



ARKANSAS
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 22-00379	PERMIT #: AR0021831	DATE: 5/10/2017
COUNTY: 22 Drew	PDS #: 098364	MEDIA: WN
GPS LAT:	LONG:	LOCATION: N/A

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Monticello - East Plant Collection System LOCATION: 1000 Florence Rd CITY: Monticello, AR	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 84022 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: SSO/Collection System 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	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
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	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: Yes	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)

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

SUMMARY OF FINDINGS

The following item is a violation of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6, which has adopted the "10 States Standards" (<http://10statesstandards.com/wastewaterstandards.html#40>):

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. In response to this finding, the city must outline a contingency plan that would be utilized during a power failure at the lift stations.

GENERAL COMMENTS

On Wed, May 10, 2017 an inspection was conducted of the City of Monticello East Plant collection system.

The inspection consisted of an assessment of the system's lift stations and a record review of the reported SSO information.

The system consists of four (4) lift stations and one (1) satellite system (Grand Manor Monticello; Mike Akin; 870-723-3710). City is reporting conducting wet well cleaning periodically using Farmer's Septic Tank Service (Terry Farmer; 870-367-8339; Monticello). For electrical issues, Forrest Electrical Service (Jackie Forrest; 870-367-9319; Monticello) is used, and Pumps & Power (Little Rock) is used for pump and valve repairs. City is responsible for main lines (property line to main), manholes, and lift stations only; residents are responsible for service lines. The city does not have generators at lift stations and does not have hook-ups for a mobile generator. The some wet wells do have holding capacity (25-30' deep) and the city is on the Entergy's priority list during power failures. For reporting requirements, the operator acknowledges that threat to public health is an overflow at a residence and an overflow that reaches waters of the State is a threat to the environment.

INSPECTOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 7/25/2017
SUPERVISOR'S SIGNATURE: <i>Jason R. Bolenbaugh</i>	Jason Bolenbaugh	DATE: 7/31/2017

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Collection system consists of pressure (5%) and gravity (95%) lines with four lift stations; combined East and West collection system is 17 lift stations.		
POPULATION SERVED/NUMBER OF RESIDENTIAL (80%) AND COMMERCIAL (20%) CONNECTIONS: 4200		
FEET OF SEWER SYSTEM: Not evaluated.		
AGE OF SYSTEM: 30-35 years		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): I&I during rain events.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): Current permit requires a monthly report to be submitted with DMR; conditions in permit regarding reporting.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE: Cash's LS overflowing day of inspection; no report on ADEQ website.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): Reviewed Jan 2014 – present: reporting two (2) SSO (< 100 gallons); none reaching waters of the State.		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PUMP STATIONS		<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: Four (4)	NUMBER WITH BACKUP POWER: None	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: Weekly		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: Yes		
ADEQUATE INVENTORY OF SPARE PARTS: Yes; valves, manhole covers, floats, etc.		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): N/A		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: ID problem, fix, remove solids, disinfect area, and report.		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): Four (4)		
SATELLITE SYSTEMS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: Yes (may actually be on the West Plant's collection system)		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Assisted living homes; single lift station.		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: No		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM: Grand Manor Monticello, Mike Akin, 1960 Hwy 425 N, Monticello, AR 71655, (870) 412-4400.		
http://grandmanormonticello.com/index.html		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Cash's LS at Hwy 278 E (33.627720,-91.767610)	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>One (1)</u>	NUMBER OPERATIONAL: <u>One (1)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <u>Submerged</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: <u>Overflowing at time of inspection; ants in control panel.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.): <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <u>Outside</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <u>Outside</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Submerged</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Solids/grease high due to electricity being out.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>No onsite generator or hook-up for portable generator; very little holding capacity in tank.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>Lift station serves one business.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Industrial Park LS at Hwy 35S and Doris Lawrence Drive (33.620447,-91.741817)	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Two (2)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Aboveground	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: Outside	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: Outside	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: Solids/grease low.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: No onsite generator or hook-up for portable generator; wet well with holding capacity.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Hood Packaging ay Hwy 35S (33.620163, -91.748355)	
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Two (2)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Aboveground	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: Outside	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: Outside	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: Solids/grease low.	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: No onsite generator or hook-up for portable generator; wet well with holding capacity.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: Huckleberry Lane at Hwy 278E (33.626610, -91.749220)	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Two (2)
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: Aboveground	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: Outside	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: Outside	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: Solids/grease moderate.	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: No onsite generator or hook-up for portable generator; wet well with holding capacity.	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1011
		Photo #:	1
Description:	Overview of Cash's Lift Station; note dark area is overflow of raw sewage.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1011
		Photo #:	2
Description:	Cash's lift station with full wet well; very little storage capacity.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1011
		Photo #:	3
Description:	Cash's lift station; note overflow of raw sewage around tank.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1019
		Photo #:	4
Description:	Overview of Industrial Park Lift Station.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1018
		Photo #:	5
Description:	Industrial Park lift station pump run hours.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1018
		Photo #:	6
Description:	Industrial Park lift station wet well contents; solids/grease low.		



