

ADEQ

ARKANSAS
Department of Environmental Quality

December 19, 2017

Roger Gardner, Mayor
City of Mountain View
P.O. Box 360
Mountain View, AR 72560

RE: City of Mountain View Inspections (Stone Co)
AFIN: 69-00011 **NPDES Permit No.: AR0020117**
AR0020117C

Dear Mayor Gardner:

On November 21, 2017, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and a State WWTP Construction 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 **January 2, 2018**.

If I can be of any assistance, please contact me at schlicks@adeq.state.ar.us or (870) 424-3322 ext. 2.

Sincerely,



Skyler Schlick
District 2 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 69-00011		PERMIT #: AR0020117		DATE: 11/21/2017	
		COUNTY: 69 Stone			PDS #: 100614		MEDIA: WN
		GPS LAT: 35.867014 LONG: -92.147231 LOCATION: General Area					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: City of Mountain View LOCATION: 340 Westwood Ave CITY: Mountain View			FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 117208 S - State		
RESPONSIBLE OFFICIAL NAME / TITLE: Roger Gardner / Mayor COMPANY: City of Mountain View MAILING ADDRESS: P.O. Box 360 CITY, STATE, ZIP: Mountain View AR 72560 PHONE & EXT. / FAX: 870-269-3293 / EMAIL: mayor@cityofmtnview.com			FACILITY EVALUATION RATING: 2 - Marginal		INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 11/21/2017		ENTRY TIME: 09:15		EXIT TIME: 14:20
					PERMIT EFFECTIVE DATE: 8/31/2013 PERMIT EXPIRATION DATE: 7/31/2018		
			FAYETTEVILLE SHALE RELATED: N				
			FAYETTEVILLE SHALE VIOLATIONS: N				
			INSPECTION PARTICIPANTS				
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Joe Thatcher/ Class III Operator (Lic# 001463) Jackie Craig/ Class III Operator (Lic# 007092) Kerri McCabe ADEQ Inspector Supervisor				
CONTACTED DURING INSPECTION: No							
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER		
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW		
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM		
M	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT		
**	OTHER:						

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

- 1.) Exceedances for NH₃-N for June 2017 were reported on DMR. This is a violation of Part I, Section A of the permit. Noncompliance reports were submitted for the exceedances to the Enforcement Branch, and no further response is required for this item.
- 2.) The operator is only collecting three (3) effluent portions for the composite sample as a 3-hr composite. The permit requires a minimum of four (4) effluent portions as defined by Part IV of the permit. This is a violation of Part I, Section A and Part III, Section C, 1 of the permit. The operator needs to start collecting four effluent samples and notify the contract lab to update the Chain of Custody forms.
- 3.) There are excessive I&I issues within the collection system that are causing hydraulic overloading at the POTW. Evidence of an overflow of sludge was observed during the inspection. This is a violation of Part III, Section B, 1.A. of the permit. The release of sludge needs to be properly cleaned up and disposed of. Additionally, this excessive I&I is not allowing the operators to maintain an adequate sludge blanket in the clarifier. The excessive I&I within the collection system needs to be addressed to eliminate the issues occurring at the plant.
- 4.) The operator is using chlorine to clean the clarifier of algae. Since the city does not sample for Total Residual Chlorine (TRC) and has not demonstrated that chlorine is not discharged at toxic levels, the city must obtain approval from the Permits Branch to continue to use chlorine for cleaning purposes. This is a violation of Part III, Section A, 4 of the permit.

GENERAL COMMENTS

On November 21, 2017, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

Records review:

Records from January, April, June, and September 2017 were reviewed for accuracy. The city reported exceedances for NH3-N for June 2017. Noncompliance reports for these exceedances were submitted to the Enforcement Branch. Records were well-organized and accurate. The permittee calibrates the pH Orion meter and YSI 550A DO meter prior to each use of sampling effluent.

The records indicate that the composite sample is not being collected correctly (see Part IV for definition of “composite sample”). The operator is only collecting three effluent portions as a 3-hr composite; however, the permit requires a minimum of four effluent portions.

