

# ADEQ

ARKANSAS  
Department of Environmental Quality

September 19, 2019

Veronica Smith-Creer, Mayor  
City of El Dorado  
P.O. Box 2170  
El Dorado, AR 71730

**RE: City of El Dorado - Southt Inspections (Union Co)**  
**AFIN: 70-00341 NPDES Permit No.: AR0033723**  
**70-01349 AR0033936**

Dear Mayor Smith-Creer:

On August 19 and 20, 2019, I performed Compliance Evaluation Inspections, a Pretreatment Compliance Inspection, and Industrial User inspections of the above-referenced facilities 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 each of the inspection reports is enclosed for your records.

**No violations were noted at the time of the inspections. Please refer to each of the attached inspection reports for any comments.**

If I can be of any assistance, please contact me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us) or (501) 837-2073.

Sincerely,



Michael Young  
District 8 Field Inspector  
Office of Water Quality

 <b>A R K A N S A S</b> Department of Environmental Quality	<b>WATER DIVISION INSPECTION REPORT</b>				
	AFIN: <b>70-00341</b>	PERMIT #: <b>AR0033723</b>	DATE: <b>8/19/2019</b>		
	COUNTY: <b>70 Union</b>	PDS #: <b>109382</b>	MEDIA: <b>WN</b>		
	GPS LAT: <b>33.176916</b> LONG: <b>-92.574492</b> LOCATION: <b>Entrance</b>				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>City of El Dorado - South</b> LOCATION: <b>325 Quail Crossing</b> CITY: <b>El Dorado, AR 71730</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>101531 S - State</b> FACILITY EVALUATION RATING: <b>5 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>8/19/2019</b> ENTRY TIME: <b>09:30</b> EXIT TIME: <b>15:05</b> PERMIT EFFECTIVE DATE: <b>1/1/2015</b> PERMIT EXPIRATION DATE: <b>12/31/2019</b>			
NAME / TITLE: <b>Veronica Smith-Creer / Mayor</b> COMPANY: <b>City of El Dorado</b> MAILING ADDRESS: <b>P.O. Box 2170</b> CITY, STATE, ZIP: <b>El Dorado AR 71730</b> PHONE & EXT: / FAX: <b>870-862-7911 /</b> EMAIL: <b>mayorsmith-creer@eldoradoar.org</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>John Peppers/Superintendent/870-862-6451 (ext. 117)</b> <b>Jay Honeycutt/Sampler/870-814-1764</b> <b>Kris Winder/Sampler/870-814-1764</b>			
<b>AREA EVALUATIONS</b> (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>S</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<b>No violations were noted at the time of the inspection.</b>					

**GENERAL COMMENTS**



On August 19, 2019, I performed an inspection at the City of El Dorado – South Plant with the participants listed above in attendance. City of El Dorado – South Plant has a treatment system consisting of two aerated lagoons and two facultative lagoons in series. Following the lagoon system are four Dissolved Air Flotation (DAF) units. During normal operations, DAF units are operated in cycle that allows two units to run and switch back and forth. City of El Dorado – South Plant is not operated with a continuous, 24-hr discharge and DAF units are only operated when there is a discharge produced. Sludge from the DAF units is directed back into the second aerated lagoon. City of El Dorado – South Plant has a chlorine contact chamber and the ability to dose with chlorine, if needed, but they have not used disinfection in twenty years of operation with no Fecal Coliform Bacteria (FCB) non-compliances. Samples are completed as grabs from a manhole or from a composite sampler that is refrigerated and collects flow-weighted samples when there is a discharge produced. After sampling, treated wastewater is routed through three pumps to the Ouachita Joint Pipeline (AR0050296) where it is ultimately discharged to the Ouachita River. When discharging to the OJP, EWU samples according to Outfall 010S requirements in Part IA. If the discharge to the pipeline was routed to Outfall 001 during emergency or maintenance conditions, the sampling would change to the sampling requirements listed in Part IA. for Outfall 001. This inspection consisted of a records review and facility inspection.