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant				
Photographer:	Kerri McCabe	Date:	May 10, 2017	Time:	1025
Witness:	Charlie Hammock	Photo #:	7		
Description:	Overview of Hood Packaging Lift Station.				



Photographer:	Kerri McCabe	Date:	May 10, 2017	Time:	1025
Witness:	Charlie Hammock	Photo #:	8		
Description:	Alarm at Hood Packaging lift station.				



Water Division Photographic Evidence Sheet

Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1024
		Photo #:	9
Description:	Hood Packaging lift station wet well contents; solids/grease low.		



Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1032
		Photo #:	10
Description:	Overview of Huckleberry Lane Lift Station.		



Water Division Photographic Evidence Sheet

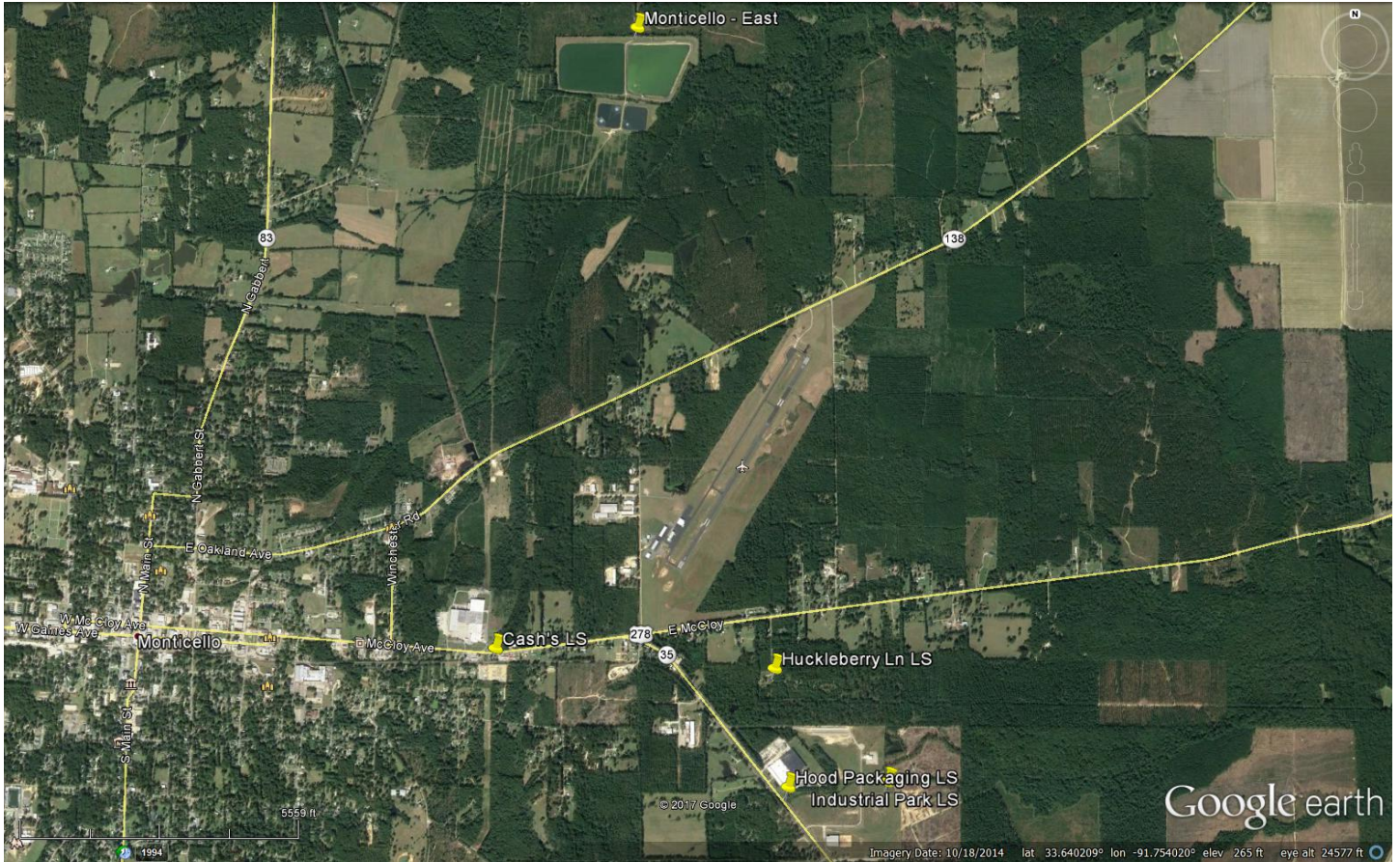
Location:	City of Monticello - East Plant		
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1031
Description:	Huckleberry Lane lift station pump run hours.		