Site assessment:

The treatment system consists of preliminary (auger), oxidation ditch with four (4) paddlewheel surface rotors for aeration, clarifier, aerobic digester, UV disinfection, 9” Parshall flume, post-aeration via surface auger, and an EQ basin is available (200,000-gal capacity). Chlorine is used in the clarifier to reduced algae growth, and Jackie Craig (operator) stated that approximately 10 lbs. of chlorine are added every day. Wasted sludge is routed to an aerobic digester and then to the sludge drying beds. Approximately 3,500-4,500 gallons of sludge are wasted every month. According to Mr. Craig, the last time sludge was hauled to landfill was in 2013. Also, dried sludge goes to the Stone County Transfer Station and then ultimately to an approved landfill (IESI in Cherokee Village). In the future, receipts should be kept to document sludge disposal. Solids removed from the preliminary are taken to a dumpster once per month for disposal.

There are many treatment components that are not in use or maintained at the plant including: two (2) clarifiers, two (2) trickling filters, and a chlorine contact chamber.

The outfall location provided is not accurate. The actual outfall location is 35.867094, -92.146393. This location should be updated during permit renewal.

INSPECTOR'S SIGNATURE: <i>Skyler Schlick</i> Skyler Schlick	DATE: 12/13/2017
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> Kerri McCabe	DATE: 12/18/2017

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:	
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: <u>Outfall 001 location is not accurate; needs to be corrected during permit renewal.</u>	<input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee records flow, pH, temperature, and DO; contract lab collects/analyzes all other parameters.</u>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: <u>pH and DO calibration records were evaluated.</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Preliminary, oxidation ditch, clarifier, aerobic digester, UV disinfection, post-aeration; EQ basin available.</u>	
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>One generator onsite.</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Two (2) Class III operators.</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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>Can use EQ basin.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/ <u>OVERFLOWS</u> OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: <u>I&I within collection system has resulted in hydraulic overload at clarifier (wasted sludge).</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee records flow, pH, temperature, and DO; contract lab collects/analyzes all 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>Composite samples are not collected correctly; 3 aliquots instead of 4.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: <u>Analyzing temperature, but not reporting on DMR.</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: <u>Flow calculation was not within +/- 10% range.</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>9" Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Siemens Milltronics (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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee records flow, pH, temperature, and DO; contract lab collects/analyzes all other parameters.</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \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>McClelland Consulting Engineers, Inc.; American Interplex Corporation</u>	
b. LAB ADDRESS: <u>1311 West Second St. Little Rock, AR 72201; 8600 Kanis Road Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, FCB, NH3-N, and NO3+NO2-N</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: No concerns observed with the effluent.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NO	NO	NO	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 goes from drying beds, to trailer, to landfill.							
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: <u>Sludge last taken to landfill in 2013; eventually goes to approved landfill (IESI in Cherokee Village).</u>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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	

FLOW CALCULATION SHEET

Date: **Nov 21, 2017** Time: **10:51**

Head in Inches: **4 1/3"** Feet: **0.36'**

Type & Size of Primary Flow Measurement Device: **9" Parshall flume**

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

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **0.259 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **0.4156 MGD**

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

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

% Error =	0.259	-	0.4156	X 100
	0.4156			

% Error =	-0.1566	X 100
	0.4156	

% Error =	-0.3768	X 100
-----------	---------	-------

% Error =	-37.68	%
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Comments: **Not within +/- 10% range totalizer; totalizer is reporting under.**

DMR Calculation Check

Reporting Period: From 2017 09 01 To 2017 09 30
 Year Month Day Year Month Day

Parameter Checked: NH3-N (Sept)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l 7-day Avg. - mg/l	
	Reported Value:	<u>0.9</u>	<u>0.6</u>
Calculated Value:	<u>0.9</u>	<u>0.55</u>	<u>1.1</u>
Permit Value:	<u>23.7</u>	<u>3.9</u>	<u>3.9</u>

If calculated value does not equal reported value, explain:

For September 5: (1.11 mg/l x 0.21 MGD x 8.34) = 1.944 lbs/day
For September 12: (0.35 mg/l x 0.35 MGD x 8.34) = 0.5546 lbs/ day
For September 28: (0.20 mg/l x 0.19 MGD x 8.34) = 0.3169 lbs/day
(1.944+0.5546+0.3169)/3= 0.9385 lbs/day

Values are the same.

