



**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

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. 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 or (501) 837-2082.

Sincerely,

A handwritten signature in cursive script that reads 'Amy Huneycutt'.

Amy Huneycutt
Inspector, Office of Water Quality

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	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			

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Mountain Home POTW LOCATION: 537 Hicks Road CITY: Mountain Home	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 36537 S - State <hr/> FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation <hr/> 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
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
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	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: ***	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

AREA EVALUATIONS			
(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
<p>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.</p>

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

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: <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
SECTION C: OPERATIONS AND MAINTENANCE	
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

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input 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
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>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 ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input 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

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>at Outfall.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	Slight	Not persistent	No	Lt. Brown	--
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: Processed sludge is disposed in the landfill.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
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: **2/15/2024** Time: **1352**

Head in Inches: **0.76** Feet:

Type & Size of Primary Flow Measurement Device:
2 ft. Parshall flume

Name & Model of Secondary Flow Measurement Device: **ISCO Signature flow meter**

Date of last Calibration of Secondary Flow Device: **5/25/2023**

Recorded Flow at Date & Time Listed Above: **3.52 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.379 MGD**

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

% 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	
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% Error =	4.2	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2023 06 01 To 2023 06 30
 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 2023 06 01 To 2023 06 30
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>26.6</u>	<u>1.93</u>	<u>2.58</u>
Calculated Value:	<u>26.6</u>	<u>1.93</u>	<u>2.58</u>
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:	Mountain Home POTW		
Photographer:	Amy Huneycutt	Date:	February 15, 2024
Time:	1325	Witness:	NA
Photo #:	1	Description:	Screw lifts to lift influent to the POTW.



Photographer:	Amy Huneycutt	Date:	February 15, 2024
Time:	1320	Witness:	NA
Photo #:	2	Description:	Preliminary treatment.



Office of Water Quality Photographic Evidence Sheet

Location:	Mountain Home POTW		
Photographer:	Amy Huneycutt	Date:	February 15, 2024
Time:	1331	Witness:	NA
Photo #:	3	Description:	Anoxic basin



Photographer:	Amy Huneycutt	Date:	February 15, 2024
Time:	1332	Witness:	NA
Photo #:	4	Description:	Aerobic race track – extended aeration activated sludge.



Office of Water Quality Photographic Evidence Sheet

Location:	Mountain Home POTW				
Photographer:	Amy Huneycutt	Date:	February 15, 2024	Time:	1337
Witness:	NA			Photo #:	5
Description:	Skimmer arm on one of the clarifiers.				



Photographer:	Amy Huneycutt	Date:	February 15, 2024	Time:	1345
Witness:	NA			Photo #:	6
Description:	Chlorine contact basin				



Office of Water Quality Photographic Evidence Sheet

Location:	Mountain Home POTW		
Photographer:	Amy Huneycutt	Date:	February 15, 2024
Time:	1347	Witness:	NA
Photo #:	7	Description:	Oxygen rechargers



Photographer:	Amy Huneycutt	Date:	February 15, 2024
Time:	1348	Witness:	NA
Photo #:	8	Description:	Parshall flume for measuring effluent.



Office of Water Quality Photographic Evidence Sheet

Location:	Mountain Home POTW			
Photographer:	Amy Huneycutt	Date:	February 15, 2024	
Witness:	NA	Time:	1356	
Description:	Outfall 001 to Hicks Creek.		Photo #:	9



Photographer:	Amy Huneycutt	Date:	February 15, 2024	
Witness:	NA	Time:	1410	
Description:	Aerobic sludge digester		Photo #:	10



