

ADEQ

ARKANSAS
Department of Environmental Quality

March 22, 2018

John Richardson, Utilities Manager
Southside PWA WWTP
1401 Batesville Blvd.
Batesville, AR 72501

RE: Southside PWA WWTP Inspections (Independence Co)
AFIN: 32-00515 **NPDES Permit No.: AR0050784**

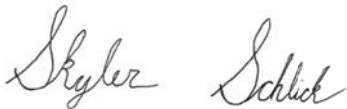
Dear Mr. Richardson:

On February 15, 2018, I performed a Compliance Evaluation Inspection and an SSO/Collection System 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. Copies of the inspection reports are enclosed for your records.


Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted. This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e., photos) is due by **April 5, 2018**.

If I can be of any assistance, please contact me at schlicks@adeq.state.ar.us or (870) 424-3322 ext. 2.

Sincerely,



Skyler Schlick
District 2 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality	WATER DIVISION INSPECTION REPORT				
	AFIN: 32-00515	PERMIT #: AR0050784	DATE: 2/15/2018		
	COUNTY: 33 Izard	PDS #: 102031	MEDIA: WN		
	GPS LAT:	LONG:	LOCATION: General Area		
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Southside PWA WWTP LOCATION: 115 King George St CITY: Batesville		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 117208 S - State FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 2/15/2018 ENTRY TIME: 09:20 EXIT TIME: 12:00 PERMIT EFFECTIVE DATE: 3/1/2013 PERMIT EXPIRATION DATE: 2/28/2018			
NAME / TITLE: John Richardson / Utilities Manager COMPANY: Southside PWA WWTP MAILING ADDRESS: 1401 Batesville Blvd. CITY, STATE, ZIP: Batesville AR 72501 PHONE & EXT. / FAX: 870-251-2508 / EMAIL: southsidewastewater@gmail.com		INSPECTION PARTICIPANTS			
CONTACTED DURING INSPECTION: No		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Jared Richardson (Lic# 009798)/Operator/ 870-251-2508 Josh Williams (Lic# 012742) / Operator Kerri McCabe/ ADEQ Inspector Supervisor			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER
S	RECORDS/REPORTS	M	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
The following violation was noted during the inspection: 1.) The following information is not being recorded or performed by the in-house lab and is a violation of Part III, Section C, 3. <ul style="list-style-type: none"> • The pH and DO meter are not being calibrated prior to every use. • The pH and DO meter calibration records do not have all the required information to demonstrate calibration. 					

GENERAL COMMENTS

On February 15, 2018, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

Records review:

Records are well-organized by the operator. Only minor items need to be updated for the calibration records and procedures.

Site assessment:

Treatment consists of grit removal, pH adjustment (NaOH added), bar screen, aeration basins (2) ran in series (optional to run in parallel), secondary clarifier (13' deep), UV disinfection, primary/secondary flow measuring devices, post-aeration, and discharge to Outfall 001. Wasted Activated Sludge (WAS) is sent to a digester with approximately 4,600 gallons pumped out weekly and land applied by Denali Water Solutions, LLC under State No-Discharge permit 4605-WR-6 (since September 2017). Sludge is returned constantly in the system. Overall, the plant is well-maintained, clean, and organized with nothing of concern noted during the inspection.

INSPECTOR'S SIGNATURE: <i>Skyler Schlick</i> Skyler Schlick	DATE: 3/13/2018
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe DATE: 3/21/2018

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: <u>All parameters are sampled/analyzed by in-house laboratory.</u>	
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: <u>Calibration of the DO and pH meters should be conducted prior to every use.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Extended aeration activated sludge package plant; ran like traditional activated sludge plant.</u>	
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: <u>Onsite generator</u>	<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: <u>Three (3) Class III; three (3) Class I</u>	<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: <u>All parameters are sampled/analyzed by in-house laboratory.</u>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>Yes</u> 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: <u>GLI International Model 55 (totalizer)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated Feb 8, 2018</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>All parameters are sampled/analyzed by in-house laboratory.</u>	
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: <u>The calibration sheets for DO and pH did not have all required information. Additionally, meters should be calibrated prior to each use.</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input 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	NO	NO	NO	NO	NO	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>WAS is land applied under Denali Water Solutions permit 4605-WR-6. Since September 2017, approximately 4600 gallons are hauled weekly.</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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>N/A</u>							
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>BMPs for stormwater protection required per Part II, Condition #6 of permit; no issues noted during inspection.</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: **Feb 15, 2018** Time: **1013**

Head in Inches: Feet: **0.40**

Type & Size of Primary Flow Measurement Device: **3" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **GLI International Model 55 (totalizer)**

Date of last Calibration of Secondary Flow Device: **Feb 8, 2018**

Recorded Flow at Date & Time Listed Above: **105 gpm** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **107.9 gpm**

(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 =	105	-	107.9	X 100	
	107.9				

% Error =	-2.9	X 100	
	107.9		

% Error =	-0.0269	X 100	
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% Error =	-2.69	%	
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Comments: **Within +/- 10% range; totalizer is reporting under.**

