

# ADEQ

ARKANSAS  
Department of Environmental Quality

April 14, 2016

Joe Dillard, Mayor  
City of Mtn. Home  
720 S. Hickory St.  
Mountain Home, AR 72653

**RE: City of Mountain Home WWTP Inspections (Baxter Co)**  
**AFIN: 03-00039**                      **NPDES Permit No.: AR0021211**  
**ARR000063**

Dear Mr. Dillard:

On March 23, 2016, I performed a Compliance Evaluation Inspection, a Collection System Inspection, and a No-Exposure Stormwater Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. 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](mailto: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 **April 28, 2016**.

If I can be of any assistance, please contact me at [wallace@adeq.state.ar.us](mailto:wallace@adeq.state.ar.us) or (870) 424-3322 extension 3.

Sincerely,



Cody Wallace  
District 2 Field Inspector  
Water Division



**AR K A N S A S**  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: 03-00039	PERMIT #: AR0021211	DATE: 3/23/2016
COUNTY: 03 Baxter	PDS #: 090225	MEDIA: WN
GPS LAT: 36.303401 LONG: -92.381499 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>City of Mountain Home WWTP</b> LOCATION: <b>537 Hicks Rd.</b> CITY: <b>Mountain Home, AR</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>109962 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>3/23/2016</b> ENTRY TIME: <b>09:00</b> EXIT TIME: <b>14:39</b> PERMIT EFFECTIVE DATE: <b>9/1/2015</b> PERMIT EXPIRATION DATE: <b>8/31/2020</b>
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>
NAME / TITLE: <b>Joe Dillard / Mayor</b> COMPANY: <b>City of Mtn. Home</b> MAILING ADDRESS: <b>720 S. Hickory St.</b> CITY, STATE, ZIP: <b>Mountain Home AR 72653</b> PHONE & EXT. / FAX: <b>870-425-5116 /</b> EMAIL: <b>mayor@cityofmountainhome.com</b>	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: <b>Yes</b>	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com</b>  <b>Kerri McCabe/Inspector Supervisor/501-682-0642/mccabe@adeq.state.ar.us</b>

### AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

<b>S</b>	PERMIT	<b>M</b>	FLOW MEASUREMENT	<b>M</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>U</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				

### SUMMARY OF FINDINGS

- 1.) The following are a violation of Part III, Section B, 1.A. of the permit:
- Slight cracks in oxidation ditch concrete walls were observed. It appeared that cracks could possibly allow wastewater seepage at varying water levels of the ditch. Measures must be taken to seal these defective areas.
  - Algae accumulation was noted on the staff gauge near the Parshall flume, which can create difficulties in flow measurement readings. Staff gauge will need to be cleaned and maintained.
  - Buffer for the lab's pH meter was expired. Expired pH buffer was replaced while onsite. No further response is required for this individual item.
- 2.) According to the Plant Manager, sludge had been given to a private company for land application without prior approval and proper measures being adopted. The facility did not comply with the permit and all applicable state and federal regulations governing the disposal of sludge. This is a violation of Part II, Condition 8 and Part III, Section B.6. of the permit.

**GENERAL COMMENTS**

On Wednesday, March 23, 2016 an inspection was conducted with the above-mentioned inspections participants. The inspection included a facility assessment and a records review.

**Facility assessment:**

The treatment system for the City consists of: collection system→screw pumps→bar screens→grit removal chambers→anoxic basins→oxidation ditches→final clarifiers→chlorination (chlorine liquid feed system)→dechlorination (sulfur dioxide liquid feed system)→post aeration. Hicks Creek is the receiving stream for effluent generated from the WWTP.

Aerobic digesters, a belt press, and polymers are utilized for sludge handling and approximately one-hundred (100) container loads of Class B biosolids are produced per year at the facility. Mr. Terry Sanders commented that sludge is currently hauled to a landfill in Cherokee Village, but the City has given some of the biosolids generated to a private company for land application. Part II, Condition 8 of the permit states that “Sludge is aerobically digested prior to dewatering and landfilling. The treated sludge is disposed of at the IESI landfill in Cherokee Village.” The permittee must cease any alternative sludge disposal methods and abide by Part II, Condition 8 of the permit. If the City desires to pursue other disposal methods, please contact the Permits Branch of the Dept. to obtain proper authorization and initiate modifications to the permit.



