

July 13, 2015

Jim Smith, Public Works Director
City of Cave City
PO Box 69
Cave City, AR 725210069

RE: City of Cave City WWTP Inspections (Sharp Co)
AFIN: 68-00015 NPDES Permit No.: AR0022110

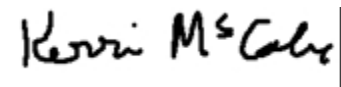
Dear Mr. Smith:

On June 24, 2015, I performed a Compliance Evaluation Inspection, a SSO/Collection System Inspection, and an Industrial User 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. Copies of the inspection reports are enclosed for your records.


Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **July 27, 2015**.

If I can be of any assistance, please contact me at mccabe@adeq.state.ar.us or (501) 682-0642.

Sincerely,



Kerri McCabe
Inspector Supervisor
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT						
		AFIN: 68-00015		PERMIT #: AR0022110		DATE: 6/24/2015		
		COUNTY: 68 Sharp			PDS #: 085180		MEDIA: WN	
		GPS LAT: 35.937827 LONG: -91.537052 LOCATION: Entrance						
FACILITY INFORMATION				INSPECTION INFORMATION				
NAME: City of Cave City WWTP LOCATION: 200 Foley Drive CITY: Cave City, AR				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 84022 S - State		
				FACILITY EVALUATION RATING: 1 - Unsatisfactory		INSPECTION TYPE: Compliance Evaluation		
RESPONSIBLE OFFICIAL				DATE(S): 6/24/2015		ENTRY TIME: 10:30		
				EXIT TIME: 15:00		PERMIT EFFECTIVE DATE: 1/1/2014		
NAME / TITLE: Jim Smith / Public Works Director COMPANY: City of Cave City MAILING ADDRESS: PO Box 69 CITY, STATE, ZIP: Cave City AR 725210069 PHONE & EXT: / FAX: 870-283-5563 / EMAIL:				PERMIT EXPIRATION DATE: 12/31/2018				
				FAYETTEVILLE SHALE RELATED: N				
				FAYETTEVILLE SHALE VIOLATIONS: N				
				INSPECTION PARTICIPANTS				
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Alton Stewart/City of Cave City, Water Operator Cody Wallace/ADEQ District 10 Water Inspector				
CONTACTED DURING INSPECTION: Yes								
AREA EVALUATIONS								
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
S	PERMIT		U	FLOW MEASUREMENT		N	STORMWATER	
M	RECORDS/REPORTS		S	LABORATORY		M	FACILITY SITE REVIEW	
U	OPERATION & MAINTENANCE		S	EFFLUENT/RECEIVING WATER		S	SELF-MONITORING PROGRAM	
S	SAMPLING		S	SLUDGE HANDLING/DISPOSAL		S	PRETREATMENT	
**	OTHER:							
SUMMARY OF FINDINGS								
<p>The following violations were noted during the inspection:</p> <p>1.) The totalizer flowmeter is setup at the influent primary flow measuring device (6" Parshall flume), and flow is being measured/reported at this location (see Photo 3). The permit reads, "Samples shall be taken after post-aeration." This is a violation of Part I, Section A.</p> <p>2.) There were no records available indicating that the influent had been sampled once per year to calculate the percent removal for Carbonaceous Biochemical Demand (CBOD5) and Total Suspended Solids (TSS). This is a violation of Part II, Condition 2.</p> <p>3.) The following items violate Part II, Condition 6:</p> <p>a.) There was evidence of several overflows from the treatment plant that had occurred due to I&I of the collection system (see Photos 2, 5, and 7).</p> <p>b.) No dumpster for solids removed from the bar screen due to negotiations with the trash service (see Photo 1).</p> <p>c.) There was evidence of spilled sludge being left on the ground around the aerobic digester from the licensed septic tank hauler (see Photo 12).</p> <p>d.) It was stated that pesticide was used around the piping conveyances of the sand filter beds.</p> <p>e.) It is unknown whether the sand filter medium has been evaluated for integrity.</p> <p>4.) The following items violate Part III, Section B, 1.A.:</p>								

- a.) The grit removal equipment is nonoperational and has been for some duration (see Photo 4).
 - b.) Floatables bypassing preliminary were noted in the oxidation track, flow EQ pond, and polishing pond.
 - c.) Large chunks of septic sludge were noted floating in the boat clarifier (see Photo 10).
 - d.) Excessive algae were noted at the weir of the boat clarifier (see Photo 6).
 - e.) Woody vegetation was noted along both pond levees as well as some erosion of the polishing pond levee caused by wave action (see Photos 13 – 15).
 - f.) Excessive algae and leaf litter were noted in the dechlorination track (see Photo 18).
 - g.) Effluent primary flow measurement device (V-notch weir) and box are covered with algae and filled with leaf litter (see Photo 19).
- 5.) The City has a manhole prior to preliminary treatment that diverts untreated wastewater to a flow EQ pond during I&I of the collection system. This EQ pond has a culvert installed that gravity feeds partially treated wastewater to the polishing pond of the WWTP (see Photo 15). This would be defined as a “bypass.” However, per Part III, Section B, 4.A., bypasses are allowed if they do not exceed effluent limits. A review of DMRs from 2012 – present demonstrates that these bypasses have not exceeded effluent limits. No further response required for this item.
- 6.) As stated in #1 above, influent flow is being measured/reported on DMRs. This location is not representative of the volume and nature of the monitored discharge. Specifically, bypasses at the influent manhole are not being routed through the treatment track and are being discharged without being measured. There is a primary flow measuring device installed prior to post-aeration that can be utilized. This is a violation of Part III, Section C, 1.
- 7.) The Permittee uses a contract lab for sampling and preparing DMRs. The contract lab uses a stamp on the DMR that does not contain the complete address (see attached March 2014 DMR). This is a violation of Part III, Section C, 5.
- 8.) The contract lab is performing Chlorine Residual on the effluent as documented on the contract lab’s COCs and lab analyses sheets (see Attachments 2 – 3), and this parameter is not required by the permit. The contract lab is not reporting this additional monitoring on DMRs (see attached lab analysis sheet). This is a violation of Part III, Section C, 6.
- 9.) The Permittee uses a flow sheet to record measured flow. The sheet has all the info required; however, the Operator is not completing all required info. Specifically, there is no exact place, method of measurement, individual(s) who performed sampling, and time sampled (see attached flow sheet). This is a violation of Part III, Section C, 8.

Some minor mistakes were noted while reviewing the permit:

- The mailing address is listed as “120 Spring St, Cave City, AR 72521” on the cover letter of the permit. The mailing address is listed as “PO Box 69, Cave City, AR 72521” in the Final Statement of Basis. The “PO Box 69” is consistent with what is reported on monthly DMRs.
- The facility address is listed as “Foley Drive.” This should be “200 Foley Drive.”
- Part II, Condition 8 states, “Sludge is accumulating in the bottom of the treatment ponds.” This is inaccurate. Sludge is wasted to an aerobic digester and is removed via licensed septic tank hauler (A-1 Septic, Hal Hooper).

The Permittee may wish to contact the Permits Branch for corrections; however, please be advised, it is the Permittee’s responsibility to thoroughly review the Draft Permit prior to the issuance of the Final Permit.

GENERAL COMMENTS

On Thur June 24, 2015 an inspection of the City's WWTP was conducted with the above-mentioned inspection participants. Mr. Jim Smith, Public Works Director, was not available during the inspection. Mr. Smith is the licensed operator for the WWTP (Class III/Advanced Industrial; Lic# 002527). The inspection consisted of a facility tour and records review.

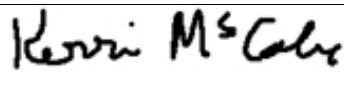

The facility tour resulted in numerous housekeeping issues being cited under BMPs and/or O&M: no dumpster for solids removed from the bar screen, grit removal equipment nonoperational, overflows of the treatment plant from I&I from the collection system, floatables not removed from preliminary in the oxidation track, septic sludge floating in the boat clarifier, excessive algae at the boat clarifier weir, spilled sludge from the septic tank hauler at the aerobic digester, floatables in the flow EQ pond, floatables in the polishing pond from bypasses of the EQ pond, woody vegetation along pond levees, erosion of polishing pond levee due to wave action, pesticide usage around sand filter beds, sand filter medium has never been assessed for condition, excessive algae/leaf litter in the dechlorination track and effluent weir box, and excessive algae on effluent weir plate. However, a review of DMRs from 2012 – present demonstrates that the City consistently generates clean effluent, and Outfall 001 was observed to be free of bottom deposits, foam, excessive algae, and odors.

