



# ARKANSAS

## ENERGY & ENVIRONMENT

November 3, 2021

Honorable Joe Wise, Mayor  
City of Sheridan  
P.O. Box 44  
Sheridan, AR 72150

RE: City of Sheridan WTF Inspection  
AFIN: 27-00022 Permit No.: AR0034347

Dear Mayor Wise:

On August 18, 2021, I performed a Compliance Evaluation 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 the inspection report is enclosed for your records.


**Please refer to the “Summary of Findings” section of the inspection report and provide a written response for the first item noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **November 17, 2021**.

If I can be of any assistance please contact me at [Bolenbaugh@adeq.state.ar.us](mailto:Bolenbaugh@adeq.state.ar.us) or 501-682-0659.

Sincerely,


A handwritten signature in black ink, appearing to read 'Jason Bolenbaugh'.

Jason Bolenbaugh  
Compliance Branch Manager, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>				
	<b>INSPECTION REPORT</b>				
	AFIN: 27-00022	PERMIT #: AR0034347	DATE: 8/18/2021		
	COUNTY: 27 Grant	PDS #: 118042	MEDIA: WN		
GPS LAT: 34.303828 LONG: -92.389287 LOCATION: Entrance					
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>City of Sheridan WTF</b> LOCATION: <b>Gatzke Drive</b> CITY: <b>Sheridan</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>83321 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>8/18/2021</b> ENTRY TIME: <b>10:30</b> EXIT TIME: <b>13:30</b> PERMIT EFFECTIVE DATE: <b>3/1/2020</b> PERMIT EXPIRATION DATE: <b>2/28/2025</b>			
NAME: / TITLE <b>Honorable Joe Wise / Mayor</b> COMPANY: <b>City of Sheridan</b> MAILING ADDRESS: <b>P.O. Box 44</b> CITY, STATE, ZIP: <b>Sheridan AR 72150</b> PHONE & EXT: / FAX: <b>870-942-3921 /</b> EMAIL: <b>shercity@windstream.net</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>Mr. David Fitzgerald, Operator, City of Sheridan</b> <b>Will Cody, OWQ Inspector, DEQ</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>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>N</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>N</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<ul style="list-style-type: none"> <li>• <b>The weir box lacks a primary staff gauge to measure flow and allow for calibration checks to be conducted. Please install a primary staff gauge. The outfall has secondary flow measuring transducer that is calibrated annually.</b></li> <li>• <b>At Outfall 002, Discharge Monitoring Report (DMR) data show the permittee discharged from Outfall 002 in May, 2021 but failed to conduct Whole Effluent Toxicity (WET) testing. This is in violation of Part I, Section A of the permit. WET testing was required between March and May. The permittee submitted a Non-Compliance Report acknowledging a mistake was made with the sampling timeframe. No further action is required.</b></li> <li>• <b>The facility has the flexibility to discharge treated effluent to Big Creek through Outfall 001, to Hurricane Creek through Outfall 002, or land apply under Permit 4694-WR-3. The facility's priority is first to discharge from Outfall 001 and then to Outfall 002. The pump system to Outfall 002 is automated which allows for pumps to turn on or off depending on the flow reading within Hurricane Creek. If flows within Big Creek reach the necessary rate to allow for discharge through Outfall 001, Mr. Fitzgerald will manually disengage flows to Hurricane Creek prior to discharging from Outfall 001 as the permit does not allow for simultaneous discharge to both waterbodies. Land application last occurred in 2018.</b></li> </ul>					

**GENERAL COMMENTS**

- Treatment type consists of a 3-cell stabilization pond system followed by a holding pond. The first cell receives influent in the north side of the cell from the Guard Pack Pump Station and the Treatment Plant Pump Station.
- At Outfall 001, a review of the Whole Effluent Toxicity (WET) testing report was conducted. The report stated, "Due to cessation of flow, only two composites were sampled and used in testing". Flows within Big Creek can rise and fall rather quickly and although Mr. Fitzgerald collects four samples one hour apart, the flows can restrict the facility's ability to collect three composite samples prior to ceasing discharge due to flow restrictions.
- A review of DMRs was conducted from January 1, 2019 to May, 2021. During that time the permittee reported ten permit effluent limitation violations. The most recent violations were Fecal Coliform Bacteria in September, 2020. The submitted Non-Compliance Report suspected over 100 roosting Canada Geese on the holding pond was the cause for the exceedance.
- In addition to the Compliance Evaluation inspection, a Collection System Evaluation, and State No-Discharge inspection was also conducted. Please refer to those reports for greater detail.

INSPECTOR'S SIGNATURE: <small>←Click text to left to add signature</small>	-Inspector Name	DATE:
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 11/2/2021