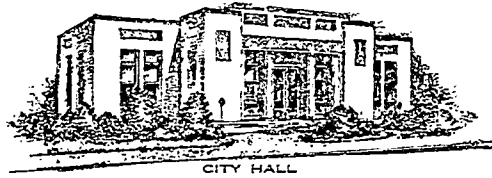
Photographer:	Kerri McCabe	Date:	May 10, 2017
Witness:	Charlie Hammock	Time:	1031
Description:	Huckleberry Lane lift station wet well contents; solids/grease moderate.		



Figure 1. Google Earth image dated Oct 18, 2014 depicting Monticello East Plant in relation to lift stations inspected.



CITY COUNCIL
CEDRIC LEONARD
AL PEER
CAROLYN BROWN
CLAUDIA HARTNESS
MICHAEL JAMES
JOE MEEKS
PAIGE CHASE
BEVERLY HUDSON



City of Monticello, Arkansas
FOUNDED 1849

MAYOR
DAVID ANDERSON

CLERK
ANDREA CHAMBERS

CITY ATTORNEY
WHIT BARTON

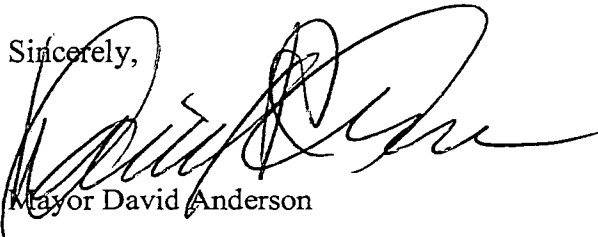
August 03, 2017

Re: City of Monticello-West Plant Inspections (Drew County)
AFIN: 22-00037 NPDES Permit No: AR0021822
ARR000000

The City of Monticello received the Compliance Evaluation Inspection, an SSO/Collection System Inspection, and a Reconnaissance Inspection of the above named facility. The paperwork has been turned over to our engineer, ETC Engineering, for corrective actions. The City respectfully requests a thirty-day extension to provide corrective actions with the required written responses and all necessary documentation.

Please contact City Hall with any questions.