**Records Review:**

City of El Dorado maintains all records in electronic format and provided all of the necessary information at the time of inspection. I reviewed the submitted discharge monitoring reports (DMRs), lab reports from American Interplex, lab analysis information for pH and DO (see Photo 19), and calibration records for pH and DO. All analysis performed, WET testing parameters, and results entered in NetDMR were correct. A review of Chain of Custody (COC) forms indicated that the preservation code for Total Phosphorus samples was incorrect (see Photo 18). I verified that the Total Phosphorus samples are being preserved with sulfuric acid (SO4) and not sodium thiosulfate. The COCs are pre-printed with an error every Monday and Friday for the City of El Dorado – South Plant. This error was explained to John Peppers, City of El Dorado Superintendent. Additional information about properly completing the “relinquished by” and “received by” sections was also discussed. During the records review portion, Mr. Peppers stated that the corrective action for the previous inspection (rust on DAF units) was being discussed by replacing the existing DAF units with new ones and presented information about the new units (see Photos 1-3).

**Facility Inspection:**

My inspection started at the influent for the South Plant treatment system and ended at the Outfall 010S sampling point and pump station to the Ouachita Joint Pipeline. Influent enters an aerated lagoon (see Photo 4) and flows to a second aerated lagoon (see Photo 5). After the aerated lagoons, the water enters a facultative lagoon that is also the lagoon that sludge is returned to (see Photo 6). Water then enters the final facultative lagoon (see Photo 7). Sludge from the DAF units enters a sludge room before being returned to first facultative lagoon (see Photo 8). All DAF units were in working condition (see Photo 9) and the chemical dosing equipment was functional (see Photos 10-11). During normal operation, two DAF units are in service while the other two are kept offline; and during the inspection, I observed an empty DAF unit (see Photos 12-13) and an operational DAF unit (see Photos 14-15). Composite samples are collected in a refrigerated sampler that was operational and measured 4° Celsius (see Photo 16). After sampling, effluent enters a pipe which measures flow (see Photo 17) and is then pumped to the Ouachita Joint Pipeline (see Photo 18). After the inspection of the facility, I went to the lab to review the pH and DO devices and records and found no compliance issues.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 9/6/2019
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 9/18/2019

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>For the most recent application, EPA Form 2A lists Lion's Club Municipal Golf Course as land application of treated wastewater.</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input 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

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>Closed pipe</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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>	
b. LAB ADDRESS: <u>8600 Kanis Road Little Rock, AR 72204-2322</u>	
c. PARAMETERS PERFORMED: <u>All except pH and DO</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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
010S	None	None	None	None	None	Colorless	--
001							No Discharge
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:							
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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <b>Facility has IGP coverage with No-Exposure exclusion; last inspected 2015.</b>							
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	

**DMR Calculation Check**

Reporting Period: From 2019 02 01 To 2019 02 28  
 Year Month Day Year Month Day

Parameter Checked: TSS – Outfall  
010S

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>503.2</u>	<u>17.64</u>	<u>36</u>
Calculated Value:	<u>503.2</u>	<u>17.64</u>	<u>36</u>
Permit Value:	<u>1751.4</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Equal.

**DMR Calculation Check**

Reporting Period: From 2018 10 01 To 2018 10 31  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>&lt;60.32</u>	<u>&lt;2.75</u>	<u>4</u>
Calculated Value:	<u>&lt;60.32</u>	<u>&lt;2.75</u>	<u>4</u>
Permit Value:	<u>&lt;1313.6</u>	<u>&lt;22.5</u>	<u>&lt;33.8</u>

