

February 25, 2020

Heath Ward, Executive Director
Springdale Water Utilities
P.O Box 769
Springdale, AR 72765

RE: Springdale POTW Inspection
AFIN: 72-00003 Permit No.: AR0022063 & ARR00C376

Dear Mr. Ward:

On November 25, 2019, DEQ Inspector Supervisor Brent Walker and I performed a Compliance Evaluation and No Exposure Stormwater 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 the attached inspection reports. A response for the items discussed in the “Summary of Findings” has already been received. The response adequately addresses the violations and no additional information is required at this time.

If I can be of any assistance, please contact me at cole.southerland@adeq.state.ar.us or 479-267*-0811 extension 12.

Sincerely,



Cole Southerland
District 1 Field Inspector
Water Division

		OFFICE OF WATER QUALITY INSPECTION REPORT					
		AFIN: 72-00003		PERMIT #: AR0022063		DATE: 11/25/2019	
		COUNTY: 72 Washington			PDS #: 111147		MEDIA: WN
		GPS LAT: 36.211196 LONG: -94.160504 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: Springdale POTW LOCATION: 2910 Silent Grove Road CITY: Springdale			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 127361 S - State		FACILITY EVALUATION RATING: 3 - Satisfactory	INSPECTION TYPE: Compliance Evaluation
RESPONSIBLE OFFICIAL			DATE(S): 11/25/2019	ENTRY TIME: 08:40	EXIT TIME: 16:30	PERMIT EFFECTIVE DATE: 4/1/2004	
NAME: / TITLE Heath Ward / Executive Director COMPANY: Springdale Water Utilities MAILING ADDRESS: P.O Box 769 CITY, STATE, ZIP: Springdale AR 72765 PHONE & EXT: / FAX: 479-751-5751 / EMAIL: tphillips@springdalewater.com			PERMIT EXPIRATION DATE: 3/31/2009	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: No			INSPECTION PARTICIPANTS				
CONTACTED DURING INSPECTION: No			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Cole Southerland /Water Inspector /DEQ Brent Walker /Inspector Supervisor /DEQ Jennifer Enos /Wastewater Facilities Director /SWU Loren Sharp /Wastewater Operations Manager /SWU Bradley Stewart /Pretreatment Manager /SWU Tiffany Mallard /Laboratory Manager /SWU				
AREA EVALUATIONS							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER		
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW		
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM		
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	S	PRETREATMENT		
N	OTHER:						
SUMMARY OF FINDINGS							
A review of the records for the Dissolved Oxygen measurements revealed that the measurement and duplicates matched exactly nearly 100% of the time over the course of 2017 through 2019. Having 0% deviation is highly unlikely. Furthermore, 0% deviation between sample and duplicate was recorded at least one time when both the initial measurement and duplicate sample were not recorded. An email describing the corrective actions that have been implemented to resolve this item was received shortly after the inspection. No further action is required at this time.							
GENERAL COMMENTS							
During the course of the inspection, it was observed that cracks noted in 2018 by DEQ Inspector Garrett Grimes have been adequately repaired. Another minor leak within an expansion joint was noted, but repairs for the leak were already underway.							
While performing this inspection, we also completed a Non-Exposure Stormwater Inspection.							
Please refer to the Non-Exposure Stormwater Inspection for more details.							
INSPECTOR'S SIGNATURE:  Cole Southerland				DATE: 12/4/2019			
SUPERVISOR'S SIGNATURE:  Brent L. Walker				DATE: 2/20/2020			

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 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
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: See comments regarding Dissolved Oxygen concentration measurments	
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: <u>Y</u> 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: <u>001</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>See comments regarding Dissolved Oxygen concentration measurements</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 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>Pace Analytical</u>	
b. LAB ADDRESS: <u>Frontenac, Kansas</u>	
c. PARAMETERS PERFORMED: <u>WET Testing</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: <u>Pimephales promelas and Ceriodaphnia dubia</u>	<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
001	None	None	Very Low	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:							
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:							
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: **11-25-2019** Time: **15:38**

Head in Inches: Feet: **1.64**

Type & Size of Primary Flow Measurement Device:
Effluent Parshall Flume: 36"

Name & Model of Secondary Flow Measurement Device: **Delta Control Corp.**

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **16.97** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **16.83**

(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 =	16.97	-	16.83	X 100	
	16.83				

% Error =	0.14	X 100	
	16.83		

% Error =	0.0083	X 100	
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% Error =	0.83	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2017 February 1 To 2017 February 28
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>151.8</u>	<u>1.4</u>	<u>1.7</u>
Calculated Value:	<u>151.8</u>	<u>1.4</u>	<u>1.7</u>
Permit Value:	<u>5004</u>	<u>25</u>	<u>38</u>

