

ADEQ

ARKANSAS
Department of Environmental Quality

August 1, 2017

David R Anderson, Mayor
City of Monticello
PO Box 505
Monticello, AR 71655

RE: City of Monticello - East Plant Inspections (Drew Co)
AFIN: 22-00379 **NPDES Permit No.: AR0021831**
ARR000000

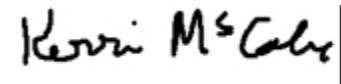
Dear Mayor Anderson:

On May 10, 2017, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and a Reconnaissance 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 **August 15, 2017**.

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
Office of Water Quality

cc: Charlie Hammock, WW Operator, City of Monticello, montcity@att.net



AR K A N S A S
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 22-00379	PERMIT #: AR0021831	DATE: 5/10/2017
COUNTY: 22 Drew	PDS #: 098363	MEDIA: WN
GPS LAT: 33.662306 LONG: -91.758367 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Monticello - East Plant LOCATION: 1000 Florence Rd CITY: Monticello, AR	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 84022 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation
	DATE(S): 5/10/2017 ENTRY TIME: 08:00 EXIT TIME: 11:30 PERMIT EFFECTIVE DATE: 7/1/2012 PERMIT EXPIRATION DATE: 6/30/2017
RESPONSIBLE OFFICIAL	
NAME / TITLE: David R Anderson / Mayor COMPANY: City of Monticello MAILING ADDRESS: PO Box 505 CITY, STATE, ZIP: Monticello AR 71655 PHONE & EXT: / FAX: 870-367-4400 / 870-367-4405 EMAIL: montcity@att.net	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
CONTACTED DURING INSPECTION: Yes	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Charlie Hammock (Lic #008032)/Class III/Advanced Industrial WW Operator/(870) 723-2898

AREA EVALUATIONS

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

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

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

- 1.) The permittee is reporting Daily Max on the DMR instead of the 7-Day Average (see DMR Calculation Check). This is a violation of Part I, Section A of the permit. The permittee must review previously submitted DMR and make corrections as needed. Corrected DMR need to be identified as such and submitted to the Enforcement Branch.
- 2.) For March 9, March 10, March 11, and March 16 samples, BOD5 and TSS were collected as "grab" samples. This is a violation of Part I, Section A of the permit. The "sample type" for BOD5 and TSS is "composite." This appears to be corrected on the Aug 2016 COCs.
- 3.) For March 14 and March 15 samples, the "composite" sample is comprised of only three aliquots (see definition of "composite" in Part IV). This is a violation of Part I, Section A of the permit. This appears to be corrected on the Aug 2016 COCs.
- 4.) An instantaneous flow measurement is not being recorded on the COC when grab samples are collected (see definition of "grab" in Part IV). This is a violation of Part I, Section A of the permit.
- 5.) The city is not sampling the influent to demonstrate percent removal for BOD5. This is a violation of Part II, Condition #2 of the permit.
- 6.) An overflow of raw sewage at the Cash's lift Station was observed during the inspection. This overflow was not reported to the Department. This is a violation of Part II, Condition #5, B and C of the permit.

7.) The following items violate Part III, Section B, 1.A. of the permit:

- **There is one aerator down in Lagoon #1. This is a REPEAT violation from the March 2015 inspection.**
- **Fire ants and other burrowing animals must be controlled to prevent levee damage.**

8.) The DO probe for the multi-probe meter used by the operator is not being calibrated per the manufacture's manual. There is a standard that is to be utilized to conduct proper calibration of the DO probe. This is a violation of Part III, Section C, 3 of the permit.

9.) For March 9 and Aug 2 samples, there is no indication that NO₃+NO₂-N or TP were preserved with acid either onsite during collection or once received by the lab. For March 11 sample, the holding time for FCB was exceeded (> 8 hours) and the "Temperature on Receipt" was 12°C. For March 15 sample, the "Temperature on Receipt" was 7°C. For Aug 2 sample, the "Temperature on Receipt" was 7°C. This is a violation of Part III, Section C, 3 of the permit. Preservation with ice is to be ≤ 6°C for BOD₅, TSS, NO₃ + NO₂-N, and TP and ≤ 10°C for FCB.

10.) Calibration records for the multi-probe meter used by the operator are not being kept. Specifically, a record of DO and pH calibration must be kept and made available upon request (see Part III, Section C, 8.A-F for details). This is a violation of Part III, Section C, 7 of the permit.

GENERAL COMMENTS

On Wed, May 10, 2017 an inspection was conducted with the above-mentioned inspection participants. Inspection consisted of a site assessment and a records review.

Site assessment:

The treatment system consists of preliminary (bar screens; two sizes: ¾” and 2”), primary/secondary influent flowmeter, two aerated lagoons (ran in parallel/series; four aerators each; Lagoon #2 with baffle installed; both with 4’ concrete liner), two stabilization lagoons (ran in series), pump house for controlled irrigation/discharge, primary/secondary effluent flowmeter, and discharge to Outfall 001. The city has the option to irrigate treated wastewater via irrigation system and available agricultural fields. A secondary flowmeter (totalizer) is mounted upstream in the receiving stream to measure stream flow for hydrograph controlled release of effluent (primarily discharge from Nov-April). A baffle in Lagoon #4, chlorine building, and existing outfall structure (both East of Lagoon #4) mentioned in the completed permit renewal application do not exist.

Overall, lagoon levees are well-maintained and no issues were noted concerning levee integrity. The aerated lagoons do have weir boxes for bypassing to the receiving stream and to prevent catastrophic levee failure if freeboard is exceeded. There is one aerator down in Lagoon #1.

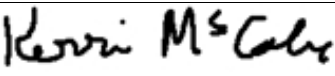

An unpermitted discharge from a sump with influent cited during the last inspection in March 2015 has been corrected. The line is capped and collected influent is pumped back to the headworks.

