

ADEQ

A R K A N S A S
Department of Environmental Quality

June 27, 2019

Monty Ledbetter, Utilities Director
City of Hot Springs POTW
780 Adams Street
Hot Springs, AR 71901

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

Dear Mr. Ledbetter:

On May 15, 2019, I performed a Compliance Evaluation Inspection and an 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. A copy of each inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of each 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 **July 11, 2019**.

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
District 5 Field Inspector
Office of Water Quality



WATER DIVISION INSPECTION REPORT

AFIN: 26-00145	PERMIT #: AR0033880	DATE: 5/15/2019
COUNTY: 26 Garland	PDS #: 108323	MEDIA: WN
GPS LAT: 34.450316 LONG: -93.019033 LOCATION: General Area		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Hot Springs POTW LOCATION: 320 Davidson Drive CITY: Hot Springs, AR 71901	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 34689 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 5/15/2019 ENTRY TIME: 10:10 EXIT TIME: 13:30 PERMIT EFFECTIVE DATE: 9/1/2018 PERMIT EXPIRATION DATE: 8/31/2023
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Monty Ledbetter / Utilities Director COMPANY: City of Hot Springs POTW MAILING ADDRESS: 780 Adams Street CITY, STATE, ZIP: Hot Springs AR 71901 PHONE & EXT. / FAX: 501-651-7730 / EMAIL: mledbetter@cityhs.net hmauldin@cityhs.net gyates@cityhs.net	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: No	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Mr. Harold Mauldin/ Facility Manager Mr. Gordon Yates/ Plant Supervisor 501-262-1125

AREA EVALUATIONS					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
S	PERMIT	M	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	M	LABORATORY	N	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

1. The facility reported permit limit exceedances in April, May, and June 2018. This is a violation of Part I.A of the permit. These exceedances were properly reported in monthly DMR and no inspection response is required for this item.
2. At the time of inspection, there were a few items requiring maintenance. This is a violation of Part III.B.1.A of the permit. Specifically, the following items need to be addressed:
 - A diffuser line in the middle aeration basin needs repair (see Photo 9).
 - Excessive algae are present in secondary clarifiers (see Photo 10).
 - The staff gauge at the Parshall flume is not readable and should be cleaned or replaced (see Photo 18).
3. The March 4, 2019 CBOD5 lab analysis sheet does not document the volume of seed added per bottle. Also, GGA analysis did not meet 198 mg/l +/- 30.5. This is a violation of Part III.C.3 of the permit. Please see attached lab sheet.

GENERAL COMMENTS

Introduction


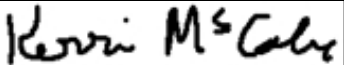
I inspected on May 15, 2019. The inspection was scheduled in advance. Mr. Harold Mauldin, Facility Manager, and Mr. Gordon Yates, Plant Supervisor, represented the facility during the inspection. Since the previous inspection, the treatment plant headworks was been upgraded and the second UV disinfection line has been installed. The treatment plant consists of screening, grit removal, primary clarification, activated sludge, secondary clarification, sand filtration, and UV disinfection.

Treatment Plant Inspection

I inspected the treatment plant from influent to final effluent. Mr. Yates accompanied me and answered all questions concerning treatment and operating conditions. During the plant inspection, I found a diffuser line needing repair and excessive algae in the secondary clarifiers. Plant personnel typically shut down a line for maintenance activities, but they have not been able to recently due to hydraulic overloads. For example, the plant has four secondary clarifiers and shuts one down for maintenance while the other three continue treatment. Also, the Parshall flume staff gauge needs replaced and was not readable at the time of inspection. The staff gauge is needed in order to conduct flowmeter checks. At the time of inspection, the treatment plant was operating at design capacity (12 MGD) and final effluent appeared sufficiently treated.

