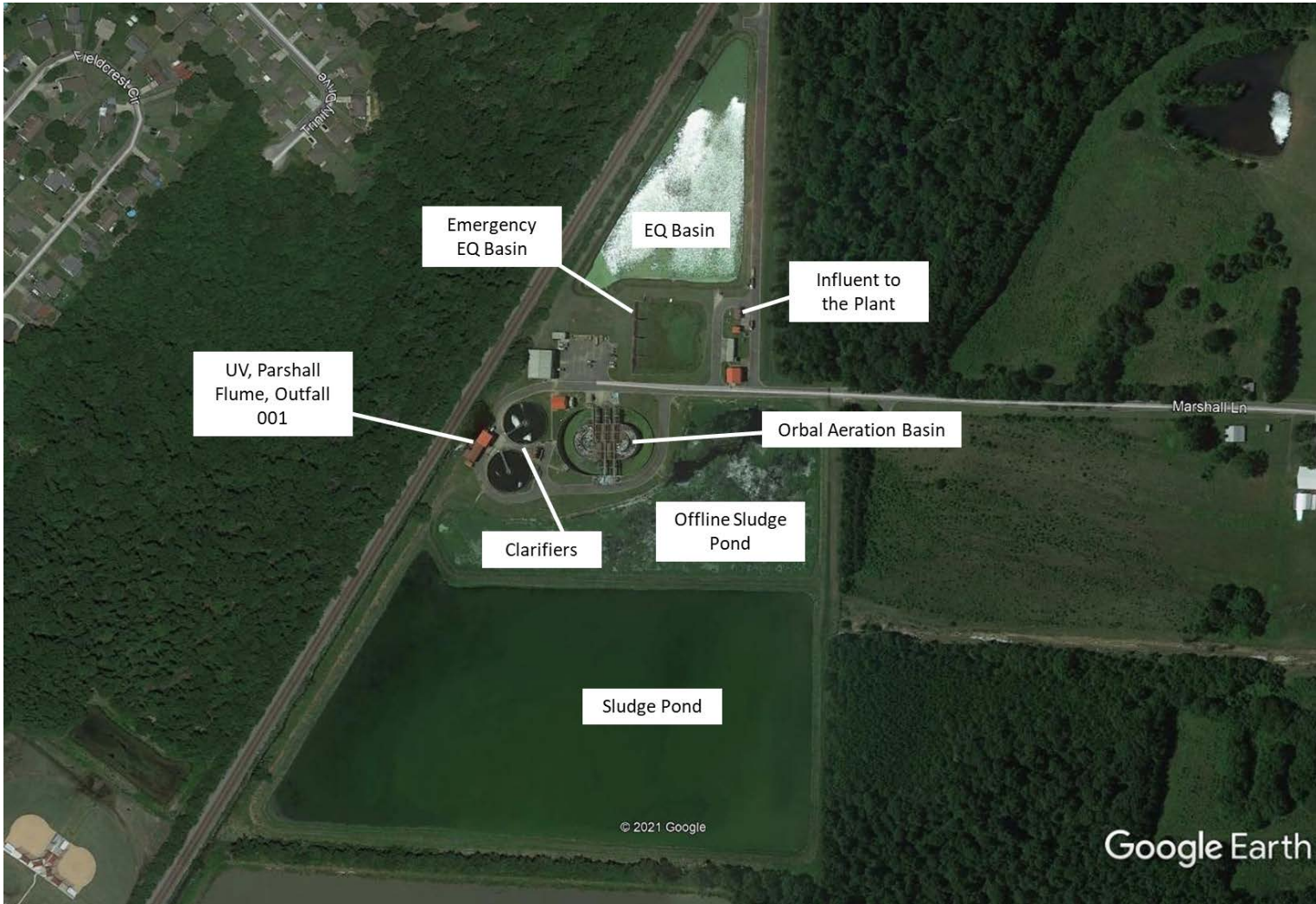
Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:29
		Photo #:	25
Description:	Overview of the sludge pond currently in use.		



Photographer:	Blain Sanders	Date:	June 24, 2021
Witness:		Time:	10:31
		Photo #:	26
Description:	Lagoon levees well maintained; levees inspected twice/week.		



Figure 1: Google Earth image of the City of Cabot wastewater treatment plant.



From: [Sanders, Blain](#)
To: [McConnell, Melissa](#)
Subject: FW: Cabot Water & Wastewater Inspection June 24,2021 - Permit AR0021661
Date: Friday, December 10, 2021 8:19:48 AM

Hey Melissa,

When you get a chance can you attach this to PDS #118245?

Thanks

From: tim@cabotwaterworks.com [mailto:tim@cabotwaterworks.com]
Sent: Tuesday, November 30, 2021 3:41 PM
To: Sanders, Blain
Cc: Water-Inspection-Report
Subject: Cabot Water & Wastewater Inspection June 24,2021 - Permit AR0021661

Blain,

Cabot Waterworks has corrected items 1. And 2. listed in your summary of findings. Attached are photos of the UV module and staff gauge that have been cleaned.

We will increase the frequency of cleaning these items in the future.

If you need any addition information, please let me know.

Tim Joyner, P.E.
General Manager
Cabot WaterWorks
One City Plaza, Suite B
PO Box 1287
Cabot, Arkansas 72023
Office: [501-843-4654](tel:501-843-4654)
Cell: [501-743-2154](tel:501-743-2154)

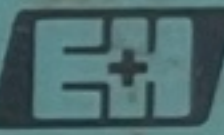


Virus-free. www.avg.com





Instrument & Supply, Inc.
Calibrated by: Paul Wofford
Date: Oct. 2021 Due: Oct. 2027
Number: FIT-671
501-262-3282



FMU90 Endress+Hauser 

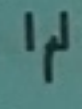

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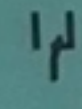

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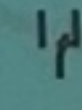

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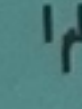

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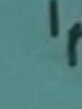

 

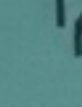
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