



ARKANSAS

ENERGY & ENVIRONMENT

May 3, 2023

Ken Johnson, General Manager
Pine Bluff Wastewater Utility
1520 South Ohio Street
Pine Bluff, AR 71601
Email Address: ken@pbwastewater.com; vincent@pbwastewater.com

RE: Boyd Point WWTF Inspection
AFIN: 35-00149 Permit No.: AR0033316

Dear Mr. Johnson:


On February 23, 2023, I performed a Compliance Evaluation Inspection (CEI) 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 inspection. Please refer to the inspection report for any comments. If I can be of any assistance please contact me at michael.young@adeq.state.ar.us or 501-837-2073.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young
Inspector Supervisor, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

| | | | |
|---|---|----------------------------|------------------------|
|  <p>ENVIRONMENTAL QUALITY</p> | OFFICE OF WATER QUALITY INSPECTION REPORT | | |
| | AFIN: 35-00149 | PERMIT #: AR0033316 | DATE: 2/23/2023 |
| | COUNTY: 35 Jefferson | PDS #: 125648 | MEDIA: WN |
| | GPS LAT: 34.271515 LONG: -91.972417 LOCATION: Entrance | | |

| FACILITY INFORMATION | INSPECTION INFORMATION |
|--|---|
| NAME: Boyd Point WWTF LOCATION: 900 Island Harbor Marina Road CITY: Pine Bluff, AR | FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 101531 S - State FACILITY EVALUATION RATING: 5 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 2/23/2023 ENTRY TIME: 10:35 EXIT TIME: 12:21 PERMIT EFFECTIVE DATE: 10/1/2021 PERMIT EXPIRATION DATE: 9/30/2026 |
| RESPONSIBLE OFFICIAL | FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N |
| NAME / TITLE: Ken Johnson / General Manager COMPANY: Pine Bluff Wastewater Utility MAILING ADDRESS: 1520 South Ohio Street CITY, STATE, ZIP: Pine Bluff AR 71601 PHONE & EXT: / FAX: 870-535-6603 / EMAIL: ken@pbwastewater.com | INSPECTION PARTICIPANTS |
| CONTACTED DURING INSPECTION: No | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Vincent Miles/ECD Supervisor (Lic. #002519)/vincent@pbwastewater.com Robert Diaz/OWQ Inspector |

| AREA EVALUATIONS | | | | | |
|--|-------------------------|----------|--------------------------|----------|-------------------------|
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated) | | | | | |
| S | PERMIT | S | FLOW MEASUREMENT | S | STORMWATER |
| S | RECORDS/REPORTS | S | LABORATORY | S | FACILITY SITE REVIEW |
| S | OPERATION & MAINTENANCE | S | EFFLUENT/RECEIVING WATER | S | SELF-MONITORING PROGRAM |
| S | SAMPLING | S | SLUDGE HANDLING/DISPOSAL | S | PRETREATMENT |
| ** | OTHER: | | | | |

| SUMMARY OF FINDINGS |
|---|
| *No violations observed at the time of inspection* |

GENERAL COMMENTS



On February 22, 2023 I performed a Compliance Evaluation Inspection (CEI) at Boyd Point Wastewater Treatment Facility (WWTF) in Pine Bluff, AR with the above participants in attendance. Boyd Point WWTF has a treatment design of two (2) aerated lagoons operated in parallel followed by two (2) primary ponds also operated in parallel. Following the primary ponds are two (2) polishing ponds in series and disinfection using chlorine (see Figure 1). This inspection consisted of a site evaluation and records review.

Site Evaluation:

Our inspection started by driving to where the influent enters the aerated lagoons and I observed a small building where influent samples are collected for internal quality control (see photo 1) and at the aerated lagoons I observe that all the equipment was under a covered area (see photos 2-3). At the time of inspection maintenance was being performed on the blower motors so aeration in the basins was not operating (see photos 4-5). After viewing the building for the blowers we went to the south edge of the treatment facility and I observed another collection point for post-aerated samples (see photo 6) and the aeration basin had started to accumulate some standing foam (see photos 7-8). I did not observe any issues with the primary ponds or the polishing ponds (see photo 9). Following the polishing pond the water is routed (see photo 10) to a chlorine contact chamber for disinfection (see photo 11). A large chlorine contact chamber allowed for adequate disinfection time (see photos 12-14). Post-aeration follows the chlorine contact chamber when the discharge falls into the Parshall Flume (see photo 15) and there is a totalizer mounted to measure the flow immediately prior to the sampling location (see photo 16). Flow checks are performed daily on the totalizer (see photo 17) and I observed the totalizer to be recently calibrated and in good working condition (see photo 18). A composite sampler that collects individual aliquots was in good condition and the refrigeration kept the temperature within 0-6° Celsius (see photo 9). There were no issues observed with the treatment system at the time of inspection.