Sincerely,



Mayor David Anderson

CITY OF MONTICELLO
P.O. BOX 505
MONTICELLO, AR 71657

Hasler

08/03/2017

US POSTAGE

FIRST-CLASS MAIL

\$00.98⁰



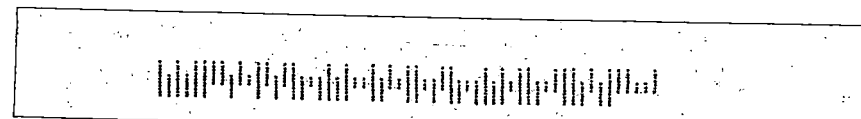
ZIP 71657
011D11639686

KERRI McCABE / OFFICE OF WATER QUALITY

ADEQ

5301 NORTHSORE DRIVE

NORTH LITTLE ROCK, AR 72118-5317



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

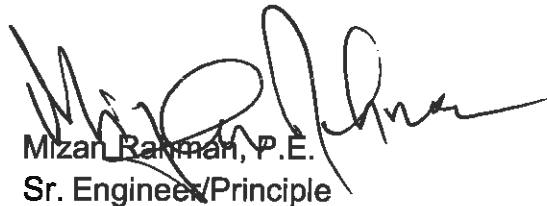
SSO/COLLECTION SYSTEM:

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.

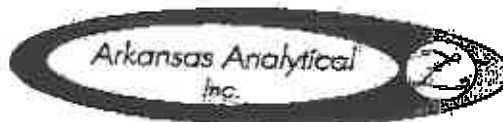
Sincerely,



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	mg/L	7.69	mg/L	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

AREA CODE

NUMBER

MM/DD/YYYY

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 (B476-H) TO REPORT NUMBER OF DAYS/MONTH AVG DISCHARGE EXCEEDED PERCENTAGE OF PERMIT LIMIT. SEE 8100 National Dr.
Little Rock, AR 72209
501-455-9283

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

Form Approved
OMB No. 2040-0084

DMR Mailing ZIP CODE: 72203-4087
MAJOR

001 - MONTHLY - TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021631 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 80)
MONTICELLO, AR 71639
ATTN: TAMMY KELLY, A/P COORDINATOR

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					78.1	%	1	7/7	CA
Flow, in conduit or thru treatment plant						DDP MAX	%		Daily	CAUCED
Effluent Gross Coliform, fecal general	50050 1 0	22.5	MGD					0	7/7	TM
Effluent Guysse Discharge event observation (Visual Monitoring)		Reg. Mon. NO. AVG	MGD			50	100ML	0	Daily	TOTALZ
84165 P Q See Comments						1000	3000	0	Three per Week	GRAB
						0	0	0	7/7	ROOTOT
						Reg. Mon. MO. TOTAL	0000/ML		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	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. (*) 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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016
MONITORING PERIOD	

DMR Mailing ZIP CODE: 722034087
MAJOR FACILITY ID: 001 - MONTHLY - TRTD MUNICIPAL WW
EPA ID: AR0021831

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	MEASUREMENT	3.696	MGD			0		
00051 5 0 Upstream Monitoring Oxygen, dissolved (DO)	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT			5.38	mg/L	0	3/4	G
00300 1 0 Effluent Gross BOD ₅ , 5-day, 20 deg. C	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
00310 1 0 Effluent Gross pH	PERMIT REQUIREMENT			14.42	mg/L	0	3/4	C
	SAMPLE MEASUREMENT							
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT			7.71	SU	0	3/4	G
00530 1 0 Effluent Gross Nitrite + Nitrate total [as N]	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT			17.38	mg/L	0	3/4	C
00630 1 0 Effluent Gross Phosphorus, total [as P]	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT			18.20	mg/L	0	8/4	C
00685 1 0 Effluent Gross	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT			0.952	mg/L	0	1/31	G

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

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
08/12/2016 Page 1

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

Form Approved
OMB No. 2040-0004

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

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
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)	MONTICELLO, AR 72203		
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 % 22-00379	6100 National Dr. Little Rock, AR 72203 501-466-8233		

EPA Form 3320-1 (Rev. 01/08) Previous editions may be used.

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

Edit DMR

Permit

Permit ID: AR0021831
Permittee: MONTICELLO, CITY OF - EAST PLANT
Facility: MONTICELLO, CITY OF - EAST PLANT
Permitted Features: 001 - External Outfall
Report Dates & Status: From 04/01/17 to 04/30/17
Monitoring Period: Ready for Data Entry
Status:
Principal Executive Officer:
First Name:
Title:
No Data Indicator (NODI):
Form NODE:

Major: 52
Permittee Address: P.O. BOX 505
 MONTICELLO, AR 71657
Facility Location: MONTICELLO, AR 71639
 1000 FLORENCE ROAD (CR 80)
Discharge: A - 001-MONTHLY-TRTD MUNICIPAL WW
DMR Due Date: 05/25/17

