

ADEQ

ARKANSAS
Department of Environmental Quality

December 22, 2009

Rene Langston
City of Springdale
P.O. Box 769
Springdale, Arkansas 72765

RE: NPDES Permit Compliance Evaluation Inspection

AFIN: 72-00003

NPDES Permit No.: AR0022063

Dear Mr. Langston:

On December 17, 2009, I performed a routine compliance inspection of the Springdale wastewater 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 the facility is operated in compliance with the conditions of the permit.

If I can be of any assistance, please contact me at 479-267-0811, ext. 16.

Sincerely,



John Fazio
District 1 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

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 2 2 0 6 3 11 12 0 9 1 2 1 7 17 18 C 19 S 20 1					
Remarks					
A F I N 7 2 - 0 0 0 0 3					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70 5	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) City of Springdale POTW 2910 Silent Grove Rd. Springdale, Arkansas	Entry Time/Date 1025 / 12-17-09	Permit Effective Date April 1, 2004
	Exit Time/Date 1615 / 12-17-09	Permit Expiration Date March 31, 2009 (new permit issuance pending)
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Harold Hull, Superintendent, 479-756-3657 Jennifer Enos, Pretreatment Manager, 479-756-3657; Loren Sharp, Operator	Other Facility Data Outfall 001 36 12' 49", -94 09' 48"	
Name, Address of Responsible Official/Title/Phone and Fax Number Rene Langston, Executive Director, 479-751-5751 City of Springdale P.O. Box 769 Springdale, Arkansas 72765	Contacted Yes <input type="checkbox"/> No <input checked="" 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	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water		Other:

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

The permit has expired. Issuance of the new permit is pending.

Discharge Monitoring Reports and effluent parameter calculation spreadsheets were reviewed for the months of August, September and October of 2009. There were no permit effluent excursions during these months, and 30-day average percent removal for CBOD5 and TSS was ~100% each month.

Although the permit requires total phosphorus effluent analysis twice/month, effluent samples are analyzed for this parameter daily. Total phosphorus concentration in each daily composite sample was <1.00 mg/L. The monthly concentration average ranged from 0.36 mg/L to 0.57 mg/L.

A problem previously noted with the sand filters was attributable to a design flaw. This issue has been corrected, and the sand filters appeared to be operating properly at the time of the inspection.

Name(s) and Signature(s) of Inspector(s) John Fazio	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811, ext. 16; 479-267-0819 (fax)	Date 12/22/09
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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

S M U NA 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 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 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

S M U NA 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: <u>collection system only.</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input 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

S M U NA 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, RESULTS ARE 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

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>36" 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 calibrated 2/04/09</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: <u>weekly</u>	<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

S M U NA 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 \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>American Interplex</u> <u>Huther & Associates, Inc</u> <u>Mercury 1 Limited</u>	
b. LAB ADDRESS: <u>8600 Kanis Rd., Little Rock, AR 72204</u> <u>1156 N. Bonnie Brae, Denton, TX 76201</u> <u>2241 Pinnacle Pkwy, Suite B, Twinsburg, OH 49087</u>	
c. PARAMETERS PERFORMED: <u>Table II Organics, Table III Metals</u> <u>Biomonitoring</u> <u>Table III Mercury</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 S M U NA NE

DETAILS: no observed detrimental effects caused by POTW discharge.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	none	none	very light green	some algae growth

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Sludge is land filled at Tontitown.

- 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
- 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA 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 S M U NA NE

DETAILS:

- 1. SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
- 2. TYPE OF SAMPLE: GRAB:__ COMPOSITE:__ METHOD:__ FREQUENCY:
- 3. SAMPLES PRESERVED: Y N NA NE
- 4. FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
- 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
- 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
- 7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
- 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
- 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- 1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: Y N NA NE
- 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
- 3. POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
- 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
- 5. LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
- 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
- 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
- 8. LIST OF STRUCTURAL BMPS: Y N NA NE
- 9. LIST OF NON-STRUCTURAL BMPS: Y N NA NE
- 10. BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
- 11. INSPECTIONS CONDUCTED AS REQUIRED: Y N NA NE

FLOW CALCULATION SHEET

Date:	12/17/09	Time:	11:10
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Head in Inches:	N/A	Feet:	1.48
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Type & Size of Primary Flow Measurement Device: **36" Parshall Flume**

Name & Model of Secondary Flow Measurement Device:	Ultrasonic Flow Meter, Model 872 FM
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Date of last Calibration of Secondary Flow Device: **2/04/09**

Recorded Flow at Date & Time Listed Above:	13.95 MGD	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	14.33 MGD	
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(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 =	13.95	-	14.33	X 100	
	14.33				

% Error =	-0.38	X 100	
	14.33		

% Error =	-0.027	X 100	
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% Error =	-2.7	%	
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Comments:	<u>Devices are within the acceptable range.</u>
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DMR Calculation Check

Reporting Period: From 09 08 01 To 09 08 31
Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>2</u>	<u>7</u>
Calculated Value:	<u>N/A</u>	<u>2</u>	<u>7</u>
Permit Value:	<u>N/A</u>	<u>200</u>	<u>400</u>

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