DMR Calculation Check

Reporting Period: From 2017 06 01 To 2017 06 30
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l 7-day Avg. - mg/l	
	Reported Value:	<u>3.5</u>	<u>1.8</u>
Calculated Value:	<u>3.5</u>	<u>1.8</u>	<u>3</u>
Permit Value:	<u>60.9</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

For June 6: (0.33 mg/l x 0.45 MGD x 8.34) = 1.24 lbs/day
For June 14 : (3.01 mg/l x 0.23 MGD x 8.34) = 5.77 lbs/ day
For June 20: (2.0 mg/l x 0.20 MGD x 8.34) = 3.34 lbs/day
(1.24 +5.77+3.34.)/3= 3.45 lbs/day

Values are the same.

Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1016
Description:	Preliminary.	Photo #:	1



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1017
Description:	Aerated equalization (EQ) basin.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1024
		Photo #:	3
Description:	Oxidation ditch.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1035
		Photo #:	4
Description:	Hydraulic overload due to I&I that has occurred by the clarifier.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1036
Description:	Clarifier.	Photo #:	5



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1108
Description:	Blowers for aerobic digester.	Photo #:	6



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1108
		Photo #:	7
Description:	Aerobic digester with foam layer.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1047
		Photo #:	8
Description:	UV disinfection.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1048
		Photo #:	9
Description:	9" Parshall flume with totalizer.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1054
		Photo #:	10
Description:	Post-aeration.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1054
		Photo #:	11
Description:	Post-aeration basin; effluent piped to outfall structure.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1057
		Photo #:	12
Description:	Outfall 001.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1044
		Photo #:	13
Description:	Sludge drying beds.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1045
		Photo #:	14
Description:	Sludge drying beds with thin layer of wasted sludge.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1022
		Photo #:	15
Description:	Clarifier and trickling filter (in background) not in operation.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1104
		Photo #:	16
Description:	Clarifier not in operation.		



Water Division Photographic Evidence Sheet

Location:	City of Mountain View		
Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1108
		Photo #:	17
Description:	Bio-tower trickling filter not in operation.		



Photographer:	Skyler Schlick	Date:	11/21/2017
Witness:	Kerri McCabe	Time:	1105
		Photo #:	18
Description:	Chlorine contact chamber not in operation.		



Figure 1. General overview of the site with major components labeled and components not in operation labeled in red (Google Earth: imagery date March 4, 2016).

