



# ARKANSAS

## ENERGY & ENVIRONMENT

December 3, 2020

WH Calvin Murdock, Utility Manager  
City of Forrest City  
PO Box 816  
Forrest City, AR -723661074

**RE: Forrest City Wastewater Treatment Plant Inspections (St. Francis Co)**  
**AFIN: 62-00070** **NPDES Permit No.: AR0020087**  
**62-00408** **ARR000222**

Dear Mr. Murdock:

On September 22, 2020, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial 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. 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 [mccabe@adeq.state.ar.us](mailto:mccabe@adeq.state.ar.us) or (501) 682-0642.

Sincerely,

A handwritten signature in black ink that reads 'Kerri McCabe', enclosed within a thin black rectangular border.

Kerri McCabe  
Inspector Supervisor, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

CC: Joel R Thetford, City of Forrest City, WW Supervisor, [thet24@msn.com](mailto:thet24@msn.com)

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>		
	<b>INSPECTION REPORT</b>		
	AFIN: 62-00070	PERMIT #: AR0020087	DATE: 9/22/2020
	COUNTY: 62 St. Francis	PDS #: 114212	MEDIA: WN
GPS LAT: 34.998147 LONG: -90.835217 LOCATION: Entrance			
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>Forrest City Wastewater Treatment Plant</b> LOCATION: <b>320 SFC 209</b> CITY: <b>Forrest City, AR</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>84022 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>	
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>9/22/2020</b> ENTRY TIME: <b>09:45</b> EXIT TIME: <b>12:15</b> PERMIT EFFECTIVE DATE: <b>11/1/2017</b> PERMIT EXPIRATION DATE: <b>10/31/2022</b>	
NAME: / TITLE <b>WH Calvin Murdock / Utility Manager</b> COMPANY: <b>City of Forrest City</b> MAILING ADDRESS: <b>303 N Rosser Street PO Box 816</b> CITY, STATE, ZIP: <b>Forrest City AR -723661074</b> PHONE & EXT: / FAX: <b>870-633-2921 / 870-633-5921</b> EMAIL: <b>whcm2@aol.com</b> CONTACTED DURING INSPECTION: <b>Yes</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>	
		<b>INSPECTION PARTICIPANTS</b>	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Edward Gregory, Water Supervisor (Class III/Advanced Industrial; Lic. #007843)</b> <b>Garrett Davis, Operator (Class I; Lic. #013090)</b> <b>Joel R Thetford, Wastewater Supervisor (Class III/Advanced Industrial; Lic. #005326) - via email only</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>	RECORDS/REPORTS	<b>S</b>	LABORATORY
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL
<b>**</b>	OTHER:	<b>S</b>	STORMWATER
		<b>S</b>	FACILITY SITE REVIEW
		<b>S</b>	SELF-MONITORING PROGRAM
		<b>S</b>	PRETREATMENT
<b>SUMMARY OF FINDINGS</b>			
No violations noted at the time of the inspection.  Please see attached email dated Sept 23, 2020 sent to city personnel providing immediate feedback regarding the inspection.			

**GENERAL COMMENTS**

On Tue, Sept 22, 2020, an inspection was conducted with the above mentioned inspection participants. The inspection consisted of a site assessment and a records review.

**Site Assessment:**



Treatment consists of preliminary (bar screen and grit removal), aeration basins (3; ran parallel) for activated sludge, clarification (3; ran parallel; 15' deep and maintain a 3' blanket), UV disinfection (cleaning frequency based on FCB results), primary/secondary flow measurement, post-aeration, and discharge to Outfall 001. The former lagoon system (two, 72-acre ponds) is used for flow EQ and sludge wasting. If the generator goes down, gates at a splitter box open to direct influent to EQ/sludge lagoons. The water in the EQ/sludge lagoons is either routed back through the treatment system or discharged though the UV unit for discharge to Outfall 001 (bypass).

Only minor issues noted with treatment system: blower system is not maintained properly and has to be bled off and the diffuse air distribution system for the middle aeration basin is not working properly. The middle clarifier is not used due to poor engineered design, but this component is not needed at this time.

City personnel report conducting some process control: aeration basin BOD5/CBOD5, aeration basin TSS, influent flow measurement, and once/week settling test.

**Records Review:**

Records for April 2019 were requested for review. Records were supplied via email and are deemed complete. The city runs an in-house lab for process control only, and all effluent monitoring, with the exception of instantaneous parameters (flow, DO, and pH), is conducted by a contract lab. No major issues with city documents or contract lab Chains of Custody (COC) and analysis sheets.