Flow measurement is an item of contingency. Flow is being measured at the type/frequency specified in the permit; however, it is not being measured at the specified location (after post-aeration). Flow is being measured at the influent primary flow measuring device (6" Parshall flume; no staff gauge). This is not representative of the volume or nature of discharge. There are several primary flow measuring devices available along the treatment process including a rectangular weir and staff gauge after the boat clarifier weir and a V-notch weir (no staff gauge) after dechlorination (prior to post-aeration), but only the V-notch weir is representative of the volume and nature of the discharge because the influent flume and boat clarifier weir are not measuring the bypasses that are occurring at the flow EQ pond. During records review, it was noted that calibration was not performed for 2014. Calibration is to be performed annually or flow checks of the primary/secondary flow measuring devices should be conducted. Accurate flow measurement needs to be resolved.

Records were well-organized and maintained. There were only some minor issues resulting from the review: no records for sampling influent for CBOD/TSS percent removal calculations, the contract lab is using a stamp to mark DMRs that has an incomplete address, and a flow sheet utilized by the Operator is not being filled out completely. It was noted that the contract lab is performing Chlorine Residual on the effluent. This is noted on the contract lab's COCs and lab analyses sheets, but it is not included with the DMRs. Operator needs to either ask the contract lab to stop performing Chlorine Residual or report this parameter on DMRs. The contract lab is inconsistent with flow measurements used for calculating loading rates: March 2014 used Operator's totalized flow; but for Nov 2014, used instantaneous flow measured during sample collection.

A Pretreatment Ordinance has been adopted by the City in response to an indirect discharger (UniFirst Corp).

Included with this inspection report are some documents providing information regarding low-interest grant funding for water/wastewater infrastructure improvements. Arkansas Rural Water Association (ARWA) may be another agency that can assist with WWTP/collection system improvements (<http://arkansasruralwater.org/> or call 501-676-2255).

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 7/10/2015
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 7/13/2015

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

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DETAILS:

- | | |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: <u>Mailing address is not consistent with address on DMRs.</u> | <input type="checkbox"/> Y <input checked="" 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

☐S ☒M ☐U ☐NA ☐NE

DETAILS: Permittee samples flow only; contract lab for other parameters.

- | | |
|--|---|
| 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: <u>No time for flow sheet.</u> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: <u>No exact location on flow sheet and contract lab COC.</u> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: <u>No initials for individual performing sample on flow sheet.</u> | <input 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: <u>No calibration for flowmeter for 2014.</u> | <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 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: <u>Using influent flow measurement.</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

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DETAILS:

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: <u>Grit removal equipment nonoperational.</u> | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>One (1) Class III/Advanced Industrial; Jim Smith (Lic# 002527).</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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: <u>Reporting SSOs of collection system only; bypass of flow EQ pond not required.</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <u>Collection system experiences I&I.</u> | <input type="checkbox"/> Y <input checked="" 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: <u>Overflows to ground only.</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Permittee samples flow only; contract lab samples other parameters.	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: <u>Flow measured at influent primary device.</u>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: <u>Not for flow measurement.</u>	<input checked="" type="checkbox"/> Y <input checked="" 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: <u>Contract lab is performing Chlorine Residual, which is not required under the permit. Results are on lab analyses sheets, but not on the DMRs.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
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: Permittee is required to sample after post-aeration; flow measured at influent primary device.	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>6" Parshall flume at influent, rectangular weir at boat clarifier, V-notch weir at effluent.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: <u>Not measuring flow at effluent outfall.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Did not calibrate for 2014.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: <u>Excessive algae at effluent V-notch.</u>	<input checked="" type="checkbox"/> Y <input checked="" 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 checked="" 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: <u>Arkansas Testing Lab, Inc.</u>	
b. LAB ADDRESS: <u>3301 Langley, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3-N, DO, FCB, and pH</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>Observed effluent at Outfall 001.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NO	NO	CLEAR	N/A
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge is wasted to an aerobic digester and disposed by a licensed septic tank hauler; not stored in ponds.</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>N/A; used to land apply under NPDES permit, but would require a separate State No-Discharge permit if land applying.</u>							
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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Part II, Condition 6 requires BMPs for stormwater pollution.</u>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date:	June 24, 2015	Time:	13:30	
Head in Inches:		Feet:		
Type & Size of Primary Flow Measurement Device: <u>6" Parshall flume; no staff gauge</u>				
Name & Model of Secondary Flow Measurement Device: <u>Fluke Model 787; totalizer</u>				
Date of last Calibration of Secondary Flow Device: <u>Jan 13, 2015</u>				
Recorded Flow at Date & Time Listed Above: 116 gpm (Facility Flow Meter)				
Calculated Flow at Date & Time Listed Above:				
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)				
% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			
% Error =		-		X 100
% Error =		X 100		
% Error =		X 100		
% Error =		%		
Comments:	<u>Did not conduct a flow check; Permittee measures flow at influent primary device (6" Parshall flume) with secondary totalizer flowmeter. There is no staff gauge at the primary device. I did not want to contaminate my straight edge. Primary device at effluent is a V-notch weir without a staff gauge and no secondary device; area was considered a confined space.</u>			

Parameter Checked: TSS

DMR Calculation Check

Reporting Period:	From	<u>2014</u>	<u>03</u>	<u>01</u>	To	<u>2014</u>	<u>03</u>	<u>31</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	0.7	<0.3	0.4
Calculated Value:	0.7	<0.3	0.4
Permit Value:	18.7	5.0	7.5

If calculated value does not equal reported value, explain:

Contract lab used totalized flow provided by the Operator; instantaneous flow not recorded on COC.

$$\frac{[(0.4 \text{ mg/L}) \times (0.353 \text{ MGD}) \times (8.34 \text{ lbs})] + [(0.1 \text{ mg/L}) \times (0.290) \times (8.34 \text{ lbs})]}{2} = 0.7097 \text{ lbs/day}; 0.7 \text{ lbs/day} - \text{SAME}$$

Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1047
		Photo #:	1
Description:	Bar screen with a week's worth of solids; no dumpster available during inspection.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1053
		Photo #:	2
Description:	Evidence of overflow of wastewater from I&I of collection system.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1057
		Photo #:	3
Description:	Primary/secondary flow measuring devices at influent.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1054
		Photo #:	4
Description:	Nonoperational grit removal equipment.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1058
		Photo #:	5
Description:	Oxidation ditch with tan, fluffy activated sludge. Evidence of overflow along edge.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1103
		Photo #:	6
Description:	Excessive algae growing on boat clarifier weir.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1104
		Photo #:	7
Description:	Evidence of overflow of oxidation ditch from I&I of collection system.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1105
		Photo #:	8
Description:	Aeration of oxidation ditch; tan, fluffy activated sludge.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1107
		Photo #:	9
Description:	Rectangular weir receiving flow from boat clarifier; note staff gauge.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1108
		Photo #:	10
Description:	Clumps of septic sludge floating in boat clarifier.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1113
		Photo #:	11
Description:	Wasted sludge in aerobic digester.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1116
		Photo #:	12
Description:	Conduit for connection to aerobic digester to septic tank hauler; note sludge on ground.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1123
		Photo #:	13
Description:	Polishing pond receiving effluent from boat clarifier; note erosion of levee.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1123
		Photo #:	14
Description:	Flow EQ pond; note woody vegetation along pond levee.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1124
		Photo #:	15
Description:	Pipe from flow EQ pond gravity-feeding (bypassing) partially treated wastewater to polishing pond.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1128
		Photo #:	16
Description:	Sand filter bed recently disked to control vegetation.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1134
		Photo #:	17
Description:	Chlorine contact chamber with chlorine tablets in dispenser.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1134
		Photo #:	18
Description:	Dechlorination track; note excessive algae.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1135
		Photo #:	19
Description:	Effluent weir box (V-notch weir); note excessive algae along plate.		



Photographer:	Cody Wallace	Date:	June 24, 2015
Witness:	Kerri McCabe	Time:	1136
		Photo #:	20
Description:	Post-aeration chamber prior to Outfall 001.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP				
Photographer:	Cody Wallace	Date:	June 24, 2015	Time:	1138
Witness:	Kerri McCabe			Photo #:	21
Description:	Outfall 001 with clean, clear effluent. No bottom deposits, foam, algae, or odors.				