Last Name:
Telephone:

Parameter Code	Mains	NODI	Quantity or Loading		Quality or Concentration			# of Ex.	Freq. of Analysis	Smpl. Type
			Value 1	Value 2	Value 1	Value 2	Value 3			
00061	Stream flow, Instantaneous	Smpl.	31.912	78.79				0	09/89	RE
5	Upstream Monitoring	Req.	Req Mon Monthly Average	Req Mon Daily Maximum					Continuous	Record (manual)
Season: 0		NODI								
00300	Oxygen, dissolved [DO]	Smpl.						0	09/07	GR
1	Effluent Gross									

ft

77

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
COPY

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								Daily	TOTALZ
NODI: 74055	Coliform, fecal general	NODI											
1 - Effluent Gross		Smpl.						423	11000	#/100ml			
Season: 0		Req.							≤ 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.										Daily	RCDTOT
NODI:		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. 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"/>										
00310	BOD, 5-day, 20 deg. C	NODI								Three Per Week	GRAB
1 - Effluent Gross		Smpl.									
Season: 0	NOD1: <input type="checkbox"/>										
00400	pH	NODI								Three Per Week	COMPOS
1 - Effluent Gross		Smpl.									
Season: 0	NOD1: <input type="checkbox"/>										
00530	Solids, total suspended	NODI								Three Per Week	GRAB
1 - Effluent Gross		Smpl.									
Season: 0	NOD1: <input type="checkbox"/>										
00630	Nitrite + Nitrate total [as N]	NODI								Three Per Week	COMPOS
1 - Effluent Gross		Smpl.									
Season: 0	NOD1: <input type="checkbox"/>										
00650	Phosphorus total [as P]	NODI								Monthly	GRAB
1 - Effluent Gross		Smpl.									
Season: 0	NOD1: <input type="checkbox"/>										
01352	Discharge flow as % of stream flow	NODI								Monthly	GRAB
1 - See Comments		Smpl.									

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
1 - Effluent Gross		Smp.	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		NODI	<input type="checkbox"/>		<input type="checkbox"/>							
1 - Effluent Gross		Smp.										
Season: 0 NODI: <input type="checkbox"/>	Discharge event observation [Visual Monitoring]	Req.								2	Three Per Week	GRAB
84165		NODI										
P - See Comments		Smp.										
Season: 0 NODI: <input type="checkbox"/>		Req.	Req Mon Monthly Total	Occurrences per Month							Daily	RCOTOT
		NODI	<input type="checkbox"/>									

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 %.

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

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 Monthly Average		Req Mon Daily Maximum	Million Gallons per Day				Continuous	Record (manual)
Season: 0		Req.								
NODI:		NODI								
00300	Oxygen, dissolved [DO]	Smpl.			mg/L			0	03007	GR
1	Effluent Gross			5.81						

3

Code	Name	Req.	Value 1	Units	Value 1	Value 2	Value 3	Units	Analysis	Ex.	Type
Season: 0											
NODI: [v]											
00310	BOD, 5-day, 20 deg. C	NODI				11.53	11.53	mg/L	Three Per Week	0	GRAB
1 - Effluent Gross		Smpl.				12.0					CP [v]
Season: 0											COMPOS
NODI: [v]											
00400	pH	NODI									
1 - Effluent Gross		Smpl.				8.97		Standard Units	Three Per Week	0	GRAB
Season: 0											
NODI: [v]											
00530	Solids, total suspended	NODI									
1 - Effluent Gross		Smpl.				34.45	34.45	mg/L	Three Per Week	0	CP [v]
Season: 0											COMPOS
NODI: [v]											
00630	Nitrite + Nitrate total [as N]	NODI									
1 - Effluent Gross		Smpl.				40.50	40.50	mg/L	Monthly	0	GRAB
Season: 0											
NODI: [v]											
00665	Phosphorus, total [as P]	NODI									
1 - Effluent Gross		Smpl.				1.07	1.07	mg/L	Monthly	0	GRAB
Season: 0											
NODI: [v]											
01352	Discharge flow as % of stream flow	NODI									
		Smpl.				52.4		%	Monthly	1	GRAB