Pin-floc (an indication of old sludge) was noted past the teeth in the clarifiers. This was brought to the attention of Mr. Sanders. Mr. Sanders remarked that the clarifiers are often unable to hold a sludge blanket due to pumps being oversized. The facility has not had any recent effluent violations that would correlate to the pin-floc noted.

Samples are obtained using a flow proportioned composite sampler. Fifty (50) samples (300 mL per sample) are collected over a 24-hr period. The percent error for the primary flow measurement device exceeded the plus or minus 10% reading of the secondary flow measuring device. The secondary flow measuring device is calibrated annually; however, there is a possibility that the head is not being measured in the proper location (e.g., bubbler flow meter may need to be adjusted closer to staff gauge to improve accuracy). Please conduct flow measurement checks to assure secondary flow measurement device is accurate.

**Records review:**

The permittee samples/analyzes flow, pH, CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3, and NO2-N. Cu, Arsenic, Chloroform, and WET testing are completed by a contract lab. In-house lab and contracted lab records (i.e., Chain of Custody (COC) forms, lab analyses sheets, and DMRs) were thorough and complete with the only discrepancy noted in TSS reporting for November 2015 (see pg. 10).

In general, the treatment plant, facility lab, and records were well-maintained and orderly. Furthermore, recent and historical monitoring results suggest quality effluent is discharged from the plant.

INSPECTOR'S SIGNATURE:  Cody Wallace	DATE: 3/31/2016
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 4/12/2016

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Permittee samples/analyzes flow, pH, CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3, NO2-N; contract lab analyzes other parameters.</b>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <b>One stationary generator available for lab, screw pumps, and anoxic mixers. Two portable generators available as needed.</b>	<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: <b>Alarm system installed on screw pumps.</b>	<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: <b>Three (3) Operators with Class IV license.</b>	<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: <b>Belts, bearings, fuses, motors, etc.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <b>Overflows of collection system only.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: <b>Replacing and cleaning lines.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee samples/analyzes flow, pH, CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3, NO2-N; contract lab analyzes other parameters.</u>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>See "Flow Calculation Sheet" comments.</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Y</u> TYPE OF DEVICE: <u>2' Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>See "Flow Calculation Sheet" comments.</u>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Calibrated May 5, 2015</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION: <u>See "Flow Calculation Sheet" comments.</u>	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee samples/analyzes flow, pH, CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3, NO2-N; contract lab analyzes other parameters.</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥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 ≥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>Environmental Testing &amp; Consulting, Inc.</u>	
b. LAB ADDRESS: <u>2790 Whitten Road, Memphis, TN 38133</u>	
c. PARAMETERS PERFORMED: <u>Cu, Arsenic, Chloroform</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Environmental Testing &amp; Consulting, Inc., 2790 Whitten Road, Memphis, TN 38133</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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: <b>Observed at primary/secondary flow measuring devices and at receiving stream.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NO	NO	CLEAR	N/A
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL 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: <b>Currently sludge is dewatered and sent to the IESI landfill in Cherokee Village. Permittee also commented that sludge has been given to a company for land application. Consequently, compliance with permit conditions on the disposal of sludge was not followed.</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input 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): <b>Unknown; under investigation.</b>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT 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: <b>Part II, Condition #6 requires Best Management Practices (BMPs); No-Exposure inspected under ARR000063.</b>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input 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: **March 23, 2016** Time: **9:37**

Head in Inches: **7.2"** Feet: **0.6'**

Type & Size of Primary Flow Measurement Device: **2' Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **ISCO 4230 Bubbler Flow Meter**

Date of last Calibration of Secondary Flow Device: **May 5, 2015**

Recorded Flow at Date & Time Listed Above: **2.75 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2.342 MGD**