Records review:

Records were reviewed for March 2016 and Aug 2016. City is an intermittent discharger and can only discharge based on the flow of the receiving stream (hydrograph controlled release). Only minor issues were noted with paperwork. Temperature is being analyzed and it is not required by the current permit. This parameter either need to be reported with DMR or omitted from sampling/analyzing. For the March 11, March 15, and Aug 2 samples, the sample temperatures received by the lab were greater than 6°C and do not meet preservation for BOD, TSS, or FCB (March 11 only). The sample temperature needs to remain at ≤ 6°C (≤ 10°C for FCB). The operator is inconsistent with supplying the time when samples are collected and the contract lab is left to assume the time is based on when field readings were analyzed or if written on sample containers. The operator needs to review the definitions of “composite” and “grab” in Part IV of the permit; however, issues concerning “grab” and “composite” appear to have been addressed in Aug 2016. The operator needs to maintain calibration records for the multi-probe utilized for DO and pH. Additionally, all records maintained by the operator should contain the required information outlined in Part III, Section C, 8.A-F of the permit (this includes the flow sheet).

The contract lab’s COC and lab analysis sheets are well developed, thorough, and provide all required information.

Part I, Section A of the permit requires 7-Day Average. The permittee reported Daily Max for BOD for March 2016 and TSS for July 2016. The permittee will need to review all DMR for this discrepancy and submit corrected DMR to the Enforcement Branch. DMR checks for DO and pH indicate that these parameters are being reported correctly.

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 7/26/2017
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 7/31/2017

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Permit expires June 30, 2017; permittee has submitted a complete permit renewal application.	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Operator measures flow (instream and effluent), DO, and pH; contract lab for other parameters.	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>Daily Max is being recorded instead of 7-Day Average.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING: <u>Need "time" on flow sheet.</u>	<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: <u>Operator not maintaining calibration records for multi-probe meter.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <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>DO probe not being calibrated correctly with standard.</u>	<input type="checkbox"/> S <input checked="" 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>No loading requirements in Part I, Section A.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Preliminary (bar screens), two aerated lagoons (ran in parallel/series), two stabilization lagoons (ran in series), and discharge.	
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: <u>Not a mechanical plant.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: <u>Not a mechanical plant.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE: <u>One aerator down.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>One Class III and one Class I</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: <u>Can isolate to Lagoon #1 and divert to Lagoon #2</u>	<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: <u>Lagoons #1-2 have weir boxes for levee protection; discharge of partially treated wastewater to receiving stream would be unpermitted.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Operator measures flow (instream and effluent), DO, and pH; contract lab for 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: <u>For March 2016, collecting grab for composite sample; composite sample with only three aliquots.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING: <u>Refrigerator in in-house lab.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED: <u>NO3+NO2-N and TP not preserved with acid for March 9 and Aug 2; "Temp on Receipt" exceeded.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input checked="" 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>Temp is being analyzed and not reported.</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>8' rectangular weir w/o end contractions; mounted staff gauge</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>ISCO 3010 Ultrasonic Flow Transmitter (totalizer)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: <u>Last calibrated Jan 17, 2017.</u>	<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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Operator measures flow (instream and effluent), DO, and pH; contract lab for 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: <u>Operator not calibrating DO probe properly.</u>	<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 Analytical, Inc.</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>BOD5, TSS, FCB, TP, NO2+NO3-N, Total Recoverable Cu, and WET.</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: No discharge during inspection.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	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: Sludge is retained in lagoons.							
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</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Part II, Condition #6 requires BMPs for stormwater protection; no issues noted during inspection.							
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	

DMR Calculation Check

Reporting Period: From 2016 03 01 To 2016 03 31
 Year Month Day Year Month Day

Parameter Checked: BOD5

	Loading	Concentration	
	Mass	(mg/l)	
	Mo. Avg. lbs/day	Mo. Avg.	7-Day Avg.
Reported Value:	<u>N/A</u>	<u>9.08</u>	<u>12.60</u>
Calculated Value:	<u>N/A</u>	<u>10.0</u>	<u>12.3</u>
Permit Value:	<u>N/A</u>	<u>30.0</u>	<u>45.0</u>

If calculated value does not equal reported value, explain:

$(8.2 + 6.36 + 8.44)/3 = 23/3 = 7.67 \text{ mg/l}$

$(13.8 + 10.4 + 12.6)/3 = 36.8/3 = 12.27 \text{ mg/l}$

$(23 + 36.8)/6 = 59.8/6 = 9.97 \text{ mg/l}$

Values are not the same for 7-Day Average; the highest concentration of all six samples for the month (Daily Max) is being recorded for the 7-Day Average and this is NOT correct. All three samples for the week are to be added together and divided by the total number of samples in the week (i.e., three). The week with the highest concentration is to be recorded. The permit does not require the reporting of Daily Max for concentration (see Part I, Section A and the definitions for "Monthly Average," "7-Day Average," and "Daily Max" in Part IV).

DMR Calculation Check

Reporting Period: From 2016 07 01 To 2016 07 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration (mg/l)	
		Mo. Avg.	7-Day Avg.
Reported Value:	<u>N/A</u>	<u>18.20</u>	<u>22.50</u>
Calculated Value:	<u>N/A</u>	<u>18.2</u>	<u>21.5</u>
Permit Value:	<u>N/A</u>	<u>90.0</u>	<u>135.0</u>

If calculated value does not equal reported value, explain:

$(15.5 + 14.0 + 18.5)/3 = 48/3 = 16 \text{ mg/l}$

$(20.5 + 22.5)/2 = 43/2 = 21.5 \text{ mg/l}$

$(48 + 43)/5 = 91/5 = 18.2 \text{ mg/l}$

Values are not the same for 7-Day Average; the highest concentration of all six samples for the month (Daily Max) is being recorded for the 7-Day Average and this is NOT correct. All three samples for the week are to be added together and divided by the total number of samples in the week (i.e., three). The week with the highest concentration is to be recorded. The permit does not require the reporting of Daily Max for concentration (see Part I, Section A and the definitions for "Monthly Average," "7-Day Average," and "Daily Max" in Part IV).

Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0821
Description:	Preliminary at headworks (bar screens at two sizes).		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0820
Description:	Solids collection box drains to sump.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0820
		Photo #:	3
Description:	Influent is pumped back to the headworks; discharge pipe is capped.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0822
		Photo #:	4
Description:	Primary/secondary influent flow measuring devices.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0823
		Photo #:	5
Description:	Lagoon #1 (aerated); baffle has been allowed to drop.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0832
		Photo #:	6
Description:	Bypass weir box for levee protection (Lagoon #1).		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0837
		Photo #:	7
Description:	Lagoon #2 (aerated); baffle anchored to bank.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0840
		Photo #:	8
Description:	Bypass weir box for levee protection (Lagoon #2).		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0846
		Photo #:	9
Description:	Screw pumps delivering wastewater to Lagoon #3.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0845
		Photo #:	10
Description:	Discharge to Lagoon #3 from screw pumps.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0859
		Photo #:	11
Description:	Lagoon #3 (stabilization); no baffle present.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0901
		Photo #:	12
Description:	Lagoon #4 (stabilization); no baffle present.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0909
		Photo #:	13
Description:	Pump house for controlled discharge and irrigation.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0910
		Photo #:	14
Description:	Primary/secondary effluent flow measuring devices at Outfall 001.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0912
		Photo #:	15
Description:	Staff gauge mounted in correct location.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0843
		Photo #:	16
Description:	Secondary flow measuring device (totalizer) upstream of Outfall 001.		



