



 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>				
		AFIN: <b>03-00039</b>		PERMIT #: <b>AR0021211</b>		DATE: <b>5/7/2018</b>
		COUNTY: <b>03 Baxter</b>			PDS #: <b>103291</b>	MEDIA: <b>WN</b>
		GPS LAT: <b>36.303401</b> LONG: <b>-92.381499</b> LOCATION: <b>General Area</b>				
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>			
NAME: <b>City of Mountain Home WWTP</b> LOCATION: <b>537 Hicks Rd.</b> CITY: <b>Mountain Home</b>			FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>117208 S - State</b>		
<b>RESPONSIBLE OFFICIAL</b> NAME / TITLE: <b>Joe Dillard / Mayor</b> COMPANY: <b>City of Mountain Home</b> MAILING ADDRESS: <b>720 S. Hickory St</b> CITY, STATE, ZIP: <b>Mountain Home AR 72653</b> PHONE & EXT. / FAX: <b>870-425-5116 /</b> EMAIL: <b>mayor@cityofmountainhome.com</b> CONTACTED DURING INSPECTION: <b>No</b>			FACILITY EVALUATION RATING: <b>5 - Satisfactory</b>	INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>5/7/2018</b>	ENTRY TIME: <b>09:20</b>	EXIT TIME: <b>12:38</b>	PERMIT EFFECTIVE DATE: <b>9/1/2015</b> PERMIT EXPIRATION DATE: <b>8/31/2020</b>
			FAYETTEVILLE SHALE RELATED: <b>N</b>			
			FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
			<b>INSPECTION PARTICIPANTS</b>			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com</b>			
<b>AREA EVALUATIONS</b>						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER	
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW	
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM	
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>S</b>	PRETREATMENT	
<b>**</b>	OTHER:					
<b>SUMMARY OF FINDINGS</b>						
<b>No violations were noted during the inspection.</b>						

**GENERAL COMMENTS**

On May 7, 2018, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

**Records review:**

A review of records was conducted for accuracy checks. All records are in order and all analyses are being performed and recorded. The calibration logs for the pH and Dissolved Oxygen (DO) meters and for the lab equipment were thoroughly documented.

**Site assessment:**

The treatment system for the city consists of screw pumps (3), bar screens (2 mechanical and 1 manual, if needed), grit removal chambers (2), anoxic basins (2), oxidation ditches (2), clarifiers (4), chlorination, dechlorination (by sulfur dioxide), and post-aeration.

A surface aerator in one of the aerobic digesters was removed to be repaired during the inspection. There was one new agitator in use in the oxidation ditch. Mr. Sanders stated that they are looking to replace all the surface rotors with the new agitators. The chlorine contact chamber is skimmed daily for floatables and they are disposed of in a trash bin. Clarifiers are cleaned weekly with a 12.5% solution of bleach. For disinfection, around 40-80 lbs. of chlorine gas is dosed daily and approximately 20 lbs. of sulfur dioxide is dosed daily for dechlorination. The Parshall flume is cleaned monthly.

Approximately 150 metric tons of sludge is sent off for land application every year through Methvin Sanitation, Inc. under State No-Discharge permit 5229-W. Sludge is dried in the belt press approximately 2-3 times per week.

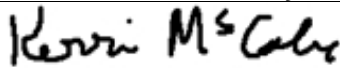
INSPECTOR'S SIGNATURE:



Skyler Schlick

DATE: 5/23/2018

SUPERVISOR'S SIGNATURE:



Kerri McCabe

DATE: 6/13/2018

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

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee samples/analyzes flow, pH, CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3+NO2-N; contract lab analyzes other parameters.</u>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>2' Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>See "Flow Calculation Sheet" comments.</u>	<input checked="" type="checkbox"/> Y <input 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
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Permittee samples/analyzes flow, pH, CBOD, TSS, NH3-N, DO, FCB, TRC, TP, NO3+NO2-N; contract lab analyzes other parameters.</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: <u>pH and DO records checked</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Waypoint Analytical</u>	
b. LAB ADDRESS: <u>2790 Whitten Road, Memphis, TN 38133</u>	
c. PARAMETERS PERFORMED: <u>Cu</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Waypoint Analytical , 2790 Whitten Road, Memphis, TN 38133</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Observed at Outfall 001</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	NO	No	No	No	Clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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: <b>Sludge is given to Methvin Sanitation, Inc. to land apply under permit 5229-W-1.</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input 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>Pasture</u>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Part II, Condition #6 requires Best Management Practices (BMPs); No-Exposure inspected under ARR000063.</b>							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: **May 7, 2018** Time: **1042**