Figure 1. Google Earth image dated Nov 16, 2012 showing overview of entire Cave City WWTP.

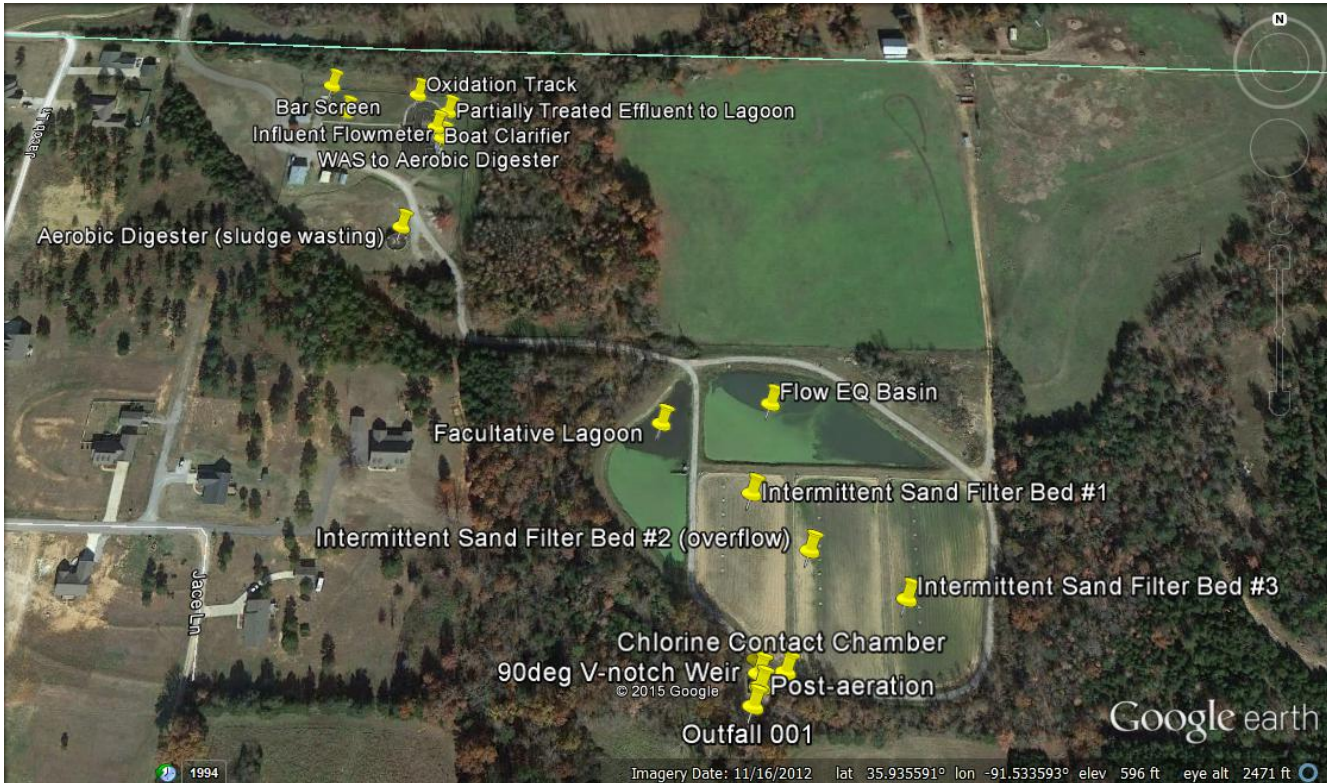


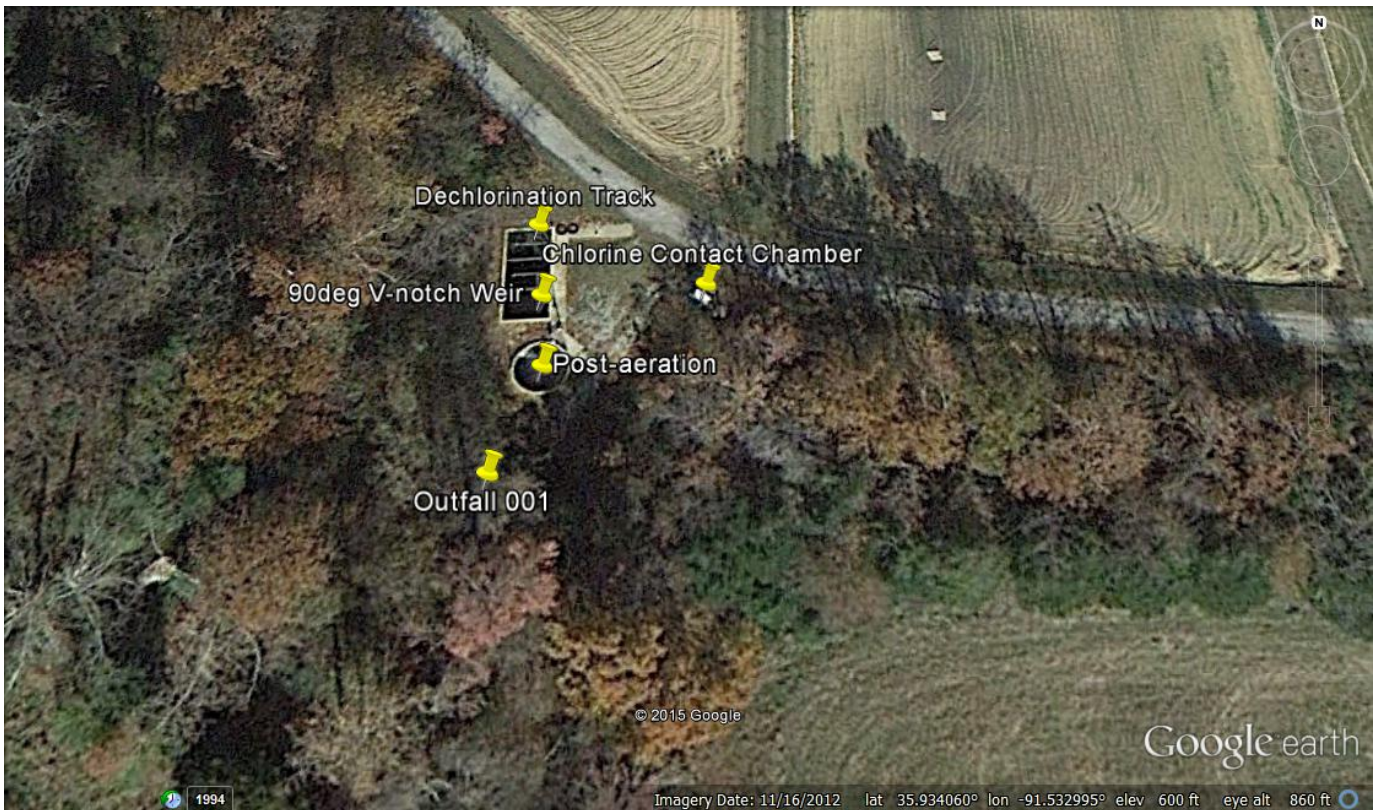
Figure 2. Google Earth image dated Nov 16, 2012 showing newer activated sludge components of Cave City's WWTP.



Figure 3. Google Earth image dated Nov 16, 2012 showing older lagoon components of Cave City's WWTP.



Figure 4. Google Earth image dated Nov 16, 2012 showing Outfall 001 components of Cave City's WWTP.