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 11/30/2020
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 12/3/2020

<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:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: <u>Elected mayor has changed to Cedrick Williams.</u>	<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
<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: <u>Operator collects/analyzes flow, DO, and pH; contract labs for other parameters.</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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Preliminary (bar screen and grit removal), aeration basins for activated sludge (ran in parallel), clarifiers (ran in parallel), UV disinfection, post-aeration, and discharge to Outfall 001. Former lagoon system (two, 72-acre ponds) used for flow EQ and sludge wasting.</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: <u>Blower and diffuse air system reported to be scheduled for maintenance.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>Two generators onsite.</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: <u>One aeration basin down due to diffuse air system and one clarifier down due to design.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>One Class III and one Class I; additional personnel from water department.</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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>Former lagoon system can be used.</u>	<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

<b>SECTION D: SAMPLING</b>	
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>Operator collects/analyzes flow, DO, and pH; contract labs for other parameters.</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 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: <u>Conduct additional sampling for WET testing water quality.</u>	<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: <u>Ar, Total Recoverable required for one year only.</u>	<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>	
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>12" 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>Greyline SLT32 (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 Aug 30, 2020.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: <u>Secondary meter is located in office and not readily available for accuracy check at primary device.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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
<b>SECTION F: LABORATORY</b>	
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>Operator collects/analyzes flow, DO, and pH; contract labs for other parameters.</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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Services Co, Inc.</u>	<u>Huthur and Associates, Inc.</u>
b. LAB ADDRESS: <u>13715 West Markham, Little Rock, AR 72211</u>	<u>1156 North Bonnie Brae, Denton, TX 76201</u>
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3-N, FCB, TP, NO3+NO2-N, Cu (Total Recoverable), and Ar (Total Recoverable)</u>	<u>WET</u>
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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: <u>Viewed at Outfall 001.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	NOT PERSISTENT	NO	CLEAR	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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>Sludge is wasted to former lagoon system onsite.</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>							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
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>Part II, Condition 6 requires BMP for stormwater protection; inspected under IGP ARR000222.</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	

**DMR Calculation Check**

Reporting Period: From 2019 04 01 To 2019 04 30  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass (lbs/day)	Concentration (mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>83.2</u>	<u>4.3</u>	<u>7.9</u>
Calculated Value:	<u>83.2</u>	<u>4.3</u>	<u>7.9</u>
Permit Value:	<u>353.6</u>	<u>20.0</u>	<u>30.0</u>

If calculated value does not equal reported value, explain:  
Values are the same. See Table 1 for calculations.

**DMR Calculation Check**

Reporting Period: From 2019 04 01 To 2019 04 30  
 Year Month Day Year Month Day

Parameter Checked: FCB

	<b>Loading Mass (lbs/day)</b>	<b>Concentration (colonies/100ml)</b>	
	<del>Mon. Avg.</del>	Mon. Avg.	7-Day Avg.
Reported Value:	<u>N/A</u>	<u>17</u>	<u>184</u>
Calculated Value:	<u>N/A</u>	<u>17</u>	<u>93</u>
Permit Value:	<u>N/A</u>	<u>1000</u>	<u>2000</u>

If calculated value does not equal reported value, explain:

Values are not the same; cannot duplicate results. See Table 2 for calculations.



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City Wastewater Treatment Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1016</b>
		Photo #:	<b>1</b>
Description:	<b>Automatic bar screen at headworks.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1016</b>
		Photo #:	<b>2</b>
Description:	<b>Grit removal at headworks.</b>		