Water Division Photographic Evidence Sheet

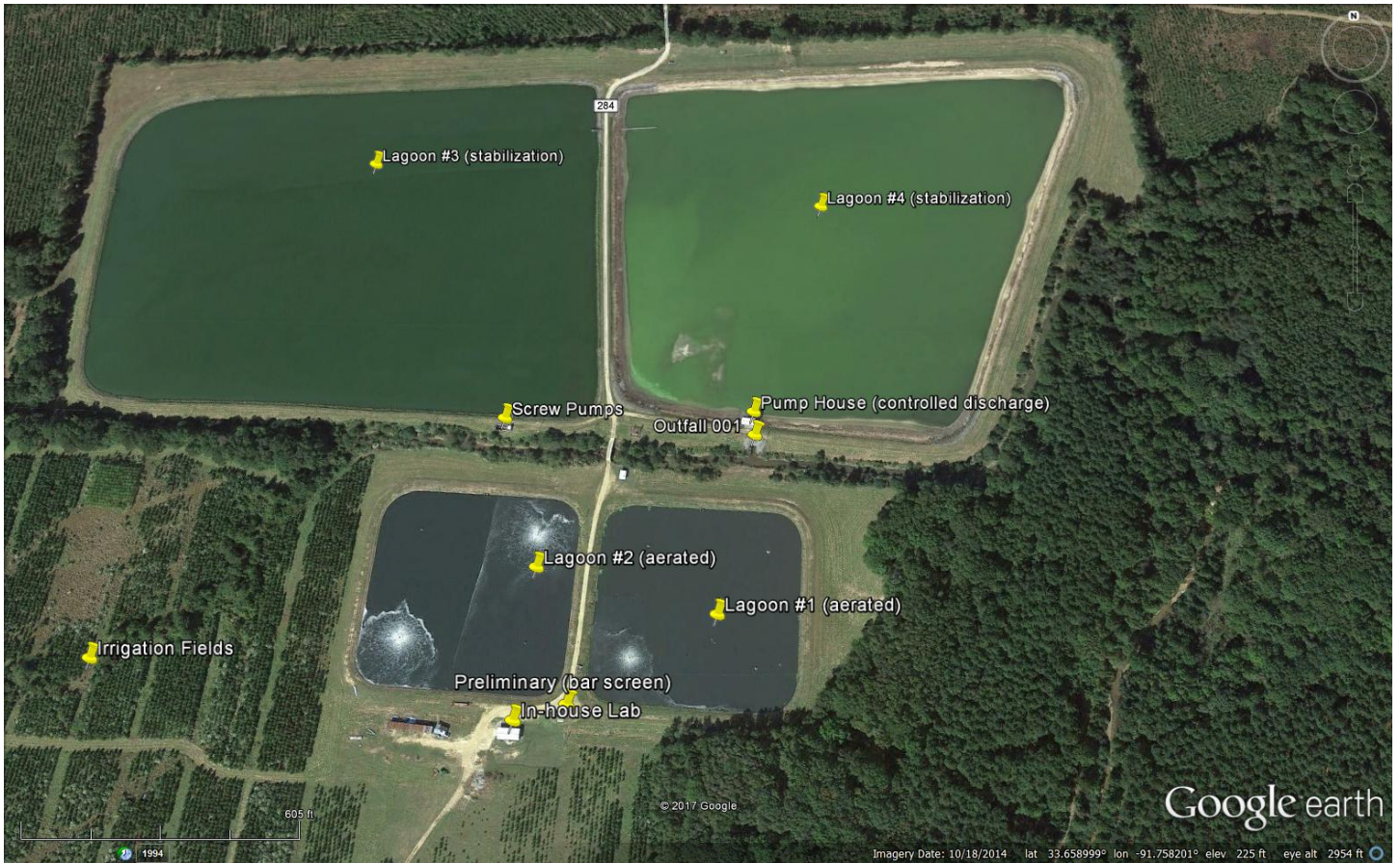
Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0918
		Photo #:	17
Description:	Irrigation head and field for land applying treated wastewater.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	0926
		Photo #:	18
Description:	Groundwater monitoring well for land application of treated wastewater.		



Figure 1. Google earth image dated Oct 18, 2014 depicting the Monticello East Plant with major components identified.



From: [McCabe, Kerri](#)
To: [McConnell, Melissa](#)
Subject: FW: Response to Inspection Report - Monticello East Plant; AR0021831
Date: Monday, September 25, 2017 7:34:22 AM
Attachments: [Response to Inspection Report 20170915.pdf](#)
[image001.png](#)

Melissa,

Please attach this email and attachment to WIDs 22764, 22765, and 22766. 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: Mizan Rahman [mailto:mizanr@etcengineersinc.com]
Sent: Thursday, September 21, 2017 4:00 PM
To: McCabe, Kerri; City of Monticello
Cc: Mizan Rahman
Subject: Response to Inspection Report - Monticello East Plant; AR0021831

Attached please find City of Monticello's response to your Compliance Evaluation Inspection dated May 10, 2017. The original is being mailed to you. Please let me know if you have any questions or need additional documentations.

Regards,
Mizan

Mizan Rahman, P.E.
ETC Engineers & Architects, Inc.
1510 Broadway
Little Rock, AR 72202

501-375-1786

501-580-5495 (c)

mizanr@etcengineersinc.com



ETC Engineers & Architects, Inc.

