



**DIVISION OF  
ENVIRONMENTAL  
QUALITY**

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

March 13, 2024

Honorable Hillrey Adams, Mayor  
City of Mountain Home  
720 South Hickory St.  
Mountain Home, AR 72653  
Email Address: [mayor@cityofmountainhome.com](mailto:mayor@cityofmountainhome.com)

RE: Mountain Home POTW Inspection (Baxter Co.) – PDS# 129258  
AFIN: 03-00039 Permit No.: AR0021211

Dear Mayor Adams:

On February 15, 2024, 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](mailto: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 **March 27, 2024**

If I can be of any assistance please contact me at [amy.huneycutt@adeq.state.ar.us](mailto:amy.huneycutt@adeq.state.ar.us) or (501) 837-2082.

Sincerely,

A handwritten signature in blue ink that reads "Amy Huneycutt".

Amy Huneycutt  
Inspector, Office of Water Quality

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>		
	AFIN: 03-00039		PERMIT #: AR0021211
	DATE: 2/15/2024		
	COUNTY: 03 Baxter	PDS #: 129258	MEDIA: WN
GPS LAT: 36.303350 LONG: -92.381447 LOCATION: Entrance			
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: Mountain Home POTW LOCATION: 537 Hicks Road CITY: Mountain Home		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 36537 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 2/15/2024 ENTRY TIME: 13:00 EXIT TIME: 15:10 PERMIT EFFECTIVE DATE: 3/1/2021 PERMIT EXPIRATION DATE: 2/28/2026	
<b>RESPONSIBLE OFFICIAL</b>			
NAME / TITLE: Hillrey Adams / Mayor COMPANY: City of Mountain Home MAILING ADDRESS: 720 South Hickory St. CITY, STATE, ZIP: Mountain Home AR 72653 PHONE & EXT: / FAX: 870-425-5116 / EMAIL: mayor@cityofmountainhome.com CONTACTED DURING INSPECTION: ***		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N <b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: James Hestley/Plant Supervisor, Class IV Operator (license 006007)/ph: 870-425-6510/cell:807-321-3447/jhestley@cityofmountainhome.com	
<b>AREA EVALUATIONS</b> (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	S	FLOW MEASUREMENT
M	RECORDS/REPORTS	S	LABORATORY
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
**	OTHER:	N	PRETREATMENT

**SUMMARY OF FINDINGS**

Record review reveals Dissolved Oxygen (DO) is not correctly reported on monthly Discharge Monitoring Reports (DMRs). Part I, Section A of the permit specifies the instantaneous minimum DO is to be monitored weekly. However, the average monthly DO is reported on DMR. Please report only the minimum DO value recorded for the month on DMR.

**GENERAL COMMENTS**

On February 15, 2024 I conducted an inspection of the Mountain Home POTW with Mr. James Hestley, Plant Supervisor. The inspection consisted of a facility assessment and record review.



**Facility assessment:**

The treatment system consists of screw lifts, bar screens, 2 parallel grit removal, 2 parallel anoxic basins, 2 parallel aerobic race-track, 4 final clarifiers (parallel), chlorination (gas)/dechlorination (sulfur dioxide), and oxygen rechargers. Solids from the clarifiers are returned to the racetracks as RAS or pumped to a sludge digester. The facility operates 4 aerobic sludge digesters and a screw press for dewatering. Biosolids are then disposed in the landfill. Mr. Hestley informed me the facility has plans to purchase new screw pumps and convert from chlorine disinfection to UV. All treatment components are operating and maintained. The facility has 10 licensed operators and the facility is staffed 24 hours/day.

**Record review:**

I performed a DMR violation search from January 1, 2022 – present and found no reported effluent violations for that period. I performed a detailed review of records for June 2023. Records are complete and organized. I found an issue with reporting instantaneous minimum DO, as noted above. I reviewed the 1Q2023 WET test. No issue noted.

The facility has an on-site laboratory and analyzes all effluent parameters except copper, WET and PPS. I emailed Mr. Hestley the lab document request on March 1, 2024.

INSPECTOR'S SIGNATURE:  Amy Huneycutt	DATE: 3/4/2024
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 3/6/2024

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>Inst. Min. DO only, all other data consistent.</u>	<input type="checkbox"/> Y <input checked="" 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 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE: <u>2ft Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Reviewed WET and Cu samples</u>	
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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Waypoint Analytical</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>WET testing</u>	
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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>at Outfall.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	Slight	Not persistent	No	Lt. Brown	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Processed sludge is disposed in the landfill.</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
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	

