ADEQ
ARKANSAS
Department of Environmental Quality

August 24, 2017

Mr. **David Frasher**, City Manager
City of Hot Springs
133 Convention Blvd.
Hot Springs, AR 71901

RE: Hot Springs POTW Inspections (Garland Co)
AFIN: 26-00145 NPDES Permit No.: AR0033880

Dear Mr. Frasher:

On July 17 and 18, 2017, I performed a Compliance Evaluation Inspection, a Compliance Sampling Inspection, and a SSO/Collection System 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 **September 7, 2017**.

If I can be of any assistance, please contact me at harmont@adeq.state.ar.us or (479) 968-7339 extension 14.

Sincerely,

Travis Harmon

Travis Harmon
District 5 Field Inspector
Water Division

ADEQ
ARKANSAS
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: **26-00145**	PERMIT #: **AR0033880**	DATE: **7/17/2017**
COUNTY: **26 Garland**	PDS #: **098721**	MEDIA: **WN**
GPS LAT: **34.450316** LONG: **-93.019033** LOCATION: **General Area**		

FACILITY INFORMATION

NAME:
Hot Springs POTW
LOCATION:
320 Davidson Drive
CITY:
Hot Springs, AR 71902

RESPONSIBLE OFFICIAL

NAME: / TITLE
Mr. David Frasher / City Manager
COMPANY:
City of Hot Springs
MAILING ADDRESS:
133 Convention Blvd.
CITY, STATE, ZIP:
Hot Springs AR 71901
PHONE & EXT: / FAX:
501-321-6811 / 501-321-6814
EMAIL:
dfrasher@cityhs.net
jsorrells@cityhs.net

CONTACTED DURING INSPECTION: **No**

INSPECTION INFORMATION

FACILITY TYPE: **1 - Municipal**
INSPECTOR ID#: **34689 S - State**
FACILITY EVALUATION RATING: **4 - Satisfactory**
INSPECTION TYPE: **Compliance Evaluation**

DATE(S):	ENTRY TIME:	EXIT TIME:
7/17/2017	**09:30**	**13:30**
7/18/2017	**06:45**	**07:30**

PERMIT EFFECTIVE DATE: **2/1/2013**
PERMIT EXPIRATION DATE: **1/31/2018**

FAYETTEVILLE SHALE RELATED: **N**
FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Jim Sorrels/ C.O., Facility Operations Mgr./ 501-262-1881
Harold Mauldin/ Lab/ 501-262-1881

AREA EVALUATIONS

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

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

SUMMARY OF FINDINGS

1. **The effluent flowmeter was last calibrated in June 2015. This is a violation of Part III.C.3 of the permit. The effluent flowmeter should be calibrated no less than annually. Per a conversation with Operator Gordon Yates on August 18, 2017, the facility is currently preparing a work order to have the meter calibrated.**

GENERAL COMMENTS

I inspected on July 17, 2017. Mr. Jim Sorrells represented the facility. We first conducted a facility tour viewing each stage of treatment. I then reviewed required records and obtained sample data for the month of April 2017 for DMR calculation review. I reviewed DMR via NetDMR for May 2017 through June 2017 prior to the inspection. The facility had no exceedances during this period. I then met with Mr. Harold Mauldin with the facility laboratory. I collected grab samples that afternoon and then inspected lab sheets and equipment. I returned on July 18, 2017 to collect composite samples and delivered to the ADEQ laboratory for analysis. Also, the facility is currently operating under CAO LIS-08-099, which requires improvements to the collection system. The facility should continue to submit reports to the Enforcement Branch and implement corrective actions required by the CAO.

INSPECTOR'S SIGNATURE: Travis Harmon	**Travis Harmon**	DATE: **8/21/2017**
SUPERVISOR'S SIGNATURE: Kerri McCabe	**Kerri McCabe**	DATE: **8/23/2017**