ARKANSAS TESTING LAB, INC

3301 LANGLEY

SEARCY, AR 72143

(501) 268-6431

FAX (800) 521-4197

FAX (501) 268-9314

arkatl@sbcglobal.net

MONTHLY FLOW SHEET FOR

CAVE City

company or city

MONTH & YEAR

March 2014

MM/YYYY

- GPM: Multiply by 1440. Then divide by 1,000,000 (1 million) to get MGD (millions of gallons per day)
- GPD: Divide amount by 1,000,000 (1 million) to get MGD (millions of gallons per day)
- If flow amount is in inches or feet then refer to the charts to get MGD

CHECK THE BOX IF YOU HAVE NO FLOW FOR THE MONTH

☐

DAY	TIME	FLOW	INCHES	GPD	MGD	STREAM	INITIAL
1		1639582		217 ⁰⁰⁰			
2		1639793		211 ⁰⁰⁰			
3		1640034		241 ⁰⁰⁰			
4		1640278		244 ⁰⁰⁰			
5		1640518		304 ⁰⁰⁰			
6		1640787		239 ⁰⁰⁰			
7		1641247		460 ⁰⁰⁰	24" R		
8		1641752		510 ⁰⁰⁰			
9		1642230		473 ⁰⁰⁰			
10		1642682		452 ⁰⁰⁰			
11		1643080		398 ⁰⁰⁰			
12		1643433		353 ⁰⁰⁰			
13		1643800		367 ⁰⁰⁰			
14		1644181		381 ⁰⁰⁰			
15		1644547		366 ⁰⁰⁰			
16		1644947		400 ⁰⁰⁰			
17		1645200		253 ⁰⁰⁰	23" R		
18		1645545		345 ⁰⁰⁰			
19		1645845		300 ⁰⁰⁰			
20		1646038		193 ⁰⁰⁰			
21		1646350		312 ⁰⁰⁰			
22		1646702		352 ⁰⁰⁰			
23		1647031		329 ⁰⁰⁰			
24		1647395		364 ⁰⁰⁰			
25		1647710		315 ⁰⁰⁰			
26		1648000		290 ⁰⁰⁰			
27		1648300		300 ⁰⁰⁰			
28		1648576		276 ⁰⁰⁰	1" R		
29		1649077		501 ⁰⁰⁰			
30		1649492		415 ⁰⁰⁰			
31		1649822		330 ⁰⁰⁰			

TOTAL MGD VALUE

AVERAGE MGD (of the days reported)

MAX (highest MGD value)

FREQUENCY: HOW MANY TIMES A WEEK

READING: INSTANT / TOTAL

10.240 ⁰⁰⁰
330 ⁰⁰⁰
510 ⁰⁰⁰
7

Please let us know what type of measurement to use (what size):

- ___ V-Notch (___")
- ___ Parshall Flume (___")
- ___ Rectangular Weir (___")
- ___ Pipe (___")
- ___ Weir Calibration

Signature

Date

J. Smith
2-31-14

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Prepared by Form Approved
OMB No. 2040-0004
ARKANSAS TESTING LABORATORIES, INC
DMR Mailing ZIP CODE: 725210069
MINOR **Secrecy AR 72143**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CAVE CITY, CITY OF-WASTEWATER TREATMENT PL

ADDRESS: P.O. BOX 69
CAVE CITY, AR 725210069

FACILITY: CAVE CITY, CITY OF - WASTEWATER TREATMENT PLANT

LOCATION: 200 FOLEY DR
CAVE CITY, AR 72521

ATTN: JIM SMITH, PUBLIC WORKS DIR.

AR0022110	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	10.9	*****	*****		0	2/31	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.42		0	2/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.7	*****		*****	<1	<1		0	2/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	56 MO AVG	*****	lb/d	*****	15 MO AVG	22.5 7 DA AVG	mg/L		Twice Per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.7	*****		*****	<0.3	0.4		0	2/31	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	13.7 MO AVG	*****	lb/d	*****	5 MO AVG	7.5 7 DA AVG	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.330	0.510		*****	*****	*****	*****	0	Cont	TotZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	89	160		0	2/31	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice Per Month	GRAB
Overflows	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74062 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	*****		See Comments	See Comments

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Smith PWD TYPED OR PRINTED			870 283 5563 AREA Code NUMBER	4-17-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 68-00015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Prepared by Approved
OMB No. 2040-0004
ARKANSAS TESTING LABORATORIES, INC

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CAVE CITY, CITY OF-WASTEWATER TREATMENT PL
ADDRESS: P.O. BOX 69
CAVE CITY, AR 725210069
FACILITY: CAVE CITY, CITY OF - WASTEWATER TREATMENT PLANT
LOCATION: 200 FOLEY DR
CAVE CITY, AR 72521
ATTN: JIM SMITH, PUBLIC WORKS DIR.

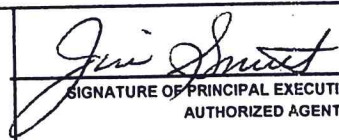
AR0022110	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 725210069
MINOR Searcy, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Overflow volume [SS0 volume, CSO volume]	SAMPLE MEASUREMENT	0	*****		*****	*****	*****	*****			
74063 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	gal	*****	*****	*****	*****		See Comments	See Comments
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	5.4	*****		*****	<2.0	<2.0		0	2/31	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	*****	lb/d	*****	10 MO AVG	15 7 DA AVG	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jim Smith PWD TYPED OR PRINTED			870 2835563 AREA Code NUMBER	4/17/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 68-00015

Arkansas Testing Laboratories

3301 Langley Drive · Searcy, AR 72143 (501) 268-6431 f(501) 268-9314

NPDES Wastewater Monitoring
Water and Wastewater Analysis
Concrete, Asphalt, and Aggregate Testing
Geotechnical Testing
Industrial and Construction Quality Control

Cave City

Collection Date: March 12, 2014

Collection Time: 12:59 PM

Collected By: KWS

Wastewater Analysis

Collection Place: Final Discharge Point

Parameter	Analysis Begin Date / Time		Analysis End Date / Time		Results	Unit	Loading lb/dy	Analyst	% Spike	Rel %	Sample Type	Ref #
CBOD	03/12	2:30 PM	03/17	8:00 AM	< 2	mg/l	NA	KLB / KLB	99.3	3.98	Grab	1
TSS	03/13	1:30 PM	NA		< 1	mg/l	NA	JDR	NA	5.41	Grab	2
Fecal Coliform	03/12	2:15 PM	03/13	1:25 PM	160	N/100mls	NA	KWS / KLB	NA	5.09	Grab	3
pH	03/12	12:59 PM	NA		7.42	S.U.	NA	KWS	NA	0.14	Grab	4
Chlorine Residual	03/12	12:59 PM	NA		0.03	mg/l	NA	KWS	NA	0.00	Grab	5
Dissolved Oxygen	03/12	12:59 PM	NA		10.9	mg/l	NA	KWS	NA	1.03	Grab	6
Ammonia Nitrogen	03/12	3:00 PM	NA		0.4	mg/l	NA	JDR	93.4	0.00	Grab	7

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂: Oil & Grease, Ammonia, COD

References:

Analysis complies with 40 CFR Part 136:

1. SM 5210 B
2. SM 2540 D
3. SM 9222 D
4. SM 4500-HB
5. SM 4500-Cl-G
6. SM 4500-OG
7. SM 4500 NH3-G

#1
CBOD $(2)(0.353)(8.34)$
NH₃-N $(0.4)(0.353)(8.34)$


Neville Adams, Manager

Arkansas Testing Laboratories

204 E. Lincoln
Searcy, AR 72143
501-268-6431
Fax 501-268-9314

* NPDES Wastewater Monitoring
* Water and Wastewater Analysis
* Concrete and Aggregate Testing
* Geotechnical Testing
* Industrial and Construction Quality Control

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

CLIENT: CAVE CITY										PARAMETERS				
SAMPLE ID	SAMPLE MATRIX	SAMPLED BY: <i>Ran S. S. S.</i>				FECAL COLIFORM				CALIBRATION			PRESERVATIVES	
		DATE	TIME	FLOW	GRAB	De-chlorinated w/ Na2S2O3	DISH #	START TIME	MLS	pH / DO #	ICE	H2SO4		
EFF INF CLAR POND BACKWASH	W=H2O S=SLUDGE D=SOIL C=WELL					FECAL COLIFORM				pH	Cl2	DO	BOD TSS	NH3
EFF	W	3-12-14	2:59 pm		X	1-120ml-P	x	x	x	7.42	0.03	10.9	1-H-P	1-L-P

Q, L, H = Quart, Liter, Half Gallon

Relinquished by:	Date/Time	Received by:	Date/Time
<i>Ran S. S. S.</i>	3-12-14 2:01 pm	<i>Chad</i>	3-12-14 2:01 pm

Arkansas Testing Laboratories

3301 Langley Drive · Searcy, AR 72143 (501) 268-6431 f(501) 268-9314

NPDES Wastewater Monitoring
Water and Wastewater Analysis
Concrete, Asphalt, and Aggregate Testing
Geotechnical Testing
Industrial and Construction Quality Control