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

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

% Error =	2.75	-	2.342	X 100	
	2.342				

% Error =	0.408	X 100	
	2.342		

% Error =	0.174	X 100	
-----------	-------	-------	--

% Error =	<b>17.4</b>	%	
-----------	-------------	---	--

Comments: **% Error exceeds plus or minus 10%. Possibility that head is not being measured in the proper location (e.g., bubbler flow meter may need to be adjusted closer to staff gauge to improve accuracy). Please conduct flow measurement checks to assure secondary flow measurement device is accurate.**

**DMR Calculation Check**

Reporting Period: From 2015 04 1 To 2015 04 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>86.04</u>	<u>2.79</u>	<u>4.43</u>
Calculated Value:	<u>86.04</u>	<u>2.79</u>	<u>4.43</u>
Permit Value:	<u>417</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:  
Values are the same. See Figure 3 for calculations.



**DMR Calculation Check**

Reporting Period: From 2015 11 01 To 2015 11 30  
 Year Month Day Year Month Day

Parameter Checked: Cu

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - µg/l</b>	<b>7-day Avg. - µg/l</b>
Reported Value:	<u>0.22</u>	<u>16.1</u>	<u>16.1</u>
Calculated Value:	<u>0.22</u>	<u>16.1</u>	<u>16.1</u>
Permit Value:	<u>1.7</u>	<u>41.4</u>	<u>83.1</u>

If calculated value does not equal reported value, explain:  
Values are the same. See Figure 4 for calculations.

**DMR Calculation Check**

Reporting Period: From 2015 11 01 To 2015 11 30  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>469.2</u>	<u>10.2</u>	<u>21.6</u>
Calculated Value:	<u>480.4</u>	<u>10.2</u>	<u>21.6</u>
Permit Value:	<u>625.5</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Does not equal reported value, but still under permit limit. See Figure 5 for calculations.

## pH

**Sample Dates:** Yes                      **Times:** Yes                      **Exact Location:** Yes  
**Analysis Dates:** Yes                      **Times:** Yes                      **Analyst:** Yes  
**Method Numbers:** Yes                      **Are method numbers EPA approved:** Yes  
**Are grab samples being obtained?** Yes

**Holding Time:** Yes; analyzes immediately within 15 minutes after the time of sample collection.

**pH meter:** pH meter observed is adequate for analyses

- a. must have a potentiometer, electrode, and a temperature compensating device
- b. must be accurate and reproducible to 0.1 pH unit with a range of 0-14

**How many buffers do you use for calibration of the pH meter?** 2 buffers; 4 pH and 10 pH

**Do you date the buffer solutions?** Yes; documented on calibration logs

**How often do you replace the buffer solutions?** Once per month; documented on calibrations logs

**Do you maintain a logbook on the calibration and maintenance of the pH meter and is it available for review?** Yes

**Does the pH meter have a temperature compensator?** Yes

**Do you record the temperature?** Yes

**Is duplicate analysis conducted?** Yes

**Have you established control limits for duplicate analysis?** Uses standard deviation program

**Do the duplicate analysis fall within the control limits?** Yes; permittee commented they have not had trouble with differences in duplicate analyses.

**Do you have QA/QC charts for us to review?** QA/QC bench sheet records were reviewed.

**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>			
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>	
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>905</b>	
Description:	<b>36" influent pipe to screw pumps.</b>		Photo #:	<b>1</b>



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>	
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>906</b>	
Description:	<b>24" bar screen and 18" bar screen for preliminary.</b>		Photo #:	<b>2</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>909</b>
Description:	<b>Grit removal chamber for preliminary. Site has two (2) grit removal chambers.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>913</b>
Description:	<b>Anoxic basin for nutrient removal; Site has two (2) anoxic basins.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>			
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>	
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>915</b>	
Description:	<b>Oxidation ditch. Site has two (2) oxidation ditches.</b>		Photo #:	<b>5</b>