<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: <b>Reviewed March 13, 2020 Chain-of-Custody and sampling data.</b>	
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: <b>March 13, 2020, 07:15 to 10:53</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING: <b>Outfall 001</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING: <b>Randy Calver (City of Sheridan), Clint Wood (AR Analytical)</b>	<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: <b>AR Analytical (Initials: CNW, JP, MH, AA, and SPS)</b>	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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: <b>There are no loading rates written in the permit effluent limitations.</b>	<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:	
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: <b>Backup generation is not necessary as short term power outages are not detrimental to the facility because the electrical components are not required to operate continuously.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 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:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: <b>No overflows have been reported from January 2019 to July 2021. Given the size of the lagoons it is unlikely bypasses will occur.</b>	<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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: <b>CBOD<sub>5</sub>, TSS, NH<sub>3</sub>-N, DO, FCB, and pH</b>	<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: <b>Above listed parameters are collected three times per month. CBOD<sub>5</sub>, TSS, and NH<sub>3</sub>-N are composite samples and DO, FCB, and pH are grab samples.</b>	<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: <b>Composite samples are refrigerated following each one hour grab sample.</b>	<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: <b>The primary device at Outfall 001 is a rectangular weir with end contractions. The crest length on the weir is 36-inches.</b>	<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: <b>Calibration checks of the secondary flow measuring devices are completed annually. The primary rectangular weir at Outfall 001 lacks a staff gauge to attempt to conduct a calibration check between the primary and secondary devices.</b>	<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: <b>No discharge</b>	<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: WET testing in 3<sup>rd</sup> quarter of 2020 did not meet requirements of the permit</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 ≥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: <b>Arkansas Analytical, Inc.</b>	
b. LAB ADDRESS: <b>8100 National Dr., Little Rock, AR, 72209</b>	
c. PARAMETERS PERFORMED: <b>WET, DO, pH, CBOD, TSS, NH<sub>3</sub>-N, FCB</b>	
8. BIOMONITORING PROCEDURES ADEQUATE: <b>3<sup>rd</sup> Quarter 2020 report evaluated (8/25/20 -9/1/20)</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: <b>Pimephales promelas and Ceriodaphnia dubia</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: <b>The dilution series and critical dilutions are different dependent upon the outfall and season.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION: <b>EPA Method 1000.0 (P. promelase) and EPA Method 1002.0 (C. dubia)</b>	<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>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: The facility was not discharging at the time of the inspection from Outfall 001. Outfall 002 is piped to Hurricane Creek and is not accessible. The flow calibration check sheet has been removed from the report due to no discharges at the time of the inspection.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	--	--	--	--	--	--	--
002	--	--	--	--	--	--	--
<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	
DETAILS: <b>Sludge generated at this facility accumulates in the lagoons on site. Sludge was last measured in January 2009 where the sludge depth was recorded at &lt;0.67 ft. No sludge has been removed.</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>Not applicable</b>							
<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	
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>							
<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	
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	

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:32</b>
		Photo #:	<b>1</b>
Description:	<b>DSCN3031: Aeration in Cell 1 near where influent flows in from the Guard Pack Pump Station.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	
		Photo #:	<b>2</b>
Description:	<b>DSCN3032: Northwest corner of Cell 1 where influent flows from the Treatment Pond Pump Station.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:36</b>
		Photo #:	<b>3</b>
Description:	<b>DSCN3033: Northeast corner of Cell 1 at the outlet control structure to Cell 2.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:37</b>
		Photo #:	<b>4</b>
Description:	<b>DSCN3034: East side of Cells 2 and 3 looking west. Note the curtain dividing the cells.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:37</b>
		Photo #:	<b>5</b>
Description:	<b>DSCN3036: holding pond looking east.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:46</b>
		Photo #:	<b>6</b>
Description:	<b>DSCN3038: Cell 3 bank stabilization along Big Creek.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:50</b>
		Photo #:	<b>7</b>
Description:	<b>DSCN3041: Aeration system in Cell 3. System is operational but rarely used.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:56</b>
		Photo #:	<b>8</b>
Description:	<b>DSCN3044: Flow measuring device for Outfall 001 and Big Creek.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>	Time:	<b>12:03</b>
Witness:				Photo #:	<b>9</b>
Description:	<b>DSCN3047: Rectangular weir with end contractions. No discharge from Outfall 001.</b>				



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>	Time:	<b>12:08</b>
Witness:				Photo #:	<b>10</b>
Description:	<b>DSCN3049: Flow measuring transducer for Outfall 001.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:56</b>
		Photo #:	<b>11</b>
Description:	<b>DSCN3043: Flow measuring device for Outfall 002 and Hurricane Creek.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:54</b>
		Photo #:	<b>12</b>
Description:	<b>DSCN3042: Effluent pumps to Outfall 002.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:58</b>
		Photo #:	<b>13</b>
Description:	<b>DSCN3046: Flow meter within the effluent pipe to Outfall 002.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>
Witness:		Time:	<b>11:58</b>
		Photo #:	<b>14</b>
Description:	<b>DSCN3045: Digital flow monitor for Outfall 002 discharge.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Sheridan WTF</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/18/2021</b>	Time:	<b>13:04</b>
Witness:				Photo #:	<b>15</b>
Description:	<b>DSCN3066: Transducer at Hurricane Creek and the OUA0116 sampling location.</b>				





## Sheridan Water Works

P.O. Box 486 • Sheridan, AR 72150

870.942.2722 • Fax 870.942.1937

11-15-21

Mr. Jason Bolenbaugh,

In reference to first item in the "summary of findings" the primary staff gauge has been installed. I have enclosed pictures of the gauge that was installed.

If there are any changes that I need to do please let me know.

A handwritten signature in black ink, appearing to read 'David Fitzgerald', is written over the printed name.

David Fitzgerald

SCANNED  
NOV 17 2021  
MAILROOM









*City of Sheridan*

WATER AND SEWER WORKS

101 WEST HIGH STREET  
P.O. BOX 486  
SHERIDAN, ARKANSAS 72150

LITTLE ROCK AR 720

15 NOV 2021 PM 3 L



Jason Bolenbaugh  
Compliance Branch Manager  
Office of Water Quality  
5301 Northshore Drive  
North Little Rock, AR 72118

72118-531799





SCANNED  
NOV 17 2021  
MAILROOM