Head in Inches: **9 3/4"** Feet:

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

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

Date of last Calibration of Secondary Flow Device: **March 15, 2017**

Recorded Flow at Date & Time Listed Above: **3.77** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.75**

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

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

% Error =	3.77	-	3.75	X 100
	3.75			

% Error =	0.02	X 100
	3.75	

% Error =	0.0053	X 100
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% Error =	<b>0.53</b>	%
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Comments: **Within +/- 10% range; totalizer is reporting over.**

**DMR Calculation Check**

Reporting Period: From 2017 04 01 To 2017 04 01  
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>0.32</u>	<u>0.01</u>	<u>0.02</u>
Calculated Value:	<u>0.32</u>	<u>0.01</u>	<u>0.02</u>
Permit Value:	<u>66.7</u>	<u>1.6</u>	<u>3</u>

If calculated value does not equal reported value, explain:

Values are the same (see Table 1 for calculations).



**DMR Calculation Check**

Reporting Period: From 2017 04 01 To 2017 04 30  
 Year Month Day Year Month Day

Parameter Checked: NO3+NO2-N

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>217.63</u>	<u>7.18</u>	<u>8.36</u>
Calculated Value:	<u>228.01</u>	<u>7.18</u>	<u>8.36</u>
Permit Value:	<u>417</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Values are the slightly different for Mass Loading (lbs/day) for Monthly Average (see Table 2 for calculations).

The April 26<sup>th</sup> calculation was the only one different; 6.55 mg/L \* 4.21 MGD \* 8.34 = 230.0 lbs/day

**DMR Calculation Check**

Reporting Period: From 2017 12 01 To 2017 12 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	<b>Loading Mass Mo. Avg. - lbs./day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>27.28</u>	<u>2.38</u>	<u>2.69</u>
Calculated Value:	<u>27.29</u>	<u>2.38</u>	<u>2.69</u>
Permit Value:	<u>417</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Values are the same (slight rounding difference; see Table 3 for calculations).

**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0938</b>
Description:	<b>Influent screw pumps</b>	Photo #:	<b>1</b>



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0940</b>
Description:	<b>Mechanical bar screens</b>	Photo #:	<b>2</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0941</b>
		Photo #:	<b>3</b>
Description:	<b>Optional manual bar screen</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>942</b>
		Photo #:	<b>4</b>
Description:	<b>Mechanical bar screening and dumpster</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0943</b>
		Photo #:	<b>5</b>
Description:	<b>Grit chamber</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0944</b>
		Photo #:	<b>6</b>
Description:	<b>Grit removal and dumpster</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0947</b>
		Photo #:	<b>7</b>
Description:	<b>Anoxic chamber</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0948</b>
		Photo #:	<b>8</b>
Description:	<b>Oxidation ditch</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0952</b>
		Photo #:	<b>9</b>
Description:	<b>One of the new agitators and old rotor surface agitator in background.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1002</b>
		Photo #:	<b>10</b>
Description:	<b>Collection box for combining oxidation ditches.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>0958</b>
		Photo #:	<b>11</b>
Description:	<b>Secondary Clarifier</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1003</b>
		Photo #:	<b>12</b>
Description:	<b>Clarifier weir</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1008</b>
		Photo #:	<b>13</b>
Description:	<b>Collection point of all clarifier supernatant.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1011</b>
		Photo #:	<b>14</b>
Description:	<b>Chlorine contact chamber</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1014</b>
		Photo #:	<b>15</b>

Description: **Post-aeration towers**



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1018</b>
		Photo #:	<b>16</b>

Description: **2' Parshall flume**



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1022</b>
		Photo #:	<b>17</b>
Description:	<b>Outfall 001</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1026</b>
		Photo #:	<b>18</b>
Description:	<b>Generator</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1042</b>
		Photo #:	<b>19</b>
Description:	<b>Aerobic digesters</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1040</b>
		Photo #:	<b>20</b>
Description:	<b>Sludge belt press</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Mountain Home WWTP</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>5/7/2018</b>
Witness:	<b>N/A</b>	Time:	<b>1029</b>
		Photo #:	<b>21</b>
Description:	<b>Vacuum truck cleanout area</b>		



Figure 1. General overview of the WWTP with major components labeled (Google Earth: imagery date May 4, 2014).

