

ADEQ

ARKANSAS
Department of Environmental Quality

March 5, 2009

Thea Hughes
Jacksonville Wastewater Utility
248 Cloverdale Road
Jacksonville, AR 72076

AFIN: 60-00543 NPDES Permit No.: AR0041335

Dear Ms. Hughes:

On February 24, 2009, Dennis Benson and I performed a compliance sampling inspection and an SSO inspection of the waste water treatment 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. This inspection revealed that you were in compliance with the terms of your permit.

If I can be any assistance, please contact me at glenn@adeq.state.ar.us or 501-682-0658.

Sincerely,



Jill Glenn
District 9 Field Inspector
Water Division

cc: Water Division Enforcement Branch
 Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | |
|-----------------------------|----------------------------|-----------|--------------|-----------|-----------|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
| 1 N 2 5 3 A R 0 0 4 1 3 3 5 | 11 12 0 9 0 2 2 4 | 17 | 18 S | 19 S | 20 1 |
| Remarks | | | | | |
| | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | |
| 67 69 | 70 4 | 71 N | 72 N | 73 74 75 | 80 |

Section B: Facility Data

| | | |
|---|--|---|
| Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Jacksonville Wastewater Utility – J. Albert Johnson Plant - 248 Cloverdale Road Jacksonville, AR | Entry Time/Date 0945 on 2/24/09 0915 on 2/25/09 | Permit Effective Date 11/01/07 |
| | Exit Time/Date 1440 on 2/24/09 1000 on 2/25/09 | Permit Expiration Date 10/31/12 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Sam Zehtaban – Operations Manager / 501-982-0581 | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Thea Hughes – General Manager / 501-982-0581 Jacksonville Wastewater Utility 248 Cloverdale Road Jacksonville, AR 72076 | Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

| | | | | | | | |
|---|---------------------------|---|-------------------------|---|--------------------------|---|----------------------|
| S | Permit | S | Flow Measurement | S | Operations & Maintenance | S | Sampling |
| S | Records/Reports | S | Self-Monitoring Program | S | Sludge Handling/Disposal | N | Pollution Prevention |
| S | Facility Site Review | N | Compliance Schedules | N | Pretreatment | N | Multimedia |
| S | Effluent/Receiving Waters | S | Laboratory | S | Storm Water | N | Other: |

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Facility was in compliance with the terms of permit at the time of the inspection.

| | | |
|--|---|------------------------|
| Name(s) and Signature(s) of Inspector(s) Jill Glenn, <i>Jill Glenn</i> | Agency/Office/Telephone/Fax ADEQ/ North Little Rock/ 501-682-0658/ 501 682-0910 (Fax) | Date 2/24/09 |
| Dennis Benson | ADEQ/ North Little Rock/ 501-683-0827/ 501 682-0910 (Fax) | 2/24/09 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

| SECTION A: PERMIT VERIFICATION | |
|---|---|
| PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SECTION B: RECORDKEEPING AND REPORTING EVALUATION | |
| RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SECTION C: OPERATIONS AND MAINTENANCE | |
| TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED | <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>3' 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: <u>Last calibration 5/19/08</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION: | <input 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: | |
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: | <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>American Interplex</u> | |
| b. LAB ADDRESS: <u>8600 Kanis Road, Little Rock, AR 72204</u> | |
| c. PARAMETERS PERFORMED: <u>Priority pollutants, quarterly metals, and pretreatment program samples</u> | |
| 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
| 001 | None | None | None | None | None | Clear | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| SECTION H: SLUDGE DISPOSAL | |
|---|---|
| SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: <u>Two Pines Landfill</u> | |
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: <u>Results within permit requirements</u> | |
| 1. SAMPLES OBTAINED THIS INSPECTION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:___ <input checked="" type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY: <u>850 mL of sample every 40,000 gallons</u> | |
| 3. SAMPLES PRESERVED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>No exposure certificate</u> | |
| 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 |

FLOW CALCULATION SHEET

Date: 2/24/09 Time: 1035Head in Inches: _____ Feet: 0.86Type & Size of Primary Flow Measurement Device:
3' Parshall FlumeName & Model of Secondary Flow Measurement Device:
Milltronic Hydroranger PlusRecorded Flow at Date & Time Listed Above: 5.73 (Facility Flow Meter)Calculated Flow at Date & Time Listed Above: 6.124
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{5.73 - 6.124}{6.124} \times 100$$

$$\% \text{ Error} = \frac{-0.394}{6.124} \times 100$$

$$\% \text{ Error} = \frac{-0.0643}{6.124} \times 100$$

$$\% \text{ Error} = \frac{-6.43}{100} \%$$

Comments: **Within 10%**

**NPDES Compliance Inspection Report
Further Explanation**

Date: 2/25/09
Time: 0928
Flow: 5.582 MGD

Grab sample

Temp.: 13.8 °C Dup: 13.8 °C
pH: 6.76 SU Dup: 6.78 SU
DO: 9.57 mg/L Dup: 9.58 mg/L
TRC: 0.02 mg/L Dup: 0.03 mg/L

Permit Limits

6.0 - 9.0 SU
Min. 6.0 Mo. Avg.
< 0.10 mg/L

Composite sample

Started at 0800 2/24/09 850 mL sample collected every 40,000 gallons
Ended at 0800 2/25/09

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-0523

Sample ID: City of Jacksonville - AR0041335
Sample C

Sample Collect Date: 2/25/2009
Report Date: 3/5/2009

| <u>Test Group</u> | <u>Test</u> | <u>Result</u> | <u>Units</u> | <u>Analysis Date</u> | <u>MDL</u> | <u>RDL</u> |
|-------------------|------------------------|---------------|--------------|----------------------|------------|------------|
| CBOD5 | 5-day Carbonaceous BOD | 0.58 | mg/L | 2/25/2009 | 0.2 | 0.20 |
| FC-MF | Fecal coliform | ~25 | cfu/100 ml | 2/25/2009 | 1 | 1 |
| FIELD | Dissolved oxygen | 9.57 | mg/L | 2/25/2009 | | |
| | Field pH | 6.76 | SU | 2/25/2009 | | |
| NH3-N-ISE | Ammonia as nitrogen | < 0.15 | mg/L | 2/25/2009 | 0.15 | 0.15 |
| TSS/TDS | Total suspended solids | < 1.0 | mg/L | 2/25/2009 | 1 | 1.0 |

Loading calculations

CBOD: 27.001 lbs/day
TSS: 46.554 lbs/day
NH3-N: 6.983 lbs/day

Permit limits

CBOD: **1027 lbs/day Mo. Avg., 10 mg/L Mo. Avg., 15 mg/L 7 Da. Avg.**
TSS: **1540 lbs/day Mo. Avg., 15 mg/L Mo. Avg., 22.5 mg/L 7 Da. Avg.**
NH3-N: **411 lbs/day Mo. Avg., 4 mg/L Mo. Avg., 6 mg/L 7 Da. Avg.**
Fecal: **2000 #/100mL**