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	☑Y ☐N ☐NA ☐NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	☐Y ☐N ☑NA ☐NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑Y ☐N ☐NA ☐NE
4. ALL DISCHARGES ARE PERMITTED:	☑Y ☐N ☐NA ☐NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	☑Y ☐N ☐NA ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	☑S ☐M ☐U ☐NA ☐NE
a. DATES AND TIME(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
b. EXACT LOCATION(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	☑Y ☐N ☐NA ☐NE
d. ANALYTICAL METHODS AND TECHNIQUES:	☑Y ☐N ☐NA ☐NE
e. RESULTS OF CALIBRATIONS:	☑Y ☐N ☐NA ☐NE
f. RESULTS OF ANALYSES:	☑Y ☐N ☐NA ☐NE
g. DATES AND TIMES OF ANALYSES:	☑Y ☐N ☐NA ☐NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	☑S ☐M ☐U ☐NA ☐NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	☑S ☐M ☐U ☐NA ☐NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	☑Y ☐N ☐NA ☐NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	☑S ☐M ☐U ☐NA ☐NE
DETAILS: **Screening, grit chamber, primary clarification, activated sludge, secondary clarification, sand filtration, chlorine disinfection, dechlorination, anaerobic sludge digestion, gravity thickening, and sludge composting. Note: at time of inspection, plant had secondary units (side-by-side units) down for maintenance and cleaning during summer low-flow conditions.**	
1. TREATMENT UNITS PROPERLY OPERATED:	☑S ☐M ☐U ☐NA ☐NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	☑S ☐M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	☑S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	☑Y ☐N ☐NA ☐NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	☑Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	☑Y ☐N ☐NA ☐NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	☐Y ☑N ☐NA ☐NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	☐Y ☐N ☑NA ☐NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	☐Y ☐N ☑NA ☐NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	☐Y ☑N ☐NA ☐NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	☐Y ☐N ☑NA ☐NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y ☐N ☐NA ☐NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	☑Y ☐N ☐NA ☐NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y ☐N ☐NA ☐NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑Y ☐N ☐NA ☐NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	☑Y ☐N ☐NA ☐NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	☐Y ☐N ☑NA ☐NE

SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	☐S ☑M ☐U ☐NA ☐NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: **4 ft. Parshall flume**	☑Y ☐N ☐NA ☐NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y ☐N ☐NA ☐NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: **Siemens Milltronics OCM III**	☑Y ☐N ☐NA ☐NE
4. CALIBRATION FREQUENCY ADEQUATE:	☐Y ☑N ☐NA ☐NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☑Y ☐N ☐NA ☐NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	☑Y ☐N ☐NA ☐NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	☑Y ☐N ☐NA ☐NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☑Y ☐N ☐NA ☐NE
9. HEAD MEASURED AT PROPER LOCATION:	☑Y ☐N ☐NA ☐NE

SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS: **In-house lab**	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	☑Y ☐N ☐NA ☐NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☐Y ☐N ☑NA ☐NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y ☐N ☐NA ☐NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
7. COMMERCIAL LABORATORY USED:	☐Y ☑N ☐NA ☐NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. PROPER ORGANISMS USED:	☑Y ☐N ☐NA ☐NE
b. PROPER DILUTION SERIES FOLLOWED:	☑Y ☐N ☐NA ☐NE
c. PROPER TEST METHODS AND DURATION:	☑Y ☐N ☐NA ☐NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	☐Y ☐N ☑NA ☐NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY — ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **Viewed at flume.**

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	none	none	clear	--

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS — ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **Sludge is treated in digester, pressed, and then composted.**

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☑S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☑S ☐M ☐U ☐NA ☐NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS — ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **CSI conducted July 17, 2017 (pH, DO, TRC) and July 18, 2017 (CBOD, TSS, NH3-N, TP, Nitrate + Nitrite). Results were within permitted limits; separate CSI report prepared.**

1. SAMPLES OBTAINED THIS INSPECTION: ☑Y ☐N ☐NA ☐NE
2. TYPE OF SAMPLE: ☑GRAB: **pH, DO, TRC** ☑COMPOSITE: **CBOD, TSS, TP,** METHOD: **Listed on lab analysis** FREQUENCY: **Daily & once/month (NO3+NO2)**
3. SAMPLES PRESERVED: ☑Y ☐N ☐NA ☐NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: ☑Y ☐N ☐NA ☐NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: ☑Y ☐N ☐NA ☐NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: ☑Y ☐N ☐NA ☐NE
7. SAMPLE SPLIT WITH PERMITTEE: ☑Y ☐N ☐NA ☐NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: ☑Y ☐N ☐NA ☐NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: ☑Y ☐N ☐NA ☐NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS — ☐S ☐M ☐U ☐NA ☑NE

DETAILS: **Facility has obtained coverage under IGP ARR000059 and operates under the No-Exposure exclusion.**

1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: ☐Y ☐N ☐NA ☑NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: ☐Y ☐N ☐NA ☑NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: ☐Y ☐N ☐NA ☑NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: ☐Y ☐N ☐NA ☑NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: ☐Y ☐N ☐NA ☑NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: ☐Y ☐N ☐NA ☑NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: ☐Y ☐N ☐NA ☑NE
8. LIST OF STRUCTURAL BMPS: ☐Y ☐N ☐NA ☑NE
9. LIST OF NON-STRUCTURAL BMPS: ☐Y ☐N ☐NA ☑NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: ☐Y ☐N ☐NA ☑NE
11. INSPECTIONS CONDUCTED AS REQUIRED: ☐Y ☐N ☐NA ☑NE