Records Review:

At the time of inspection I requested records to be e-mailed. I was provided with November 2022 sampling information and flow records. I did not find any discrepancies with the analysis or discharge monitoring report (DMR) entries. Boyd Point WWTF uses an internal lab to analyze all samples and reporting is done by the staff. There were no issues with the analysis or entry of information.

| | |
|---|-------------------------|
| INSPECTOR'S SIGNATURE:  Michael Young | DATE: 04/05/2023 |
| SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh | DATE: 5/2/2023 |

| 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: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SECTION C: OPERATIONS AND MAINTENANCE | |
| TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input 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 |

| SECTION D: SAMPLING | |
|--|---|
| PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| SECTION E: FLOW MEASUREMENT | |
| PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| DETAILS: | |
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>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>Totalizer</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 |
| 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: | |
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) : | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED: | <input checked="" type="checkbox"/> Y <input 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

| | | | | | | | |
|--|-----------|--------|-----------|--------------|-----------------|---|-------|
| SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS | | | | | | | |
| BASED ON VISUAL OBSERVATIONS ONLY | | | | | | <input 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 | N | N | N | N | N | Slight grey | -- |
| | | | | | | | |
| | | | | | | | |
| SECTION H: SLUDGE DISPOSAL | | | | | | | |
| SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS | | | | | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: | | | | | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: | | | | | | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE | |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): | | | | | | | |
| | | | | | | | |
| SECTION I: SAMPLING INSPECTION PROCEDURES | | | | | | | |
| SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS | | | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 1. SAMPLES OBTAINED THIS INSPECTION: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY: | | | | | | | |
| 3. SAMPLES PRESERVED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 7. SAMPLE SPLIT WITH PERMITTEE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| | | | | | | | |
| SECTION J: STORM WATER POLLUTION PREVENTION PLAN | | | | | | | |
| STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS | | | | | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| DETAILS: | | | | | | | |
| 1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 8. LIST OF STRUCTURAL BMPS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 9. LIST OF NON-STRUCTURAL BMPS: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE | |
| | | | | | | | |

DMR Calculation Check

Reporting Period: From 2022 11 01 To 2022 11 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: | <u>N/A</u> | <u>73.0</u> | <u>86.0</u> |
| Calculated Value: | <u>N/A</u> | <u>73.0</u> | <u>86.0</u> |
| Permit Value: | <u>N/A</u> | <u>90.0</u> | <u>135.0</u> |

If calculated value does not equal reported value, explain:

Equal.

DMR Calculation Check

Reporting Period: From 2022 11 01 To 2022 11 30
 Year Month Day Year Month Day

Parameter Checked: BOD

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | 7-day Avg. - mg/l |
|-------------------|---------------------------------------|---|-------------------|
| Reported Value: | <u>N/A</u> | <u>26.0</u> | <u>29.0</u> |
| Calculated Value: | <u>N/A</u> | <u>26.0</u> | <u>29.0</u> |
| Permit Value: | <u>N/A</u> | <u>30.0</u> | <u>45.0</u> |

If calculated value does not equal reported value, explain:

Equal.

Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:12 |
| | | Photo #: | 1 |
| Description: | Influent sampling building for quality control. | | |



| | | | |
|---------------|--|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:18 |
| | | Photo #: | 2 |
| Description: | Building that houses the blowers for the aeration basins. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:19 |
| | | Photo #: | 3 |
| Description: | Blowers for aeration basins being maintained during inspection. | | |



| | | | |
|---------------|--|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:21 |
| | | Photo #: | 4 |
| Description: | Aeration basin with no current aeration as there was maintenance being performed. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:22 |
| | | Photo #: | 5 |
| Description: | Maintenance crews for the blowers. | | |



| | | | |
|---------------|--|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:30 |
| | | Photo #: | 6 |
| Description: | Influent monitoring station for internal quality samples. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:31 |
| | | Photo #: | 7 |
| Description: | Aeration basin with some materials and foam on top. | | |



| | | | |
|---------------|--|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:31 |
| | | Photo #: | 8 |
| Description: | Aeration basin with some materials and foam on top. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:32 |
| | | Photo #: | 9 |
| Description: | View of the primary pond from the levee between the aeration basin. | | |



| | | | |
|---------------|---|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:37 |
| | | Photo #: | 10 |
| Description: | Water flowing from the polishing ponds to the chlorine contact chamber,. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | | | |
|---------------|--|----------|-------------------|-------|--------------|
| Location: | Boyd Point WWTF | | | | |
| Photographer: | Michael Young | Date: | 02/23/2023 | Time: | 11:37 |
| Witness: | Robert Diaz | Photo #: | 11 | | |
| Description: | Chlorine canisters stored for disinfection. | | | | |



| | | | | | |
|---------------|---|----------|-------------------|-------|--------------|
| Photographer: | Michael Young | Date: | 02/23/2023 | Time: | 11:38 |
| Witness: | Robert Diaz | Photo #: | 12 | | |
| Description: | Wide view of chlorine contact chamber. | | | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:40 |
| | | Photo #: | 13 |
| Description: | Chlorine contact chamber at Boyd Point WWTF. | | |



| | | | |
|---------------|---|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:41 |
| | | Photo #: | 14 |
| Description: | Chlorine contact chamber with water being disinfected. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:42 |
| | | Photo #: | 15 |
| Description: | Water discharging from chlorine contact chamber creating post-aeration. | | |



| | | | |
|---------------|---|----------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:44 |
| | | Photo #: | 16 |
| Description: | Staff gage for the Parshall flume. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|---|-------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:46 |
| Description: | Flow check sheet for daily flow checks made by the facility. | | |