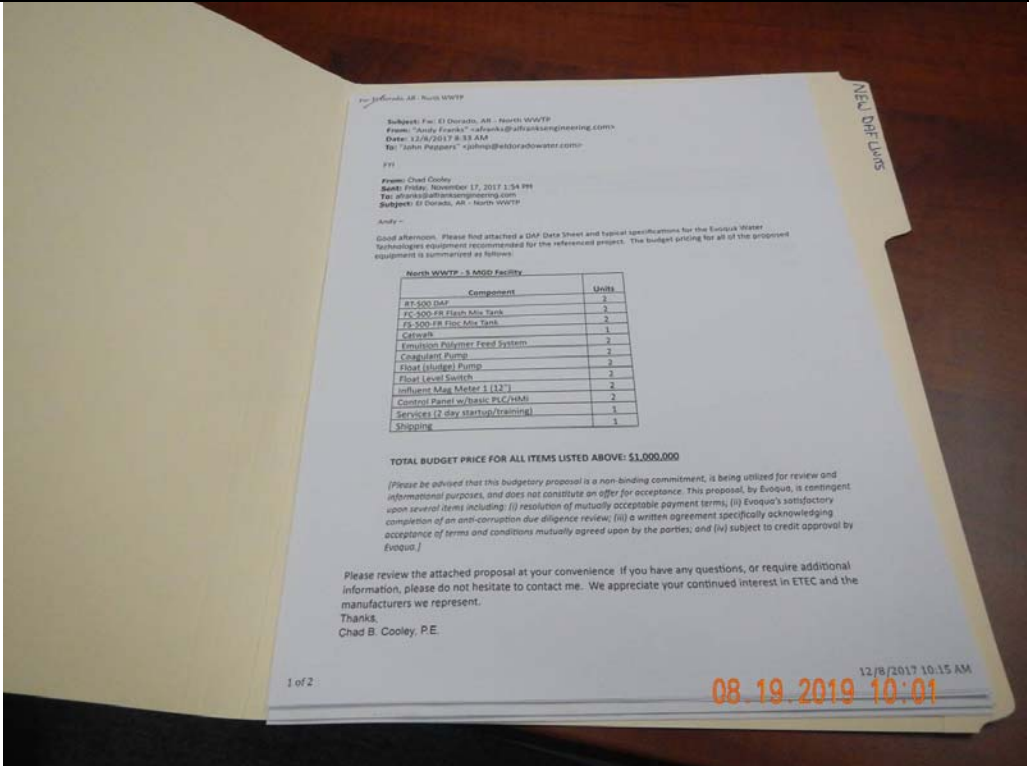
If calculated value does not equal reported value, explain:

Equal.

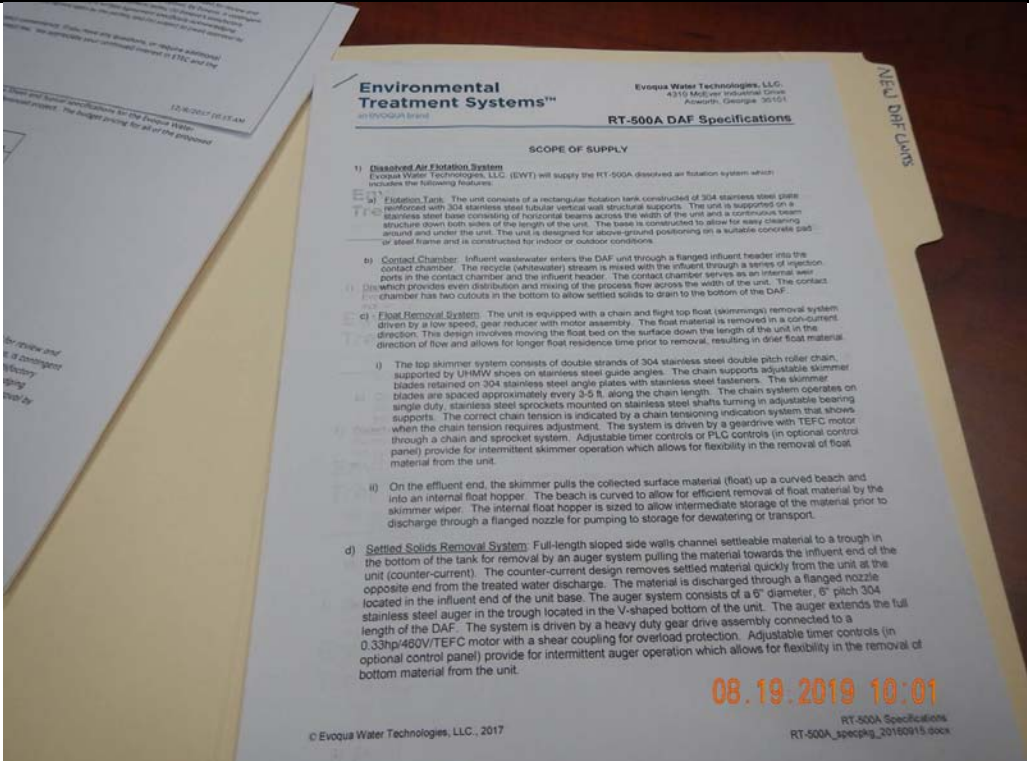


**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>			
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>	
Witness:		Time:	<b>10:01</b>	
Description:	<b>Quotes for the new DAF units for South Plant.</b>		Photo #:	<b>1</b>



