



# ARKANSAS

## ENERGY & ENVIRONMENT

May 19, 2023

Mr. Monty Ledbetter, Utilities Director  
City of Hot Springs  
320 Davidson Drive  
Hot Springs, AR 71901  
Email: [mledbetter@cityhs.net](mailto:mledbetter@cityhs.net) ; [hmauldin@cityhs.net](mailto:hmauldin@cityhs.net) ; [gyates@cityhs.net](mailto:gyates@cityhs.net)

**RE: Hot Springs - Davidson WWTP Inspections (Garland Co)**  
**AFIN: 26-00145**                      **NPDES Permit No.: AR0033880**  
**ARR000059**

Dear Mr. Ledbetter:

On April 27, 2023, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and an Industrial Stormwater (No-Exposure) Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of each inspection report is enclosed for your records.


**Please refer to the “Summary of Findings” section of each of the inspection reports and provide a written response for each item that was 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 **June 2, 2023**.

If I can be of any assistance, please contact me at [travis.harmon@adeq.state.ar.us](mailto:travis.harmon@adeq.state.ar.us) or (501) 837-2070.

Sincerely,

A handwritten signature in cursive script that reads "Travis Harmon".

Travis Harmon  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>				
	AFIN: 26-00145	PERMIT #: AR0033880	DATE: 4/27/2023		
	COUNTY: 26 Garland	PDS #: 125867	MEDIA: WN		
	GPS LAT: 34.450316 LONG: -93.019033 LOCATION: General Area				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Hot Springs - Davidson WWTP</b> LOCATION: <b>320 Davidson Drive</b> CITY: <b>Hot Springs, AR 71901</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>34689 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>4/27/2023</b> ENTRY TIME: <b>09:50</b> EXIT TIME: <b>14:10</b> PERMIT EFFECTIVE DATE: <b>9/1/2018</b> PERMIT EXPIRATION DATE: <b>8/31/2023</b>			
<b>RESPONSIBLE OFFICIAL</b>		<b>FAYETTEVILLE SHALE RELATED: N</b>			
NAME: / TITLE <b>Mr. Monty Ledbetter / Utilities Director</b> COMPANY: <b>City of Hot Springs</b> MAILING ADDRESS: <b>320 Davidson Drive</b> CITY, STATE, ZIP: <b>Hot Springs AR 71901</b> PHONE & EXT: / FAX: <b>501-262-1125 / 501-262-0339</b> EMAIL: <b>mledbetter@cityhs.net</b> <b>hmauldin@cityhs.net</b> <b>gyates@cityhs.net</b>		<b>INSPECTION PARTICIPANTS</b>			
CONTACTED DURING INSPECTION: <b>No</b>		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Harold Mauldin/ C.O.</b> <b>Gordon Yates/ Operator</b>			
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>N</b>	LABORATORY	<b>N</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<p>1. The facility reported exceedances in the March 2022 DMR for TSS &amp; TP and the February 2023 DMR for CBOD5. The facility also reported lethal and sub-lethal failures in June 2022 and they have conducted TRE. These are violations of Part I.A of the permit. The facility has properly reported these exceedances in monthly DMR and no inspection response is required.</p>					

**GENERAL COMMENTS**

**Introduction**


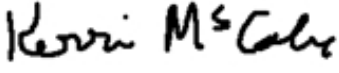
I inspected April 27, 2023. The inspection was scheduled and Mr. Harold Mauldin, Cognizant Official, and Mr. Gordon Yates, Operator, represented the facility. The City of Hot Springs operates a wastewater treatment plant designed to treat 12 MGD. This was a routine inspection.

**WWTP Inspection**

I inspected the plant starting at the headworks and ending at the final effluent. I then inspected the equalization basin. Treatment consists of two bar screens, two grit chambers, three primary clarifiers (one of which was down for maintenance), three-chamber aeration, four secondary clarifiers, two disc filters with cascade post-aeration, and UV disinfection. Sludge is pressed and loaded for transport to a composting facility. The WWTP also operates an equalization basin for high flows with an emergency bar screen operated near the headworks. I found no violations concerning the WWTP during the inspection. The facility should monitor and seal any seeps in the walls of the primary clarifiers as well as monitor burrowing activity. During the inspection, Mr. Yates reported the facility is considering purchasing weir covers for the secondary clarifiers to prevent excessive algae accumulation. He reported that wash down of the algae disrupts the new disc filters.

