

ADEQ

ARKANSAS
Department of Environmental Quality

December 16, 2019

Jim Smith, Water and Sewer Superintendent
City of Cave City
P.O. Box 69
Cave City , AR 72521

RE: City of Cave City WWTP Inspection (Sharp Co)
AFIN: 68-00015 NPDES Permit No.: AR0022110

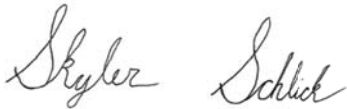
Dear Mr. Smith:

On November 6, 2019, I performed a Compliance Evaluation 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 the inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report 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 **December 30, 2019**.

If you need any assistance, please contact Kerri McCabe, Inspector Supervisor, at mccabe@adeq.state.ar.us or (501) 682-0642.

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: 68-00015	PERMIT #: AR0022110	DATE: 11/6/2019
COUNTY: 68 Sharp	PDS #: 110384	MEDIA: WN
GPS LAT: 35.937270 LONG: -91.536058 LOCATION: General Area		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Cave City WWTP LOCATION: 200 Foley Drive CITY: Cave City	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 117208 S - State <hr/> FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation <hr/> DATE(S): 11/6/2019 ENTRY TIME: 10:30 EXIT TIME: 12:30 PERMIT EFFECTIVE DATE: 3/1/2019 PERMIT EXPIRATION DATE: 2/29/2024
RESPONSIBLE OFFICIAL	
NAME / TITLE: Jim Smith / Water and Sewer Superintendent COMPANY: City of Cave City MAILING ADDRESS: P.O. Box 69 CITY, STATE, ZIP: Cave City AR 72521 PHONE & EXT. / FAX: 870-283-5563 / EMAIL: water@cavecity.us	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N <hr/> INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Jim Smith (Lic# 002527) /W&S Superintendent/ 870-283-5563/ water@cavecity.us
CONTACTED DURING INSPECTION: Yes	

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

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

1.) The following are violations of Part III, Section B, 1.A of the permit:

- Vegetation growing in the clarifier, oxidation ditch, and sand drying beds.
- Large accumulation of sludge/algae in the slack water of the oxidation ditch.
- Trash and floatables around the dumpsters.

2.) There was some residual sludge on the ground that was pumped out and the trash can was leaking residual wastewater by the clarifier. This is a violation of Part II, Condition 5 of the permit.

GENERAL COMMENTS


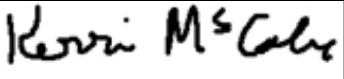
On November 6, 2019, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

Records review:

Records were reviewed from January, April, June, and October of 2018. All records were in order and well-maintained.

Site assessment:

Treatment consists of bar screen (one mechanical and one manual removal), oxidation ditch, clarifier boat, facultative lagoon, intermittent sand filter, post-aeration, and discharge to Outfall 001. There is no chlorine used in the chlorine contact chamber. The sand filters are alternated regularly and tilled prior to alternating. There were some areas where the wastewater pooled on the sand filter and the sand is not level. The discharge water from the outfall was very clear. There were some floatables observed in the oxidation ditch mainly clumped behind one of the rotors. The flow in the oxidation ditch seemed to vary depending on the location. Some areas had slack water with very little flow. Improving the uniform distribution of flow may improve the treatment process in the oxidation ditch. Every day the floatables are skimmed out of the clarifier. Once a month during the summer, the algae are cleaned out of the chlorine contact chamber. There is an aerobic digester that is used; however, wasting of activated sludge rarely occurs. Some sludge has built up in the facultative lagoon. If the sludge is ever removed from the lagoon, it must be disposed of in an approved manner.

INSPECTOR'S SIGNATURE:  Skyler Schlick	DATE: 11/20/2019
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 12/13/2019

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:	<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
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: <u>Housekeeping and general maintenance items.</u>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<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: <u>Class III and Class I</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>Have bypass at equalization pond.</u>	<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: <u>Once during 6 inch rain event</u>	<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 type="checkbox"/> N <input checked="" 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:	<input type="checkbox"/> Y <input checked="" 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: <u>Contract lab analyzes all 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 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>90deg V-notch Weir</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>AVFM 5.0 Area Velocity Flow Meter</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated March 29, 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:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
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>Contract lab analyzes all 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Dr, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, FCB, pH, DO, NH3-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: Observed at Outfall 001.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NO	NO	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: No sludge disposal.							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Part II, Condition 5 requires BMPs for stormwater protection.							
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	