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

DMR Calculation Check

Reporting Period: From 2019 April 1 To 2019 April 30
 Year Month Day Year Month Day

Parameter Checked: Phosphorus

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>39.5</u>	<u>0.31</u>	<u>0.31</u>
Calculated Value:	<u>39.5</u>	<u>0.31</u>	<u>0.31</u>
Permit Value:	<u>201</u>	<u>1</u>	<u>1.5</u>

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

Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Time:	10:20	Witness:	Brent Walker
Photo #:	1	Description:	Influent pipes coming into the facility



Photographer:	Cole Southerland	Date:	11-25-2019
Time:	10:22	Witness:	Brent Walker
Photo #:	2	Description:	Overview of chain and rake screening



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW				
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	10:23
Witness:	Brent Walker	Photo #:	3		
Description:	Inside of chain and rake screen				



Photographer:	Cole Southerland	Date:	11-25-2019	Time:	10:26
Witness:	Brent Walker	Photo #:	4		
Description:	Waste collected from the chain and rake screening				



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW				
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	10:29
Witness:	Brent Walker	Photo #:	5		
Description:	Influent parshall flume				



Photographer:	Cole Southerland	Date:	11-25-2019	Time:	10:31
Witness:	Brent Walker	Photo #:	6		
Description:	Influent composite sampler				



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	10:36
		Photo #:	7
Description:	Grit settling building		



Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	10:40
		Photo #:	8
Description:	Waste from grit removal		



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:37
		Photo #:	9
Description:	Returned Activated Sludge (RAS) being mixed with influent wastewater		



Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:30
		Photo #:	10
Description:	Anaerobic basin		



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:30
Description:	Anoxic basin	Photo #:	11



Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:32
Description:	Aeration basin	Photo #:	12



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW				
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	11:20
Witness:	Brent Walker	Photo #:	13		
Description:	Wastewater splitter for the clarifiers				



Photographer:	Cole Southerland	Date:	11-25-2019	Time:	11:22
Witness:	Brent Walker	Photo #:	14		
Description:	One of the four secondary clarifiers				



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:22
		Photo #:	15
Description:	Weirs of the clarifier		



Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	10:55
		Photo #:	16
Description:	Polishing sand filter building		



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Time:	11:01	Witness:	Brent Walker
Photo #:	17	Description:	Chlorine contact chamber



Photographer:	Cole Southerland	Date:	11-25-2019
Time:	11:02	Witness:	Brent Walker
Photo #:	18	Description:	Last stage of chlorine contact chamber



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW				
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	11:04
Witness:	Brent Walker	Photo #:	19		
Description:	Effluent parshall flume				



Photographer:	Cole Southerland	Date:	11-25-2019	Time:	11:04
Witness:	Brent Walker	Photo #:	20		
Description:	Effluent composite sampler				

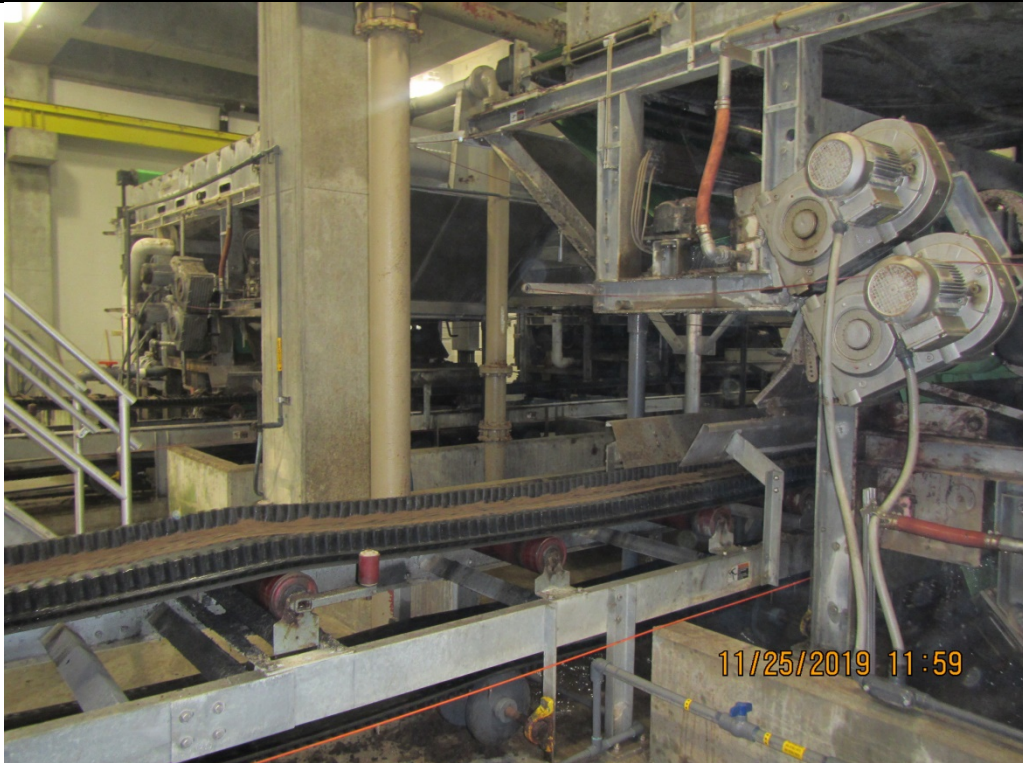


Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:06
Description:	Outfall 001	Photo #:	21



Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:59
Description:	Bottom view of sludge dryer	Photo #:	22



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW		
Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	12:03
		Photo #:	23
Description:	Top view of sludge dryer		



Photographer:	Cole Southerland	Date:	11-25-2019
Witness:	Brent Walker	Time:	11:42
		Photo #:	24
Description:	Chlorine tanks		



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW				
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	11:42
Witness:	Brent Walker	Photo #:	25		
Description:	Sulfur Dioxide tanks				



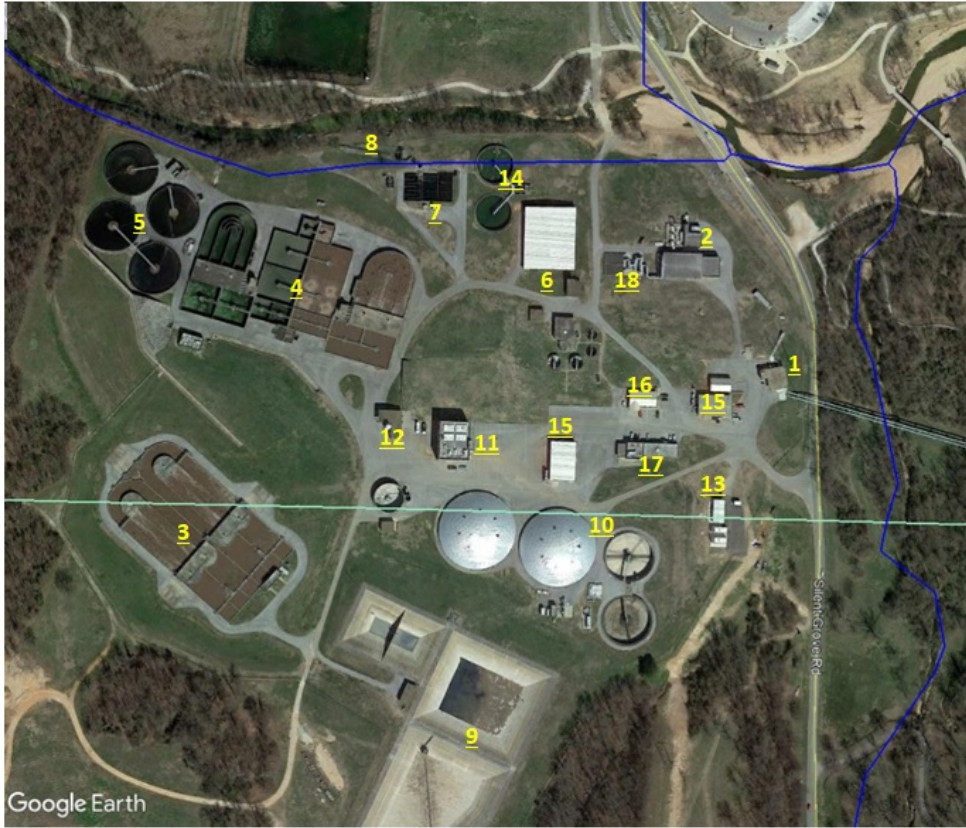
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	11:44
Witness:	Brent Walker	Photo #:	26		
Description:	Alum holding tank				



Office of Water Quality Photographic Evidence Sheet

Location:	Springdale POTW				
Photographer:	Cole Southerland	Date:	11-25-2019	Time:	12:23
Witness:	Brent Walker	Photo #:	27		
Description:	Spare parts for pumps and other equipment				





1. Influent & Screen House
2. Grit Removal
3. Basin Trains #3 (North) & #4 (South)
4. Basin Trains #1 (East) & #2 (West)
5. Clarifiers
6. Polishing sand filters
7. Chlorine Contact Chamber
8. Outfall
9. EQ Basins
10. Unused Clarifiers and Trickling Filters
11. Sludge Processing
12. Chemical Storage
13. Backup Generator Building
14. Unused Clarifiers/Overflow Backup
15. Maintenance and Storage
16. Operations Building
17. Office and Lab
18. Odor Control