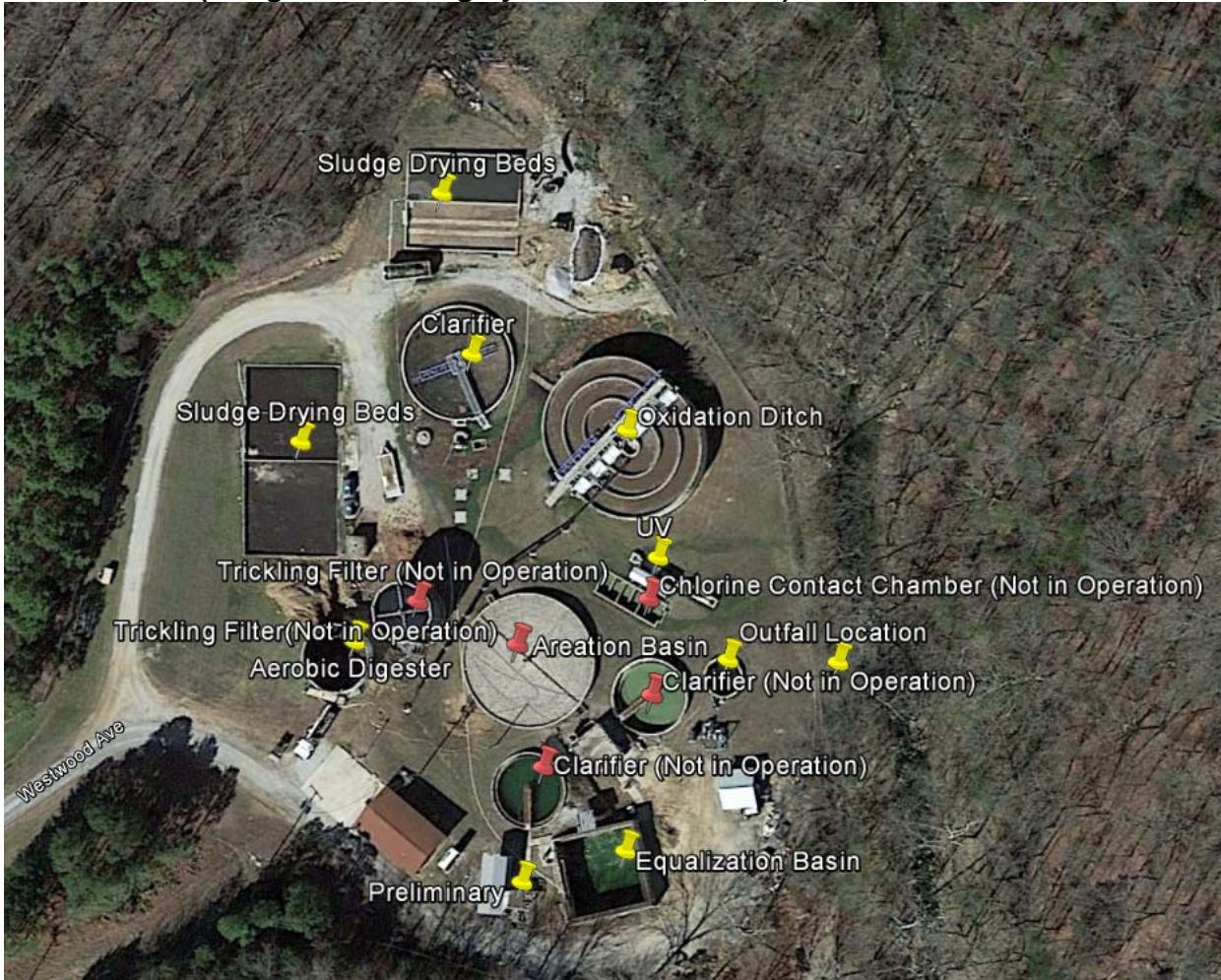


Figure 1. General overview of the site with outfall location and actual coordinates labeled (Google Earth: imagery date March 4, 2016).



MOUNTAIN VIEW WATER & WASTEWATER

PO BOX 360
311 WEST MAIN ST
MOUNTAIN VIEW AR 72560

PHONE: 870-269-3293
FAX: 870-269-9158

December 29, 2017

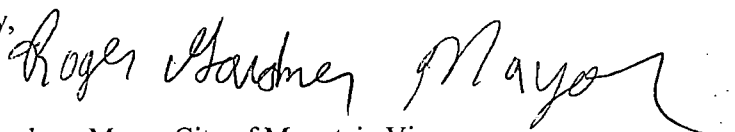
ADEQ
Water Division Inspection Branch
5301 Northshore Dr
North Little Rock AR 72118-5317

RE: City of Mountain View Inspection (Stone Co)
AFIN: 69-00011 NPDES Permit No: AR0020117
AR0020117C

Dear Mr. Schlick:

This is in regards to your letter dated December 19, 2017 for Compliance Evaluation Inspection. We received a copy of the letter that was sent to ADEQ by the engineers regarding AR0020117C satisfying this permit as listed in item number one on summary of findings. Item number two on findings we were collecting 3 effluent samples should be 4. We have contacted Mc Clelland Lab we will be doing the 4 samples as indicated, and the chain of custody form is being updated. Item number three in photo #4 was cleaned up and placed on drying bed and lime applied to area. Item number four is using chlorine to clean the clarifier of algae will no longer be used. The excessive I&I within the collection system is still being monitored and we are looking back at mainlines that we inspected by camera and found issues in a mainline on Vine Street from highway 87 to highway 66 that will be schedule to be repaired or replace in 2018. We are going to do more inspections by camera in areas that have not been done yet if any issues are found they will be addressed soon as possible weather permitting. We will be getting emergency contact information at lift stations posted as soon as signs are completed. The Auto-dialers will be updated and working alarm lights will be in place. We will install electric hook-ups for generators at lift stations for emergency use. We will address the holding capacity of the wet wells at lift stations. We will be contacting the Stone County Sheriff to address the issues coming from the jail.

Sincerely,



Roger Gardner, Mayor City of Mountain View

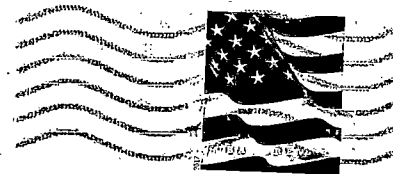
Jackie Craig II, Wastewater Plant Operator



MOUNTAIN VIEW WATER DEPT.
PO BOX 360
MOUNTAIN VIEW AR 72560

LITTLE ROCK AR 722

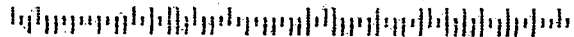
03 JAN 2018 PM 3 L



ADEQ

WATER DIVISION INSPECTION BRANCH
5301 NORTHSORE DR
NORTH LITTLE ROCK AR 72118-5317

72118-531799



From: [Schlick, Skyler](#)
To: [McConnell, Melissa](#)
Subject: FW: AR0020117 permit inspection letter
Date: Monday, February 12, 2018 7:42:14 AM
Attachments: [adeqinspletterfeb2018.docx](#)

WID 23502, 23503 AR0020117

Skyler Schlick
Inspector-Water Division District 2
Arkansas Department of Environmental Quality
Office- (870) 424-3322 ext. 2
Cell – (501) 514-2126

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

From: Mountain View Water Department [<mailto:waterdepartment@cityofmtnview.com>]
Sent: Friday, February 09, 2018 4:43 PM
To: SKYLER SCHLICK
Cc: ADEQ
Subject: AR0020117 permit inspection letter

Skylar
Here is the letter. Please let us know you received it.
Thanks

--

Mountain View Water Department
Voice 1-870-269-3293
Fax 1-870-269-9158

MOUNTAIN VIEW WATER & WASTEWATER

PO BOX 360
311 WEST MAIN ST
MOUNTAIN VIEW AR 72560

PHONE: 870-269-3293
FAX: 870-269-9158

February 9, 2018

ADEQ
Office of Water Quality
5301 Northshore Drive
North Little Rock AR 72118-5317

RE: City of Mountain View POTW-Response to Inspections (Stone Co.)
AFIN: 69-00011 NPDES Permit No: AR0020117
AR0020117C

Dear Sir;

Here is the information you have requested on the inspection report that was not addressed as stated in your letter of January 29, 2018. We have said in previous letters that we are trying to address the I&I problem and that we have reviewed the videos where the system was checked for areas that had problems. We did find some of the areas that had issues that were not repaired yet and we will proceed to fix them by the end of the year or by the summer of 2019. We are going to address the force main first that we talked about in our phone conversation yesterday. We will document all the repairs as they are completed and get this information to you. We will continue to work on this issue until we can stop the problem we are having at our POTW but until the customer service lines are addressed all of the problem will not be solved but slowed to a point where we are not out of compliance is what we will strive for. If you have any questions, please give me a call at any time.

Sincerely,

Roger Gardner, Mayor City of Mountain View, Arkansas
RG:dw