



ARKANSAS

ENERGY & ENVIRONMENT

September 21, 2021

Paige Chase, Mayor
City of Monticello
P.O. Box 505
Monticello, AR 71657

RE: City of Monticello-East Plant Inspection (Drew Co)
AFIN: 22-00379 NPDES Permit No.: AR0021831

Dear Mayor Chase:

On July 20, 2021, 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 inspection report and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **October 5, 2021**.

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

Sincerely,

A handwritten signature in cursive script that reads "Brittanie Gloyd".

Brittanie Gloyd
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 22-00379	PERMIT #: AR0021831	DATE: 7/20/2021		
	COUNTY: 22 Drew	PDS #: 117533	MEDIA: WN		
	GPS LAT: 33.662418 LONG: -91.758331 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: City of Monticello-East Plant LOCATION: 1000 Florence Road CITY: Monticello		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 129177 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 7/20/2021 ENTRY TIME: 13:00 EXIT TIME: 14:00 PERMIT EFFECTIVE DATE: 2/1/2020 PERMIT EXPIRATION DATE: 1/31/2025			
NAME: / TITLE Paige Chase / Mayor COMPANY: City of Monticello MAILING ADDRESS: P.O. Box 505 CITY, STATE, ZIP: Monticello AR 71657 PHONE & EXT: / FAX: 870-367-4400 / 870-367-4405 EMAIL: montcity@att.net		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Charlie Hammock / Assistant Public Works Superintendent Kerri McCabe / OWQ Inspector Supervisor			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	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 violation was noted at the time of inspection: 1) The facility had three aerators and one screw pump not in working order at the time of inspection. This is a violation of Part III, B.1. (Proper Operation and Maintenance) of the permit.					

GENERAL COMMENTS

On July 20, 2021, an inspection was conducted with the participants listed above. During the inspection, a site assessment and record review were conducted.

Record Review:

The facility and their operators perform pH and Dissolved Oxygen (DO) analysis. The calibration records are stored inside the dual meter, which records both pH and DO at the same time. Mr. Hammock showed me these records and they were adequate to reflect calibration. Originally, I had requested for sampling results for April 2020, which the facility informed me they did not have any flow for that month. The flow sheet was completed appropriately to show that no discharge occurred. Due to no flow in the requested month, I was unable to conduct a thorough DMR check on the facility.

Site Assessment:

The facility consists of a series of ponds. Influent comes into the facility and through a bar screen. After the bar screen, the wastewater is directed into a series of two oxidation ponds. Each oxidation pond has four aerators each, which three of them were not in operation. One is a pump problem, while two of them are simple fixes that they need to get into the pond for (one is a fuse issue and one is a timer issue). After the oxidation pond is pumped into a run of two screw pumps. One screw pump was down due to needing belts reinstalled, while the other screw pump was in operational order. The wastewater is then directed into Holding Pond #1, thence into Holding Pond #2. All pond levees were in good shape and did not show any signs of erosional issues at the time of inspection. Outfall 001 is a hydrographically controlled weir assembly and an Ultrasonic Flow Meter installed to calculate flow. There is a pump house that will pump the treated water through Outfall 001 when the receiving stream is at an acceptable percentage of flow. The facility has an ultrasonic flowmeter upstream of where Outfall 001 is located to ensure the flow and calculation of the percentage of the stream the facility would be discharging into the facility.

INSPECTOR'S SIGNATURE: <i>Brittanie Gloyd</i> Brittanie Gloyd	DATE: 8/25/2021
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe DATE: 9/20/2021

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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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:	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" 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>Y</u> TYPE OF DEVICE: <u>Hydrograph controlled weir assembly</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>Ultrasonic Flow Meter</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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <u>Outfall 001 was not discharging at the time of inspection.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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 type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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	

Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	12:56
		Photo #:	1
Description:	View of the influent basin. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	12:57
		Photo #:	2
Description:	View of the bar screen. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	12:58
		Photo #:	3
Description:	View of influent flowmeter. Please note timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	12:58
		Photo #:	4
Description:	Overview of Oxidation Pond #1. Please note timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:00
		Photo #:	5
Description:	Outlet from Oxidation Pond #1 into Oxidation Pond #2. Please note timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	12:58
		Photo #:	6
Description:	Overview of Oxidation Pond #2. Please note timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:05
		Photo #:	7
Description:	View of the screw pump. Please note timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:05
		Photo #:	8
Description:	View of water from the screw pump entering Holding Pond #1. Please note timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:05
		Photo #:	9
Description:	Overview of Holding Pond #1. Please note timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:05
		Photo #:	10
Description:	Overview of Holding Pond #1. Please note timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:11
		Photo #:	11
Description:	Overview of Holding Pond #2. Please note timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:11
		Photo #:	12
Description:	Overview of Holding Pond #2. Please note timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	12:17
		Photo #:	13
Description:	View of the pump building. Please note timestamp is one hour behind.		