FLOW CALCULATION SHEET

Date: **July 17, 2017** Time: **1005**

Head in Inches: **11.75** Feet: **0.98**

Type & Size of Primary Flow Measurement Device: **4 ft. Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Siemens Milltronics OCM III**

Date of last Calibration of Secondary Flow Device: **June 2015**

Recorded Flow at Date & Time Listed Above: **10.64 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **10.02 MGD**

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

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{10.64 - 10.02}{10.02} \times 100$$

$$\% \text{ Error} = \frac{0.62}{10.02} \times 100$$

$$\% \text{ Error} = 0.0618 \times 100$$

% Error = **6.9** %

Comments:

DMR Calculation Check

Reporting Period:	**From**	**17**	**4**	**1**	**To**	**17**	**4**	**30**
		Year	**Month**	**Day**		**Year**	**Month**	**Day**

Parameter Checked: **TSS**

	Loading	**Concentration**	
	Mass	**Monthly**	
	Mo. Avg. - lbs/day	**Mo. Avg. - mg/l**	**7-day Avg. - mg/l**
Reported Value:	**459**	**3.58**	**3.61**
Calculated Value:	**458.8**	**3.578**	**3.614**
Permit Value:	**1500**	**15**	**22.5**

If calculated value does not equal reported value, explain:

DMR Calculation Check

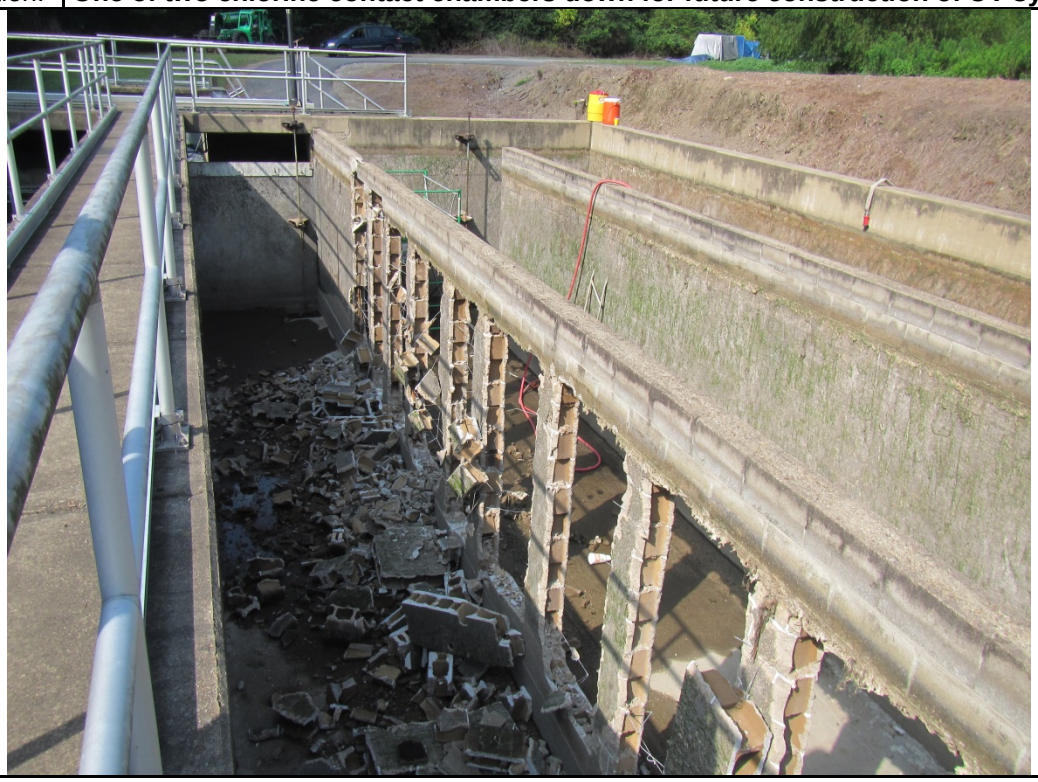
Reporting Period:	**From**	**17**	**4**	**1**	**To**	**17**	**4**	**30**
		Year	**Month**	**Day**		**Year**	**Month**	**Day**