**Records Review**

I reviewed monthly DMR from March 2022 through February 2023. I also reviewed quarterly WET tests during this time period. I reviewed the February 2023 data analysis sheet to determine proper averaging and load calculation for DMR. I reviewed the June 2022 bio-monitoring report for proper organisms, proper duration, and proper dilutions. I emailed Mr. Mauldin a laboratory records request, which will be sent to Mr. Richard Healey, OWQ - Enforcement Branch Manager, for review.

INSPECTOR'S SIGNATURE: 	Travis Harmon	DATE: 5/5/2023
SUPERVISOR'S SIGNATURE: 	Kerri McCabe	DATE: 5/12/2023

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>See narrative regarding clarifier weir algae</u>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input 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 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: <u>Bypass reported 1/31/2023 &amp; 4/20/2022</u>	<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: <u>Construction mod pending</u>	<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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input 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: <u>4 ft. 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>ISCO</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: <u>Contracted</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>DETAILS: <u>Lab records request sent via email; will be mailed to Richard Healey.</u></b>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq$ 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 $\geq$ 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>City of Hot Springs Davidson WWTP</u>	
b. LAB ADDRESS: <u>320 Davidson Drive, Hot Springs, AR 71901</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3-N, DO, FCB, TP, NO3+NO2-N, pH</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: <u>Failed lethal and sub-lethal in June 2022; TRE initiated.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Viewed at flume</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	Very slight	some	none	clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge pressed and then composted at city compost facility.</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input 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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>No-Exposure Exclusion. Please see inspection report for ARR000059 conducted April 27, 2023.</u>							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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	

## FLOW CALCULATION SHEET

Date: <b>4/27/2023</b>		Time: <b>1106</b>	
Head in Inches:		Feet: <b>1.309 ft.</b>	
Type & Size of Primary Flow Measurement Device: <b>4 ft. Parshall Flume</b>			
Name & Model of Secondary Flow Measurement Device:		<b>Teledyne ISCO</b>	
Date of last Calibration of Secondary Flow Device:		<b>October 2022</b>	
Recorded Flow at Date & Time Listed Above:		<b>15.813 MGD</b>	(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:		<b>15.64 MGD</b>	
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)</small>			
% Error =	Recorded Value	-	Calculated Value
	Calculated Value		X 100
% Error =	15.813	-	15.64
	15.64		X 100
% Error =	0.173	X 100	
	15.64		
% Error =	0.01106	X 100	
% Error =	<b>1.1</b>	%	
Comments:			

**DMR Calculation Check**

Reporting Period: From 2023 02 01 To 2023 02 28  
 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>1,303.0</u>	<u>8.1</u>	<u>9.7</u>
Calculated Value:	<u>1,302.9</u>	<u>8.1</u>	<u>9.7</u>
Permit Value:	<u>1,500</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:



**DMR Calculation Check**

Reporting Period: From 2023 02 01 To 2023 02 28  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1,336.3</u>	<u>8.01</u>	<u>8.71</u>
Calculated Value:	<u>1,336.28</u>	<u>8.01</u>	<u>8.71</u>
Permit Value:	<u>1,000</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP				
Photographer:	Travis Harmon	Date:	April 27, 2023	Time:	1016
Witness:	None- no other regulatory personnel			Photo #:	1
Description:	Influent junction box				



Photographer:	Travis Harmon	Date:	April 27, 2023	Time:	1017
Witness:	None			Photo #:	2
Description:	Emergency/high-flow bar screen to equalization basin				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Hot Springs - Davidson WWTP</b>			
Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>	
Witness:	<b>None</b>	Time:	<b>1021</b>	
Description:	<b>Two bar screens to plant</b>		Photo #:	<b>3</b>



Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>	
Witness:	<b>None</b>	Time:	<b>1025</b>	
Description:	<b>Two grit chambers</b>		Photo #:	<b>4</b>



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1025
		Photo #:	5
Description:	Grit chamber effluent		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1025
		Photo #:	6
Description:	Other grit chamber down at time of inspection		