ENGINEERS ■ ARCHITECTS ■ PLANNERS

■ 1510 SOUTH BROADWAY, LITTLE ROCK, AR 72202 ■ PHONE 501-375-1786 ■ FAX 501-375-1277 ■

September 15, 2017

Kerri McCabe
Inspector Supervisor
Office of Water Quality
ADEQ
5301 Northshore Drive
North Little Rock, AR 72118

Re: City of Monticello – East Plant Inspection Report
NPDES Permit # AR0021831

Dear Ms. McCabe,

On behalf of the City of Monticello and Mayor Anderson, I am hereby responding to the comments you articulated in your letter August 1, 2017. The comments were the result of your May 10, 2017 Compliance Evaluation Inspection and Collection System Inspection. The responses to your findings are as follows:

COMPLIANCE EVALUATION:

Finding #1: The permittee is reporting Daily Max on the DMR instead of the 7-Day Average (see DMR Calculation Check). This is a violation of Part I, Section A of the permit. The permittee must review previously submitted DMR and make corrections as needed. Corrected DMR need to be identified as such and submitted to the Enforcement Branch.

Response: Corrected DMR's have been prepared for the following periods:

- March 2016
- August 2016
- January 2017
- May 2017
- June 2017

The corrected DMR's are stamped "Corrected Copy". Some include non-compliance report. These reports are included as attachments to this letter. Signed "Corrected DMR's will be submitted formally to the Enforcement Branch.

BUILDING A BETTER WORLD

■ e-mail: etc@etcengineersinc.com ■



Finding #2: For March 9, March 10, March 11, and March 16 samples, BOD5 and TSS were collected as "grab" samples. This is a violation of Part I, Section A of the permit. The "sample for BOD5 and TSS is "composite." This appears to be corrected on the Aug 2016 COCs.

Response: This happened during the transition period when current lab took over the sampling and testing responsibilities after the old lab failed to perform the tasks. This was due mostly to miscommunication between the new lab and the City staff. This has been corrected since then.

Finding #3: For March 14 and March 15 samples, the "composite" sample is comprised of only three aliquots (see definition of "composite" in Part IV). This is a violation of Part I, Section A of the permit. This appears to be corrected on the Aug 2016 COCs.

Response: This has been corrected.

Finding #4: An instantaneous flow measurement is not being recorded on the COC when grab samples are collected (see definition of "grab" in Part IV). This is a violation of Part I, Section A of the permit.

Response: The City plant operator is now following appropriate sampling protocol.

Finding #5: The city is not sampling the influent to demonstrate percent removal for BOD5. This is a violation of Part II, Condition #2 of the permit.

Response: City staff will start collecting samples at the influent and the lab has been instructed to conduct necessary test to determine BOD5 efficiency.

Finding #6: An overflow of raw sewage at the Cash's lift Station was observed during the inspection. This overflow was not reported to the Department. This is a violation of Part II, Condition #5, B and C of the permit.

Response: Overflow was caused by a pump failure. The pump was repaired the next day and has been working since then.

Finding #7: The following items violate Part III, Section B, 1.A. of the permit:

- a. There is one aerator down in Lagoon #1. This is a REPEAT violation from the March 2015 inspection.

Response: The aerator was repaired immediately after the first violation and has continued to perform as designed. It broke down again and has been repaired since this inspection. Aerator failures are generally caused by motor failure. When an aerator fails, the entire assembly has to be shipped to an off-site facility (in this case

it was shipped to Monroe, LA). After the motor gets repaired the assembly is shipped back. This process may take as long as a month. However the facility is equipped with 8 aerators and as such the absence of one aerator does not significantly impact the overall performance.

- b. Fire ants and other burrowing animals must be controlled to prevent levee damage.

Response: City's plant operator has been instructed to initiate appropriate measure to remove fire ants and burrowing animals from causing any damage to the levee.

Finding #8: The DO probe for the multi-probe meter used by the operator is not being calibrated per the manufacture's manual. There is a standard that is to be utilized to conduct proper calibration of the DO probe. This is a violation of Part III, Section C, 3 of the permit.

Response: City's plant operator has been instructed to follow manufacturer's standard procedure to calibrate the probes and maintain proper records documenting history of calibration. The operator will follow manufacturer's recommended procedure for calibration of all probes.

Finding #9: For March 9 and Aug 2 samples, there is no indication that N03+N02-N or TP were preserved with acid either onsite during collection or once received, by the lab. For March 11 sample, the holding time for FCB was exceeded (> 8 hours) and the "Temperature on Receipt" was 12°C. For March 15 sample, the "Temperature on Receipt" was 7°C. For Aug 2 sample, the "Temperature on Receipt" was 7°C. This is a violation of Part III, Section C, 3 of the permit. Preservation with ice is to be S 6°C for BOD5, TSS, N03 + N02-N, and TP and S 10°C for FCB.

Response: Samples collected and received the same day with evidence of preservation attempt are not required to be less than or equal to 6-degree C as per CFR Vol. 77, No. 97, Friday, May 18, 2012. Table II. Required containers, Preservation techniques, and Holding Times, Footnote 16. Transition COC did not properly reflect actual preservation which was HNO3 for P, an unpreserved Aliquot for NO#+NO2 was used (analysis by ion chromatography). Sample for fecal was received out of holding time.

Finding #10: Calibration records for the multi-probe meter used by the operator are not being kept. Specifically, a record of DO and pH calibration must be kept and made available upon request (see Part III, Section C, 8.A-F for details). This is a violation of Part III, Section C, 7 of the permit.

Response: Plant operator has been instructed to maintain historical calibration records for all probes and be able to present those to ADEQ staff whenever such request is made.

RECONNAISSANCE:

Finding #11: City should apply for No-Exposure Certification.

Response: City of Monticello has decided to complete the No Exposure Certification form and submit for its approval. It intends to complete the forms in the next 30 days

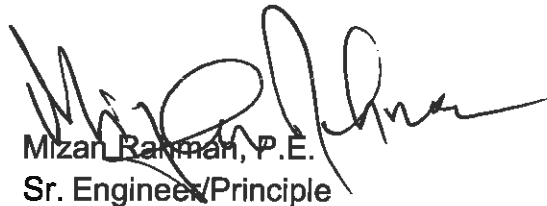
SSO/COLLECTION SYSTEM:

Finding #9: There are no onsite generators located at the lift stations nor are there any hook-ups available at the lift stations for a portable generator.

Response: We concur that during a power failure individual pump stations are inoperable for lack of permanently connected on-site generator or having an available hook-up to connect to a portable generator. It is our intention to develop a plan to eliminate this condition at all lift stations within the next 60 days.