Parameter Checked: **TP**

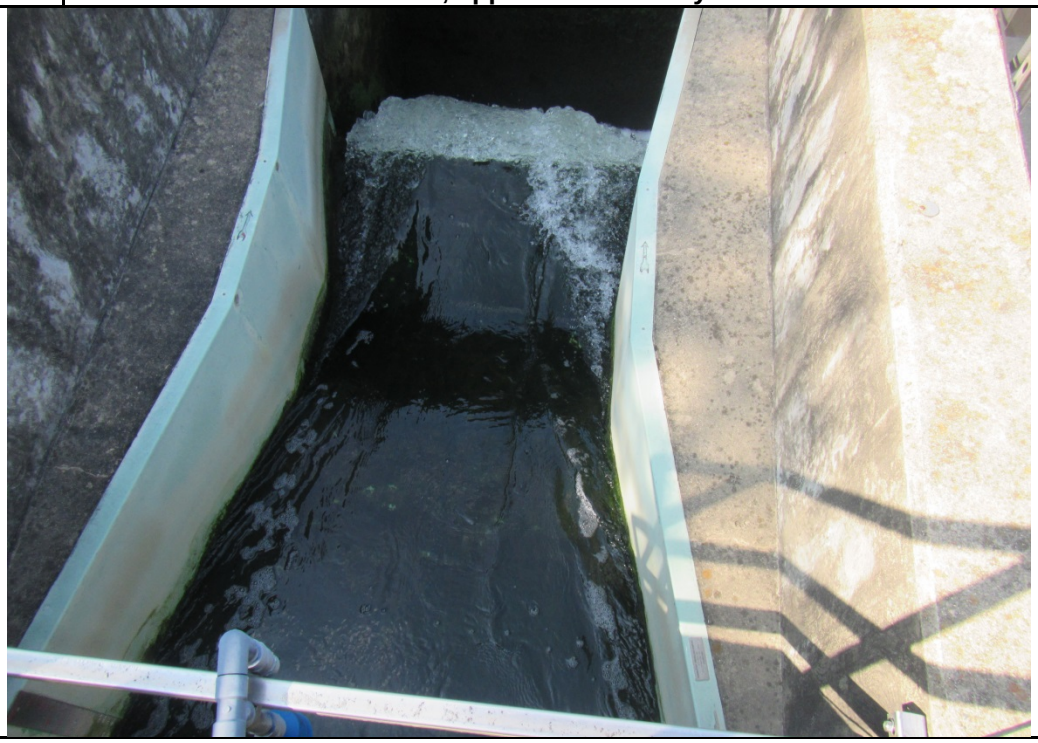
	Loading	**Concentration**	
	Mass	**Monthly**	
	Mo. Avg. - lbs/day	**Mo. Avg. - mg/l**	**7-day Avg. - mg/l**
Reported Value:	**65.4**	**0.58**	**0.89**
Calculated Value:	**65.33**	**0.58**	**0.89**
Permit Value:	**100.1**	**Report**	**Report**

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet					
Location:	**Hot Springs POTW**				
Photographer:	**Travis Harmon**	Date:	**7/17/17**	Time:	**1000**
Witness:	**Mr. Jim Sorrells**			Photo #:	**1**
Description:	**One of two chlorine contact chambers down for future construction of UV system.**				



Photographer:	**Travis Harmon**	Date:	**7/17/17**	Time:	**1002**
Witness:	**Mr. Jim Sorrells**			Photo #:	**2**
Description:	**View of final effluent at flume; appears sufficiently treated.**				



From:	McCabe, Kerri
To:	McConnell, Melissa
Cc:	Harmon, Travis
Subject:	FW: Response to ADEQ inspection July 17-18-2017
Date:	Wednesday, September 06, 2017 7:44:12 AM
Attachments:	image001.png doc03575320170906073916.pdf image002.png

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Melissa,

Please attach this email and attachment to WIDs 22872 and 22874. 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

ADEQ
ARKANSAS
Department of Environmental Quality

From: James Sorrells [mailto:JSorrells@cityhs.net]
Sent: Wednesday, September 06, 2017 7:34 AM
To: McCabe, Kerri; Harmon, Travis
Cc: Monty Ledbetter; Bobby Harris; Gordon Yates
Subject: Response to ADEQ inspection July 17-18-2017

Response to AR0033880 wwtp, and collection system inspection 7/17-18/2017

James B. Sorrells
WW Operations Manager
City of Hot Springs
(501) 262-1125

NON-COMPLIANCE REPORT

Arkansas Department of Environmental Quality
NPDES Enforcement Section
5301 Northshore Drive
North Little Rock, AR 72118

RE: NPDES Permit No: AR0033880 **Discharge Number:** 001A

Facility: Hot Springs City of WWTP

Address: 320 Davidson Dr

City: Hot Springs **State:** AR **Zip:** 71901

Contact: James Sorrells **Phone:** 1-501-262-1125 Ext 10

Non Compliance Inspection of collection system: the lid at lakeside station was pulled and repaired 7 20-2017

Non Compliance: The last quarter of 2016 a failure to have Flowmeter calibrated on time

We fill this problem was due to:
Oversite, due to confusion on who is supposed to contact vendor for calibrations of COHS flow meters.