DMR Calculation Check

Reporting Period: From 2018 06 01 To 2018 06 30
 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>2.8</u>	<u>5.5</u>
Calculated Value:	<u>2.8</u>	<u>5.5</u>	<u>8.0</u>
Permit Value:	<u>56.0</u>	<u>15.0</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

(8.0 mg/l + 3.0 mg/l)/2= 5.5 mg/l
For June 13: (0.063022 MGD x 8.0 mg/l x 8.34)=4.2 lbs.
For June 14: (0.055335 MGD x 3.0 mg/l x 8.34)=1.384 lbs.
5.584/2 = 2.79 lbs./day
Values are the SAME.

DMR Calculation Check

Reporting Period: From 2018 01 01 To 2018 01 31
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading	Concentration	
	Mass	Monthly	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1.42</u>	<u>2.8</u>	<u>4.1</u>
Calculated Value:	<u>1.14</u>	<u>2.85</u>	<u>4.1</u>
Permit Value:	<u>37.5</u>	<u>10.0</u>	<u>10.3</u>

If calculated value does not equal reported value, explain:

(4.1 mg/l + 1.6 mg/l)/2= 2.85 mg/l
For January 10: (0.064192 MGD x 4.1 mg/l x 8.34)= 2.19 lbs.
For January 24: (0.066710 MGD x 1.6 mg/l x 8.34)=0.89 lbs.
2.279/2 = 1.14 lbs./day
Values are the Similar.

Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1037
Description:	Bar Screen.	Photo #:	1



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1035
Description:	Floatables and solids from the dumpster.	Photo #:	2



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1043
		Photo #:	3
Description:	Oxidation ditch.		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1048
		Photo #:	4
Description:	Slow velocity in the oxidation ditch and algae/sludge build up in the edges.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1049
		Photo #:	5
Description:	Varying velocities of wastewater.		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1106
		Photo #:	6
Description:	Clarifier.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1051
		Photo #:	7
Description:	Flow from clarifier to the facultative lagoon.		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1052
		Photo #:	8
Description:	Trash container leaking and sludge from pump on the ground.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1137
		Photo #:	9
Description:	Aerobic digester		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	
		Photo #:	10
Description:	Facultative lagoon.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1114
		Photo #:	11
Description:	Pump to send wastewater from facultative lagoon to intermittent sand filters.		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1114
		Photo #:	12
Description:	Intermittent sand filters.		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1123
		Photo #:	13
Description:	Intermittent sand filter.		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1117
		Photo #:	14
Description:	Chlorine contact chamber (no chlorine used).		



Water Division Photographic Evidence Sheet

Location:	City of Cave City WWTP		
Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1117
		Photo #:	15
Description:	Post-aeration.		



Photographer:	Skyler Schlick	Date:	11/6/2019
Witness:	N/A	Time:	1118
		Photo #:	16
Description:	Outfall 001.		



Figure 1. General overview of the site with major WWTP components labeled (Google Earth: imagery date March 4, 2016).



From: [Beck, Amy](#)
To: [McConnell, Melissa](#)
Subject: FW: RE: Cave City Water & Sewer: Pictures of corrective actions
Date: Wednesday, February 19, 2020 1:50:52 PM
Attachments: [DOC021820-02182020221146.pdf](#)

Please attach to PDS 110384.

-AB

From: Cave City Water Dept. [mailto:water@cavecity.us]
Sent: Wednesday, February 19, 2020 10:21 AM
To: Beck, Amy
Subject: FW: RE: Cave City Water & Sewer: Pictures of corrective actions

Skyler,

These are the pictures Jim took after taking the appropriate corrective actions.