## FLOW CALCULATION SHEET

Date:	<b>2/15/2024</b>	Time:	<b>1352</b>		
Head in Inches:	<b>0.76</b>	Feet:			
Type & Size of Primary Flow Measurement Device:					
<b>2 ft. Parshall flume</b>					
Name & Model of Secondary Flow Measurement Device:				<b>ISCO Signature flow meter</b>	
Date of last Calibration of Secondary Flow Device:				<b>5/25/2023</b>	
Recorded Flow at Date & Time Listed Above:			<b>3.52 MGD</b>	(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:			<b>3.379 MGD</b>		
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u> )					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	3.52	-	3.379	X 100	
	3.379				
% Error =	0.141	X 100			
	3.379				
% Error =	0.042	X 100			
% Error =	<b>4.2</b>	%			
Comments:					

## DMR Calculation Check

Reporting Period:	From	<u>2023</u>	<u>06</u>	<u>01</u>	To	<u>2023</u>	<u>06</u>	<u>30</u>
		Year	Month	Day		Year	Month	Day

**Parameter Checked:** DO

Loading		Concentration	
Mass		Monthly	
Mo. Avg. - lbs/day		Inst. Min – mg/l	7-day Avg. – mg/l

Reported Value:	NA	7.38	
-----------------	----	------	--

Calculated Value:	NA	7.2	
-------------------	----	-----	--

Permit Value:	NA	7.0
---------------	----	-----

**If calculated value does not equal reported value, explain:**

**Bench sheets show weekly DO results are 7.4, 7.5, 7.4, and 7.2 mg/l. The facility is reporting the average of these results instead of the instantaneous minimum..**

## DMR Calculation Check

Reporting Period:	From	<u>2023</u>	<u>06</u>	<u>01</u>	To	<u>2023</u>	<u>06</u>	<u>30</u>
		Year	Month	Day		Year	Month	Day

**Parameter Checked:** CBOD

**Loading  
Mass  
Mo. Avg. - lbs/day**

<b>Concentration</b>	
<b>Monthly</b>	
<b>Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>



Reported Value:	<u>26.6</u>	<u>1.93</u>	<u>2.58</u>
-----------------	-------------	-------------	-------------

<b>Calculated Value:</b>	<b>26.6</b>	<b>1.93</b>	<b>2.58</b>
--------------------------	-------------	-------------	-------------

Permit Value:	<u>417.0</u>	<u>10</u>	<u>15</u>
---------------	--------------	-----------	-----------



**If calculated value does not equal reported value, explain:**

Office of Water Quality Photographic Evidence Sheet					
Location:	<b>Mountain Home POTW</b>				
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1325</b>
Witness:	<b>NA</b>			Photo #:	<b>1</b>
Description:	<b>Screw lifts to lift influent to the POTW.</b>				
					
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1320</b>
Witness:	<b>NA</b>			Photo #:	<b>2</b>
Description:	<b>Preliminary treatment.</b>				
					

Office of Water Quality Photographic Evidence Sheet					
Location:	<b>Mountain Home POTW</b>				
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1331</b>
Witness:	<b>NA</b>			Photo #:	<b>3</b>
Description:	<b>Anoxic basin</b>				
					
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1332</b>
Witness:	<b>NA</b>			Photo #:	<b>4</b>
Description:	<b>Aerobic race track – extended aeration activated sludge.</b>				
					

