



ARKANSAS

ENERGY & ENVIRONMENT

January 31, 2022

Daniel Dawson, General Manager
Searcy WWTF
P.O. Box 1319
Searcy, AR 72143
Sent via email to: d.dawson@cablelynx.com

RE: Searcy WWTP Inspection
AFIN: 73-00055 Permit No.: AR0021601

Dear Mr. Dawson:

On March 4, 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.




No violations were noted at the time of the inspections. Please refer to the inspection report for any comments.

If I can be of any assistance please contact me at blain.sanders@adeq.state.ar.us or (501) 412-6496.

Sincerely,

A handwritten signature in blue ink that reads 'Blain Sanders'.

Blain Sanders
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

| | | | |
|--|--------------------------------|--|--------------------------|
|  ENVIRONMENTAL QUALITY | OFFICE OF WATER QUALITY | | |
| | INSPECTION REPORT | | |
| | AFIN: 73-00055 | PERMIT #: AR0021601 | DATE: 3/4/2021 |
| | COUNTY: 73 White | PDS #: 118903 | MEDIA: WN |
| GPS LAT: 35.268213 LONG: -91.716090 LOCATION: General Area | | | |
| FACILITY INFORMATION | | INSPECTION INFORMATION | |
| NAME: Searcy WWTP LOCATION: 8700 Hwy 13 CITY: Searcy | | FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 123247 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation | |
| RESPONSIBLE OFFICIAL | | DATE(S): 3/4/2021 ENTRY TIME: 10:00 EXIT TIME: 12:45 PERMIT EFFECTIVE DATE: 5/1/2019 PERMIT EXPIRATION DATE: 4/30/2024 | |
| NAME: / TITLE Daniel Dawson / General Manager COMPANY: Searcy WWTF MAILING ADDRESS: P.O. Box 1319 CITY, STATE, ZIP: Searcy AR 72143 PHONE & EXT: / FAX: 501-268-2481 / EMAIL: d.dawson@cablelynx.com | | FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N | |
| CONTACTED DURING INSPECTION: Yes | | INSPECTION PARTICIPANTS | |
| | | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Jimmy Smith, Superintendent, 501-268-1679, jsmith67@cablelynx.com Brent Walker, Inspector Supervisor, 501-837-2068 Blain Sanders, Inspector, 501-412-6496 | |
| AREA EVALUATIONS | | | |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | |
| S | PERMIT | S | FLOW MEASUREMENT |
| S | RECORDS/REPORTS | S | LABORATORY |
| S | OPERATION & MAINTENANCE | S | EFFLUENT/RECEIVING WATER |
| S | SAMPLING | S | SLUDGE HANDLING/DISPOSAL |
| N | OTHER: | N | STORMWATER |
| | | S | FACILITY SITE REVIEW |
| | | S | SELF-MONITORING PROGRAM |
| | | N | PRETREATMENT |
| SUMMARY OF FINDINGS | | | |
| <p>No violations were noted at the time of the inspection.</p> <p>A brief review and discussion of in-house laboratory methods and records resulted in questions regarding some methods and the laboratory QA/QC program. This facility is being referred for a Laboratory Audit by the DEQ – Office of Water Quality.</p> | | | |
| GENERAL COMMENTS | | | |
| <p>Overall the facility was clean and well maintained. Facility personnel were very professional and knowledgeable.</p> | | | |
| INSPECTOR'S SIGNATURE:  | | DATE: | |
| SUPERVISOR'S SIGNATURE:  | | DATE: 1/27/2022 | |

| 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 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 |
| 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: | |
| 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: Spencer Oyemaja, Lisa Alexander | <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: Meters calibrates every 2 hours; records kept | <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 |
| 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: 2 backup generators | <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: Several Class III and Class IV operators on staff | <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 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: None in recent years | <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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: __ TYPE OF DEVICE: 2' Parshall Flume | <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: Regularly; although sticker on meter was not completed | <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>Detailed evaluation of in-house laboratory was not performed – referred for audit</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: <u>Discussed briefly during inspection; will be evaluated in a separate lab audit</u> | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: American Interplex Whole Effluent Toxicity (WET) / Arkansas Testing Laboratories | |
| b. LAB ADDRESS: Little Rock, AR | |
| c. PARAMETERS PERFORMED: WET / NH3-N, NO3+NO2-N | |
| 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 |

| | | | | | | | |
|--|-----------|--------|-----------|--------------|-----------------|---|-------|
| 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 | None | 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 8. LIST OF STRUCTURAL BMPS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 9. LIST OF NON-STRUCTURAL BMPS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE | |
| | | | | | | | |