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>	
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>921</b>	
Description:	<b>Splitter-box for four (4) clarifiers.</b>		Photo #:	<b>6</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>			
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>	
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>923</b>	
Description:	<b>View of wastewater inside splitter box before going to clarifiers.</b>		Photo #:	<b>7</b>



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>	
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>925</b>	
Description:	<b>View of clarifier with clear water discharging.</b>		Photo #:	<b>8</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>926</b>
		Photo #:	<b>9</b>
Description:	<b>Pin-floc noted in some clarifiers (see General Comments).</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>924</b>
		Photo #:	<b>10</b>
Description:	<b>Scum pits that receive skimmings from clarifiers.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>927</b>
		Photo #:	<b>11</b>
Description:	<b>Receiving chamber for wastewater after clarification.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>929</b>
		Photo #:	<b>12</b>
Description:	<b>Chlorine contact chamber.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>931</b>
Description:	<b>Dechlorination at end of chamber.</b>	Photo #:	<b>13</b>



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>932</b>
Description:	<b>Post-aeration oxygen chargers. Four (4) oxygen chargers can be employed as needed.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>936</b>
Description:	<b>2' Parshall flume with staff gauge (plastic hose for collecting composite samples).</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>944</b>
Description:	<b>Outfall 001 with Hicks Creek as receiving stream.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>955</b>
Description:	<b>Aerobic digesters for sludge. Site has three (3) cells for sludge digestion.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>957</b>
Description:	<b>Belt press for dewatering sludge.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>959</b>
		Photo #:	<b>19</b>
Description:	<b>Polymer mix containers to assist in sludge dewatering; FB5476 polymer is used in the process according to the Plant Manager.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>956</b>
		Photo #:	<b>20</b>
Description:	<b>Dewatered sludge container.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>919</b>
		Photo #:	<b>21</b>
Description:	<b>Stains indicating possible seepage in cracks of oxidation ditch walls.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>918</b>
		Photo #:	<b>22</b>
Description:	<b>Stains indicating possible seepage in cracks of oxidation ditch walls.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>941</b>
		Photo #:	<b>23</b>
Description:	<b>Staff gauge near Parshall flume. Note algae buildup on submersed portion of gauge.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>March 23, 2016</b>
Witness:	<b>Cody Wallace, Terry Sanders</b>	Time:	<b>1021</b>
		Photo #:	<b>24</b>
Description:	<b>Expired buffer used for pH calibration. Contents were replaced with new buffer during inspection.</b>		