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>	
Witness:		Time:	<b>10:01</b>	
Description:	<b>Quotes for the new DAF units for South Plant.</b>		Photo #:	<b>2</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Witness:		Time:	<b>10:01</b>
		Photo #:	<b>3</b>
Description:	<b>Evoqua DAF unit to be ordered for South Plant.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Witness:		Time:	<b>10:51</b>
		Photo #:	<b>4</b>
Description:	<b>Influent aerated lagoon and location of influent pipe (underwater).</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:53</b>	Witness:	
Photo #:	<b>5</b>	Description:	
<b>Aerated Lagoon #2</b>			



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:53</b>	Witness:	
Photo #:	<b>6</b>	Description:	
<b>Facultative Lagoon #1 and location of sludge return.</b>			





**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:54</b>	Witness:	
Photo #:	<b>7</b>	Description:	
<b>Final facultative lagoon prior to DAF units.</b>			



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:57</b>	Witness:	
Photo #:	<b>8</b>	Description:	
<b>Sludge that is returned from DAF units to Facultative Lagoon #2.</b>			



**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:58</b>	Witness:	
Photo #:	<b>9</b>	Description: <b>Exterior of DAF unit at South Plant.</b>	



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:58</b>	Witness:	
Photo #:	<b>10</b>	Description: <b>Caustic and polymer dosing.</b>	





**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:59</b>	Witness:	
Photo #:	<b>11</b>		
Description:	<b>Caustic and polymer dosing.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:59</b>	Witness:	
Photo #:	<b>12</b>		
Description:	<b>DAF unit not in operation. Not all DAF units are utilized at the same time.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>10:59</b>	Witness:	
Photo #:	<b>13</b>		

Description: **Chemical mixing unit empty when DAF unit is not used.**



Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>11:00</b>	Witness:	
Photo #:	<b>14</b>		

Description: **Chemical mixing unit in use.**





**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Witness:		Time:	<b>11:00</b>
		Photo #:	<b>15</b>
Description:	<b>DAF unit in operation. Note floated material is mostly plant-based (algae).</b>		



08.19.2019 11:00

Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Witness:		Time:	<b>11:02</b>
		Photo #:	<b>16</b>
Description:	<b>Composite sampler and thermometer indicating 4° C.</b>		



08.19.2019 11:02



**Water Division Photographic Evidence Sheet**

Location:	<b>City of El Dorado - South</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>11:02</b>	Witness:	
Photo #:	<b>17</b>		