Please feel free to get in touch with me if you need additional clarification.

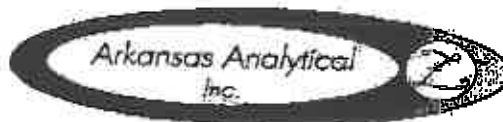
Sincerely,



Mizan Rahman, P.E.
Sr. Engineer/Principle

CC: Mayor David Anderson, City of Monticello

375-1277
21 pages follow



8100 National Drive
Little Rock, AR 72209
501-455-3233

August 24th, 2017

Mizan Rahman, P.E.
ETC Engineers & Architects, Inc.
1510 Broadway
Little Rock, AR 72202

Re: Monticello East Plant Inspection

Dear Mizan,

We have evaluated the water division inspection report from ADEQ associated with the City of Monticello- East Plant as of 5/10/17 and have the following comments:

Finding #1: Corrected DMRs have been prepared for the following monitoring periods: March, 2016; August, 2016; January, 2017; May, 2017; and June, 2017. Each is stamped as "corrected copy". Some include non-compliance report. These are attached. Lab will send to permittee for signature and submission.

Finding #2: miscommunication during laboratory transition phase resulted in incorrect sample type. Correction has been made.

Finding #3: permittee instructed lab to prepare composite from only three aliquots.

Finding #4: not the laboratory responsibility, permittee collects samples

Finding #5: lab will supply containers to permittee

Findings #6, 7, 8, 10: not the laboratory responsibility

Finding #9: Samples collected and received the same day with evidence of preservation attempt are not required to be less than or equal to 6 degrees C. as per CFR Vol. 77, No. 97, Friday, May 18, 2012, Table II- Required Containers, Preservation techniques, and Holding Times, Footnote 16.

Transition chain of custody did not properly reflect actual preservation which was HNO3 for P, an unpreserved aliquot for NO_x+NO₂ was used (analysis by ion chromatography). Sample for fecal was received out of holding time.

Let me know if you need anything further.

A handwritten signature in cursive script that reads "Norma James".

Norma James
President

Attachments

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

DMR Mailing ZIP CODE: 72208-4087
MAJOR

CORRECTED
MONTHLY-TXTD MUNICIPAL WW
AUG 10 2016

No Discharge

COPY

AR9021831 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2016	MM/DD/YYYY 03/31/2016

PERMITTEE NAME/ADDRESS (include Facility Name/Location if NAME):
MONTICELLO, CITY OF - EAST PLANT
ADDRESS: P.O. BOX 505
MONTICELLO, AR 71657
FACILITY: MONTICELLO, CITY OF - EAST PLANT
LOCATION: 1000 FLORENCE ROAD (CR #0)
MONTICELLO, AR 71639
ATTN: TAMMY KELLY, A/P COORDINATOR

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Stream flow, instantaneous	28.8	MGD					
00061 S O Upstream Monitoring Oxygen, dissolved, (DO)	10.5	mg/L	10.5	mg/L	0	3/7	GRAB
00300 I O Effluent Gross BOD, 5-day, 20 deg. C	9.08	mg/L	9.08	mg/L	0	3/7	GRAB
00310 I O Effluent Gross pH	7.69		7.69		0	3/7	GRAB
00400 I O Effluent Gross Solids, total suspended	16.05	mg/L	16.05	mg/L	0	3/7	GRAB
00530 I O Effluent Gross Nitrite + Nitrate total (as N)	1.55	mg/L	1.55	mg/L	0	3/7	GRAB
00630 I O Effluent Gross Phosphorus, total (as P)	0.88	mg/L	0.88	mg/L	0	1/31	GRAB
00665 I O Effluent Gross	0.197	mg/L	0.197	mg/L	0	1/31	GRAB

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all actual incursions listed):
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH, SEE PART II, CONDITION 5. (SSO). SEE PART II, CONDITIONS 1, 12, & 13. (P) USE DISCHARGE EVENT OBSERVATION (B476H) TO REPORT NUMBER OF DAYS/MONTH AVG DISCHARGE EXCEEDED PERCENTAGE OF PERMIT LIMITS. SEE 8100 National Dr., Little Rock, AR 72209 501-455-9283

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

9

Form Approved
OMB No. 2040-0084

PERMITTEE NAME/ADDRESS (include Facility Name/Location if NAME)
MONTICELLO, CITY OF - EAST PLANT
ADDRESS: P.O. BOX 505
MONTICELLO, AR 71657
FACILITY: MONTICELLO, CITY OF - EAST PLANT
LOCATION: 1000 FLORENCE ROAD (CR 80)
MONTICELLO, AR 71639
ATTN: TAMMY KELLY, A/P COORDINATOR

AR0021631	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 72203-4087
MAJOR
001 - MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Discharge flow as % of stream flow										
01852 P 1 See Comments	PERMIT REQUIREMENT							1	7/7	CA
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								Daily	CAUCED
50050 1 0	PERMIT REQUIREMENT	22.5	MGD				0	7/7	Daily	TM
Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT	Reg. Mon. NO. AVG	MGD						Daily	TOTALZ
74055 1 0	PERMIT REQUIREMENT			16			0	8/7	Three Sp. Week	GRAB
Effluent Gross Discharge event observation (Visual Monitoring)	SAMPLE MEASUREMENT			1000 3000 7-DA. GRB						
84165 P 0 See Comments	PERMIT REQUIREMENT			0				0	7/7	ROOTOT
				Reg. Mon. MO. TOTAL					Daily	ROOTOT

Arkansas Analytical, Inc.
8100 National Dr.
Little Rock, AR 72209
501-455-3288

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
EXPIRED OR PRINTED			
		AREA Code	NUMBER

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH, SEE PART II, CONDITION 5. (SSO). SEE PART II, CONDITIONS 11, 12, & 13. (*) USE DISCHARGE EVENT OBSERVATION (84164) TO REPORT NUMBER OF DAYS/MONTH AVG DSCHG EXCEEDED CRITICAL %. 22-00379

NON-COMPLIANCE LETTER

DATE: _____

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317
ATTN: ENFORCEMENT SECTION

RE: NPDES PERMIT NO: AR0021831

DISCHARGE NUMBER: 001-A

CLIENT: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: 1000 FLORENCE ROAD (CR80)
CITY: MONTICELLO
STATE: AR
ZIP: 71639
PHONE: 352-2931
CONTACT: TAMMY KELLY, A/P COORDINATOR

DATE OF NON-COMPLIANCE	PARAMETER EXCEEDED	CONCENTRATION	LOADING	PERMIT LIMITS
03/01-31/16	DPD MAX	78.1		78

WE FEEL THIS PROBLEM WAS DUE TO:

WE PLAN ON CORRECTING THE PROBLEM IN THIS MANNER:

TIME ESTIMATED THAT IT WILL TAKE:

YOURS TRULY,

AUTHORIZED SIGNATURE

4

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

Form Approved
OMB No. 2040-0004

15

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: P.O. BOX 606
MONTICELLO, AR 71867
FACILITY: MONTICELLO, CITY OF - EAST PLANT
LOCATION: 1000 FLORENCE ROAD (CR 80)
MONTICELLO, AR 71830
ATTN: CHARLIE HAMMOCK, SUPT.