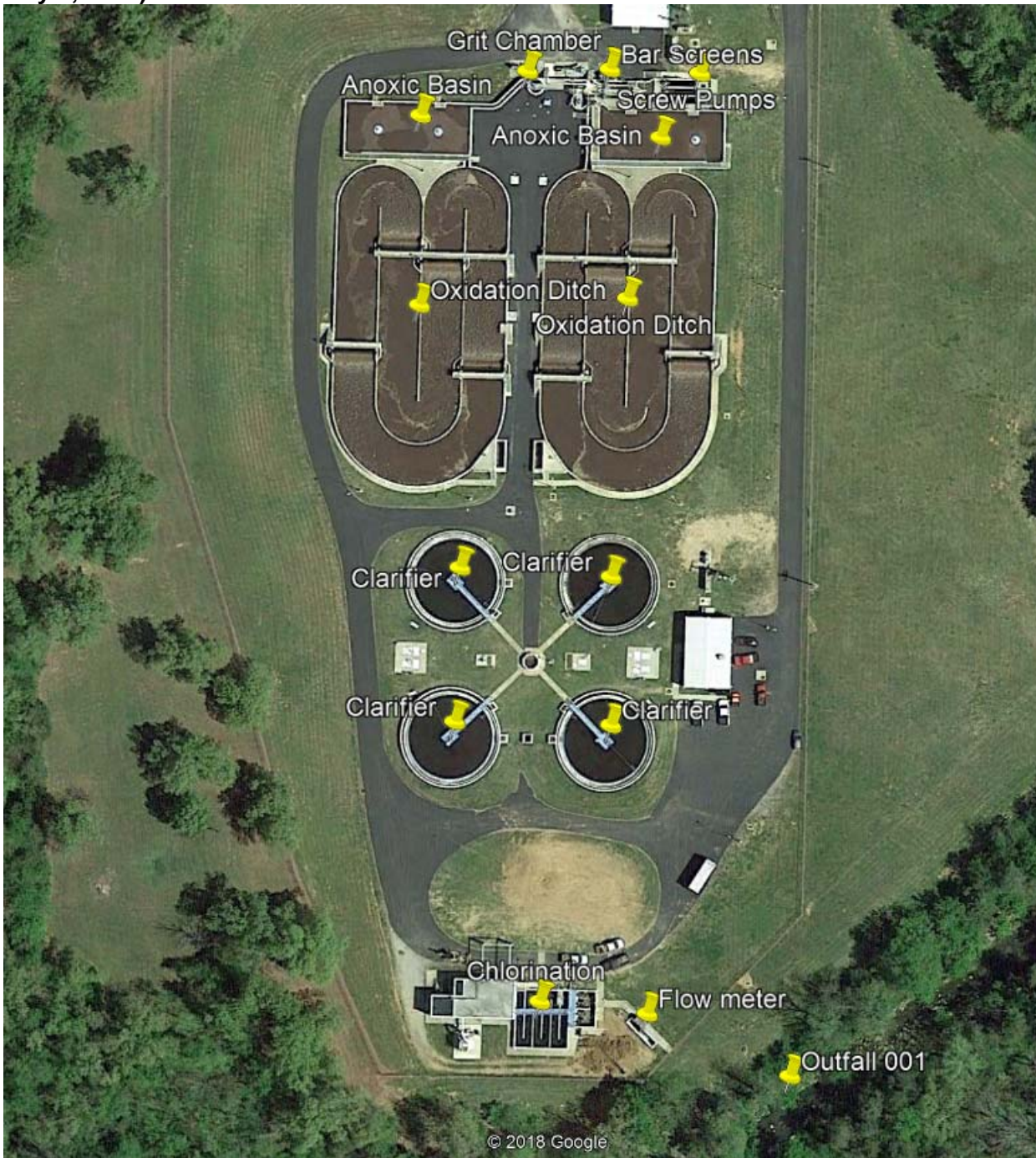


Figure 2. General overview of the northeast part of the WWTP with major components labeled (Google Earth: imagery date May 4, 2014).