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Hot Springs - Davidson WWTP</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>
Witness:	<b>None</b>	Time:	<b>1026</b>
		Photo #:	<b>7</b>
Description:	<b>One of three primary clarifiers; one down for maintenance.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>
Witness:	<b>None</b>	Time:	
		Photo #:	<b>8</b>
Description:	<b>Second of three primary clarifiers</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1032
		Photo #:	9
Description:	Third of three primary clarifiers		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1035
		Photo #:	10
Description:	Facility will need to add sealant and monitor; monitor burrowing animal activity.		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1037
		Photo #:	11
Description:	Three chamber aeration with view of RAS tank.		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1037
		Photo #:	12
Description:	First aeration tank		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP				
Photographer:	Travis Harmon	Date:	April 27, 2023	Time:	1038
Witness:	None	Photo #:	13		
Description:	Second RAS tank				



Photographer:	Travis Harmon	Date:	April 27, 2023	Time:	1038
Witness:	None	Photo #:	14		
Description:	Second aeration tank				





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Hot Springs - Davidson WWTP</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>
Witness:	<b>None</b>	Time:	<b>1039</b>
Description:	<b>Third RAS tank</b>	Photo #:	<b>15</b>



Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>
Witness:	<b>None</b>	Time:	<b>1039</b>
Description:	<b>Third aeration tank</b>	Photo #:	<b>16</b>



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Hot Springs - Davidson WWTP</b>		
Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>
Witness:	<b>None</b>	Time:	<b>1044</b>
		Photo #:	<b>17</b>
Description:	<b>First of four secondary clarifiers with effluent shown.</b>		



Photographer:	<b>Travis Harmon</b>	Date:	<b>April 27, 2023</b>
Witness:	<b>None</b>	Time:	<b>1045</b>
		Photo #:	<b>18</b>
Description:	<b>Second secondary clarifier. Facility is considering weir covers to prevent algae growth as wash-down can disrupt new filters.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1048
		Photo #:	19
Description:	Third secondary clarifier		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1049
		Photo #:	20
Description:	Fourth secondary clarifier		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1054
		Photo #:	21
Description:	One of two disc filters		