FLOW CALCULATION SHEET

Date: **3/4/2021** Time: **12:06**

Head in Inches: Feet: **1.27**

Type & Size of Primary Flow Measurement Device: **2' Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Siemens OCM III**

Date of last Calibration of Secondary Flow Device: **Unknown (Not Labeled)**

Recorded Flow at Date & Time Listed Above: **7.18 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **7.488 MGD**

(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 = | 7.18 | - | 7.488 | X 100 | |
| | 7.488 | | | | |

| | | | |
|-----------|--------|-------|--|
| % Error = | -0.308 | X 100 | |
| | 7.488 | | |

| | | | |
|-----------|---------|-------|--|
| % Error = | -0.0411 | X 100 | |
|-----------|---------|-------|--|

| | | | |
|-----------|--------------|---|--|
| % Error = | -4.11 | % | |
|-----------|--------------|---|--|

Comments: **Calibration check is within ±10% as required in Part III, Section C, Condition 2 of the permit.**

DMR Calculation Check

Reporting Period: From 2020 6 1 To 2020 6 30
 Year Month Day Year Month Day

Parameter Checked: TSS

**Loading
Mass**

Mo. Avg. - lbs/day

**Concentration
Monthly**

Mo. Avg. - mg/l

7-day Avg. - mg/l

Reported Value: 146.2

3.0

5.3

Calculated Value: 155.4

3.0

5.3

Permit Value: 1251.0

30.0

45.0

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2020 12 1 To 2020 12 31
 Year Month Day Year Month Day

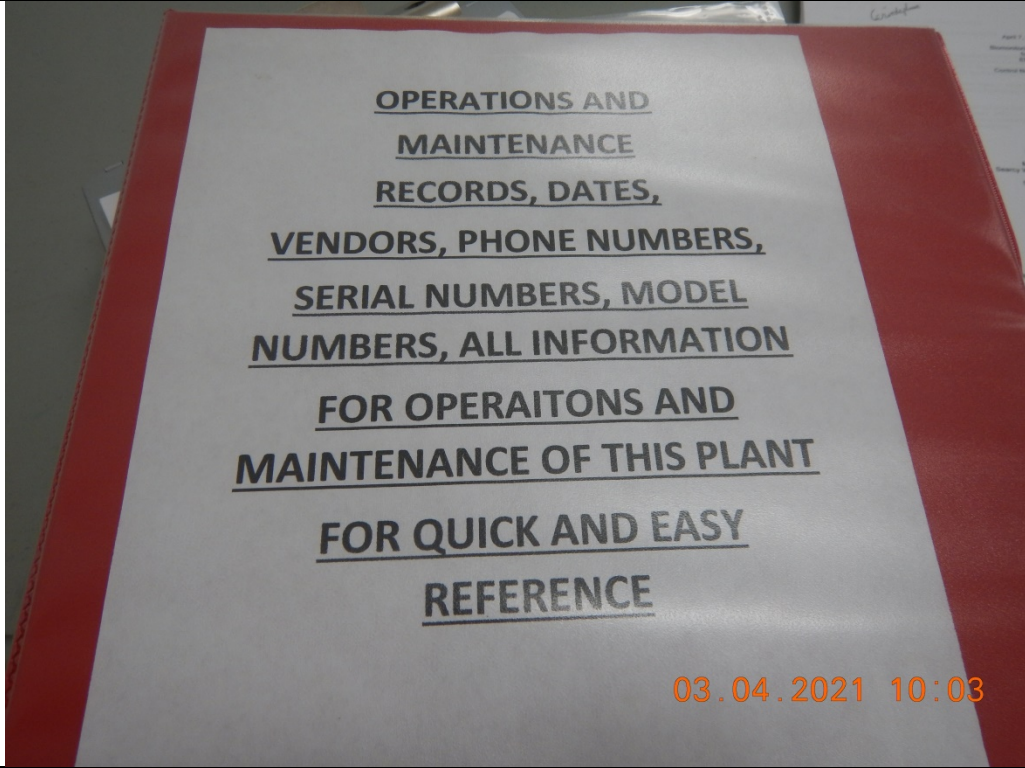
Parameter Checked: Total Ammonia as N

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|-------------------|---------------------------------------|---|-------------------|
| Reported Value: | <u>12.3</u> | <u>0.38</u> | <u>0.73</u> |
| Calculated Value: | <u>12.6</u> | <u>0.38</u> | <u>0.73</u> |
| Permit Value: | <u>417.0</u> | <u>10.0</u> | <u>15.0</u> |