Records Review

I reviewed DMR from April 2018 to March 2019 prior to the inspection. The facility reported exceedances in April, May, and June 2018 DMR. No exceedances occurred from July 2018 to March 2019. DMR review did reveal multiple exceedances of plant design capacity as indicated by the reported Daily Maximum each month. The design capacity was exceeded nine of the previous twelve months with four months reporting a Daily Maximum flow over 30 MGD. The facility passed all parameters for biomonitoring in each quarterly sample from the previous twelve months. Mr. Mauldin provided the first quarter 2019 test report for verification of proper organisms, durations, and dilution series. I also reviewed lab analysis sheets for CBOD5. The facility reported adding 4 ml of seed per bottle, but they do not document this on the lab sheets. Also, recent GGA results are not meeting 198 mg/l +/- 30.5 mg/l. The March 4, 2019 analysis documents 154 mg/l.

INSPECTOR'S SIGNATURE: 	Travis Harmon	DATE: 6/7/2019
SUPERVISOR'S SIGNATURE: 	Kerri McCabe	DATE: 6/26/2019

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: <u>Plant discharges monthly max reported in DMR.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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
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:	
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: <u>Coupling in diffuser pipe needs repair in middle aeration basin; algae in secondary clarifiers and sand filters.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<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:	<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 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: <u>Bypass reported 1/7/2019.</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<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: <u>April-June 2018 DMR.</u>	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT 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>Flume staff gauge needs replaced.</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>4 ft. Parshall Flume</u>	<input type="checkbox"/> Y <input checked="" 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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated 11/27/2018; due 11/7/2019.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: <u>Calibrated by outside source.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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: <u>For CBOD5, lab sheets do not include volume of seed added per bottle. Lab adds 4 ml per bottle but does not document. Lab is not meeting GGA limit of 198 mg/l +- 30.5.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥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 ≥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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>American Interplex- Biomonitoring only</u>	
b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204</u>	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION: <u>ADEQ review of contract lab identified improper duration in November 2018. Facility instructed to resubmit DMR to reflect NODI-M (Laboratory Error).</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Viewed at UV disinfection.</u>							
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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge is digested then belt pressed and taken to compost facility under IGP ARR000166.</u>							
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):							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <u>Inspection of ARR000059 (No-Exposure) conducted 5/15/2019. Please see additional inspection report.</u>							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2019 03 01 To 2019 03 31
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>628</u>	<u>4.8</u>	<u>9.9</u>
Calculated Value:	<u>628.1</u>	<u>4.8</u>	<u>9.94</u>
Permit Value:	<u>1500</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2019 03 01 To 2019 03 31
 Year Month Day Year Month Day

Parameter Checked: TP

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>36.6</u>	<u>0.29</u>	<u>0.51</u>
Calculated Value:	<u>36.6</u>	<u>0.288</u>	<u>0.512</u>
Permit Value:	<u>100.1</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1022
Description:	Plant influent box.	Photo #:	1



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1020
Description:	Two grit removal cells.	Photo #:	2



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1020
		Photo #:	3
Description:	Plant headworks with two bar screens and grit removal.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1024
		Photo #:	4
Description:	View of bar screen.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1027
		Photo #:	5
Description:	Waste removal from bar screen.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1029
		Photo #:	6
Description:	One of three primary clarifiers.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1031
		Photo #:	7
Description:	Plant adds lime, alum, and sodium aluminate for pH adjustment.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1033
		Photo #:	8
Description:	Three aeration basins with activated sludge.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1035
		Photo #:	9
Description:	Diffuser line needs repair in middle aeration basin.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1043
		Photo #:	10
Description:	One of four secondary clarifiers. Excessive algae in secondary clarifiers.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1041
		Photo #:	11
Description:	Blowers for aeration basins.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1049
		Photo #:	12
Description:	Digester.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1051
		Photo #:	13
Description:	Tertiary sand filters.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1101
		Photo #:	14
Description:	Sludge belt press. Polymer added then sent to compost facility.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW			
Photographer:	Travis Harmon	Date:	5/15/2019	
Witness:	None	Time:	1109	
Description:	Two lines of UV disinfection.		Photo #:	15