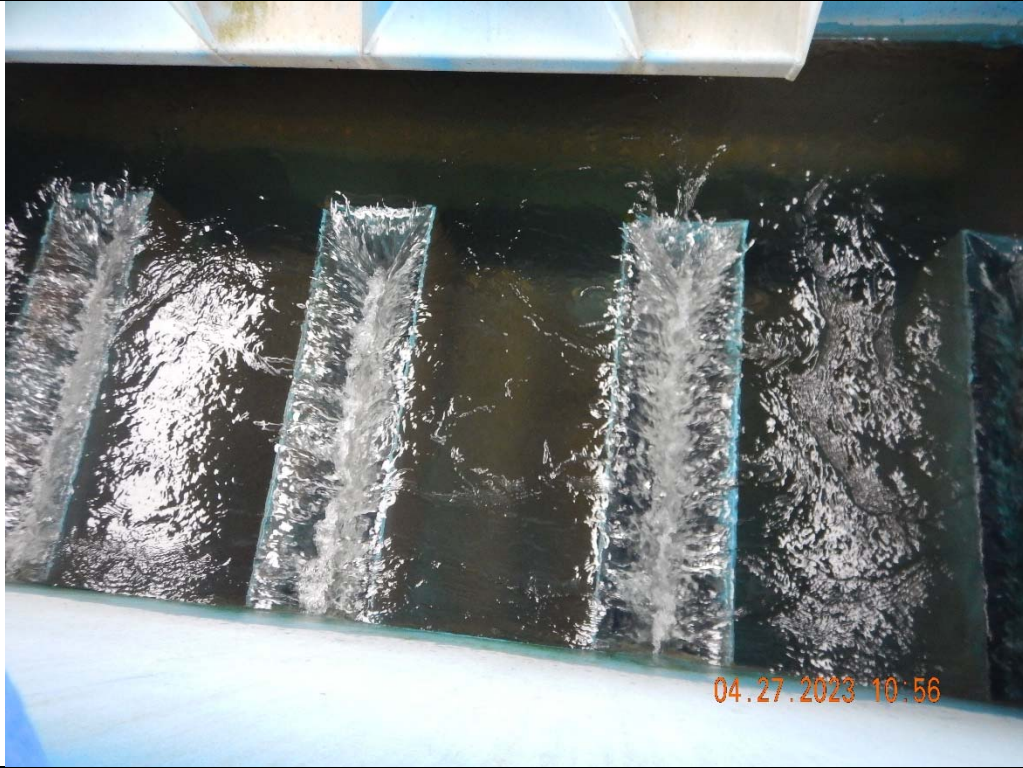


Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1055
		Photo #:	22
Description:	Disc filter effluent		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1056
		Photo #:	23
Description:	Second disc filter effluent		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1057
		Photo #:	24
Description:	Disc filter effluent from both with cascade aeration		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1058
		Photo #:	25
Description:	View of disc filter housing		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1101
		Photo #:	26
Description:	Two lines of UV disinfection		

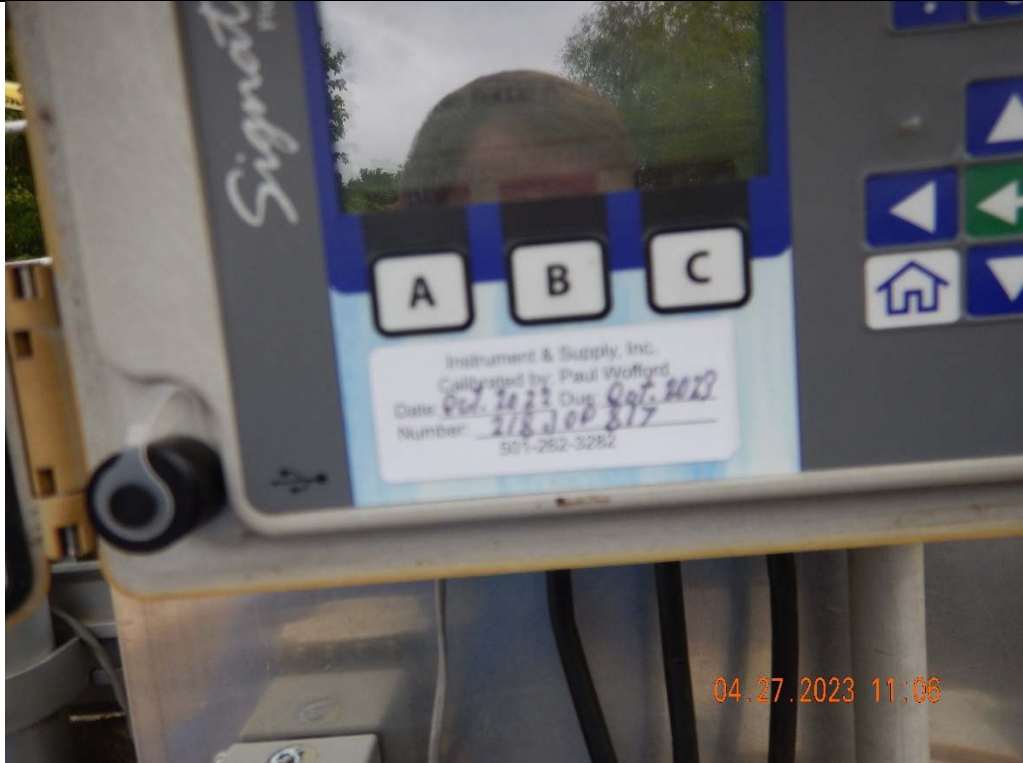


Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1104
		Photo #:	27
Description:	View of final effluent at flume		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1106
		Photo #:	28
Description:	Flowmeter calibrated October 2022		



Office of Water Quality Photographic Evidence Sheet

Location:	Hot Springs - Davidson WWTP		
Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1107
		Photo #:	29
Description:	Composite sampler with thermometer		



Photographer:	Travis Harmon	Date:	April 27, 2023
Witness:	None	Time:	1129
		Photo #:	30
Description:	View of equalization basin		





Figure 1. Google Earth image of CHS – Davidson Plant.