We plan on correcting the problem in this manner:
We have had the meters calibrated to date, and are planning on giving a contract to one vendor for three to five years, along with pop up reminders on our computers.

Time estimated that it will take to correct problem:

We have already had meters calibrated for the Regional Plant AR0033880, SWWWTP AR0050148.
We are currently writing the flow meter specification's contract to put out for bid.

Sincerely,

Authorized Signature 9-6-2017 **Date**

CALIBRATION & CONTROLS, INC.

1156 Salem Road
Benton, AR. 72019
501 316 3285

DATE: 8-29-17

LOCATION: Hot Springs WWTP

Calibration & Certification Report

CALIBRATION TECH: - Jeff Porterfield

Company		Site	
Manufacturer	SIEMENS	Tag or ID	EFFLUENT FLOW METER
Model Number	6CM III	Serial Number	N/A

Calibrated Range/Span

	Span		Eng. Unit	Accuracy +/-	Tolerance +/-	Eng. Unit
Input	0	28.24	"H2O	2%R ~~5%~~	.56 "~~H2O~~	"H2O
Output	0	40.03	MGD	2%R ~~5%~~	.80 ~~MGD~~	MGD

JTP

Calibration Data

As Found					As Left	
Input		Output			Output	
%	Actual	Desired	Actual	Error +/-	Actual	Error +/-
0.0						
25.0						
50.0	10.83	9.02	9.03	1.01	9.03	
75.0					NO	
100.0					CHANGE	
75.0					MADE	
50.0						
25.0						
0.0						

Measuring & Test Equipment

Type	Name	Model #	Serial #	Calb. Due Date
STAFF GAUGE				
FLOW CHART				

Special Conditions or Comments

CALIBRATE AT FLOW

Certification

Frequency	Calibration Date	Inspector Signature
YEARLY	8-29-17	Jeff Porterfield

This document certifies the above named equipment has been inspected and tested against the listed field standards.
These standards are Certified and traceable to the National Institute of Standards Technology.
Copies of Field Standards Certifications will be supplied upon request.

CALIBRATION & CONTROLS, INC.

1156 Salem Road
Benton, AR. 72019
501 316 3285

DATE: 8-29-17

LOCATION: Hot Springs WWTP

Calibration & Certification Report

CALIBRATION TECH: Jeff Porterfield

Company		**Site**	INFLUENT STRUCTURE
Manufacturer	SIEMONS	**Tag or ID**	INFLUENT FLOW METER
Model Number	OCM III	**Serial Number**	

Calibrated Range/Span

	Span		Eng. Unit	Accuracy +/-	Tolerance +/-	Eng. Unit
Input	0	30	"H2O	2% R	.6	"H2O
Output	0	43.9	MGD	2% R	.87	MGD

Calibration Data

As Found					As Left	
Input		**Output**			**Output**	
%	**Actual**	**Desired**	**Actual**	**Error +/-**	**Actual**	**Error +/-**
0.0						
25.0						
50.0	8.80/.733	6.34	6.34	0	NO CHANGE MADE	0
75.0						
100.0						
75.0						
50.0						
25.0						
0.0						

Measuring & Test Equipment

Type	Name	Model #	Serial #	Calb. Due Date
STAFF GAUGE				
FLOW CHART				

Special Conditions or Comments

CALIBRATE AT FLOW

Certification

Frequency	Calibration Date	Inspector Signature
YEARLY	8-29-17	Jeff Porterfield

This document certifies the above named equipment has been inspected and tested against the listed field standards.
These standards are Certified and traceable to the National Institute of Standards Technology.
Copies of Field Standards Certifications will be supplied upon request.

ADEQ

ARKANSAS
Department of Environmental Quality

October 17, 2017

David Frasher, City Manager
City of Hot Springs
133 Convention Blvd
Hot Springs, AR 71901

RE: Hot Springs POTW – Response to Inspections (Garland Co)
AFIN: 26-00145 NPDES Permit No.: AR0033880

Dear Mr. Frasher:

I have reviewed the response pertaining to my July 17-19, 2017 inspections of the City of Hot Springs 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 (479) 968-7339 extension 14 or you may e-mail me at harmont@adeq.state.ar.us.

Sincerely,

Travis Harmon

Travis Harmon
District 5 Field Inspector
Office of Water Quality