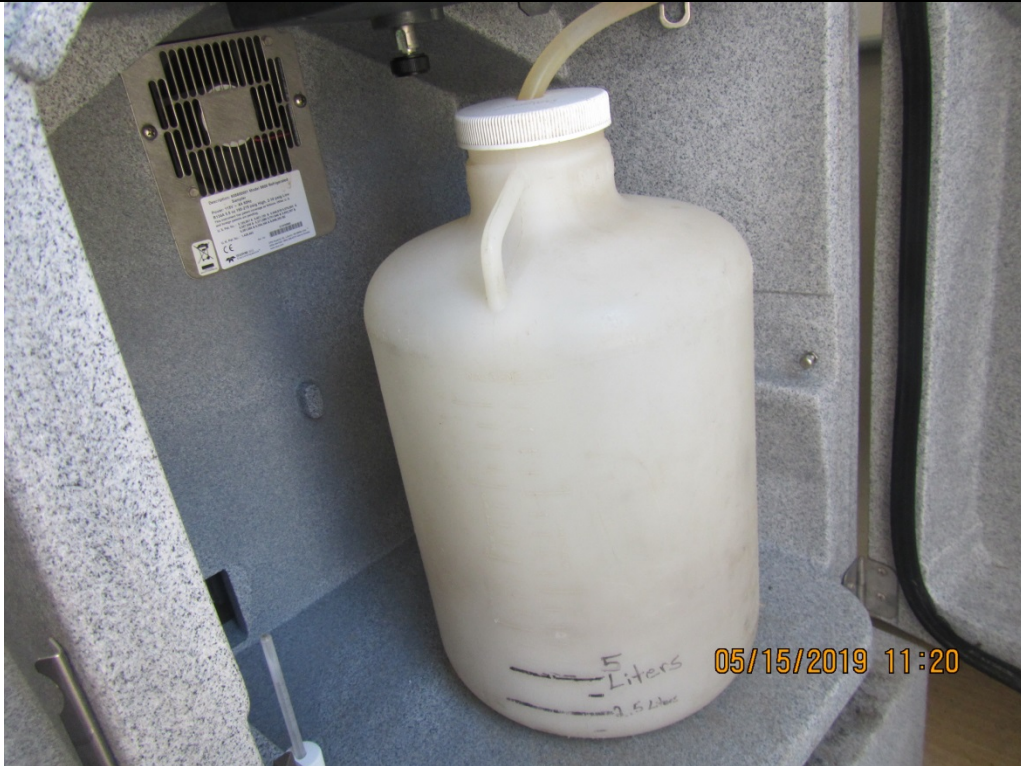


Photographer:	Travis Harmon	Date:	5/15/2019	
Witness:	None	Time:	1113	
Description:	Effluent flowmeter. Reading 12.009 MGD at time of inspection.		Photo #:	16



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1120
		Photo #:	17
Description:	Composite sampler with thermometer.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1116
		Photo #:	18
Description:	Staff gauge at Parshall flume needs replaced.		



Water Division Photographic Evidence Sheet

Location:	City of Hot Springs POTW		
Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1122
		Photo #:	19
Description:	Final effluent appears sufficiently treated at the time of inspection.		



Photographer:	Travis Harmon	Date:	5/15/2019
Witness:	None	Time:	1256
		Photo #:	20
Description:	Equalization basin.		



Figure 1. Google Earth Image of City of Hot Springs POTW.