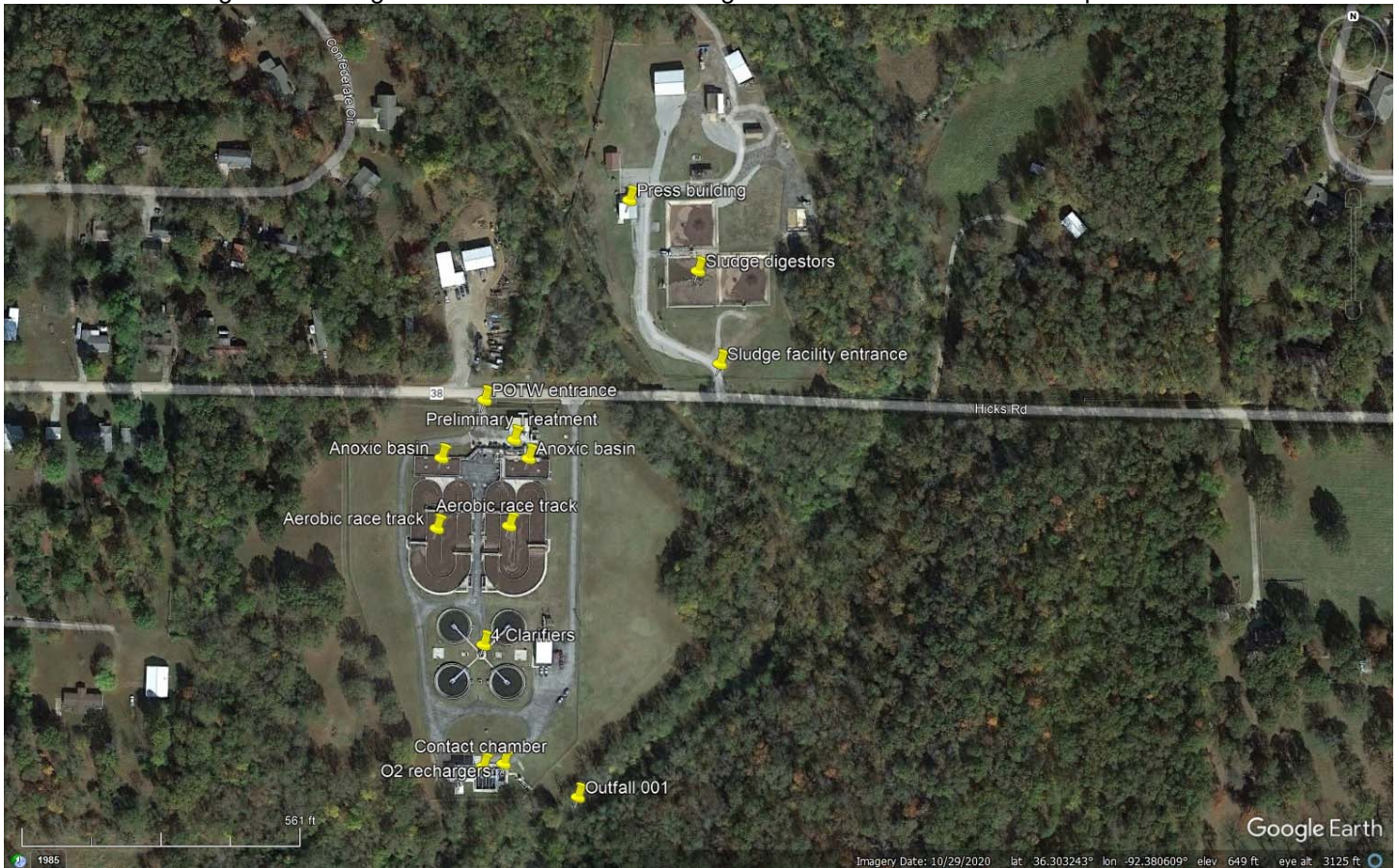
Office of Water Quality Photographic Evidence Sheet					
Location:	<b>Mountain Home POTW</b>				
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1337</b>
Witness:	<b>NA</b>			Photo #:	<b>5</b>
Description:	<b>Skimmer arm on one of the clarifiers.</b>				
 <p>02.15.2024 13:37</p>					
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1345</b>
Witness:	<b>NA</b>			Photo #:	<b>6</b>
Description:	<b>Chlorine contact basin</b>				
 <p>02.15.2024 13:45</p>					

Office of Water Quality Photographic Evidence Sheet					
Location:	<b>Mountain Home POTW</b>				
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1347</b>
Witness:	<b>NA</b>			Photo #:	<b>7</b>
Description:	<b>Oxygen rechargers</b>				
					
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1348</b>
Witness:	<b>NA</b>			Photo #:	<b>8</b>
Description:	<b>Parshall flume for measuring effluent.</b>				
					

Office of Water Quality Photographic Evidence Sheet					
Location:	<b>Mountain Home POTW</b>				
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1356</b>
Witness:	<b>NA</b>			Photo #:	<b>9</b>
Description:	<b>Outfall 001 to Hicks Creek.</b>				
					
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1410</b>
Witness:	<b>NA</b>			Photo #:	<b>10</b>
Description:	<b>Aerobic sludge digester</b>				
					

Office of Water Quality Photographic Evidence Sheet					
Location:	<b>Mountain Home POTW</b>				
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1414</b>
Witness:	<b>NA</b>			Photo #:	<b>11</b>
Description:	<b>Pressed biosolids in auger.</b>				
					
Photographer:	<b>Amy Huneycutt</b>	Date:	<b>February 15, 2024</b>	Time:	<b>1415</b>
Witness:	<b>NA</b>			Photo #:	<b>12</b>
Description:	<b>Biosolids are loaded into a roll-off for disposal at landfill.</b>				
					

Attachment 1. Google Earth image dated October 2020 showing the POTW and treatment components.



**From:** Amy Huneycutt (adpce.ad)  
**Sent:** Friday, April 5, 2024 9:33 AM  
**To:** Uniqika Marshall (adpce.ad)  
**Subject:** PDS 129258  
**Attachments:** Fw: Mountain Home WWTP DO reporting corrective action

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please attach to 129258.

**Amy Huneycutt** | Inspector Supervisor  
**Energy & Environment** | **Office of Water Quality**  
5301 Northshore Drive | North Little Rock, AR 72118  
t: 501 837 2082 | e: [amy.huneycutt@adeq.state.ar.us](mailto:amy.huneycutt@adeq.state.ar.us)



**ARKANSAS**  
ENERGY & ENVIRONMENT

FEBRUARY 2024  
D.O.