Cave City

Collection Date: March 26, 2014

Collection Time: 5:56 AM

Collected By: KWS

Wastewater Analysis

Collection Place: Final Discharge Point

Parameter	Analysis Begin Date / Time		Analysis End Date / Time		Results	Unit	Loading lb/dy	Analyst	% Spike	Rel %	Sample Type	Ref #
CBOD	03/26	2:20 PM	03/31	8:00 AM	< 2	mg/l	NA	KLB / JDR	83.0	5.63	Grab	1
TSS	03/27	1:00 PM	NA		< 1	mg/l	NA	JDR	NA	4.88	Grab	2
Fecal Coliform	03/26	1:30 PM	03/27	12:10 PM	50	N/100mls	NA	KWS / KLB	NA	8.00	Grab	3
pH	03/26	5:56 AM	NA		7.31	S.U.	NA	KWS	NA	0.14	Grab	4
Chlorine Residual	03/26	5:56 AM	NA		0.00	mg/l	NA	KWS	NA	0.00	Grab	5
Dissolved Oxygen	03/26	5:56 AM	NA		12.2	mg/l	NA	KWS	NA	0.82	Grab	6
Ammonia Nitrogen	03/27	10:00 AM	NA		< 0.1	mg/l	NA	JDR	94.5	0.00	Grab	7

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂: Oil & Grease, Ammonia, COD

References:

Analysis complies with 40 CFR Part 136:

1. SM 5210 B
2. SM 2540 D
3. SM 9222 D
4. SM 4500-HB
5. SM 4500-Cl-G
6. SM 4500-OG
7. SM 4500 NH3-G

CBOD (2)(0.290)(8.34)

NH3-N (0.1)(0.290)(8.34)

N. Adams
Neville Adams, Manager

Arkansas Testing Laboratories

204 E. Lincoln
Searcy, AR 72143
501-268-6431
Fax 501-268-9314

* NPDES Wastewater Monitoring
* Water and Wastewater Analysis
* Concrete and Aggregate Testing
* Geotechnical Testing
* Industrial and Construction Quality Control

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

CLIENT: CAVE CITY										PARAMETERS							
SAMPLE ID	SAMPLE MATRIX	SAMPLED BY: <i>Thom S. G. S.</i>				FECAL COLIFORM				CALIBRATION			PRESERVATIVES				
EFF INF CLAR POND BACKWASH	W=H2O S=SLUDGE D=SOIL C=WELL	DATE	TIME	FLOW	GRAB	De-chlorinated w/ Na2S2O3	Preserved w/ Ice	FECAL COLIFORM	DISH #	START TIME	MLS	pH / DO #	CI2	DO	ICE	H2SO4	
EFF	W	3-26-14	5:56		X	1-120ml-P	x	x	x			5:56	7.31	0.00	12.2	1-H-P	1-L-P
												7.32	0.00	12.3			

Q, L, H = Quart, Liter, Half Gallon

Relinquished by:	Date/Time	Received by:	Date/Time
<i>Thom S. G. S.</i>	3-26-14 1:13 pm	<i>UMD</i>	3-26-14 1:13 pm

From: [McCabe, Kerri](#)
To: [McConnell, Melissa](#)
Cc: [Wallace, Cody](#)
Subject: FW: City of Cave City WWTP Inspection
Date: Wednesday, July 22, 2015 10:49:30 AM
Attachments: [McCabe Letter 07222015.pdf](#)
[image001.png](#)
Importance: High

Melissa,

Please attach this email and attachment to WID 17571. I will have an extension email to attach too.
Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [mailto:water@cavecity.us]
Sent: Wednesday, July 22, 2015 9:38 AM
To: McCabe, Kerri
Subject: City of Cave City WWTP Inspection
Importance: High

Ms. McCabe,

Please find the attached letter from Mayor Ron Burge. If you have any questions, you may contact Mayor Burge at (870) 283-5103.

Thank you,

Jessica Stout

Cave City Water & Sewer Dept.
120 E Spring St
PO Box 69
Cave City, AR 72521
(870) 283-5563

Cave City Water & Sewer Department

120 E. Spring St.

P.O. Box 69

Cave City, AR 72521

water@cavecity.us

July 22, 2015

Ms. McCabe,

We are currently working to prepare our response for each violation that was noted from the inspection you performed at the City of Cave City WWTP, (AFIN: 68-00015, NPDES Permit # AR0022110).

We were hoping for some help or clarification for the Summary of Findings: 3, d & e...

- 3) The following items violate Part II, Condition 6:
 - d) It was stated that pesticide was used around the piping conveyances of the sand filter beds.
 - e) It is unknown whether the sand filter medium has been evaluated for integrity.

The product used was an herbicide. Our operators have used Round-Up and several generic forms of Round-Up to help deter the vegetation growing at the edges of the Sand Filter Beds. The active ingredient in these products is Glyphosate.

We are not sure what type of testing needs to be done to evaluate the sand filter mediums integrity. We have asked our testing lab, however, they do not perform this type of testing. Can you point us in the direction of an approved testing facility and the possible tests we should request?

Your help is greatly appreciated and we look forward to hearing from you soon.

Sincerely,



Ron Burge, Mayor

City of Cave City

(870) 283-5103

From: [McCabe, Kerri](#)
To: [McConnell, Melissa](#)
Cc: [Wallace, Cody](#)
Subject: FW: City of Cave City WWTP Inspection
Date: Wednesday, July 22, 2015 10:50:27 AM
Attachments: [image001.png](#)

Melissa,

This is the extension I gave the City of Cave City. WID 17571. Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: McCabe, Kerri
Sent: Wednesday, July 22, 2015 10:49 AM
To: 'water@cavecity.us'
Subject: RE: City of Cave City WWTP Inspection

Ms. Stout,

I just spoke with Mayor Burge on the phone, and this email confirms that I have extended the due date for the inspection response until **Aug 10, 2015**. If you have any questions, please feel free to contact me.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880

5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [<mailto:water@cavecity.us>]

Sent: Wednesday, July 22, 2015 9:38 AM

To: McCabe, Kerri

Subject: City of Cave City WWTP Inspection

Importance: High

Ms. McCabe,

Please find the attached letter from Mayor Ron Burge. If you have any questions, you may contact Mayor Burge at (870) 283-5103.

Thank you,

Jessica Stout

Cave City Water & Sewer Dept.

120 E Spring St

PO Box 69

Cave City, AR 72521

(870) 283-5563

From: [McCabe, Kerri](#)
To: [McConnell, Melissa](#)
Subject: FW: City of Cave City WWTP Inspection
Date: Monday, August 10, 2015 8:10:00 AM
Attachments: [image001.png](#)
[ADEQ Compliance Response 08072015.docx](#)
[Attachment A.pdf](#)
Importance: High

Melissa,

Please attach this email and attachments to WID 17571. Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [mailto:water@cavecity.us]
Sent: Friday, August 07, 2015 3:53 PM
To: McCabe, Kerri
Subject: RE: City of Cave City WWTP Inspection
Importance: High

Ms. McCabe,

Attached you will find our response/plan of action concerning the violations found during your inspection of our WWTP on June 24, 2015. If you feel more information is necessary or if further actions are needed, please contact us anytime.

We look forward to hearing from you and hope you have a great weekend!!

Thank you,

Jim Smith

Cave City Water & Sewer Dept.
120 E Spring St
PO Box 69

Cave City, AR 72521
(870) 283-5563

-----Original Message-----

From: "McCabe, Kerri" <MCCABE@adeq.state.ar.us>
Sent: Wednesday, July 22, 2015 10:49am
To: "water@cavecity.us" <water@cavecity.us>
Subject: RE: City of Cave City WWTP Inspection

Ms. Stout,

I just spoke with Mayor Burge on the phone, and this email confirms that I have extended the due date for the inspection response until **Aug 10, 2015**. If you have any questions, please feel free to contact me.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [<mailto:water@cavecity.us>]
Sent: Wednesday, July 22, 2015 9:38 AM
To: McCabe, Kerri
Subject: City of Cave City WWTP Inspection
Importance: High

Ms. McCabe,

Please find the attached letter from Mayor Ron Burge. If you have any questions, you may contact Mayor Burge at (870) 283-5103.

Thank you,
Jessica Stout
Cave City Water & Sewer Dept.

120 E Spring St
PO Box 69
Cave City, AR 72521
(870) 283-5563

Kerre McCabe, City of Cave City WWTP Inspections (Sharp Co)
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: NPDES Permit # AR0022110, AFIN# 68-0015

In response to our inspection performed on July 24th, 2015 the City of Cave City has completed and scheduled the following to bring our plant into compliance and address the Compliance Action Plan.