#2TSS Effluent	.500	91.2	AC	92.6	AC	92.6	AC		2.4	2.4
MLSS	.002	91.7	3-3-19	96.4	3-3-19	96.4	3-3-19		2.8	Average
RAS	.001	92.6	06/18 SR	100.0	08/17 SR	99.9	09/30 SR		2350	TSS
RAW									7300	

Carbonaceous Biochemical Oxygen Demand (C-BOD₅) Method #5210B Approved by Standard Methods Committee 2001, Editorial Revisions 2011
 Instrument: (Zeroing) Using BOD Probe and pH Meter with DO Setting for BOD Analysis (SOP Updated October 18th 2017)

Sample Pretreatment (1.2 liter) Parameter Reading 767.6 Temperature (Celsius) 21 - 7.51 mmhg

pH Adjustment to 7.04 with .1N H₂SO₄ Temperature 17.4 °C

Dilution Factor = Sample Volume / 300 Depletion = Initial DO - Final DO Seed Correction = Avg of Depletion of Seed Bottles / 2 / 0.083 * 0.013
 C-BOD₅ = Depletion - Seed Correction / Dilution Factor

Day BOD Water Preparation Date 02-27-19 Bottle # 3 By SR

Initial Time 0908 Date 03-04-19 By SR

Final Time 0835 Date 3-9-19 By AC

Sample	Bottle Number	Volume Sample (mg/l)	Dilution Factor	Initial DO	Final DO	Depletion	Seed Correction	Mg/L	Mg/L Average
Nutrient	12			8.85	8.72	0.13			
Seed	11	25	0.083	8.88	4.23	4.65	.73		
Seed	10	25	0.083	8.86	4.13	4.73	.73		
Quality Control	9	3	0.01	8.85	5.04	3.81	.73	3.08	154
C-BOD ₅ Effluent	5	180	.6	9.38	7.27	2.11	.73	2.30	
C-BOD ₅ Effluent	6	240	.8	9.57	7.21	2.36	.73	2.04	
C-BOD ₅ Effluent	7	296	.99	9.80	6.70	3.10	.73	2.39	2.43
C-BOD ₅ Effluent	8	296	.99	9.80	6.50	3.30	.73	2.59	
BOD ₅ Raw									
BOD ₅ Raw									

4 ml seed per bottle

Date & Time: 03-04-19 0741 Analyst SR

Ammonia Nitrogen Method #4500 Nh₃ D (SOP Updated October 18th 2017)
 Approved by Standard Methods Committee 1997, Editorial Revisions 2011

Ammonia Nitrogen EPA Method 350.1

Initial (mv) 6.703

Ammonia Blank 0.01

Ammonia Plant Effluent 0.02

Final (mv) 9.0

Weekly Nh₃ Spike 1.02

Ammonia Plant Effluent 0.03

Slope Check (mv) 58.3

Influent Ammonia _____

Standard Concentration 0.51

Millivolt (MV)
 (Millivolt Check Range Between Initial and Final)

Standard Concentration Range (Mark Standards Used)

McConnell, Melissa

From: McCabe, Kerri
Sent: Wednesday, July 10, 2019 6:44 AM
To: McConnell, Melissa
Cc: Harmon, Travis
Subject: FW: City of Hot Springs POTW Inspections (Garland Co)
Attachments: doc00670120190709170013.pdf; doc00670220190709170047.pdf

Melissa,

Please add these responses to PDS 108323 and 108324 (doc ending in 47) and 108325 (doc ending in 13). Thank you.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317



From: Monty Ledbetter [<mailto:MLedbetter@cityhs.net>]
Sent: Tuesday, July 09, 2019 4:42 PM
To: McCabe, Kerri; Harold Mauldin; Gordon Yates
Cc: Harmon, Travis; Howard Hoover
Subject: RE: City of Hot Springs POTW Inspections (Garland Co)

Attached are both letters addressing the inspection that was performed by Travis Harmon at the RWWTP on May 15th.

I will hand deliver tomorrow morning before our meeting.

Thanks

Monty Ledbetter

Utilities Director
City of Hot Springs
(501) 651-7730



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transmitted by this email. The recipient should check this email and any attachments for the presence of viruses.

From: McCabe, Kerri <MCCABE@adeq.state.ar.us>
Sent: Wednesday, June 26, 2019 1:49 PM
To: Monty Ledbetter <MLedbetter@cityhs.net>; Harold Mauldin <HMAuldin@cityhs.net>; Gordon Yates <GYates@cityhs.net>
Cc: Harmon, Travis <HARMONT@adeq.state.ar.us>
Subject: City of Hot Springs POTW Inspections (Garland Co)

EXTERNAL SENDER. DO NOT click links, or open attachments, if sender is unknown, or the message seems suspicious in any way. DO NOT provide your user ID or password.

