



# ARKANSAS

## ENERGY & ENVIRONMENT

September 14, 2021

Ken Johnson, General Manager  
Pine Bluff Wastewater Utility  
1520 South Ohio Street  
Pine Bluff, AR 71601

**RE: Boyd Point WWTF Inspection (Jefferson Co)**  
**AFIN: 35-00149 NPDES Permit No.: AR0033316**

Dear Mr. Johnson:

On June 30, 2021, I performed a Compliance Evaluation Inspection and an SSO/Collection System Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. 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 inspection reports for any comments.**

If you need any assistance, please contact Inspector Supervisor Kerri McCabe at [mccabe@adeq.state.ar.us](mailto:mccabe@adeq.state.ar.us) or (501) 682-0642.

Sincerely,

A handwritten signature in cursive script that reads "Brittanie Gloyd".

Brittanie Gloyd  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118



**ENVIRONMENTAL  
QUALITY**

## OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: 35-00149	PERMIT #: AR0033316	DATE: 6/30/2021
COUNTY: 35 Jefferson	PDS #: 117423	MEDIA: WN
GPS LAT: 34.271515 LONG: -91.972417 LOCATION: Entrance		

### FACILITY INFORMATION

### INSPECTION INFORMATION

NAME: <b>Boyd Point WWTF</b> LOCATION: <b>900 Island Harbor Marina Road</b> CITY: <b>Pine Bluff</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>129177 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>6/30/2021</b> ENTRY TIME: <b>10:00</b> EXIT TIME: <b>14:30</b> PERMIT EFFECTIVE DATE: <b>7/1/2015</b> PERMIT EXPIRATION DATE: <b>6/30/2020</b>
<b>RESPONSIBLE OFFICIAL</b>	
NAME: / TITLE <b>Ken Johnson / General Manager</b> COMPANY: <b>Pine Bluff Wastewater Utility</b> MAILING ADDRESS: <b>1520 South Ohio Street</b> CITY, STATE, ZIP: <b>Pine Bluff AR 71601</b> PHONE & EXT: / FAX: <b>870-535-6603 /</b> EMAIL:	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b> <b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Vincent Miles / Class IV Operator Lic # 2519</b> <b>Kerri McCabe / OWQ Inspector Supervisor</b> <b>Trey Butler / OWQ Inspector</b> <b>Aaron Baggett / OWQ Inspector</b>
CONTACTED DURING INSPECTION: <b>No</b>	

### AREA EVALUATIONS

(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>N</b>	PRETREATMENT
<b>**</b>	OTHER:				

### SUMMARY OF FINDINGS

**No violations were noted at the time of inspection.**

**GENERAL COMMENTS**

On June 30, 2021, an inspection was conducted with the participants listed above. A site assessment and record review were conducted at the time of inspection.

**Record Review:**

The facility analyzes their sampling. They monitor flow in accordance with the permit requirements. I reviewed their June 2020 records for Total Suspended Solids (TSS). The sample concentrations were reported correctly, showing only rounding differences. The facility is sampling more often than required by the permit, but they are including all the data and information in the reported numbers. The Chains of Custody (COC) were reviewed at the facility and they had the appropriate information and data included on them. Flow is recorded daily at the facility to meet the requirement for once/day frequency.

**Site Assessment:**

The wastewater treatment plant (WWTP) consists of a series of ponds. Influent comes into the north aeration pond and south aeration pond to initiate treatment. These ponds are approximately 14 feet deep and 20 acres in land space each. The north aeration pond directs water to the north primary pond, while the south aeration pond directs water to the south primary pond. Both the north and south primary ponds are directed into polishing pond #1, thence into polishing pond #2. After polishing pond #2, the wastewater is pumped into the chlorine contact chamber. Mr. Miles stated that they use approximately 20 pounds of chlorine per day. The facility uses a 24" Parshall flume and a 3010 Ultrasonic Flow Meter for flow measurement. The facility was experiencing an algae bloom at the time of inspection. Mr. Miles stated that he was going to be ceasing discharge at the end of the day as his TSS numbers had been elevated due to the algae bloom. He was going to stop discharging to ensure his TSS average for the month of July would not exceed the discharge limitation.

Please note that the facility was inspected on July 17, 2019, but a report was not finalized. This report resolves any issues noted during the 2019 inspection.

INSPECTOR'S SIGNATURE: <i>Brittanie Gloyd</i>	Brittanie Gloyd	DATE: 8/23/2021
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 9/13/2021

<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:	<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:	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>Facility was experiencing an algae bloom in the treatment ponds.</u>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Vincent Miles (Lic # 2519)</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Y</u> TYPE OF DEVICE: <u>24" 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>3010 Ultrasonic flow meter.</u>	<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
<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS: <u>Outfall was discharging at the time of inspection. Facility is experiencing an algae bloom at the time of inspection.</u></b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	green	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL 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. 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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
<b>SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</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	





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>			
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>	
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>09:57</b>	
Description:	<b>Overview of the North Aeration Pond.</b>		Photo #:	<b>1</b>



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>	
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>09:57</b>	
Description:	<b>Overview of the North Aeration Pond.</b>		Photo #:	<b>2</b>





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>		
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:09</b>
Description:	<b>Overview of the South Aeration Pond.</b>	Photo #:	<b>3</b>



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:09</b>
Description:	<b>Overview of the South Aeration Pond.</b>	Photo #:	<b>4</b>





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>		
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:14</b>
Description:	<b>View of the blowers.</b>	Photo #:	<b>5</b>



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:33</b>
Description:	<b>View of the South Primary Pond.</b>	Photo #:	<b>6</b>





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>		
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>09:57</b>
Description:	<b>View of the North Primary Pond.</b>	Photo #:	<b>7</b>



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:24</b>
Description:	<b>Overview of the Polishing Pond #1.</b>	Photo #:	<b>8</b>





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>		
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:34</b>
		Photo #:	<b>9</b>
Description:	<b>Overview of Polishing Pond #1.</b>		



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:34</b>
		Photo #:	<b>10</b>
Description:	<b>Example of the levee integrity.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>		
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>11:00</b>
Description:	<b>Overview of Polishing Pond #2.</b>	Photo #:	<b>11</b>



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>11:00</b>
Description:	<b>Overview of Polishing Pond #2.</b>	Photo #:	<b>12</b>





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>		
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:49</b>
		Photo #:	<b>13</b>
Description:	<b>View of where chlorine is introduced into the chlorine contact chamber.</b>		



Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>	Time:	<b>10:50</b>
		Photo #:	<b>14</b>
Description:	<b>Overview of the chlorine contact chamber.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Boyd Point WWTF</b>				
Photographer:	<b>Brittanie Gloyd</b>	Date:	<b>06/30/2021</b>	Time:	<b>10:57</b>
Witness:	<b>Kerri McCabe; Trey Butler; Aaron Baggett</b>			Photo #:	<b>15</b>
Description:	<b>View of the Parshall flume.</b>				





**Figure 1. Google Earth aerial imagery showing the components of the facility.**