BOYD POINT TREATMENT FACILITY FLOW MEASUREMENT
EFFLUENT
(DISCHARGE FROM 2' PARSHALL FLUME)

MONTH: Feb YEAR: 2023

| DAY | TIME | TECH | FLOW (INCH) FLUME | FLOW (HEAD FT.) FLUME | FLOW METER READING | RECORDED VALUE | CALCULATED VALUE | FLOW METER BEFORE CALIBRATION (HEAD FT.) | FLOW METER AFTER CALIBRATION (HEAD FT.) |
|-----|------|--------|-------------------|-----------------------|--------------------|----------------|------------------|--|---|
| 1 | 2-1 | NMM | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 2 | 2-2 | NMM | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 3 | 2-3 | AMF | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 4 | 0845 | GL | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 5 | 0845 | GL | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 6 | 0845 | AMF | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 7 | 0845 | GL/AMF | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 8 | 0845 | AMF | 2.40 | 2.40 | 1393 | 20.06 | 20.08 | 2.40 | 2.40 |
| 9 | 0845 | AMF | 10.00 | 2.00 | 1067 | 15.36 | 15.14 | 2.10 | 2.10 |
| 10 | 0845 | AMF | 16.00 | 2.00 | 132 | 2481 | 5.57 | 5.66 | 2.00 |
| 11 | 0845 | AMF | 16.00 | 2.00 | 132 | 2481 | 5.57 | 5.66 | 2.00 |
| 12 | 0845 | ESC | 8.00 | 0.50 | 116.64 | 232 | 2.22 | 2.40 | 0.60 |
| 13 | 0845 | WOS | 1.00 | 0.15 | 11.80 | 1.71 | 1.76 | 0.48 | 0.60 |
| 14 | 0845 | WOS | 0.89 | 0.8 | 246.6 | 3.55 | 3.16 | 1.18 | 0.15 |
| 15 | 0845 | WOS | 1.00 | 1.00 | 350.8 | 5.12 | 5.17 | 1.10 | 1.18 |
| 16 | 0845 | WOS | 1.00 | 1.00 | 347.5 | 5.00 | 5.17 | 1.07 | 1.10 |
| 17 | 0845 | WOS | 3.00 | 1.10 | 414.3 | 8.97 | 8.49 | 1.02 | 1.10 |
| 18 | 0845 | GL | 13.00 | 1.00 | 414.3 | 5.97 | 5.99 | 1.04 | 1.10 |
| 19 | 0845 | GL | 10.00 | 1.00 | 358.5 | 5.16 | 5.17 | 1.05 | 1.08 |
| 20 | 0845 | NMM | 7.00 | 0.20 | 252.5 | 3.64 | 3.66 | 0.75 | 0.80 |
| 21 | 0845 | AMF | 7.00 | 0.20 | 210.9 | 3.03 | 2.76 | 0.75 | 0.70 |
| 22 | 0845 | AMF | 21.00 | 0.60 | 157.6 | 1.27 | 2.32 | 0.70 | 0.70 |
| 23 | 0845 | AMF | 27.00 | 1.20 | 177.6 | 11.77 | 11.77 | 1.70 | 1.70 |
| 24 | | | | | 463.4 | 13.87 | 13.48 | 1.89 | 1.89 |

Field Data: Date: 2-6-23 Time: 0845
 Head in inches 2.600 = 2.10 ft.
 Recorded Flow at date & time listed above
 Flows are calculated from flow charts taken from the ISCO Open Channel Flow Measurement Handbook -4th Edition

| | | | |
|---------------|---|-------|-------------------|
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:47 |
| Description: | Totalizer digital readout in good condition. | | |



Office of Water Quality Photographic Evidence Sheet

| | | | |
|---------------|--|----------|-------------------|
| Location: | Boyd Point WWTF | | |
| Photographer: | Michael Young | Date: | 02/23/2023 |
| Witness: | Robert Diaz | Time: | 11:48 |
| | | Photo #: | 19 |
| Description: | Carousel and aliquots for refrigerated composite sampler. | | |



| | | | | | |
|---------------|--|-------|--|----------|--|
| Photographer: | | Date: | | Time: | |
| Witness: | | | | Photo #: | |
| Description: | | | | | |

Intentionally left blank.

Figure 1. Overview of the treatment design for the Boyd Point WWTF.