Description: **Flowmeter readout for mag-flow device at Outfall 010R.**



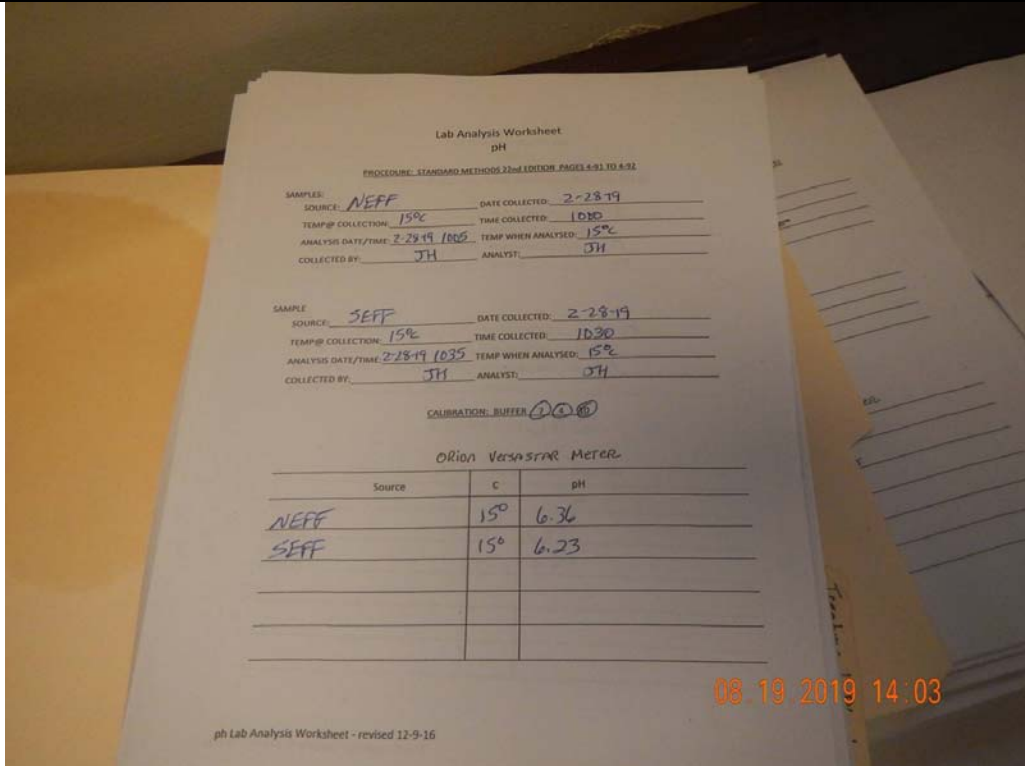
Photographer:	<b>Michael Young</b>	Date:	<b>08/19/2019</b>
Time:	<b>11:03</b>	Witness:	
Photo #:	<b>18</b>		

Description: **Pumps for Outfall 010S (Ouachita Joint Pipeline).**



Water Division Photographic Evidence Sheet

Location: **City of El Dorado - South**  
 Photographer: **Michael Young** Date: **08/19/2019** Time: **14:03**  
 Witness: \_\_\_\_\_ Photo #: **19**  
 Description: **Lab analysis worksheet for the collection of pH and DO measurements.**



Photographer: **Michael Young** Date: **09/04/2019** Time: **13:30**  
 Witness: \_\_\_\_\_ Photo #: **20**  
 Description: **Copy of a COC that indicates Total Phosphorus was preserved with Sodium Thiosulfate.**

**INTERPLEX CORPORATION LABORATORIES**  
 CHAIN OF CUSTODY / ANALYSIS REQUEST FORM  
 PAGE 1 OF 1

Client: El Dorado Water Utility - South Plant  
 Project Reference: Daily - Permit AR0033723  
 Project Manager: Mr. John Peppers  
 Sampled By: *[Signature]*

AIC No.	Sample Identification	Date/Time Collected	MATRIX				NO OF BOTTLES	TSS	ANALYSES REQUESTED	AIC CONTROL NO.
			G	C	A	S				
1	010S-South	2-1-19 1025	X	X			1	X	231242	
2	010S-South	2-1-19 1027	X	X			1	X		

Carrier: Rush  
 Received Temperature: 21  
 Field pH calibration on \_\_\_\_\_ @ \_\_\_\_\_  
 Buffer: \_\_\_\_\_  
 T = Sodium Thiosulfate  
 Z = Zinc acetate

Turnaround Time Requested: (Please circle) NORMAL or EXPEDITED IN \_\_\_\_\_ DAYS  
 Expedited results requested by: \_\_\_\_\_  
 Who should AIC contact with questions: \_\_\_\_\_  
 Phone 870-814-1762 Fax: \_\_\_\_\_  
 Report Attention to: Mr. John Peppers  
 Report Address to: 500 North Washington, El Dorado, AR 71730, johnp@eldoradowater.com

Relinquished By: *[Signature]* Date/Time: 2-1-19 1030  
 Received By: Lion Oil Guard House  
 Relinquished By: Rush Date/Time: \_\_\_\_\_  
 Received in Lab By: AC341 Date/Time: 02/01/19

Comments: \_\_\_\_\_  
 South Plant



**Figure 1. Overview of City of El Dorado – South Plant with the locations of the aerated lagoons, facultative lagoons, DAF units, and Outfalls 010R and 001.**