**Table 1. NH3-N calculations for April 2017 for Outfall 001.**

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
5	0.01	0.01	4.129	0.3
12	0.02	0.02	2.503	0.4
19	0.01	0.01	2.739	0.2
26	0.01	0.01	3.449	0.3
Max	0.02	-	-	0.4
Min	0.01	-	-	0.2
Average	0.01	-	-	0.32

**Table 2. NO3+NO2-N calculations for April 2017 for Outfall 001.**

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
5	6.89	6.89	5.68	326.4
12	6.93	6.93	2.74	158.4
19	8.36	8.36	2.83	197.3
26	6.55	6.55	4.21	230.0
Max	8.36	-	-	326.4
Min	6.55	-	-	158.4
Average	7.1825	-	-	228.01

**Table 3. CBOD5 calculations for December 2017 for Outfall 001.**

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
6	2.57	2.57	1.381	29.60
13	2.69	2.69	1.352	30.33
21	1.93	1.93	1.376	22.15
27	2.31	2.31	1.405	27.07
Max	2.69	-	-	30.33
Min	1.93	-	-	22.15
Average	2.38	-	-	27.29



**From:** [Alma L. Clark](#)  
**To:** [Water-Inspection-Report](#); [Schlick, Skyler](#)  
**Subject:** Mountain Home Inspection Report Corrections AFIN# 03-00039  
**Date:** Monday, June 18, 2018 8:22:30 AM  
**Attachments:** [NPDES# AR0021211\\_Inspection\\_Corrections.pdf](#)

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**If there is anything else needed please let me know.. thanks**

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

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

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

---

**Alma L. Clark**

Director Water/Wastewater

June 18, 2018

Water Division Inspection Branch  
ADEQ  
5301 Northshore Drive  
North Little Rock, AR 72118

Skyler Schlick  
District 2 Field Inspector,

RE: City of Mountain Home WWTP Inspection on 05/07/2018  
ADFIN: 03-00039  
NPDES PERMIT# AR0021211

This letter is with regards to the inspection on 05/07/18. All of the items in the summary of findings have been corrected to date. Attached are pictures of the corrections. If you need anything else please let me know.

Regards,



Alma L. Clark  
City of Mountain Home  
Director W/S

**DMR Calculation Check**

Reporting Period: From 2017 04 01 To 2017 04 30  
 Year Month Day Year Month Day

Parameter Checked: NO3+NO2-N

	Loading	Concentration	
	Mass	Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>217.63</u>	<u>7.18</u>	<u>8.36</u>
Calculated Value:	<u>228.01</u>	<u>7.18</u>	<u>8.36</u>
Permit Value:	<u>417</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Values are the slightly different for Mass Loading (lbs/day) for Monthly Average (see Table 2 for calculations).

The April 26<sup>th</sup> calculation was the only one different; 6.55 mg/L \* 4.21 MGD \* 8.34 = 230.0 lbs/day

APRIL 2017  
NO3-N4-NO2

Exhibit A  
PDS # 103291  
Page 9 of 24

DATE	Flow	MG/L	LBS.
4-5-17	5.68	6.89 mg/L	326.4 lbs.
4-12-17	2.74	6.93 mg/L	158.4 lbs.
4-19-17	2.83	8.36 mg/L	197.3 lbs.
4-26-17	4.21	6.55 mg/L	230.0 lbs. <del>188.4 lbs.</del>

MONTHLY Avg. MG/L: 7.18 mg/L

7 DAY Avg. MG/L: 8.36 mg/L

MONTHLY Avg. LBS.: 217.63 lbs. 228.03 lbs.