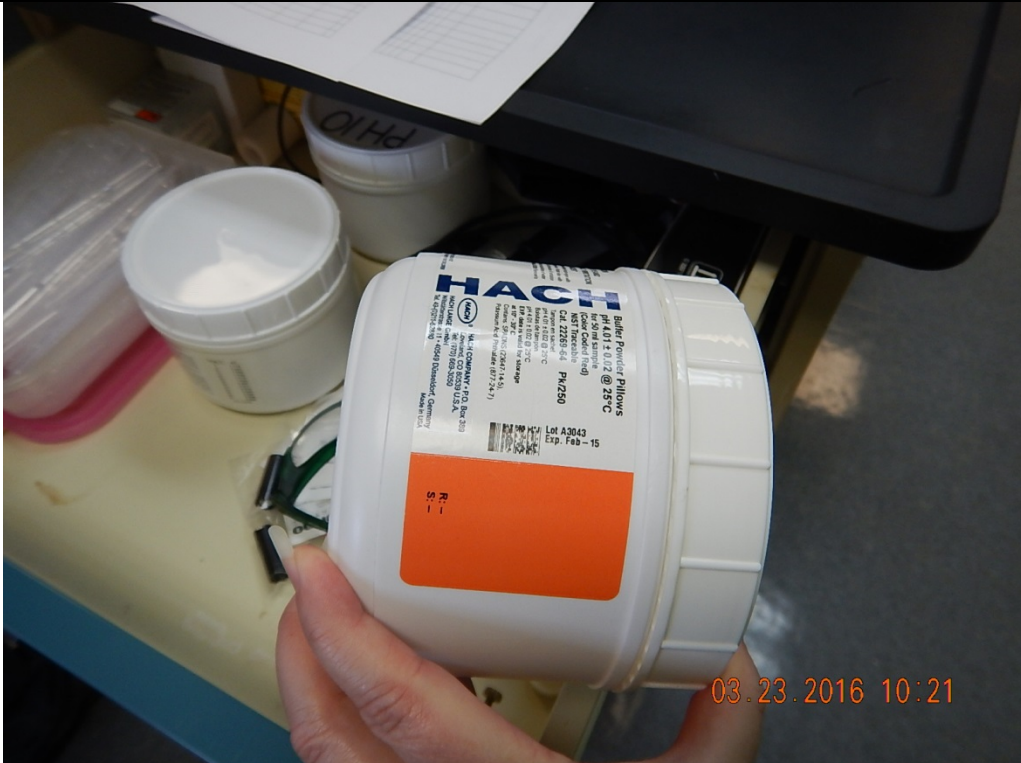


Figure 1. Aerial view of City of Mountain Home WWTP and associated components (Google Earth: imagery date May 4, 2014).





Figure 2. Aerial view of aerobic digesters and sludge press facility located just northeast of WWTP (Google Earth: imagery date May 4, 2014).



**Figure 3. April 2015 Outfall 001 CBOD calculations.**

<b>April 2015 Outfall 001 CBOD calculations</b>				
Date	Concentration	7-day Average	Daily Flow (MGD)	Mass (lbs/day)
1	1.94	1.94	3.734	60.4
8	2.36	2.36	3.941	77.6
15	4.43	4.43	4.566	168.7
22	2.83	2.83	3.135	74
29	2.4	2.4	2.474	49.5
MAX	4.43		MAX	168.7
MIN	1.94		MIN	49.5
MEAN	2.79		MEAN	86.04

**Figure 4. November 2015 Outfall 001 Copper calculations.**

<b>November 2015 Outfall 001 Copper calculations</b>				
Date	Concentration	7-day Average	Daily Flow (MGD)	Mass (lbs/day)
4	16.1	16.1	1.604	0.22

**0.0161 X 1.604 X 8.34= 0.22 (Mass---  
lbs/day)**

**Figure 5. November 2015 Outfall 001 TSS calculations.**

<b>November 2015 Outfall 001 TSS calculations</b>				
Date	Concentration	7-day Average	Daily Flow (MGD)	Mass (lbs/day)
4	6.0	6.0	1.604	80.3
11	6.2	6.2	1.687	87.2
18	21.6	21.6	9.112	1641.5
25	7.0	7.0	1.931	112.7
MAX	21.6		MAX	1641.5
MIN	6.0		MIN	80.3
MEAN	10.2		MEAN	480.4

**CITY OF MOUNTAIN HOME  
WATER AND SEWER DEPARTMENT**

752 N. College Street  
Mountain Home, AR 72653  
Phone (870) 425-5115 Fax (870) 425-5139

---

**Alma L. Clark**

Director Water/Wastewater

April 19, 2016

ADEQ  
5301 NORTSHORE DR.  
NORTH LITTLE ROCK, AR 72118-5317

RE: MARCH 23, 2016 INSPECTION RESPONSES TO SUMMARY OF FINDINGS  
PERMIT# AR0021211 AFIN# 03-00039

PAGE 2 OF 26 SUMMARY FINDINGS

- 1.)
  - All cracks that appear to be able to allow wastewater to seep out are in the process of being sealed with Loctite polyurethane masonry sealant. See photo 004, 005.
  - Staff gauge at parshall flume is not and has not ever been used for flow measurement it has never been accurate... We use a flow measuring yard stick ruler with a indicating paste to get an accurate flow measurement. See photo 017.
  - Expired buffer was replaced onsite during inspection expired buffer thrown in trash.
- 2.) See Letter Attached regarding Sludge Dated April 19, 2016.