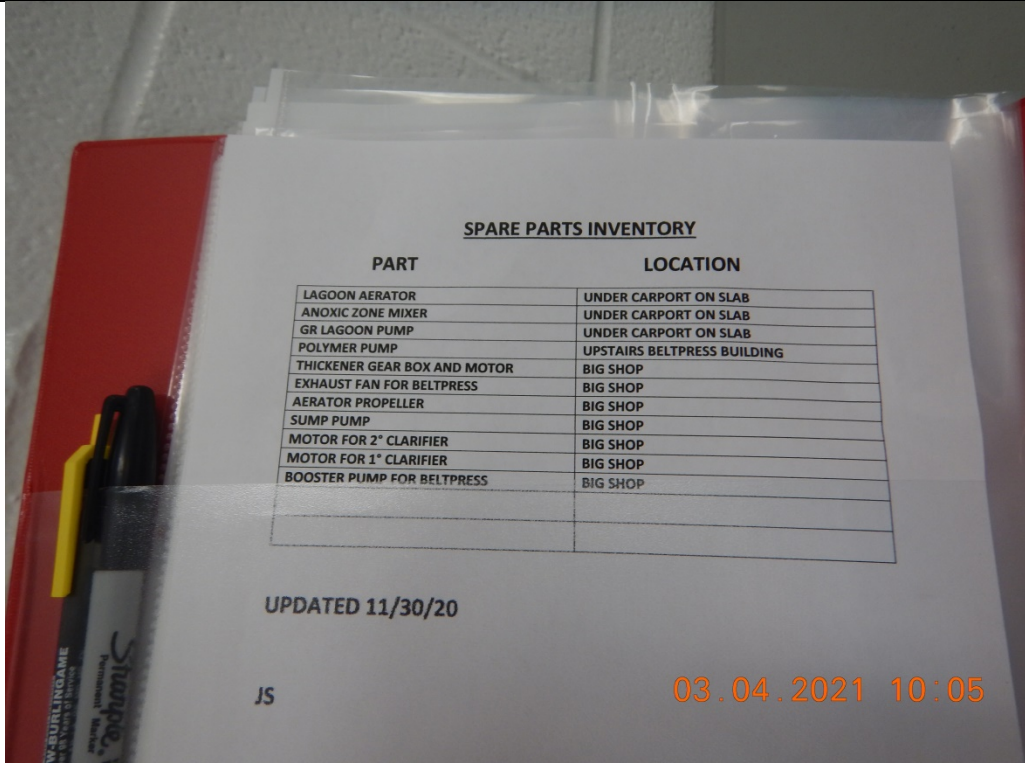
If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 10:03 |
| | | Photo #: | 1 |
| Description: | Complete records are being kept. | | |