ARKANSAS  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: 03-00039	PERMIT #: AR0021211	DATE: 5/7/2018
COUNTY: 03 Baxter	PDS #: 103292	MEDIA: WN
GPS LAT:	LONG:	LOCATION: N/A

### FACILITY INFORMATION

NAME: **City of Mountain Home WWTP**  
 LOCATION: **537 Hicks Rd.**  
 CITY: **Mountain Home**

### RESPONSIBLE OFFICIAL

NAME / TITLE: **Joe Dillard / Mayor**  
 COMPANY: **City of Mountain Home**  
 MAILING ADDRESS: **720 S. Hickory St**  
 CITY, STATE, ZIP: **Mountain Home AR 72653**  
 PHONE & EXT. / FAX: **870-425-5116 /**  
 EMAIL: **mayor@cityofmountainhome.com**

CONTACTED DURING INSPECTION: **No**

### INSPECTION INFORMATION

FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>117208 S - State</b>
FACILITY EVALUATION RATING: <b>2 - Marginal</b>	INSPECTION TYPE: <b>SSO/Collection System</b>
DATE(S): <b>5/7/2018</b>	ENTRY TIME: <b>09:20</b>
EXIT TIME: <b>12:38</b>	PERMIT EFFECTIVE DATE: <b>9/1/2015</b>
	PERMIT EXPIRATION DATE: <b>8/31/2020</b>

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

### INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:  
**Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com**

### 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
<b>M</b> OTHER: <b>SSO/Collection System</b>		

### 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 was no alarm at the Old Arkana Road lift station. All the lift stations need to have alarms in case of overflows and other issues.

### GENERAL COMMENTS

On May 7, 2018, an inspection was conducted of the collection system with the above mentioned inspection participants. The inspection consisted of a site assessment of six (6) lift stations and a review of the reported SSO information.

The system consists of twelve (12) lift stations. The facility maintains daily inspection logs, maintenance logs, and adequate spare parts. Facility has a vac-truck available for emptying the wet wells with contents hauled directly to the plant. For electrical motor repairs, Evans Enterprises, Inc. is used. 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:  Skyler Schlick	DATE: 5/23/2018
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 6/13/2018



Fixed 6/6/18  
Exhibit B  
PDS # 103292

<h1 style="margin: 0;">ADEQ</h1> <p style="margin: 0; font-size: small;">A R K A N S A S Department of Environmental Quality</p>		<b>WATER DIVISION INSPECTION REPORT</b>		
		AFIN: 03-00039	PERMIT #: AR0021211C	DATE: 5/7/2018
		COUNTY: 03 Baxter		PDS #: 103294
GPS LAT: 36.304705		LONG: -92.380104		
LOCATION: General Area				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>		
NAME: <b>City of Mountain Home WWTP</b> LOCATION: <b>537 Hicks Rd.</b> CITY: <b>Mountain Home</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>117208 S - State</b> FACILITY EVALUATION RATING: <b>N</b> INSPECTION TYPE: <b>Other</b>		
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>5/7/2018</b> ENTRY TIME: <b>09:20</b> EXIT TIME: <b>12:38</b> PERMIT EFFECTIVE DATE: <b>3/31/2017</b> PERMIT EXPIRATION DATE:		
NAME / TITLE: <b>Joe Dillard / Mayor</b> COMPANY: <b>City of Mountain Home</b> MAILING ADDRESS: <b>720 S. Hickory St</b> CITY, STATE, ZIP: <b>Mountain Home AR 72653</b> PHONE & EXT: / FAX: <b>870-425-5116</b> / EMAIL: <b>mayor@cityofmountainhome.com</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>		
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>		
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com</b>		
<b>AREA EVALUATIONS</b>				
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)				
**	PERMIT	**	FLOW MEASUREMENT	
**	RECORDS/REPORTS	**	LABORATORY	
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	
**		**	STORMWATER	
**		**	FACILITY SITE REVIEW	
**		**	SELF-MONITORING PROGRAM	
**		**	PRETREATMENT	
<b>M</b>	<b>OTHER: State WWTP Construction</b>			
<b>SUMMARY OF FINDINGS</b>				
The Professional Engineer (PE) for the State WWTP Construction permit has not submitted a written certification regarding the completion of the construction within thirty (30) days. The project was completed prior to the May 2018 inspection; however, the permit is still active. This is a violation of Condition #3 of the State construction permit. The city needs to contact the consulting engineer to submit a certified letter stating the project is complete and was constructed as approved.				
<b>GENERAL COMMENTS</b>				
On May 7, 2018, an inspection was conducted of the State WWTP Construction permit to determine if the system had been constructed as designed and approved by the Department. There were four sludge drying beds removed and the last drying bed was converted into a larger drying bed for disposal of wastewater from vacuum trucks.				
INSPECTOR'S SIGNATURE: <i>Skyler Schlick</i>		DATE: 5/23/2018		
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>		DATE: 6/13/2018		