PAGE 1 OF 16 SUMMARY FINDINGS

- 1.) Emergency contact information has been placed on all lift stations. See photo 012 , 015

Regards,

**Alma L. Clark**  
Director W/S Services

**CITY OF MOUNTAIN HOME  
WATER AND SEWER DEPARTMENT**

752 N. College Street  
Mountain Home, AR 72653  
Phone (870) 425-5115 Fax (870) 425-5139

---

**Alma L. Clark**

Director Water/Wastewater

April 19, 2016

ADEQ

5301 NORTHSORE DR

NORTH LITTLE ROCK, AR 72118-5317

RE: MARCH 23, 2016 INSPECTION RESPONSE

PERMIT# ARR000063 AFIN# 03-00039

Inspection report summary of findings responses

- Residuals from leaks/spills on the ground have been cleaned up. See photo 011.
- Residuals from using, storing and or cleaning of industrial machinery equipment have been cleaned up. See photo 008.
- Open / unsealed fluid and liquid containers have been moved under cover or disposed of. See photo 020.
- Waste materials have been disposed of or covered up. See photo 006, 007.

Regards,

Alma L. Clark

Director W/S Services

**CITY OF MOUNTAIN HOME  
WATER AND SEWER DEPARTMENT**

752 N. College Street

Mountain Home, AR 72653

Phone (870) 425-5115 Fax (870) 425-5139

---

**Alma L. Clark**

Director Water/Wastewater

**CITY OF MOUNTAIN HOME  
WATER AND SEWER DEPARTMENT**

752 N. College Street  
Mountain Home, AR 72653  
Phone (870) 425-5115 Fax (870) 425-5139

---

**Alma L. Clark**

Director Water/Wastewater

April 19, 2016

**ADEQ**

**5301 Northshore Dr.**

**North Little Rock, AR 72118-5317**

**RE: Compliance inspection on March 23, 2016 Permit# AR0021211, AFIN# 03-00039**

On March 23, 2016 a compliance inspection was performed on our wastewater plant permit #AR0021211, AFIN# 03-00039. The inspection report under the summary findings #2 with reference to the sludge disposal, The City of Mountain Home sludge is hauled by Methvin Sanitation, Inc and is either landfilled at IESI landfill in Cherokee Village under Solid Waste Permit# 0299-S1 or land applied to land that has been previously approved by ADEQ under permit # 5229-W AFIN# 88-01470 issued by ADEQ on May 11, 2015.

The City of Mountain Home thought that with the approval of our biosolids to be placed on this approved land that we had given notice thru Methvin Sanitation, Inc, 162 CR 5, Mountain Home, AR 72601 when they applied for their permit to land apply our sludge to the land that was approved by ADEQ that we were allowed to do so. We are very sorry that we did not contact someone directly to let them know that we would be changing at times to land application also.

Please accept this letter of explanation and apology as notice from the City of Mountain home that our intentions were good and that we thought that with the issuance of Permit # 5229-W to Methvin Sanitation, Inc which states that the City of Mountain Home biosolids would be land applied to the approved land that we were ok to do land application on this approved land. The statement as to the City of Mountain Home's biosolids being land applied is listed under section: Statement of Basis page 2 condition #7 of Permit# 5229-W, AFIN# 88-01470. If you have any questions or recommendations on what else we need to do please let me know. Thanks for your time on the matter.

Regards,

**Alma L. Clark**

**Director W/S Services**

**From:** [Alma L. Clark](#)  
**To:** [Water-Inspection-Report](#)  
**Cc:** [tsanders@cityofmountainhome.com](mailto:tsanders@cityofmountainhome.com)  
**Subject:** Permit inspection report #AR0021211 & ARR000063 Responses and pictures  
**Date:** Wednesday, April 20, 2016 3:05:15 PM  
**Attachments:** [MARCH 23, 2016 INSPECTION REPORT RESPONCES.doc](#)  
[MARCH 23, 2016 STORMWATER PERMIT RESPONSES.doc](#)  
[Letter to ADEQ in response to sludge 2016.doc](#)  
[004.jpg](#)  
[005.jpg](#)  
[006.jpg](#)  
[007.jpg](#)  
[008.jpg](#)  
[011.jpg](#)  
[012.jpg](#)  
[015.jpg](#)  
[017.jpg](#)  
[020.jpg](#)