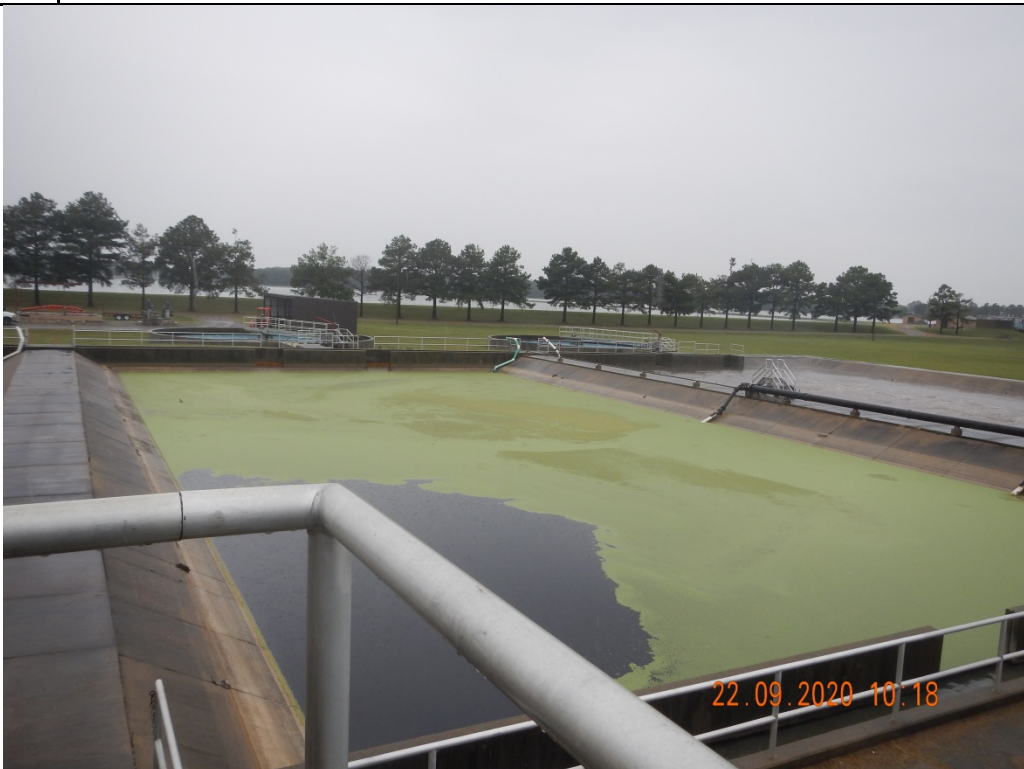


**Office of Water Quality Photographic Evidence Sheet**


Location: <b>Forrest City Wastewater Treatment Plant</b>			
Photographer: <b>Kerri McCabe</b>	Date: <b>Sept 22, 2020</b>	Time: <b>1018</b>	
Witness:		Photo #: <b>3</b>	
Description: <b>Aeration Basin #1 for activated sludge.</b>			



Photographer: <b>Kerri McCabe</b>			
Date: <b>Sept 22, 2020</b>	Time: <b>1018</b>		
Witness:		Photo #: <b>4</b>	
Description: <b>Aeration Basins #2-3 for activated sludge; diffuse air system does not work for AB #2.</b>			



Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Forrest City Wastewater Treatment Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1022</b>
Description:	<b>Clarifier #1</b>		Photo #:
	<b>5</b>		
			
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1023</b>
Description:	<b>Clarifier #2; design malfunction, but treatment system is over-designed.</b>		Photo #:
	<b>6</b>		
			

Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Forrest City Wastewater Treatment Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1024</b>
		Photo #:	<b>7</b>
Description:	<b>Clarifier #3</b>		
			

Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1028</b>
		Photo #:	<b>8</b>
Description:	<b>Rapid sand filters; not in use</b>		



**Office of Water Quality Photographic Evidence Sheet**


Location: <b>Forrest City Wastewater Treatment Plant</b>			
Photographer: <b>Kerri McCabe</b>	Date: <b>Sept 22, 2020</b>	Time: <b>1030</b>	
Witness:		Photo #: <b>9</b>	
Description: <b>UV disinfection</b>			



Photographer: <b>Kerri McCabe</b>		Date: <b>Sept 22, 2020</b>	Time: <b>1028</b>
Witness:		Photo #: <b>10</b>	
Description: <b>Post-aeration; oxygen charger (center) and step cascade (left)</b>			



Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Forrest City Wastewater Treatment Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1032</b>
		Photo #:	<b>11</b>
Description:	<b>Primary/secondary flow measurement</b>		
			
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1034</b>
		Photo #:	<b>12</b>
Description:	<b>Outfall 001 at receiving stream</b>		
			

Office of Water Quality Photographic Evidence Sheet			
Location:	<b>Forrest City Wastewater Treatment Plant</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Sept 22, 2020</b>
Witness:		Time:	<b>1036</b>
		Photo #:	<b>13</b>
Description:	<b>Former lagoon system used for flow EQ and sludge wasting.</b>		
			

**Figure 1. Google Earth image dated June 7, 2106 depicting City of Forrest City POTW with major components identified.**





**Table 1. TSS for City of Forrest City for April 2019.**

Apr-19				
TSS (three/week)				
Day	Concentration (mg/l)	7-Day Average (mg/l)	Flow (MGD)	Loading (lbs/day)
1	2.50		1.616	33.69
3	2.50		1.651	34.42
4	5.80	3.60	1.758	85.04
8	2.50		3.517	73.33
10	2.50		2.379	49.60
11	2.50	2.50	2.139	44.60
15	2.80		3.140	73.33
17	2.60		2.236	48.49
18	6.20	3.87	2.770	143.23
22	18.80		2.382	373.48
24	2.50		1.928	40.20
25	2.50	7.93	2.001	41.72
29	2.50		1.940	40.45
Monthly Average	4.32			83.20

**Table 2. FCB for City of Forrest City for April 2019.**

Apr-19				
FCB (three/week)				
Day	Count	Log	Average	Geo Mean
1	10	1.00		
3	21	1.32		
4	7	0.87	1.06	11.5828919429942
8	235	2.37		
10	4	0.60		
11	6	0.80	1.26	18.0921203352057
15	12	1.08		
17	344	2.54		
18	195	2.29	1.97	93.0232338759638
22	1	0.00		
24	12	1.08		
25	10	0.98	0.69	4.87924022929371
29	10	0.98	0.98	9.60000000000000
Average		1.22		
Geo Mean		16.76433278681830		