DATE

MG/L

2-7-24

10.10<sub>mg/L</sub>

2-14-24

10.10<sub>mg/L</sub>

2-21-24

9.90<sub>mg/L</sub>

2-28-24

9.40<sub>mg/L</sub>

INST. MIN. <sub>mg/L</sub>: 9.40<sub>mg/L</sub>

Permit ID:

Facility:

### Report Dates & Status

Status: **NetDMR Validated**

First Name: Terry

No Data Indicator (NODI)

Form NODI:

Parameter		NODI	Quantity or Loading		Quality or Concentration					Units	# of Ex.	Freq. of Analysis	Smpl. Type	
Code	Name		Value 1	Value 2	Units	Value 1	Value 2	Value 3						
00300	Oxygen, dissolved [DO]	Smpl.				= < 9.4			mg/L	<	0	01/07	<	GR <
1 - Effluent Gross						>= 7.0 Instantaneous Minimum			Milligrams per Liter			Weekly		GRAB
Season: 0		Req.												
NODI:		<				<								
00400	pH	Smpl.				= < 7.19		= < 7.26	SU	<	0	01/07	<	GR <
1 - Effluent Gross														
Season: 0		Req.				>= 6.0 Minimum		<= 9.0 Maximum	Standard Units			Weekly		GRAB
NODI:		<				<		<						
00530	Solids, total suspended	Smpl.	= < 245.78		lb/d		= < 8.73	= < 14.2	mg/L	<	0	01/07	<	CP <
1 - Effluent Gross														
Season: 0		Req.	<= 625.5 Monthly Average		Pounds per Day		<= 15.0 Monthly Average	<= 22.5 7 Day Average	Milligrams per Liter			Weekly		COMPOS
NODI:		<					<	<						
00610	Nitrogen, ammonia total [as N]	Smpl.	= < 1.23		lb/d		= < 0.06	= < 0.06	mg/L	<	0	01/07	<	CP <
1 - Effluent Gross														
Season: 1		Req.	<= 83.4 Monthly Average		Pounds per Day		<= 2.0 Monthly Average	<= 3.0 7 Day Average	Milligrams per Liter			Weekly		COMPOS
NODI:		<					<	<						

**From:** James Hestley <jhestley@cityofmountainhome.com>  
**Sent:** Friday, April 5, 2024 9:16 AM  
**To:** Amy Huneycutt (adpce.ad)  
**Cc:** Terry Sanders  
**Subject:** Fw: Mountain Home WWTP DO reporting corrective action  
**Attachments:** Response Letter.pdf; 20240321\_095732.jpg; 20240321\_100005.jpg

---

**From:** James Hestley  
**Sent:** Thursday, March 21, 2024 10:10 AM  
**To:** Water-Inspection-Report@adeq.state.ar.us <Water-Inspection-Report@adeq.state.ar.us>  
**Subject:** Mountain Home WWTP DO reporting corrective action

**CITY OF MOUNTAIN HOME**  
**WATER AND SEWER DEPARTMENT**  
752 North College  
Phone (870) 425-6510 Fax (870) 425-0190

---

To: Office of Water Quality Compliance Branch

From: Terry Sanders

Date: March 21<sup>st</sup>, 2024

The corrective action plan moving forward is to report the instantaneous minimum DO mg/l as seen in the attached two documents. If you have any questions, feel free to contact me.

Terry Sanders  
WWTP & WTP Assistant Director  
870-425-6510  
870-321-3246



## DIVISION OF ENVIRONMENTAL QUALITY

Sarah Huckabee Sanders  
GOVERNOR

Shane E. Khoury  
SECRETARY

April 5, 2024

Honorable Hillrey Adams, Mayor  
City of Mountain Home  
720 South Hickory St.  
Mountain Home, AR 72653  
Email Address: [mayor@cityofmountainhome.com](mailto:mayor@cityofmountainhome.com)

RE: Adequate Response to Mountain Home POTW Inspection - PDS # 129258 (Baxter Co.)  
AFIN: 03-00039 Permit No.: AR0021211

Dear Mayor Adams:

I have reviewed the response pertaining to my inspection of the City's POTW. The information provided sufficiently addresses the items referenced in my inspection report. At this time, the Division has no further comment concerning this inspection. Acceptance of this response by the Division 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) 837-2082 or you may email me at [amy.huneycutt@adeq.state.ar.us](mailto:amy.huneycutt@adeq.state.ar.us).

Sincerely,

A handwritten signature in blue ink that reads 'Amy Huneycutt'.

Amy Huneycutt  
Inspector, Office of Water Quality

CC: [jhestley@cityofmoutainhome.com](mailto:jhestley@cityofmoutainhome.com)