We have retained Mr. Jim Smith as our Operator of Record after his resignation from the City full-time to visit our plant on a weekly basis and assist with reporting requirements and keep us in good standing with having a properly licensed operator to oversee our plant. We have also hired Mr. Billy Corter as our newest plant operator and he currently holds a Class I Wastewater and is scheduled to obtain a Class III by the end of 2015. We have referenced him in our response as he has performed a lot of the items that have been taken care of and will be working with Jim Smith to finish the items we have set future timelines for to complete.

Both Mr. Smith and Mr. Corter also contacted Ms. Susan Poe with Arkansas Rural Water Association for technical assistance on the Operation and Maintenance violations. Ms. Poe did a walkthrough of the plant on August the 4th, 2015, and advised Mr. Corter of suggestions to optimize the performance of the plant and how to correct some of the items that we have listed below. Ms. Poe has added us to the list with Arkansas Rural Water for a smoke test of the collection system to reduce inflow and infiltration which they target to be completed in November 2015. A report of the finding will be submitted to our staff as soon as completed so we may address these issues and repair as quickly as possible based on the extent of the findings.

We have addressed the issues in the following order with a response and timelines of our plans.

- 1) The totalizer flowmeter is setup at the influent primary flow measuring device (6" Parshall flume), and flow is being measured/reported at this location (See Photo 3). The permit reads, "Samples shall be taken after post-aeration." This is a violation of Part I, Section A.**

Mr. Carl Baldwin with Baldwin Construction was here August 6, 2015, to help us with installation of a new flow monitoring location in conjunction with the sampling area. Mr. Baldwin has stated he will not be able to assist us with this matter. Our engineer, Andrew Rike with Harbor Environmental, is out of the office this week, but we plan to contact him again next week to discuss possible installation of a staff gauge at our V-notch weir and/or trying to get a transducer set at the effluent location. We will also seek his assistance on proper placement. We plan to have bidding and installation completed by the end of November.

- 2) **There were no records available indicating that the influent had been sampled once per year to calculate the percent removal for Carbonaceous Biochemical Demand (CBOD5) and Total Suspended Solids (TSS). This is a violation of Part II, Condition 2.**

Sampling for this test was taken on July 15, 2015. Please see Attachment A for test results. We have asked our contract lab to put us on an annual testing schedule for this test from this point forward.

- 3) **The following items violate Part II, Condition 6:**

- a) **There was evidence of several overflows from the treatment plant that had occurred due to inflow & infiltration of the collection system (see Photos 2, 5, and 7).**

Those areas have been cleaned as of today's date and one of the sources was a makeshift screen that was being placed to catch additional inorganic material at the grit chamber. When the screen filled up after hours it was causing back up and has been taken out. Mr. Baldwin has advised us that our bar screen is in good shape and good working order at this time. Any overflows of the plant will be immediately cleaned and areas treated with lime as well as reported in the event any other issues arise. Our finding the source of the problem should eliminate any future overflows.

- b) **No dumpster for solids removed from the bar screen due to negotiations with the trash service (see Photo 1).**

A dumpster for the removal of solids has already been placed at the bar screen.

- c) **There was evidence of spilled sludge being left on the ground around the aerobic digester from the licensed septic tank hauler (see Photo 12).**

This was cleaned up on August 6, 2015. This has been added to our daily maintenance routine and any septic truck removal process will be monitored more closely as to not let sludge set in this area in the future from this point forward. We will not allow any septic truck removal of sludge at this time. We have contacted ADEQ concerning the process of getting at Land Application Permit.

- d) **It was stated that pesticide was used around the piping conveyances of the sand filter beds.**

The use of herbicide/pesticide will no longer be allowed at the piping conveyances and/or lagoons. All employees have been made aware of this policy and that it has a negative impact on our treatment processes. Physical methods will be used from this point forward.

- e) **It is unknown whether the sand filter medium has been evaluated for integrity.**

Ms. Susan Poe with Arkansas Rural Water Association evaluated the sand filter on August 4, 2015. Ms. Poe relayed to the City that the sand appeared to be working properly and overall has a good consistency. She recommended several changes to our maintenance program that include physical removal of grass and weeds with no chemical treatment and conditioning the sand physically to repair any damaged spots that were minimal. These maintenance procedures are implemented as of her visit to help prolong the life of the sand filter.

4) The following items violate Part III, Section B, 1.A:

- a) The grit removal equipment is nonoperational and has been for some duration (see Photo 4).**

Mr. Carl Baldwin with Baldwin Construction was here on August 6, 2015, to advise us of our options to repair or replace this equipment. As soon as we receive a quote and timeline on Mr. Baldwin's schedule we will get this in motion immediately. We hope be able to repair or modify the existing system as opposed to removing it to better assist our processes. If the system can be repaired we plan on completing this by October of 2015 if our contractor may schedule it in. We will notify ADEQ immediately if our plan is not feasible and we have to purchase a new system.

- b) Floatables bypassing preliminary were noted in the oxidation track, flow EQ pond, and polishing pond.**

Maintenance and cleaning of the oxidation track, flow EQ pond, and polishing pond are scheduled for the week of August 10, 2015. This maintenance will hopefully prevent bypass to these areas. If our efforts do not provide the desired results by the end of September 2015 we will contact a professional for opinions on rehabbing this section of the plant.

- c) Large chunks of septic sludge were noted floating in the boat clarifier (See Photo 18).**

Maintenance and cleaning of the boat clarifier are scheduled for the week of August 17, 2015. This project is scheduled to be complete on August 24, 2015. We have a design flaw that is causing the sludge to be trapped and we will physically open the channel and try to keep it cleaned (with a pressure washer) on a bi-weekly basis to hopefully prevent the buildup in the future.

- d) Excessive Algae were noted at the weir of the boat clarifier (See Photo 6).**

Maintenance and cleaning of the boat clarifier are scheduled for the week of August 17, 2015. This project is scheduled to be complete on August 24, 2015. This is being accomplished with use of a pressure washer also on a bi-weekly basis.

- e) **Woody vegetation was noted along both pond levees as well as some erosion of the polishing pond levee caused by wave action (see Photos 13 – 15).**

Vegetation was mowed on July 23, 2015, and will be better maintained from this point forward. Repairs to the polishing pond levee will be done, weather permitting, by August 31, 2015. We will monitor this erosion and use preventive measures in the future such as the use of rip-rap rock to prevent further erosion if necessary.

- f) **Excessive algae and leaf litter were noted in the dechlorination track (see Photo 18).**

Algae and leaf litter will be removed from the dechlorination track by the end of August 2015. Daily maintenance changes will help prevent this from happening in the future. The City is trying to schedule the use of a pumper truck to fully remove debris with proper disposal of the matter collected being re-processed through the plant or disposal in an approved landfill with our screening from the bar screen if necessary.

- g) **Effluent primary flow measurement device (V-notch weir) and box are covered with algae and filled with leaf litter (see Photo 19).**

Algae and leaf litter will be removed from the effluent primary flow measurement device (V-notch weir) and box by August 21, 2015. Daily maintenance changes will help prevent this from happening in the future by pressure washing and monthly cleaning of the walls with it being drained and cleaned as it becomes necessary throughout the year. Projecting that it will be done four times a year or more if necessary.

- 5) **The City has a manhole prior to preliminary treatment that diverts untreated wastewater to a flow EQ pond during |&| of the collection system. This EQ pond has a culvert installed that gravity feeds partially treated wastewater to the polishing pond of the WWRP (see Photo 15). This would be defined as a “bypass.” However, per Part III, Section B, 4/A, bypasses are allowed if they do not exceed effluent limits. A review of DMRs from 2012 – present demonstrates that these bypasses have not exceeded effluent limits. No further response required for this item.**

No further response required for this item per Inspection Report.

- 6) **As stated in #1 above, influent flow is being measured/reported on DMRs. This location is not representative of the volume and nature of the monitored discharge. Specifically, bypasses at the influent manhole are not being routed through the treatment track and are being discharged without being measured. There is a primary flow measuring device installed prior to post-aeration that can be utilized. This is a violation of Part III, Section C, 1.**

Our WWTP has the capability to pump from the equalization pond to the start of the wastewater treatment process to allow further treatment of all storm/sewer water from the

influent bypass manhole. We pump back to the head of the plant, for additional treatment and all product is treated and measured.

- 7) The Permittee uses a contract lab for sampling and preparing DMRs. The contract lab uses a stamp on the DMR that does not contain the complete address (see attached March 2014 DMR). This is a violation of Part III, Section C, 5.**

We have advised our testing lab, Arkansas Testing Labs, of this inspection report and violation. We have asked them to have the complete address on all reports from this point forward. If the problem continues, we will find another lab vendor.