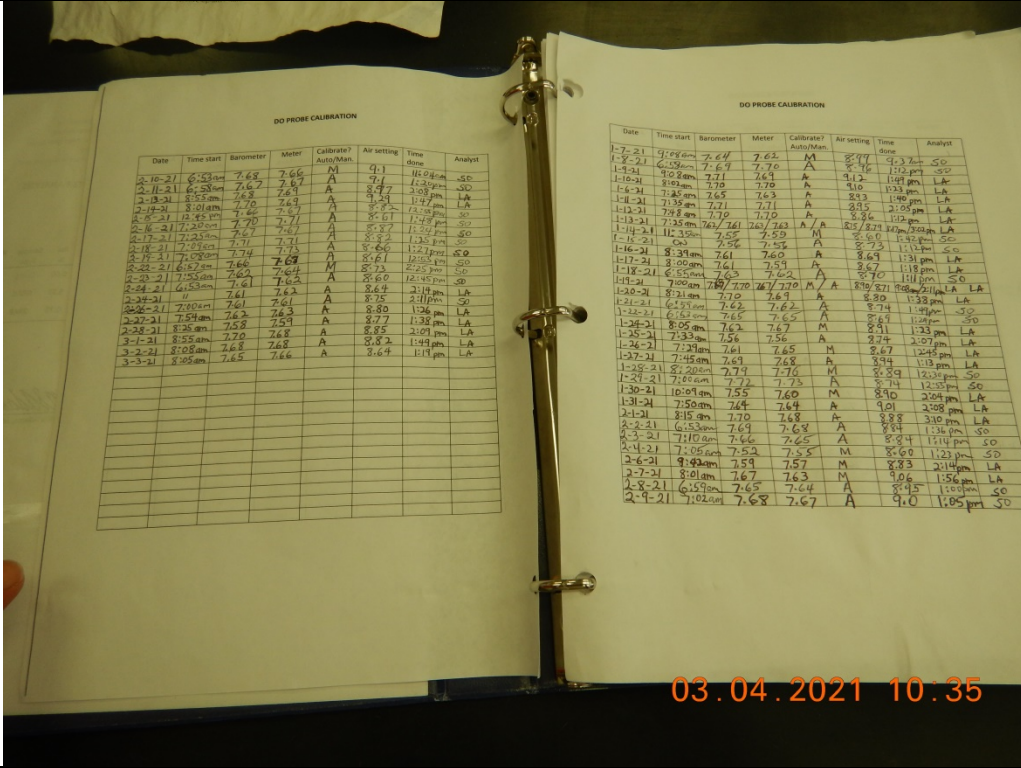


| | | | |
|---------------|-------------------------------|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 10:05 |
| | | Photo #: | 2 |
| Description: | Spare parts inventory. | | |



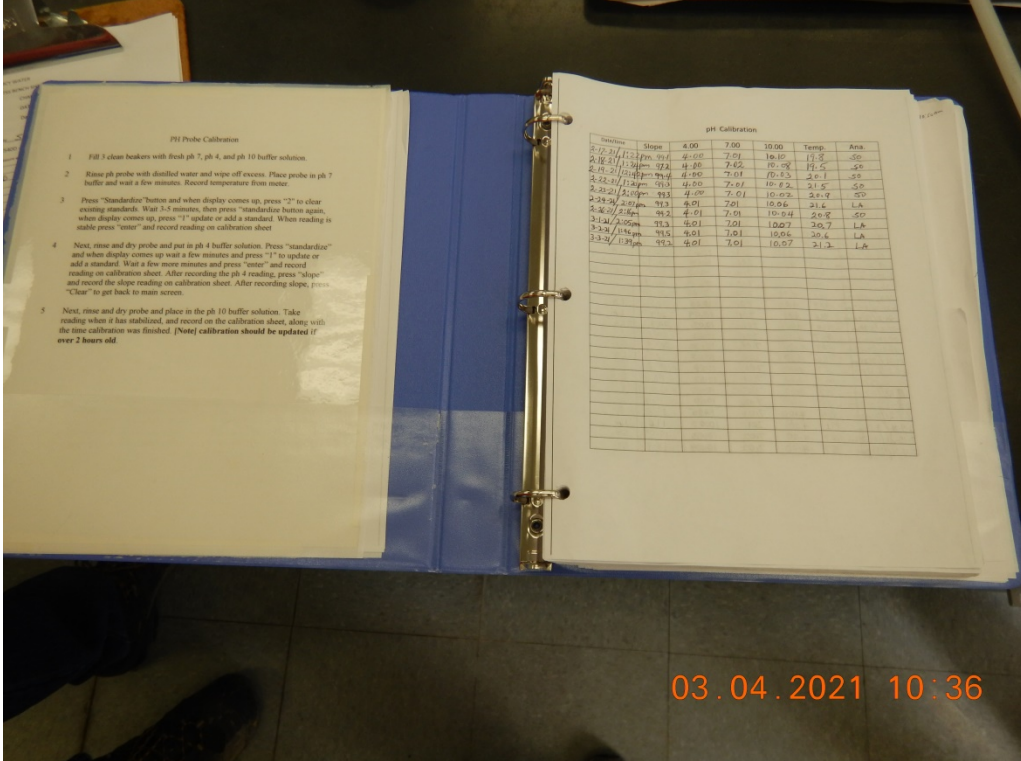
Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|-------|----------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 10:35 |
| Description: | Dissolved Oxygen probe calibration records. | | |