Office of Water Quality Photographic Evidence Sheet

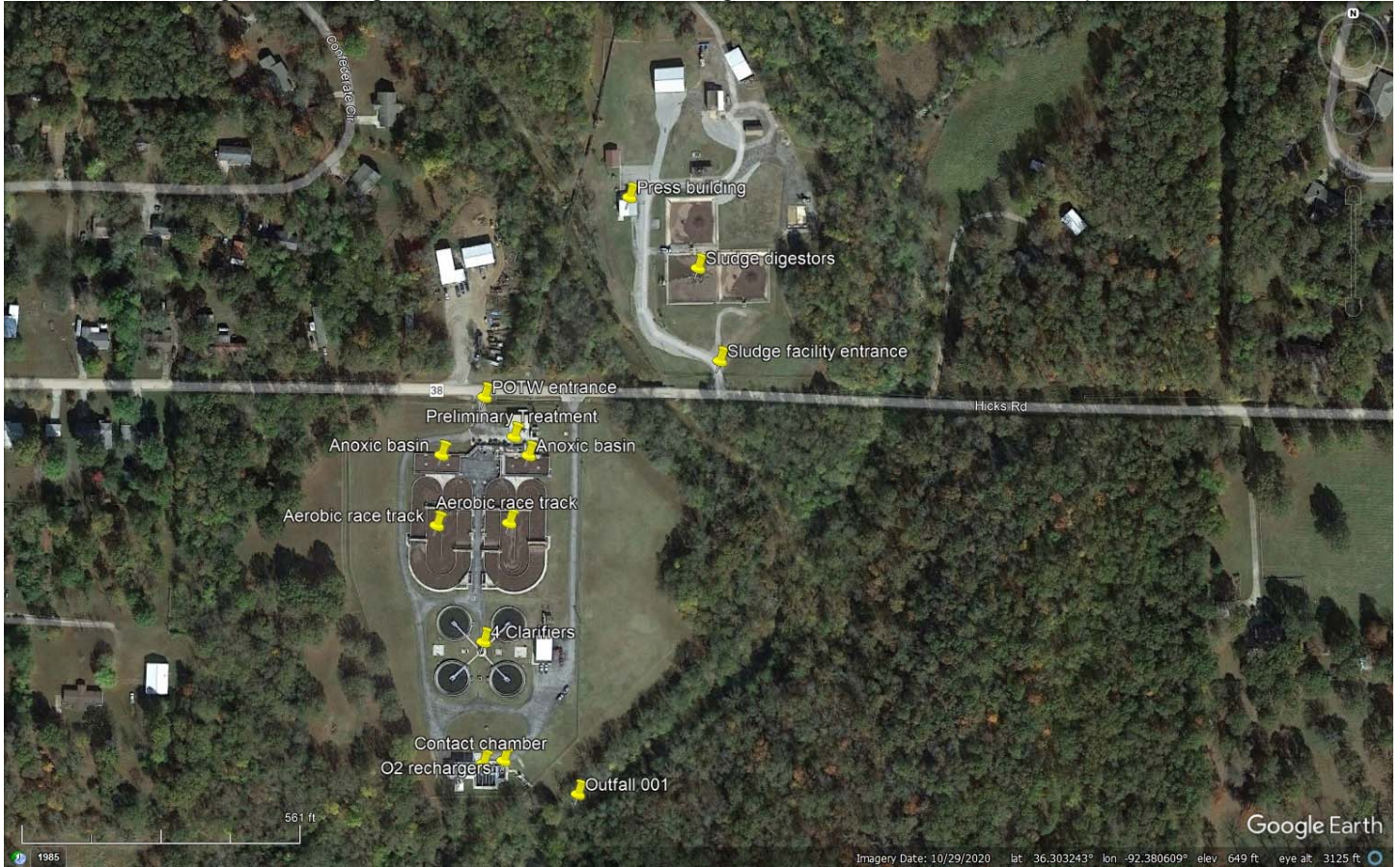
Location:	Mountain Home POTW		
Photographer:	Amy Huneycutt	Date:	February 15, 2024
Witness:	NA	Time:	1414
Description:	Pressed biosolids in auger.		



Photographer:	Amy Huneycutt	Date:	February 15, 2024
Witness:	NA	Time:	1415
Description:	Biosolids are loaded into a roll-off for disposal at landfill.		



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



Jason Bolenbaugh (adpce.ad)

From: James Hestley <jhestley@cityofmountainhome.com>
Sent: Thursday, March 21, 2024 10:11 AM
To: Water-Inspection-Report
Subject: Mountain Home WWTP DO reporting corrective action
Attachments: Response Letter.pdf; 20240321_095732.jpg; 20240321_100005.jpg

**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 21st, 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

FEBRUARY 2024
D.O.

DATE

MG/L

2-7-24

10.10 mg/L

2-14-24

10.10 mg/L

2-21-24

9.90 mg/L

2-28-24

9.40 mg/L

INST. MIN. mg/L : 9.40 mg/L



**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

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.

Sincerely,

A handwritten signature in cursive script that reads "Amy Huneycutt".

Amy Huneycutt
Inspector, Office of Water Quality

CC: jhestley@cityofmoutainhome.com