- 8) The contract lab is performing Chlorine Residual on the effluent as documented on the contract lab's COCs and lab analyses sheets (see Attachments 2 – 3), and this parameter is not required by the permit. The contract lab is not reporting this additional monitoring on DMRs (see attached lab analysis sheet). This is a violation of Part III, Section C, 6.**

We have advised Arkansas Testing Labs to stop testing for Chlorine Residual. We have advised them of this inspection report and the violation. We have advised Arkansas Testing Labs that any Chlorine Residual Test they have already performed for our WWTP must be reported on our DMR's.

- 9) The Permittee uses a flow sheet to record measured flow. The sheet has all the info required; however, the Operator is not completing all required info. Specifically, there is no exact place, method of measurement, individual(s) who performed sampling, and time sampled (see attached flow sheet). This is a violation of Part III, Section C, 8.**

Our operators have been made aware and trained on the proper procedures to be used from this point forward for all flow sheet reporting.

Some minor mistakes were noted while reviewing the permit:

- **The mailing address is listed as "120 Spring St, Cave City, AR 72521" on the cover letter of the permit. The mailing address is listed as PO Box 69, Cave City, AR 72521" in the Final Statement of Basis. The "PO Box 69" is consistent with what is reported on the monthly DMRs.**
- **The facility address is listed as "Foley Drive." This should be "200 Foley Drive."**
- **Part II, Condition 8 states, "Sludge is accumulating in the bottom of the treatment ponds." This is inaccurate. Sludge is wasted to an aerobic digester and is removed via licensed septic tank hauler (A-1 Septic, Hal Hooper).**

We have contacted ADEQ concerning the issues in the bulleted list above. Per the suggestion of Loretta Riber, with ADEQ, on August 7, 2015, we have sent a formal letter to John Baily c/o Hanna Peltier at ADEQ, requesting a revision of our permit to:

- Show our address on the cover letter as PO Box 69, Cave City, AR 72521 so the information on the cover letter and the permit will match.
- Correct our facility address to 200 Foley Dr, Cave City, AR 72521.
- To correct Part II, Condition 8 to allow sludge to be wasted to an aerobic digester and be removed via licensed septic tank hauler.

Arkansas Testing Laboratories

3301 Langley Drive · Searcy, AR 72143 (501) 268-6431 f(501) 268-9314

NPDES Wastewater Monitoring
Water and Wastewater Analysis
Concrete, Asphalt, and Aggregate Testing
Geotechnical Testing
Industrial and Construction Quality Control

Cave City

Collection Date: July 15, 2015

Collection Time: 2:20 PM

Collected By: THS

Wastewater Analysis

Collection Place: Influent Structure

Parameter	Analysis Begin Date / Time		Analysis End Date / Time		Results	Unit	Loading lb/dy	Analyst	% Spike	Rel %	Sample Type	Ref #
CBOD	07/16	9:00 AM	07/21	8:40 AM	122.5	mg/l	NA	KLB/KLB	90.8	6.41	Grab	1
TSS	07/17	11:45 AM	NA		88.9	mg/l	NA	EET	NA	0.00	Grab	2

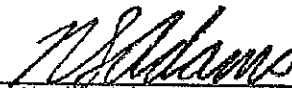
Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂; Oil & Grease, Ammonia, COD

References:

Analysis complies with 40 CFR Part 136:

1. SM 5210 B
2. SM 2540 D
3. SM 9222 D
4. SM 4500-HB
5. SM 4500-Cl-G
6. SM 4500-OG
7. SM 4500 NH₃-G


Neville Adams, Manager

From: [McCabe, Kerri](#)
To: [McConnell, Melissa](#)
Subject: FW: City of Cave City WWTP Inspection
Date: Friday, August 21, 2015 7:39:58 AM
Attachments: [image001.png](#)
[Permit Revisions 08172015.pdf](#)
[July 2015 DMR.pdf](#)

Melissa,

Please attach this to WID 17571/PDS 085180. They had submitted a response and this is additional info. It will be the email and the two attachments. Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [mailto:water@cavecity.us]
Sent: Wednesday, August 19, 2015 10:55 AM
To: McCabe, Kerri
Subject: RE: City of Cave City WWTP Inspection

Ms. McCabe,

Mr. Jim Smith has decided to return to Cave City Water & Sewer Department as a full time employee as of 08/17/2015. He is now here on a full time basis again. We will continue to send you updates as Mr. Smith makes progress on the plan of action set forth in our response to you on 08/07/2015.

(From #4c on our Responses to WWTP Inspection Report) All chunks of septic sludge have been removed from the boat clarifier and the boat clarifier has been cleaned.

(From #4d on our Responses to WWTP Inspection Report) All algae has been cleaned from the weir of the boat clarifier.

(From #7 on our Responses to WWTP Inspection Report) Attached you will find a copy of our July 2015 DMR showing the full address stamp from our lab. They have agreed to do this on all our reports from this point forward.

Also attached is a copy of our permit revisions to correct the mailing and physical address mistakes from our NPDES permit.

Please feel free to contact Jim anytime at (870) 283-2789.

Thank you,

Jessica Stout

Cave City Water & Sewer Dept.
120 E Spring St
PO Box 69
Cave City, AR 72521
(870) 283-5563

-----Original Message-----

From: "McCabe, Kerri" <MCCABE@adeq.state.ar.us>

Sent: Monday, August 10, 2015 8:11am

To: "water@cavecity.us" <water@cavecity.us>

Subject: RE: City of Cave City WWTP Inspection

Mr. Smith,

Thank you for your prompt response and attention to the findings of the inspection. The response was well-written and adequately addresses all the findings of my inspection. I will send the City an official letter later in the week. Thank you again.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [<mailto:water@cavecity.us>]
Sent: Friday, August 07, 2015 3:53 PM
To: McCabe, Kerri
Subject: RE: City of Cave City WWTP Inspection
Importance: High

Ms. McCabe,

Attached you will find our response/plan of action concerning the violations found during your inspection of our WWTP on June 24, 2015. If you feel more information is necessary or if further actions are needed, please contact us anytime.

We look forward to hearing from you and hope you have a great weekend!!

*Thank you,
Jim Smith*

Cave City Water & Sewer Dept.
120 E Spring St
PO Box 69
Cave City, AR 72521
(870) 283-5563

-----Original Message-----

From: "McCabe, Kerri" <MCCABE@adeq.state.ar.us>
Sent: Wednesday, July 22, 2015 10:49am
To: "water@cavecity.us" <water@cavecity.us>
Subject: RE: City of Cave City WWTP Inspection

Ms. Stout,

I just spoke with Mayor Burge on the phone, and this email confirms that I have extended the due date for the inspection response until **Aug 10, 2015**. If you have any questions, please feel free to contact me.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: water@cavecity.us [<mailto:water@cavecity.us>]

Sent: Wednesday, July 22, 2015 9:38 AM

To: McCabe, Kerri

Subject: City of Cave City WWTP Inspection

Importance: High

Ms. McCabe,

Please find the attached letter from Mayor Ron Burge. If you have any questions, you may contact Mayor Burge at (870) 283-5103.

Thank you,

Jessica Stout

Cave City Water & Sewer Dept.

120 E Spring St

PO Box 69

Cave City, AR 72521

(870) 283-5563



ARKANSAS
Department of Environmental Quality

AUG 17 2015

Honorable Ron Burge
Mayor, City of Cave City
P.O. Box 69
Cave City, AR 72521

RE: NPDES Permit Number AR0022110, AFIN 68-00015

Dear Mayor Burge:

The Department has reviewed your request dated August 7, 2015, to modify the permit to correct the mailing address on the cover page of the permit and to specify that the street address of the facility is 200 Foley Drive. In accordance with 40 CFR 122.63(a), the Department has made the following changes to the permit.

1. The cover page of the permit states that the mailing address is P.O. Box 69;
2. The cover page of the permit reflects the updated street address of the facility; and
3. The first page of the statement of basis has been modified so that the street address listed in Item #2 matches the cover page of the permit. The mailing address in the statement of basis did not require updating.

Please replace the original pages with the enclosed modified pages.

The August 7th letter also requested information on how to apply for a land application permit. A copy of the application form along with the permitting procedures has been enclosed for your convenience. If you have any questions regarding the land application permitting process, please contact Katherine McWilliams at mcwilliamsk@adeq.state.ar.us or at (501) 682-0651.