AR0021831
PERMIT NUMBER
001-A
DISCHARGE NUMBER
MM/DD/YYYY
08/31/2016
MONITORING PERIOD
MM/DD/YYYY
08/31/2016

DMR Mailing ZIP CODE: 722034087
MAJOR
001 - MONTHLY - TRTD MUNICIPAL WW
EAG at P&EDT

CORRECTED

No Discharge

COPY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Stream flow, instantaneous	PERMIT REQUIREMENT	3.696	MGD			0		
00051 5 0 Upstream Monitoring Oxygen, dissolved (DO)	PERMIT REQUIREMENT			5.38	mg/L	0	3/4	G
00300 1 0 Effluent Gross BOD ₅ , 5-day, 20 deg. C	PERMIT REQUIREMENT					0	3/4	G
00310 1 0 Effluent Gross pH	PERMIT REQUIREMENT			14.42	mg/L	0	3/4	G
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT			7.71	SU	0	3/4	G
00530 1 0 Effluent Gross Nitrite + Nitrate total [as N]	PERMIT REQUIREMENT			18.20	mg/L	0	8/4	G
00630 1 0 Effluent Gross Phosphorus, total [as P]	PERMIT REQUIREMENT			0.190	mg/L	0	1/31	G
00685 1 0 Effluent Gross	PERMIT REQUIREMENT			0.952	mg/L	0	1/31	G

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
DATE
AREA Code NUMBER NIM/DD/YYYY

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

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH. SEE PART II, CONDITION 5. (SSO). SEE PART II, CONDITIONS 11, 12, & 13. (P) USE DISCHARGE EVENT OBSERVATION (04164) TO REPORT NUMBER OF DAYS/MONTH AVG DISCHG EXCEEDED CRITICAL %. 22-00378

EPA Form 320-1 (Rev.01/08) Previous editions may be used.

Arkansas Analytical, Inc.
8100 National Dr.
Little Rock, AR 72209
501-455-3253

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

Form Approved
OMB No. 2040-0004

9

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: P.O. BOX 505
MONTICELLO, AR 71667
FACILITY: MONTICELLO, CITY OF - EAST PLANT
LOCATION: 1000 FLORENCE ROAD (CR 80)
MONTICELLO, AR 71638
ATTN: CHARLIE HAMMOCK, SUPT.

AR0021831 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 08/01/2018	MM/DD/YYYY 09/21/2018
MONITORING PERIOD	

DMR Mailing ZIP CODE: 722034087
MAIL QR

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
Discharge flow as % of stream flow	01352 P O			52.1	%		1	7/F	CA
See Comments									
Flow, in conduit or thru treatment plant	50050 1 Q	1.92	MGD				0	7/F	TM
Effluent Gross									
Golfarm, fecal general									
74055 1 O				16	#	10ML	0	3/F	G
Effluent Gross									
Discharge event observation (Visual Monitoring)									
94155 P O				0	%		0	7/F	LCOTD
See Comments									

NAME/TITLE (PRINCIPAL EXECUTIVE OFFICER)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)
REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH. SEE PART II, CONDITION 5. (SSO). SEE PART II, CONDITIONS 11, 12, & 13. (P) USE DISCHARGE EVENT OBSERVATION (84184) TO REPORT NUMBER OF DAYS/MONTH AVG DISCHG EXCEEDED CRITICAL W. 22-00379
Arkansas Analytical, Inc.
6100 National Dr.
Little Rock, AR 72209
501-466-8283

NON-COMPLIANCE LETTER

DATE: _____

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317
ATTN: ENFORCEMENT SECTION

RE: NPDES PERMIT NO: AR0021831

DISCHARGE NUMBER: 001-A

CLIENT: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: 1000 FLORENCE ROAD (CR80)
CITY: MONTICELLO
STATE: AR
ZIP: 71639
PHONE: 870-352-2931
CONTACT: CHARLIE HAMMOCK, SUPT.

DATE OF NON-COMPLIANCE	PARAMETER EXCEEDED	CONCENTRATION	LOADING	PERMIT LIMITS
08/01-31/16	DPD MAX	52.1		52

WE FEEL THIS PROBLEM WAS DUE TO:

WE PLAN ON CORRECTING THE PROBLEM IN THIS MANNER:

TIME ESTIMATED THAT IT WILL TAKE:

YOURS TRULY,

AUTHORIZED SIGNATURE

Code & Name	Req.	Value 1	Value 2	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 1 NODI: <input type="checkbox"/> Flow, in conduit or thru treatment plant	NODI	<input type="checkbox"/> 0.74	<input type="checkbox"/> 1.75	MGD			<input type="checkbox"/>	Percent		Daily	CALCTD
1 - Effluent Gross											
Season: 0 NODI: <input type="checkbox"/> Coliform, fecal general	Req. NODI	Req Mon Monthly Average	Req Mon Daily Maximum	Million Gallons per Day						Daily	TOTALZ
74055 1 - Effluent Gross		<input type="checkbox"/>	<input type="checkbox"/>								
Season: 0 NODI: <input type="checkbox"/> Discharge event observation [Visual Monitoring]	Req. NODI									Three Per Week	GRAB
84165 P - See Comments											
Season: 0 NODI: <input type="checkbox"/>	Req. NODI									Daily	RCOTOT

Edit Check Errors

No results.