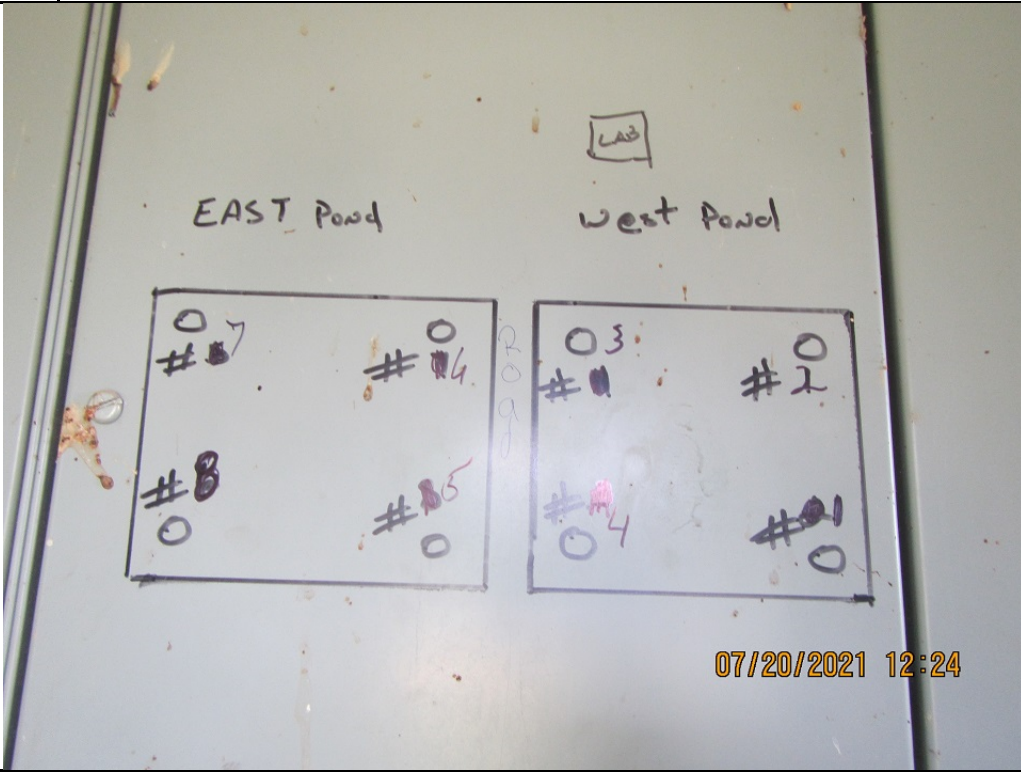


Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:17
		Photo #:	14
Description:	View of Outfall 001. Please note timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Monticello-East Plant		
Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:24
		Photo #:	15
Description:	Overview of the aerators in the oxidation ponds. Please note timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/20/2021
Witness:	Kerri McCabe	Time:	13:03
		Photo #:	16
Description:	View of the upstream flowmeter. Please note timestamp is one hour behind.		



Figure 1. Google Earth aerial imagery dated Nov 14, 2019 showing the components of the facility.



From: [Paige Chase](#)
To: [Water-Inspection-Report](#)
Subject: AFIN:22-00379 NPDES:AR0021831
Date: Monday, September 27, 2021 2:52:58 PM

Ar Department of Environmental Quality
Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118

September 27, 2021

Ms. Gloyd,

In response to our finding on our inspection of our East WWTP in Monticello, a belt had broken on the screw pump shortly before the inspection. The belt is an odd size and was not readily available, so we ordered that belt. It arrived about a week later and was immediately replaced so that pump is and has been working. I am looking for the parts tickets, but they haven't been processed yet and won't be before this response is required, October 5.

The three aerators had a cable that secures them to their location broken from regular wear and tear. Those cables wrapped around the aerators and caused them to quit working. We had already ordered the cables when the inspection took place. Those cables have been replaced and those aerators are and have been working. Again, our accounts payable is behind your deadline of October 5. I am unable to locate the receipts for parts at this early date.

Please inform me if this response is not adequate to satisfy the required response for findings. I appreciate your efforts and have a great desire to be compliant and stay in compliance with all requirements. Thank you very much for your time.

Sincerely,

Paige Chase
Mayor of Monticello
203 E. Gaines St.
Monticello, AR
71655
870-367-4400
870-723-4097



ARKANSAS

ENERGY & ENVIRONMENT

March 25, 2022

Paige Chase, Mayor
City of Monticello
PO Box 505
Monticello, AR 71657
Via email to: montcity@att.net

RE: City of Monticello-East Plant - Response to Inspection (Drew Co)
AFIN: 22-00379 **NPDES Permit No.: AR0021831**

Dear Mayor Chase:

I have reviewed the response pertaining to Inspector Gloyd's July 20, 2021 inspection of the City of Monticello-East Plant. The information provided sufficiently addresses the items referenced in her 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 I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 231-0062 or you may email me at Trey.Butler@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Trey Butler'.

Trey Butler
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118