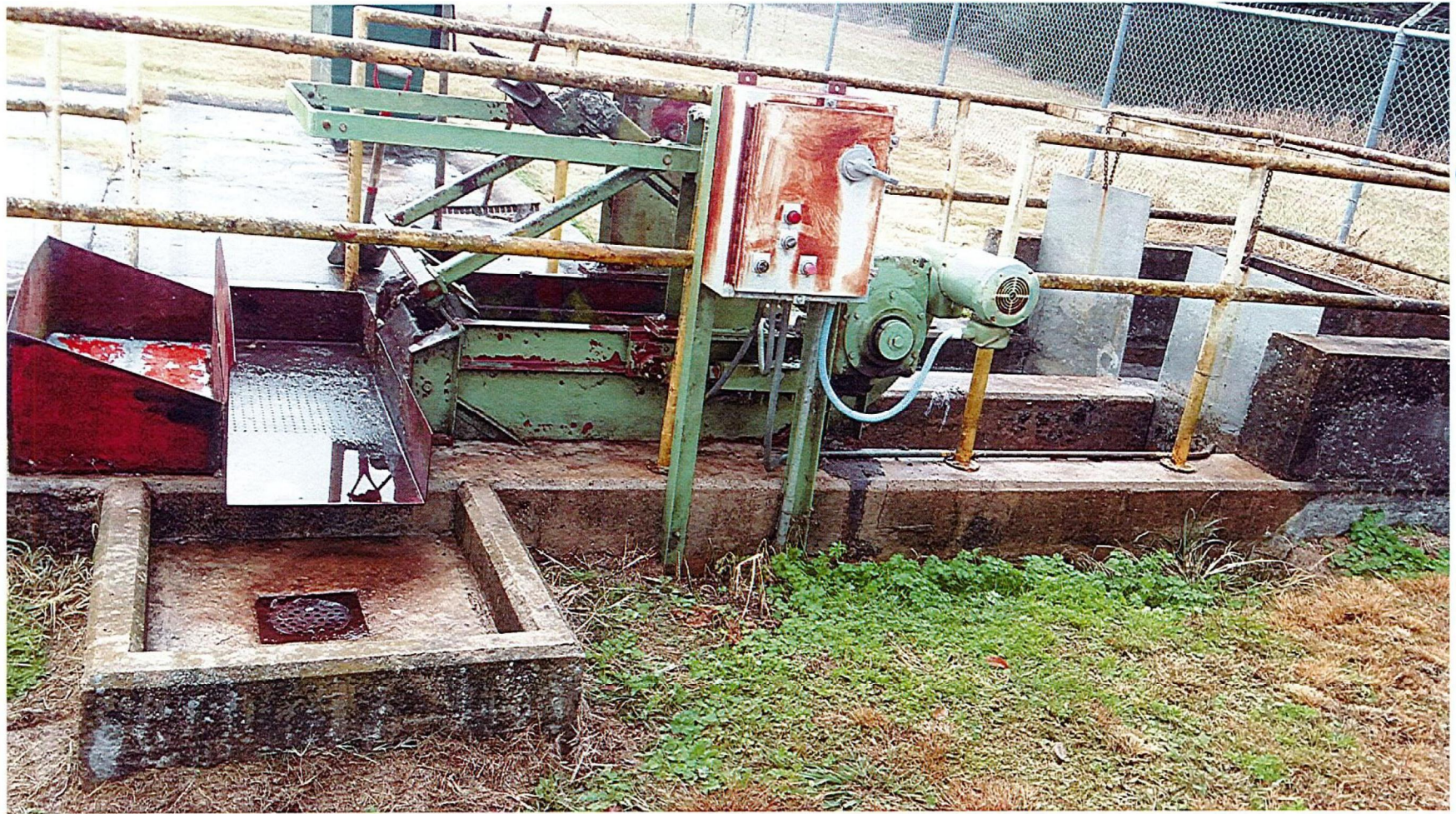
Picture #1: Bar screen clean

Picture #2: Vegetation gone

Picture #3: Dumpster clean

Picture #4: 99% grease removed

Thanks,
Kim



Picture #1

Picture # 2



Picture #3



Picture #4



ADEQ

ARKANSAS
Department of Environmental Quality

February 24, 2020

Jim Smith, Operator
City of Cave City
P.O. Box 69
Cave City, AR 72521

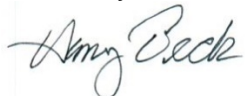
RE: City of Cave City WWTP - Response to Inspection (Sharp Co)
AFIN: 68-00015 **NPDES Permit No.: AR0022110**

Dear Mr. Smith:

I have reviewed the response pertaining to the November 6, 2019 inspection of the City of Cave City's WWTP. The information provided sufficiently addresses the violations referenced in the inspection report. At this time, the Department has no further comment concerning this particular inspection. 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 ext. 16 or you may e-mail me at beck@adeq.state.ar.us.

Sincerely,



Amy Beck
District 5 Field Inspector
Office of Water Quality