DMR Comments

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH, SEE PART II, CONDITION 5. (SSO). SEE PART II, CONDITIONS 11, 12, & 13. (P) USE DISCHARGE EVENT OBSERVATION (84164) TO REPORT NUMBER OF DAYS/MONTH AVG DSCHG EXCEEDED CRITICAL % 22-00379

Comments

6

Code	Name	Value 1	Units	Value 2	Value 1	Value 2	Value 3	Units	Analysis	Ex.	Type
Season: 0	Req. NODI				>= 3 Instantaneous Minimum				Three Per Week		GRAB
00310	BOD, 5-day, 20 deg. C										
1 - Effluent Gross	Smpl.										
Season: 0	Req. NODI								Three Per Week		COMPOS
00400	pH										
1 - Effluent Gross	Smpl.										
Season: 0	Req. NODI								Three Per Week		GRAB
00530	Solids, total suspended										
1 - Effluent Gross	Smpl.										
Season: 0	Req. NODI								Three Per Week		COMPOS
00630	Nitrite + Nitrate total [as N]										
1 - Effluent Gross	Smpl.										
Season: 0	Req. NODI								Monthly		GRAB
00665	Phosphorus, total [as P]										
1 - Effluent Gross	Smpl.										
Season: 0	Req. NODI								Monthly		GRAB
01352	Discharge flow as % of stream flow										
1 - See Comments	Smpl.										

CORRECTED
AUG 16 2017
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Value 2: 5.10
Value 3: 5.10
Req Mon 7 Day Average: 5.10

Value 2: 13.33
Value 3: 13.33
Req Mon 7 Day Average: 13.33

Value 2: 13.33
Value 3: 13.33
Req Mon 7 Day Average: 13.33

Value 2: 78.0
Value 3: 78.0
Req Mon 7 Day Average: 78.0

21

Code	Name	Req.	Value 1	Units	Value 1	Value 2	Units	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 1		Req.							≤ 78 Discharge Per Day Maximum	Percent		Daily	CALCTD
NODI: 50050	Flow, in conduit or thru treatment plant	NODI		MGD									
1 - Effluent Gross		Smpl.	2489										
Season: 0		Req.		Million Gallons per Day									TOTALZ
NODI: 74055	Coliform, fecal general	NODI											
1 - Effluent Gross		Smpl.						423	1060	#/100ml			
Season: 0		Req.						≤ 1000 30 Day Geometric	≤ 2000 7 Day Geometric	Number per 100 Milliliters		Three Per Week	GRAB
NODI: 64165	Discharge event observation [Visual Monitoring]	NODI											
P - See Comments		Smpl.											
Season: 0		Req.											RCDTOT
NODI:		NODI								Occurrences per Month		Daily	

Edit Check Errors

No results.

DMR Comments

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH, SEE PART II, CONDITION 5. (SSO). SEE PART II, CONDITIONS 11, 12, & 13. (P) USE DISCHARGE EVENT OBSERVATION (84164) TO REPORT NUMBER OF DAYS/MONTH AVG. D5CHG EXCEEDED CRITICAL %.

Comments

Attachments

NON-COMPLIANCE LETTER

DATE: _____

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317
ATTN: ENFORCEMENT SECTION

RE: NPDES PERMIT NO: AR0021831

DISCHARGE NUMBER: 001-A

CLIENT: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: 1000 FLORENCE ROAD (CR80)
CITY: MONTICELLO
STATE: AR
ZIP: 71639
PHONE: 870-352-2931
CONTACT: CHARLIE HAMMOCK, SUPT.

DATE OF NON-COMPLIANCE	PARAMETER EXCEEDED	CONCENTRATION	LOADING	PERMIT LIMITS
04/01-30/17	N+N	ANALYSIS NOT CONDUCTED THIS MONITORING PERIOD		
	PHOS	ANALYSIS NOT CONDUCTED THIS MONITORING PERIOD		

WE FEEL THIS PROBLEM WAS DUE TO:
ANALYTICAL LAB DID NOT RECEIVE SAMPLE FOR ANALYSIS.

WE PLAN ON CORRECTING THE PROBLEM IN THIS MANNER:

TIME ESTIMATED THAT IT WILL TAKE:

YOURS TRULY,

AUTHORIZED SIGNATURE

21

Code	Name	Req.	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0	NOD1: <input type="checkbox"/>	NO DI								Three Per Week	GRAB
00310	BOD, 5-day, 20 deg. C	Smpl.									
1 - Effluent Gross	Season: 0	Req.									
NOD1: <input type="checkbox"/>		NO DI									
00400	pH	Smpl.									
1 - Effluent Gross	Season: 0	Req.									
NOD1: <input type="checkbox"/>		NO DI									
00530	Solids, total suspended	Smpl.									
1 - Effluent Gross	Season: 0	Req.									
NOD1: <input type="checkbox"/>		NO DI									
00630	Nitrite + Nitrate total [as N]	Smpl.									
1 - Effluent Gross	Season: 0	Req.									
NOD1: <input type="checkbox"/>		NO DI									
00665	Phosphorus total [as P]	Smpl.									
1 - Effluent Gross	Season: 0	Req.									
NOD1: <input type="checkbox"/>		NO DI									
0135Z	Discharge flow as % of stream flow	Smpl.									
1 - See Comments	Season: 0	Req.									
NOD1: <input type="checkbox"/>		NO DI									

CORRECTED
AUG 16 2017
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Value 2: 5.03
Value 3: 6.08
2.74

Value 2: 8.09
Value 3: 8.09

Value 2: 20.93
Value 3: 24.33
28.0

Value 2: < 0.50
Value 3: < 0.50

Value 2: 0.505
Value 3: 0.505

Value 2: 52.1
Value 3: 52.1

Code	Name	Req.	Value 1	Units	Value 2	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0 NODI: <input type="checkbox"/>	Flow, in conduit or thru treatment plant	NODI	<input type="checkbox"/>	MSD	<input type="checkbox"/>			<= 52 Discharge Per Day Maximum	Percent	0	Daily	CALCTD
50050 1 - Effluent Gross		Smpl.	8.71		40.97							
Season: 0 NODI: <input type="checkbox"/>	Collform, fecal general	Req.	Req Mon Monthly Average	Million Gallons per Day	Req Mon Daily Maximum						Daily	TOTAL
74055 1 - Effluent Gross		NODI	<input type="checkbox"/>		<input type="checkbox"/>							
Season: 0 NODI: <input type="checkbox"/>	Discharge event observation [Visual Monitoring]	Req.								2	Three Per Week	GRAB
84165 P - See Comments		NODI										
Season: 0 NODI: <input type="checkbox"/>		Req.										
		NODI										

Edit Check Errors

No results.