Please find attached the inspection reports submitted by Inspector Harmon. 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





CITY OF HOT SPRINGS

Utilities Department

780 Adams Street
Hot Springs, Arkansas 71901
Phone: (501) 651-7731 Fax: (501) 624-6528

July 8, 2019

Mr. Travis Harmon
District 5 Field Inspector
Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

**RE: City of Hot Springs POTW Inspection (Garland County)
Stormwater Inspection
AFIN: 26-00145 NPDES Permit No.: ARR000059**

Mr. Harmon,

On Wednesday, May 15, 2019, an Industrial Stormwater inspection was performed at the Regional Wastewater Treatment Plant (Permit #ARR00059). The inspection noted that the sludge loading conveyor extended beyond the containment berm. On July 2, 2019, the containment berm was extended to include the sludge loading conveyor and the zone where the truck receives the dewatered sludge, shown in photos below.

- At the time of inspection
- New Berm Extension



If you have any further questions or concerns, please contact me by phone at (501)651-7730 or by email at mledbetter@cityhs.net.

Sincerely,

Monty Ledbetter
Utilities Director

cc: Harold Mauldin, Hot Springs Wastewater Facilities Operations Manager
Bill Burrough, Hot Springs City Manager



CITY OF HOT SPRINGS

Utilities Department

780 Adams Street

Hot Springs, Arkansas 71901

Phone: (501) 651-7731 Fax: (501) 624-6528

July 8, 2019

Mr. Travis Harmon
District 5 Field Inspector
Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, Arkansas 72118-5317

**RE: City of Hot Springs POTW Inspection (Garland County)
Compliance Evaluation Inspection
AFIN: 26-00145 NPDES Permit No.: AR0033880**

Dear Mr. Harmon,

On Wednesday, May 15, 2019, a scheduled inspection was performed at the Regional Wastewater Treatment Plant. During the inspections, the following compliance issues were noted:

- Aeration Diffuser line needed repair



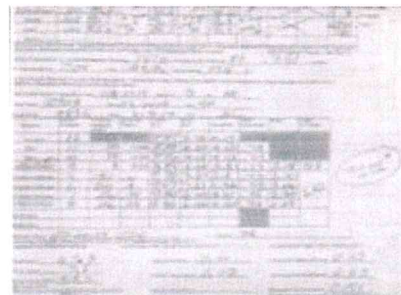
- Excessive Algae in Secondary Clarifier



- The Staff Gauge at Parshall Flume is not readable

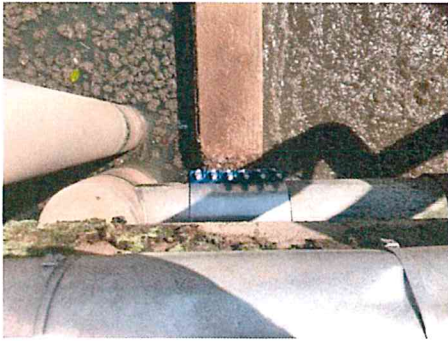


- Lab Benchsheet does not document seed and QC (GCA) analysis didn't meet 198+/- 30.5mg/l



Over the past two weeks we addressed the necessary repairs and adjustments to each item of concern as follows.

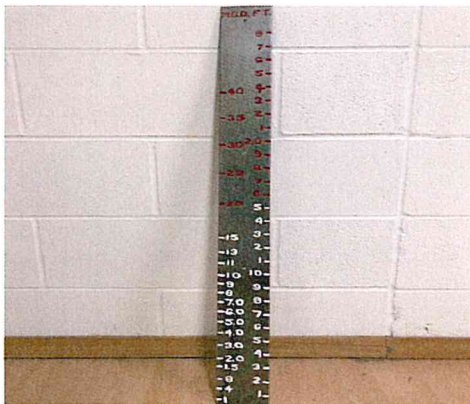
- Aeration Diffuser Repaired



- Algae in Secondary. As noted in the report, hydraulic overloads have prevented proper maintenance in the Secondary. The repairs are scheduled to continue into the week of July 8.