CORRECTED
AUG 16 2017
COPY

30

Code #	Name	Req.	Value 1	Units	Value 1	Value 2	Value 3	Units	Ex.	Analysis	Type
Season: 0		Req.									
NODI: <input type="checkbox"/>	Flow, in conduit or thru treatment plant	NODI		MGD						Daily	CALCTD
50050		Smpl.	<input type="checkbox"/> No. 25		<input type="checkbox"/> 40.97					01/01	TN
1 - Effluent Gross											
Season: 0		Req.		Million Gallons per Day						Daily	TOTALZ
NODI: <input type="checkbox"/>	Colliform, fecal general	NODI									
74058		Smpl.	<input type="checkbox"/> 1521		<input type="checkbox"/> 1521				2	03/07	GR
1 - Effluent Gross											
Season: 0		Req.								Three Per Week	GRAB
NODI: <input type="checkbox"/>	Discharge event observation [Visual Monitoring]	NODI									
84165		Smpl.	<input type="checkbox"/> 24200		<input type="checkbox"/> 24200					01/01	RT
P - See Comments											
Season: 0		Req.								Daily	RCOTOT
NODI: <input type="checkbox"/>		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 DSCHS 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: 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	DP% 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)



ARKANSAS
Department of Environmental Quality

October 4, 2017

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

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

Dear Mayor Anderson:

I have reviewed the response pertaining to my May 10, 2017 inspections of the city's WWTP and collection system. However, the information provided does not sufficiently address the violations referenced in my inspection reports.

AR0021831 – WWTP

The responses for all the cited violations were adequately addressed for this portion of the inspection report. **To clarify, for Violation #6, please refer to Part II, Condition 5, A-C of the permit regarding reporting of SSO. The city's response does not acknowledge that reporting is required or will be conducted for future instances.** No further response is required.

AR0021831 – Collection System

The city's consulting firm indicates that a contingency plan for power failures within the collection system will be formulated within the next 60 days. **Please provide an update for the contingency plan for power failures within the collection system.** This contingency plan can be a simple outline specifying how the city will respond to a power failure and any subsequent sanitary sewer overflows resulting from such power failures.

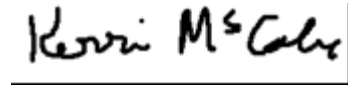
ARR000000 – No-Exposure (IGP)

The response provided indicates that the No-Exposure Exclusion certification will be submitted to the Department within 30 days; however, a review of available records could not locate an active or pending Industrial Stormwater General Permit (IGP) for the City of Monticello East Plant. **Please submit the No-Exposure Exclusion certification to the Permits Branch or provide the permit tracking number (e.g., ARR00XXXX) that was assigned to the facility.**

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

McCabe, Kerri

From: Taylor, Bailey
Sent: Tuesday, November 14, 2017 8:38 AM
To: McCabe, Kerri
Subject: FW: Monticello CAP - Permit #s AR0021822 & AR0021831
Attachments: CAP Response_20171110.pdf

Hey Kerri,

Monticello sent me the attached CAP. It references collection system backup generators so I thought you might be interested.

Thanks,

Bailey Taylor
Enforcement Analyst
Office of Water Quality
Arkansas Department of Environmental Quality
501-682-0639

From: Mizan Rahman [<mailto:mizanr@etcengineersinc.com>]
Sent: Monday, November 13, 2017 11:39 AM
To: Taylor, Bailey
Cc: Mizan Rahman; Mayor David Anderson
Subject: Monticello CAP - Permit #s AR0021822 & AR0021831

Dear Ms. Taylor,

Please find the attached letter written in response to your letter dated September 13, 2017. If you have any questions please feel free to call me at 501-375-1786 or 501-580-5495 (c). A hard copy of the letter is also being mailed to you.