DMR Calculation Check

Reporting Period: From 2017 07 01 To 2017 07 31
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration (mg/l) Mo. Avg. - mg/l	7-day Avg. - mg/l
	Reported Value:	<u>0.1</u>	<u>0.1</u>
Calculated Value:	<u>0.06</u>	<u>0.05</u>	<u>0.05</u>
Permit Value:	<u>8.1</u>	<u>3.9</u>	<u>3.9</u>

If calculated value does not equal reported value, explain:

$(0.05 \text{ mg/l} \times 0.141 \text{ MGD} \times 8.34) = 0.0588 \text{ lbs/day}$

$(0.05 \text{ mg/l} \times 0.146 \text{ MGD} \times 8.34) = 0.0609 \text{ lbs/day}$

$(0.0588 + 0.0609)/2 = 0.0599 \text{ lbs/day}$

Results are similar (rounding differences); used daily flow provided by operator.

DMR Calculation Check

Reporting Period: From 2017 01 01 To 2017 01 31
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration (mg/l) Mo. Avg. - mg/l	7-day Avg. - mg/l
	Reported Value:	<u>1.5</u>	<u>1.4</u>
Calculated Value:	<u>1.49</u>	<u>1.36</u>	<u>1.42</u>
Permit Value:	<u>16.7</u>	<u>8.0</u>	<u>12.0</u>

If calculated value does not equal reported value, explain:

$(1.42 \text{ mg/l} \times 0.134 \text{ MGD} \times 8.34) = 1.59 \text{ lbs/day}$

$(1.30 \text{ mg/l} \times 0.128 \text{ MGD} \times 8.34) = 1.39 \text{ lbs/day}$

$(1.59 + 1.39) / 2 = 1.49 \text{ lbs/day}$

Results are similar (rounding differences); used daily flow provided by operator.

Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP		
Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0948
Description:	Cyclone grit removal.	Photo #:	1



02.15.2018 09:48

Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0930
Description:	Influent and barscreen.	Photo #:	2



02.15.2018 09:30

Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP		
Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0934
		Photo #:	3
Description:	Pipe going to Aeration Basin #1.		



Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0934
		Photo #:	4
Description:	Aeration Basin #1.		



Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP		
Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0936
		Photo #:	5
Description:	Divider between Aeration Basin 1 and Aeration Basin 2.		



Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0937
		Photo #:	6
Description:	Secondary Clarifier		



Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP		
Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0942
		Photo #:	7
Description:	Skimmer arm and weir at secondary clarifier.		



Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0940
		Photo #:	8
Description:	Sludge Digester		



Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP		
Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0952
		Photo #:	9
Description:	Wasted Active Sludge (WAS) hook-up for hauler.		



Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	0959
		Photo #:	10
Description:	UV disinfection		



Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP		
Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	1001
		Photo #:	11
Description:	Weir after UV disinfection.		



Photographer:	Skyler Schlick	Date:	2/15/18
Witness:	Kerri McCabe	Time:	1008
		Photo #:	12
Description:	Post-aeration		



Water Division Photographic Evidence Sheet

Location:	Southside PWA WWTP				
Photographer:	Skyler Schlick	Date:	2/15/18	Time:	1013
Witness:	Kerri McCabe	Photo #:	13		
Description:	Outfall 001.				



Figure 1. General overview of the site with major components labeled (Google Earth: imagery date March 21, 2016).



From: [Southside Public Wastewater Authority](#)
To: [Water-Inspection-Report](#)
Subject: written response to violations noted in inspection
Date: Tuesday, March 27, 2018 9:50:17 AM
Attachments: [probe calibration form.pdf](#)

March 27,2018

To Whom it may concern

The Southside Public Water Authority wastewater plant was inspected on 2/15/2018. There were two violations noted. The violations are of PartIII, Section C,3, of our NPDES Permit No. AR0050784.

Our corrective action consisted of constructing a work bench sheet containing the information discussed by the inspector and myself. We now incorporate the work bench sheet in our daily operations. We also, rather than calibrate once monthly, are calibrating before each use which is twice monthly.

I have attached a copy of the new work bench calibration form. If this form is unsatisfactory or if you have any further questions, please contact me. Thank you

Jared Richardson, Supervisor
Wastewater Department
870-307-2993

ADEQ

A R K A N S A S
Department of Environmental Quality

May 17, 2018

John Richardson, Utilities Manager
Southside PWA
1401 Batesville Blvd.
Batesville, AR 72501

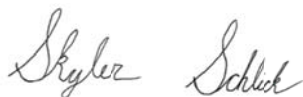
RE: Southside PWA POTW – Response to Inspection (Independence Co)
AFIN: 32-00515 **NPDES Permit No.: AR0050784**

Dear Mr. Richardson:

I have reviewed the response pertaining to my February 15, 2018 inspection of Southside PWA POTW. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 2 or you may e-mail me at schlicks@adeq.state.ar.us.

Sincerely,



Skyler Schlick
District 2 Field Inspector
Office of Water Quality