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**Mr. Cody Wallace,**

**Attached are our responses to the March 23, 2016 Mountain Home WWTP inspections of permit# AR0021211 & ARR000063. I have attached our comments and corrections to your summary finding on both permits. I hope that this has satisfied your request and if I have missed something please let me know and I will be glad to make responses.**  
**Thank you**

**ALMA L. CLARK  
DIRECTOR WATER/SEWER  
CITY OF MOUNTAIN HOME  
752 N. COLLEGE ST.  
MOUNTAIN HOME, AR 72653  
PHONE: 870-425-5115  
FAX: 870-425-4828**















**EMERGENCY  
CONTACT NUMBER  
870-425-6336**

**CAUTION**  
HIGH VOLTAGE  
DO NOT ENTER  
THIS ENCLOSURE

REPAIR & TEST BY  
LICENSED ELECTRICIAN  
OR QUALIFIED PERSONNEL

**EMERGENCY  
CONTACT NUMBER  
870-425-6336**



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BOX 5415 HOUSTON, TEXAS 77252



Mequon, Wisconsin, U.S.A.





USED STORAGE AREA

**From:** [Wallace, Cody](#)  
**To:** [McConnell, Melissa](#)  
**Cc:** [McCabe, Kerri](#)  
**Subject:** FW: permit modification on sludge application Permit # AR0021211 ?  
**Date:** Wednesday, April 27, 2016 10:32:24 AM

---

Please attach email below to WID 19774.

Thanks,

**Cody Wallace**  
Inspector---Water Division District 2  
Arkansas Department of Environmental Quality  
Office---(870) 424-3322 ext. 3  
Cell---(501) 837-2074

---

**From:** Alma L. Clark [<mailto:aclark@cityofmountainhome.com>]  
**Sent:** Friday, April 22, 2016 4:20 PM  
**To:** Reiber, Loretta  
**Cc:** Wallace, Cody; [tsanders@cityofmountainhome.com](mailto:tsanders@cityofmountainhome.com)  
**Subject:** RE: permit modification on sludge application Permit # AR0021211 ?

**Thanks I will get the mayors signature and submit as soon as I have the letter signed...  
thanks for your help**

**ALMA L. CLARK**  
**DIRECTOR WATER/SEWER**  
**CITY OF MOUNTAIN HOME**  
**752 N. COLLEGE ST.**  
**MOUNTAIN HOME, AR 72653**  
**PHONE: 870-425-5115**  
**FAX: 870-425-4828**

---

**From:** Reiber, Loretta [<mailto:REIBER@adeq.state.ar.us>]  
**Sent:** Friday, April 22, 2016 3:15 PM  
**To:** Alma L. Clark  
**Cc:** Wallace, Cody; [tsanders@cityofmountainhome.com](mailto:tsanders@cityofmountainhome.com)  
**Subject:** RE: permit modification on sludge application Permit # AR0021211 ?

You can scan the letter and e-mail me a copy.

---

**From:** Alma L. Clark [<mailto:aclark@cityofmountainhome.com>]  
**Sent:** Friday, April 22, 2016 2:29 PM  
**To:** Reiber, Loretta  
**Cc:** Wallace, Cody; [tsanders@cityofmountainhome.com](mailto:tsanders@cityofmountainhome.com)

**Subject:** RE: permit modification on sludge application Permit # AR0021211 ?

**Thanks we will get that done very quickly... do you prefer to have this mailed or can we email this letter.**

**ALMA L. CLARK  
DIRECTOR WATER/SEWER  
CITY OF MOUNTAIN HOME  
752 N. COLLEGE ST.  
MOUNTAIN HOME, AR 72653  
PHONE: 870-425-5115  
FAX: 870-425-4828**

---

**From:** Reiber, Loretta [<mailto:REIBER@adeq.state.ar.us>]  
**Sent:** Friday, April 22, 2016 1:58 PM  
**To:** Alma L. Clark  
**Cc:** Wallace, Cody; [tsanders@cityofmountainhome.com](mailto:tsanders@cityofmountainhome.com)  
**Subject:** RE: permit modification on sludge application Permit # AR0021211 ?