- Staff Gauge Cleaned/ in Effluent Flow



- Lab Benchsheet with Proper Documentation

Parameter	Unit	Value	Method	Frequency	Notes
Flow	MGD	2.15	Flow Meter	Hourly	
Flow	MGD	2.75	Flow Meter	Hourly	
Flow	MGD	3.00	Flow Meter	Hourly	
Flow	MGD	3.25	Flow Meter	Hourly	
Flow	MGD	3.50	Flow Meter	Hourly	
Flow	MGD	3.75	Flow Meter	Hourly	
Flow	MGD	4.00	Flow Meter	Hourly	
Flow	MGD	4.25	Flow Meter	Hourly	
Flow	MGD	4.50	Flow Meter	Hourly	
Flow	MGD	4.75	Flow Meter	Hourly	
Flow	MGD	5.00	Flow Meter	Hourly	
Flow	MGD	5.25	Flow Meter	Hourly	
Flow	MGD	5.50	Flow Meter	Hourly	
Flow	MGD	5.75	Flow Meter	Hourly	
Flow	MGD	6.00	Flow Meter	Hourly	
Flow	MGD	6.25	Flow Meter	Hourly	
Flow	MGD	6.50	Flow Meter	Hourly	
Flow	MGD	6.75	Flow Meter	Hourly	
Flow	MGD	7.00	Flow Meter	Hourly	
Flow	MGD	7.25	Flow Meter	Hourly	
Flow	MGD	7.50	Flow Meter	Hourly	
Flow	MGD	7.75	Flow Meter	Hourly	
Flow	MGD	8.00	Flow Meter	Hourly	
Flow	MGD	8.25	Flow Meter	Hourly	
Flow	MGD	8.50	Flow Meter	Hourly	
Flow	MGD	8.75	Flow Meter	Hourly	
Flow	MGD	9.00	Flow Meter	Hourly	
Flow	MGD	9.25	Flow Meter	Hourly	
Flow	MGD	9.50	Flow Meter	Hourly	
Flow	MGD	9.75	Flow Meter	Hourly	
Flow	MGD	10.00	Flow Meter	Hourly	



- Laboratory personnel are working to improve the QC(GGA) numbers. Since the inspection the QC has been in range consistently.

On Thursday, May 23, 2019, a scheduled inspection was performed on Hot Springs pump stations (Permit #AR0033880). During the inspections, the following violations were noted:

- One pump at the Rockefeller Pump Station would not start
- The visual alarm at the Mid-America Pump Station was not operable.

Prior to receipt of the official notice of violations in the inspection report, we made the necessary repairs and adjustments to each item of concern:

- Rockefeller Pump Station pump circuit breaker was reset
- Mid-America Pump Station visual alarm bulb replaced.

If you have any further questions or concerns, please contact me by phone at (501)651-7730 or by email at mledbetter@cityhs.net.

Sincerely,



Monty Ledbetter
Utilities Director

cc: Harold Mauldin, Wastewater Facilities Operations Manager (Regional WWTP)
Bobby Harris, Facilities Operations Manager (Lift Stations)

ADEQ

A R K A N S A S
Department of Environmental Quality

August 29, 2019

Monty Ledbetter, Utilities Director
City of Hot Springs POTW
780 Adams Street
Hot Springs, AR 71901

RE: City of Hot Springs POTW – Response to Inspections (Garland Co)
AFIN: 26-00145 **NPDES Permit No.: AR0033880**
ARR000059

Dear Mr. Ledbetter:

I have reviewed the response pertaining to my May 15, 2019 inspections of the City of Hot Springs POTW, Collection System, and Industrial Stormwater permits. 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
District 5 Field Inspector
Office of Water Quality