



ARKANSAS

ENERGY & ENVIRONMENT

March 15, 2023

Tim Joyner, GM
Cabot Water & WW Comm.
P.O. Box 1287
Cabot, AR 72023
Via email: tim@cabotwaterworks.com

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

Dear Mr. Joyner:

On November 9, 2022, 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 inspection report for any comments.

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: 11/9/2022		
	COUNTY: 43 Lonoke	PDS #: 124979	MEDIA: WN		
GPS LAT: 34.95320 LONG: -92.028537 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): 11/9/2022 ENTRY TIME: 10:50 EXIT TIME: 12:25 PERMIT EFFECTIVE DATE: 1/1/2020 PERMIT EXPIRATION DATE: 12/31/2024			
NAME: / TITLE Tim Joyner / GM COMPANY: Cabot Water & WW Comm. MAILING ADDRESS: P.O. Box 1287 CITY, STATE, ZIP: Cabot AR 72023 PHONE & EXT: / FAX: / EMAIL: tim@cabotwaterworks.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: Yes		INSPECTION PARTICIPANTS			
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Tim Joyner, General Manager, Cabot Water & WW Blain Sanders, Inspector, 501-682-0657 Reagan Spinelli, Inspector, 501-682-0064 Robert Diaz, Inspector, 501-682-0974					
AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				
SUMMARY OF FINDINGS					
No violations or areas of concern were noted at the time of the inspection.					
GENERAL COMMENTS					
Facility was clean and well maintained.					
INSPECTOR'S SIGNATURE:  Blain Sanders				DATE: 12/7/2022	
SUPERVISOR'S SIGNATURE:  Brent L. Walker				DATE: 3/13/2023	

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 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: Onsite generator	<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: Ryan Jones; Class IV Municipal	<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 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: __ TYPE OF DEVICE: 24" Parshall Flume	<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: Endruss+Hauser FMU90	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<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:	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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:	
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:						<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: **11/9/2022** Time: **11:22**

Head in Inches: Feet: **0.58'**

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: **October 2022**

Recorded Flow at Date & Time Listed Above: **2.136 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2.222 MGD**

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

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

% Error =	2.136	-	2.222	X 100	
	2.222				

% Error =	-0.086	X 100	
	2.222		

% Error =	-0.04	X 100	
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% Error =	4	%	
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Comments: **Within ± 10% of required calibration.**

DMR Calculation Check

Reporting Period: From 2022 9 1 To 2022 9 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>123.9</u>	<u>8.5</u>	<u>12.5</u>
Calculated Value:	<u>123.9</u>	<u>8.5</u>	<u>12.5</u>
Permit Value:	<u>750.6</u>	<u>15.0</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2022 9 1 To 2022 9 30
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>51.5</u>	<u>3.6</u>	<u>5.3</u>
Calculated Value:	<u>51.5</u>	<u>3.6</u>	<u>5.3</u>
Permit Value:	<u>500.4</u>	<u>10.0</u>	<u>15.0</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:	November 9, 2022
Witness:		Time:	11:04
		Photo #:	1
Description:	Headworks of the facility.		



Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:07
		Photo #:	2
Description:	Mechanical bar screens.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:06
		Photo #:	3
Description:	Dumpster used for collecting solids from bar screening.		



Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:06
		Photo #:	4
Description:	Drain for collecting discharge from bar screen solids; sent back into the treatment system.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.				
Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:10
Witness:				Photo #:	5
Description:	Orbal aeration basin; outer raceway is offline and filled with stormwater.				



Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:10
Witness:				Photo #:	6
Description:	Orbal aeration basin; inner raceway.				



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.				
Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:13
Witness:				Photo #:	7
Description:	View of clarifier #1.				



Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:13
Witness:				Photo #:	8
Description:	Weirs on clarifier.				



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.				
Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:15
Witness:				Photo #:	9
Description:	Clarifier #2; offline.				



Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:16
Witness:				Photo #:	10
Description:	UV bulb disinfection.				



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:17
		Photo #:	11
Description:	24" Parshall Flume.		



Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:22
		Photo #:	12
Description:	Staff gauge reading 0.58' at the time of inspection.		



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.				
Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:22
Witness:				Photo #:	13
Description:	Outfall 001.				



Photographer:	Blain Sanders	Date:	November 9, 2022	Time:	11:23
Witness:				Photo #:	14
Description:	Effluent composite sampler.				



Office of Water Quality Photographic Evidence Sheet

Location:	Cabot Water & Wastewater Comm.		
Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:25
		Photo #:	15
Description:	Sludge lagoon currently in use.		



Photographer:	Blain Sanders	Date:	November 9, 2022
Witness:		Time:	11:27
		Photo #:	16
Description:	Levees of the sludge lagoon are inspected regularly.		



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