Send a letter in signed by the responsible official stating what you want to do with the sludge (including permit numbers for land application). We'll take a look at that and see if anything else needs to be done.

---

**From:** Alma L. Clark [<mailto:aclark@cityofmountainhome.com>]  
**Sent:** Friday, April 22, 2016 1:55 PM  
**To:** Reiber, Loretta  
**Cc:** Wallace, Cody; [tsanders@cityofmountainhome.com](mailto:tsanders@cityofmountainhome.com)  
**Subject:** permit modification on sludge application Permit # AR0021211 ?

**Loretta,**

**What does Mountain Home need to do to get our permit modified to allow land application of sludge as well as landfill as the permit states?**

**ALMA L. CLARK  
DIRECTOR WATER/SEWER  
CITY OF MOUNTAIN HOME  
752 N. COLLEGE ST.  
MOUNTAIN HOME, AR 72653  
PHONE: 870-425-5115  
FAX: 870-425-4828**

**CITY OF MOUNTAIN HOME  
WATER AND SEWER DEPARTMENT**

752 N. College Street  
Mountain Home, AR 72653  
Phone (870) 425-5115 Fax (870) 425-5139

---

**Alma L. Clark**

Director Water/Wastewater

April 22, 2016

ADEQ

5301 Northshore Dr.

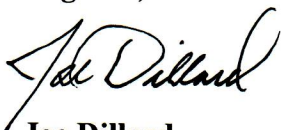
North Little Rock, AR 72118-5317

**RE: Request for modification to Permit# AR0021211, AFIN# 03-00039 regarding  
Sludge / biosolids to be landfilled or land applied.**

This letter is in reference to our sludge disposal. The City of Mountain Home wastewater plant sludge is hauled by Methvin Sanitation, Inc. and has been landfilled in the past at IESI landfill in Cherokee Village under Solid Waste Permit# 0299-S1. We are requesting to be able to modify our permit to allow us to landfill and / or to land apply our sludge / biosolids on land that has been previously approved by ADEQ under permit # 5229-W AFIN# 88-01470 issued to Methvin Sanitation, Inc. by ADEQ on May 11, 2015.

Methvin Sanitation, Inc. is our hauler that we use for either the landfilling or land application. Methvin's land application permit states that the City of Mountain Home biosolids would be land applied to the approved land. This statement can be found and listed under section: Statement of Basis page 2 condition #7 of Permit# 5229-W, AFIN# 88-01470. It is our wish that this modification be made to allow us more flexibility to dispose of our biosolids. Thank you for your time on this matter. If you have any questions or recommendations on what else may be needed from the City of Mountain Home please contact Alma L. Clark at 870-425-5115 or e-mail to [aclark@cityofmountainhome.com](mailto:aclark@cityofmountainhome.com). We look forward to hearing from you.

Regards,



Joe Dillard,

Mayor City of Mountain Home

# ADEQ

A R K A N S A S  
Department of Environmental Quality

May 9, 2016

Joe Dillard, Mayor  
City of Mtn. Home  
720 S. Hickory St.  
Mountain Home, AR 72653

**RE: Response to Mountain Home WWTP Inspections (Baxter Co)**  
**AFIN: 03-00039** **Permit No.: AR0021211**  
**ARR000063**

Dear Mr. Dillard:

I have reviewed the response pertaining to my March 23, 2016 inspections of the City of Mountain Home 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 (870) 424-3322 ext. 3 or you may e-mail me at [wallace@adeq.state.ar.us](mailto:wallace@adeq.state.ar.us).

Sincerely,



Cody Wallace  
District 2 Field Inspector  
Water Division