DMR Comments

REPORT FLOW AS MONTHLY AVG. & DAILY MAX. IN MILLION GALLONS PER DAY. SUBMIT TABULAR OVERFLOW REPORT WITH DMR EACH MONTH, SEE PART II, CONDITION 5. (SSO), SEE PART II, CONDITIONS 11, 12, & 13. (P) USE DISCHARGE EVENT OBSERVATION (84164) TO REPORT NUMBER OF DAYS/MONTH AVG DSCHG EXCEEDED CRITICAL % . 22-00379

Comments

Attachments

NON-COMPLIANCE LETTER

DATE: _____

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317
ATTN: ENFORCEMENT SECTION

RE: NPDES PERMIT NO: AR0021831

DISCHARGE NUMBER: 001-A

CLIENT: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: 1000 FLORENCE ROAD (CR80)
CITY: MONTICELLO
STATE: AR
ZIP: 71639
PHONE: 870-352-2931
CONTACT: CHARLIE HAMMOCK, SUPT.

DATE OF NON-COMPLIANCE	PARAMETER EXCEEDED	CONCENTRATION	LOADING	PERMIT LIMITS
05/01-31/17	DF& STREAM	52.1		52
	F.C 30DA GEO	1249		1000
	F.C 7 DA GEO	15500		2000

WE FEEL THIS PROBLEM WAS DUE TO:

WE PLAN ON CORRECTING THE PROBLEM IN THIS MANNER:

TIME ESTIMATED THAT IT WILL TAKE:

YOURS TRULY,

AUTHORIZED SIGNATURE

81

Edit DMR



Permit

Permit ID: AR0021831

Permittee: MONTICELLO, CITY OF - EAST PLANT

Facility: MONTICELLO, CITY OF - EAST PLANT

Permitted Feature: 001 - External Outfall

Report Dates & Status: From 06/01/17 to 06/30/17

Monitoring Period: Ready for Data Entry

Status: Ready for Data Entry

Principal Executive Officer

First Name:

Title:

No Data Indicator (NODI)

Form NODI:

Major:

Permittee Address:

Facility Location:

Discharge:

DMR Due Date:

Last Name:

Telephone:

42

P.O. BOX 505

MONTICELLO, AR 71657
1000 FLORENCE ROAD (CR 80)

MONTICELLO, AR 71639
A - 001-MONTHLY-TRTD MUNICIPAL WW

07/25/17

Parameter Code	Parameter Name	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Units	Value 1	Value 2			
00061	Stream flow, instantaneous	Smpl.	3.24	78.79	MGD			0	9899	RE
5	Upstream Monitoring	Req. Mon	Req Mon Monthly Average	Req Mon Daily Maximum	Million Gallons per Day				Continuous	Record (manual)
00300	Oxygen, dissolved [DO]	NODI						1	03007	GR
		Smpl.								

3

Code	Name	Req.	Value 1	Units	Value 1	Value 2	Value 3	Units	Analysis	Ex.	Type
Season: 0		Req.			>= 3 Instantaneous Minimum				Three Per Week	0	GRAB
NODI: [v]		NODI									
00310	BOD, 5-day, 20 deg. C	Smpl.				11.53	11.53	mg/L	03/07	0	CP
1 - Effluent Gross						<= 30 Monthly Average			Three Per Week		COMPOS
Season: 0		Req.									
NODI: [v]		NODI									
00400	pH	Smpl.				8.97	8.97	SD	03/07	0	GR
1 - Effluent Gross						<= 9 Maximum			Three Per Week		GRAB
Season: 0		Req.									
NODI: [v]		NODI									
00530	Solids, total suspended	Smpl.				34.45	34.45	mg/L	03/07	0	CP
1 - Effluent Gross						<= 90 Monthly Average			Three Per Week		COMPOS
Season: 0		Req.									
NODI: [v]		NODI									
00630	Nitrite + Nitrate total [as N]	Smpl.				40.50	40.50	mg/L	01/30	0	GR
1 - Effluent Gross						Req Mon Monthly Average			Monthly		GRAB
Season: 0		Req.									
NODI: [v]		NODI									
00665	Phosphorus, total [as P]	Smpl.				1.07	1.07	mg/L	01/30	0	GR
1 - Effluent Gross						Req Mon Monthly Average			Monthly		GRAB
Season: 0		Req.									
NODI: [v]		NODI									
01352	Discharge flow as % of stream flow	Smpl.				52.4	52.4	%	01/01	1	CA

CORRECTED
AUG 16 2017
COPY

NON-COMPLIANCE LETTER

DATE: _____

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR 72118-5317
ATTN: ENFORCEMENT SECTION

RE: NEDES PERMIT NO: AR0021831

DISCHARGE NUMBER: 001-A

CLIENT: MONTICELLO, CITY OF - EAST PLANT
ADDRESS: 1000 FLORENCE ROAD (CR80)
CITY: MONTICELLO
STATE: AR
ZIP: 71639
PHONE: 870-352-2931
CONTACT: CHARLIE HAMMOCK, SUPT.

DATE OF NON-COMPLIANCE	PARAMETER EXCEEDED	CONCENTRATION	LOADING	PERMIT LIMITS
06/01-30/17	DF% STREAM	52.4		52
	F.C 30DA GEO	15121		1000
	F.C 7 DA GEO	24200		2000

WE FEEL THIS PROBLEM WAS DUE TO:

WE PLAN ON CORRECTING THE PROBLEM IN THIS MANNER:

TIME ESTIMATED THAT IT WILL TAKE:

YOURS TRULY,

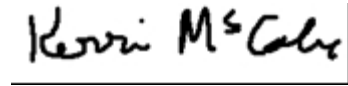
AUTHORIZED SIGNATURE

(21)

This documentation should be completed and submitted as soon as possible. Please provide the additional information no later than **October 18, 2017**.

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,

A handwritten signature in black ink that reads "Kerri McCabe". The signature is enclosed in a thin black rectangular border.

Kerri McCabe
Inspector Supervisor
Office of Water Quality

cc: Mizan Rahman, PE, ETC Engineers & Architects, Inc.,
mizanr@etcengineersinc.com