03.04.2021 10:35

| | | | |
|---------------|-------------------------------|-------|----------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 10:36 |
| Description: | pH probe calibration records. | | |



03.04.2021 10:36

Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 10:58 |
| | | Photo #: | 5 |
| Description: | Total fecal colonies are being recorded 600+ when colonies are too numerous. | | |

All samples de-chlorinated with Sodium Thiosulfate

Collection Date 2-8-21 Time 2:46 pm Collected and set up by: LA

Time in 3:34 pm Date/time out 2-9-21/2:04 pm

Water Bath Temp. 44.5 c MI used for Blank 20 Count 0 SO2 Outfall Y/N

Counted and calculated by: LA

MI Sample used: 1 10 2 20 3 4 DUP S 10 6 20 7 8 Log A 2.778 (600)

Colony count 1 TNC 2 TNC 3 4 DUP S TNC 6 TNC 7 8 Log B 2.778 (600)

Total colony count/ml sample x 100= fecal per 100 ml 600+ Control limit 0.462 Rg 0

Collection Date 2-9-21 Time 3:28 pm Collected and set up by: LA

Time in 4:24 pm Date/time out 2-10-21/3:32 pm

Water Bath Temp. 44.5 c MI used for Blank 20 Count 0 SO2 Outfall Y/N

Counted and calculated by: LA

MI Sample used: 1 10 2 20 3 4 DUP S 10 6 20 7 8 Log A 1.756 (57)

Colony count 1 6 2 11 3 4 DUP S 7 6 11 7 8 Log B 1.778 (60)

Total colony count/ml sample x 100= fecal per 100 ml 59 Control limit 0.462 Rg 0.022

Collection Date 2-10-21 Time 11:43 am Collected and set up by: LA

Time in 3:02 pm Date/time out 2-11-21/2:14 pm

Water Bath Temp. 44.5 c MI used for Blank 20 Count 0 SO2 Outfall Y/N

Counted and calculated by: SO

MI Sample used: 1 10 2 20 3 4 DUP S 10 6 20 7 8 Log A 2.556 (360)

Colony count 1 39,69 3 4 DUP S 45,77 7 8 Log B 2.610

Total colony count/ml sample x 100= fecal per 100 ml 384 Control limit 0.462 Rg 0.54 (407)

03.04.2021 10:58

| | | | |
|---------------|---|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:37 |
| | | Photo #: | 6 |
| Description: | Overview of the Searcy Wastewater Treatment Plant. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---------------------------------------|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:40 |
| | | Photo #: | 7 |
| Description: | Influent channel to the plant. | | |



| | | | |
|---------------|-------------------------------|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:41 |
| | | Photo #: | 8 |
| Description: | Mechanical bar screen. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:42 |
| | | Photo #: | 9 |
| Description: | Waste from the bar screen being properly disposed of. | | |



| | | | |
|---------------|--|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:44 |
| | | Photo #: | 10 |
| Description: | Primary clarifier of the plant. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:47 |
| | | Photo #: | 11 |
| Description: | Weirs of the primary clarifier clean of debris. | | |



| | | | |
|---------------|---|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:51 |
| | | Photo #: | 12 |
| Description: | One of the four aeration basins. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:56 |
| | | Photo #: | 13 |
| Description: | One of two secondary clarifiers. | | |



| | | | |
|---------------|--|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 11:56 |
| | | Photo #: | 14 |
| Description: | Minor algae accumulations located on the weirs of the secondary clarifiers. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---------------------------|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 10:08 |
| | | Photo #: | 15 |
| Description: | 2' Parshall Flume. | | |



| | | | |
|---------------|--|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 12:08 |
| | | Photo #: | 16 |
| Description: | Siemens Milltronics OCM III flow meter. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--------------------------------|----------|-----------------|
| Location: | Searcy WWTP | | |
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 12:22 |
| | | Photo #: | 17 |
| Description: | Hach composite sampler. | | |



| | | | |
|---------------|---|----------|-----------------|
| Photographer: | Blain Sanders | Date: | 3/4/2021 |
| Witness: | | Time: | 12:42 |
| | | Photo #: | 18 |
| Description: | Outfall 001 to the Little Red River. | | |



Figure 1: Google Earth image of the City of Searcy Wastewater Treatment Plant.