**Ellington Engineering Services, LLC**

155 Kierra Place  
Mountain Home, AR 72653

(870) 736-4336  
ees@ellingtoneng.com



CIVIL  
ENGINEERING  
SURVEYING  
LAND DESIGN

**LETTER OF CERTIFICATION**

June 14, 2018

Arkansas Department of Environmental Quality  
Permits Branch of the Office of Water Quality  
5301 Northshore Drive  
North Little Rock, AR 72118

Re: City of Mountain Home WWTP  
Construction Permit AR0021211C  
AFIN: 03-00039

Dear Permits Branch:

The purpose of this letter is to provide written certification that the "Sludge Drying Beds Modification" project of the Mountain Home Wastewater Treatment Facility, permit number AR0021211C, has been completed and was constructed in accordance to the approved plans and specifications.

In accordance with Permit AR0021211, Part III, Section D. 11. C:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Sincerely,

A handwritten signature in blue ink that reads "Danny Ellington".

Danny Ellington, P.E.  
Ellington Engineering Services

Cc: Alma Clark – MH Water & Sewer Director

EXhibit C  
PDS # 103294



AR K A N S A S  
Department of Environmental Quality

# WATER DIVISION INSPECTION REPORT

AFIN: 03-00039 PERMIT #: ARR000063 DATE: 5/7/2018  
 COUNTY: 03 Baxter PDS #: 103295 MEDIA: WN  
 GPS LAT: 36.303401 LONG: -92.381499 LOCATION: General Area

## FACILITY INFORMATION

NAME: **City of Mountain Home WWTP**  
 LOCATION:  
**537 Hicks Rd.**  
 CITY:  
**Mountain Home**

## RESPONSIBLE OFFICIAL

NAME / TITLE  
**Joe Dillard / Mayor**  
 COMPANY:  
**City of Mountain Home**  
 MAILING ADDRESS:  
**720 S. Hickory St**  
 CITY, STATE, ZIP:  
**Mountain Home AR 72653**  
 PHONE & EXT: / FAX:  
**870-425-5116 /**  
 EMAIL:  
**mayor@cityofmountainhome.com**

CONTACTED DURING INSPECTION: **No**

## INSPECTION INFORMATION

FACILITY TYPE: **2 - Industrial** INSPECTOR ID#: **117208 S - State**  
 FACILITY EVALUATION RATING: **N** INSPECTION TYPE: **Industrial Stormwater**  
 DATE(S): **5/7/2018** ENTRY TIME: **09:20** EXIT TIME: **12:38** PERMIT EFFECTIVE DATE: **7/1/2014**  
 PERMIT EXPIRATION DATE: **6/30/2019**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

## INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:  
**Terry Sanders Lic#004316/Plant Manager/870-425-6510/tsanders@cityofmountainhome.com**

## 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: <b>No-Exposure</b>		

## SUMMARY OF FINDINGS

The following item violates Part 1.7 of the general permit and 40 CFR 122.26(g):

- There were multiple petroleum-based leaks on the ground around the maintenance area.

## GENERAL COMMENTS

On May 7, 2018, an inspection was conducted at the facility to determine compliance with the city's No-Exposure Exclusion. The inspection consisted of a site assessment to determine if materials from the industrial activity were being exposed to stormwater.

With the exception of the item mentioned above, the majority of the materials located at the treatment plant are stored inside buildings/trailers or within containment. Leaks, spills, and residuals observed on the ground will need to be adequately cleaned and disposed of properly to prevent exposure to stormwater.

INSPECTOR'S SIGNATURE: *Skyler Schlick* Skyler Schlick DATE: 5/23/2018

SUPERVISOR'S SIGNATURE: *Kerri McCabe* Kerri McCabe DATE: 6/13/2018

Spied 5/21/18  
Exhibit D  
PDS# 103295