If you have any questions concerning the NPDES permit, please feel free to contact Loretta Reiber, P.E. of the NPDES Permits Section at reiber@adeq.state.ar.us or at (501) 682-0612.

Sincerely,

John Bailey, P.E.
Permit Branch Manager

JB:lr

Enclosure

cc: David Ramsey, ICIS Program Coordinator, Enforcement Branch
Jason Bolenbaugh, Field Services Branch Manager
Richard Healey, Enforcement Branch Manager

**AUTHORIZATION TO DISCHARGE WASTEWATER UNDER
THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM AND
THE ARKANSAS WATER AND AIR POLLUTION CONTROL ACT**

In accordance with the provisions of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. 8-4-101 et seq.), and the Clean Water Act (33 U.S.C. § 1251 et seq.),

City of Cave City

is authorized to discharge treated municipal wastewater from a facility located as follows: from Hwy 167, head east on E. Center/AR Hwy 230 for 0.6 miles, head south on Foley Drive for 0.3 miles, facility is at 200 Foley Drive in Sharp County, Arkansas. The applicant's mailing address is: P.O. Box 69, Cave City, Arkansas, 72521.

Facility Coordinates: Latitude: 35° 56' 13.55"; Longitude: 91° 32' 10.47"


Receiving stream: Unnamed Tributary, thence to Curia Creek, thence to the Black River, thence to the White River in Segment 4G of the White River Basin.

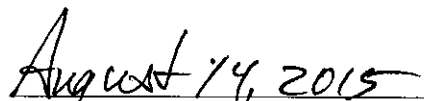
The permitted outfall is located at the following coordinates:

Outfall 001: Latitude: 35° 56' 2.4"; Longitude: 91° 31' 59.4"

Discharge shall be in accordance with effluent limitations, monitoring requirements, and other conditions set forth in this permit. Per Part III.D.10, the permittee must re-apply on or before 180 days prior to the expiration date listed below for permit coverage past the expiration date.

Original Effective Date:	1/1/2014
Minor Modification Effective Date:	8/20/2015
Expiration Date:	12/31/2018


Ellen Carpenter
Chief, Water Division
Arkansas Department of Environmental Quality


August 14, 2015
Minor Modification Issue Date

Final Statement of Basis

This Statement of Basis is for information and justification of the permit limits only. Please note that it is not enforceable. This permitting decision is for renewal of the discharge Permit Number AR0022110 with Arkansas Department of Environmental Quality (ADEQ) Facility Identification Number (AFIN) 68-00015 to discharge to Waters of the State.

1. PERMITTING AUTHORITY.

The issuing office is:

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

2. APPLICANT.

The applicant's mailing address is:

City of Cave City
P.O. Box 69
Cave City, AR 72521

The facility address is:

City of Cave City
200 Foley Drive
Cave City, AR 72521

3. PREPARED BY.

The permit was prepared by:

J.D. Borgeson, E.I.
Staff Engineer
Discharge Permits Section, Water Division
(501) 682-0045
E-mail: borgeson@adeq.state.ar.us

4. PERMIT ACTIVITY.

Previous Permit Effective Date:	07/01/2008
Previous Permit Expiration Date:	6/30/2013

**NPDES PERMIT APPLICATION
FORM 1**

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeg.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
☐ MODIFICATION OF EXISTING PERMIT
☒ REISSUANCE (RENEWAL) OF EXISTING PERMIT
☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

Jim Smith

Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☐ State ☐ Federal ☐ Partnership ☐ Corporation ☒ Other ☐

State of Incorporation: Municipal-Arkansas

3. Facility Name: City of Cave City

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☐ Yes ☒ No

5. NPDES Permit Number (If Applicable): AR000022110

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): _____

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name

Permit Number

Held by

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

From Hwy 167 going North, turn right on E. Center/AR Hwy 230 .6 miles, turn right onto Foley Drive, wastewater plant
at end of Foley Drive

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: Foley Drive

City: Cave City

County: Sharp

State: AR

Zip: 72521

11. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Jim Smith Title: Wastewater Superintendent
Street: 120 Spring Street P.O. Box 69
City: Cave City State: AR Zip: 72521
E-mail address*: _____ Fax: 870-283-5988

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☐ Yes ☒ No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

_____ SIC Facility Activity under this SIC or NAICS:
_____ NAICS _____

14. Design Flow: 45 MGD Highest Monthly Average of the last two years Flow: _____ MGD

15. Is Outfall equipped with a diffuser? ☐ Yes ☐ No

16. Responsible Official (as described on the last page of this application):

Name: Daniel Wilson Title: Mayor
Address: P.O. Box 69 Phone Number: 870-283-5563
E-mail Address: _____
City: Cave City State: AR Zip: 72521

17. Cognizant Official (Duly Authorized Representative of responsible official as describe on the last page of this application):

Name: Jim Smith Title: Wastewater Superintendent
Address: P.O. Box 69 Phone Number: 870-613-0003
E-mail Address: _____
City: Cave City State: AR Zip: 72521

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: n/a
Company Name: _____
Address: _____ Phone Number: _____
E-mail Address: _____
City: _____ State: _____ Zip: _____

19. Wastewater Operator Information

Wastewater Operator Name: Jim Smith License number: 002527
Class of municipal wastewater operator: I ☐ II ☐ III ☒ IV ☐
Class of industrial wastewater operator: Basic ☐ Advanced ☒

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Prepared by PMB Approved PMB
ARKANSAS TESTING LABORATORIES, INC

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CAVE CITY, CITY OF-WASTEWATER TREATMENT

ADDRESS: P.O. BOX 69
CAVE CITY, AR 725210069

FACILITY: CAVE CITY, CITY OF - WASTEWATER TREATMENT PLANT

LOCATION: 200 FOLEY DR
CAVE CITY, AR 72521

ATTN: JIM SMITH, PUBLIC WORKS DIR.

AR0022110	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 725210069
MINOR: Searcy, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.50	*****	*****		0	7/31	Grab
00300 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	*****	*****	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.57		0	7/31	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.002	*****		*****	21.5	20		0	7/31	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	56 MO AVG	*****	lb/d	*****	15 MO AVG	22.5 7 DA AVG	mg/L		Twice Per Month	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.0001	*****		*****	<0.1	0.1		0	7/31	Grab
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	11 MO AVG	*****	lb/d	*****	3 MO AVG	4.5 7 DA AVG	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0003	0.0017		*****	*****	*****	*****	0	Cont	TOTZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	<9	37		0	7/31	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1000 30DA GEO	2000 7 DA GEO	#/100mL		Twice Per Month	GRAB
Overflows	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74062 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	occur/mo	*****	*****	*****	*****		See Comments	See Comments

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 68-00015

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
EPA No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CAVE CITY, CITY OF-WASTEWATER TREATMENT

ADDRESS: P.O. BOX 69
CAVE CITY, AR 725210069

FACILITY: CAVE CITY, CITY OF - WASTEWATER TREATMENT PLANT

LOCATION: 200 FOLEY DR
CAVE CITY, AR 72521

ATTN: JIM SMITH, PUBLIC WORKS DIR.

AR0022110	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

ARKANSAS TESTING LABORATORIES, INC

DMR Mailing ZIP CODE 725210069
3301 Langley Dr

MINOR Scarcy, AR 72143

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Overflow volume [SS0 volume, CSO volume]	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74063 S 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	*****	gal.	*****	*****	*****	*****		See Comments	See Comments
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	0.003	*****		*****	<2.0	<2.0		0	7/31	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	37.5 MO AVG	*****	lb/d	*****	10 MO AVG	15 7 DA AVG	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Report flow as monthly average & daily maximum in MGD (million gallons/day). (S) Use Overflows (74062) to report total number of SSOs/Month. Use Overflow volume (74063) to report total volume of SSOs in gallons/month. Report "0" (zero), if no overflows during the entire month. See Part II. 5. (SSO). 68-00015



September 1, 2015

Jim Smith, Public Works Director
City of Cave City
PO Box 69
Cave City, AR 72521-0069

RE: City of Cave City WWTP Inspections (Sharp Co)
AFIN: 68-00015 NPDES Permit No.: AR0022110

Dear Mr. Smith:

I have reviewed the responses pertaining to my June 24, 2015 inspection of the City of Cave City WWTP. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 682-0642 or you may e-mail me at mccabe@adeq.state.ar.us.

Sincerely,

Kerri McCabe
Inspector Supervisor
Water Division