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 ■

November 10, 2017

Bailey Taylor
Enforcement Analyst
Office of Water Quality
ADEQ
5301 Northshore Drive
North Little Rock, AR 72118

Re: City of Monticello – Non Compliance of Consent Administrative Orders
NPDES Permit # AR21822 & AR0021831

Dear Ms. Taylor,

On behalf of the City of Monticello and Mayor Anderson, I am hereby submitting a Corrective Action Plan (CAP) for your review and approval. The issues to be addressed in the CAP were identified in your letter dated September 13, 2017 and Ms. McCabe's letter dated October 4, 2017. The responses to the CAP items are as follows:

1. Operation and Maintenance Manual for sampling procedures:

The City has retained the services of Ms. Norma James of Arkansas Analytical, Inc. to conduct a multiday workshop at the City on Sampling Techniques and Procedures. All wastewater employees will participate in the workshop. The purpose of the workshop is to provide continuing education on current sampling techniques and rules and regulations relating to sampling. An O&M Manual will be developed during the workshop which will become the primary reference material for the staff on all future sampling tasks. The workshop is scheduled to take place in the first week of December, 2017. The consultant has not set an exact date yet.

2. Hydrographic Controlled Release Procedure:

An automated hydrograph controlled release system has been designed. The City has contracted with Shields & Associates, Inc., Contractors and Instrument Supply, Inc. to provide all equipment and installation services for the system. Once all of the equipment are installed, the contractors will hold training sessions to train the staff in operation of the system. All of the equipment are already at the site and it is anticipated that all work will be completed in 30 days.

BUILDING A BETTER WORLD

■ e-mail: etc@etcengineersinc.com ■



3. Contingency Plan for power failures within the collection system:

The City has planned to install "Quick Connect" electrical connector at each wastewater pump station so that a portable generator can be connected to the electrical panel at all pump stations to power the pumps if and when a power failure occurs at the station. The City is in the process of purchasing 4 portable generators of adequate capacity to provide emergency power. The generators will be stored at a central location so that they can be easily moved to any of the lift stations. Jackie Forrest, a local electrician, has been contracted to install a "Quick Connect" device at each of the wastewater lift stations. It is anticipated that four stations will be completed by the end of the year (two on the East and two on the West). The entire project will be completed by the end of March 2018. The City has received quotes for the purchase of two generators and will have them purchased within the next 2 months. The remaining 2 generators will be acquired by the end of the project.

4. Non Compliance Report:

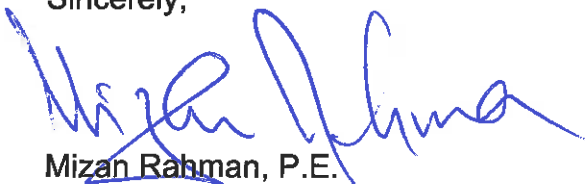
Mr. Charles Hammock has been appropriately instructed to comply with this regulatory requirement. In addition, the issue will be discussed in greater details at the workshop.

5. Effluent Limit Violation:

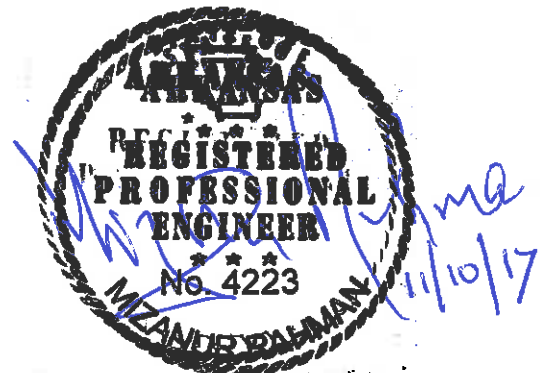
It is our belief that once the automated hydrograph control system is in operation, the effluent limit violation will not occur.

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

ADEQ

ARKANSAS
Department of Environmental Quality

November 16, 2017

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

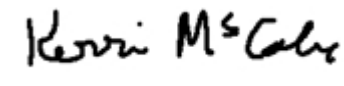
RE: City of Monticello - East Plant Response to Inspections (Drew Co)
AFIN: 22-00379 **NPDES Permit No.: AR0021831**
ARR000000

Dear Mayor Anderson:

I have reviewed the response pertaining to my May 10, 2017 inspections of the City of Monticello East WWTP and collection system. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time, the Department has no further comment concerning these particular inspections. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

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

Sincerely,



Kerri McCabe
Inspector Supervisor
Compliance Branch
Office of Water Quality