



# ARKANSAS

## ENERGY & ENVIRONMENT

September 11, 2023

Honorable Larry Bryant, Mayor  
City of Forrest City  
225 North Washington St.  
Forrest City, AR 72335  
Sent Via Email to: [lbryant@cityofforrestcityar.com](mailto:lbryant@cityofforrestcityar.com)

RE: Forrest City WWTP Inspection  
AFIN: 62-00070 Permit No.: AR0020087

Dear Mayor Bryant:


On August 1, 2023, 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 inspection. Please refer to the inspection report for any comments. If I can be of any assistance please contact me at [Jason.Bolenbaugh@adeq.state.ar.us](mailto:Jason.Bolenbaugh@adeq.state.ar.us) or (501) 682-0659.

Sincerely,

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

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

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY</b>				
	AFIN: <b>62-00070</b> PERMIT #: <b>AR0020087</b>		DATE: <b>8/1/2023</b>		
	COUNTY: <b>62 St. Francis</b>	PDS #: <b>126656</b>	MEDIA: <b>WN</b>		
	GPS LAT: <b>35.0012</b> LONG: <b>-90.8351</b> LOCATION: <b>Outfall</b>				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Forrest City WWTP</b> LOCATION: <b>320 SFC 209</b> CITY: <b>Forrest City</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>83321 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>8/1/2023</b> ENTRY TIME: <b>09:00</b> EXIT TIME: <b>11:00</b> PERMIT EFFECTIVE DATE: <b>11/1/2017</b> PERMIT EXPIRATION DATE: <b>10/31/2022</b>			
NAME / TITLE <b>Honorable Larry Bryant / Mayor</b> COMPANY: <b>City of Forrest City</b> MAILING ADDRESS: <b>225 North Washington St.</b> CITY, STATE, ZIP: <b>Forrest City AR 72335</b> PHONE & EXT. / FAX: <b>870-633-1315 /</b> EMAIL: <b>lbryant@cityofforrestcityar.com</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b> INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Mr. Edwin Gregory Jr., Utility Manager,</b> <b>egregoryjr@forrestcitywater.com, 870-270-1756</b> <b>Joel Thetford, Class III Operator (005326),</b> <b>jthetford@forrestcitywater.com</b>			
CONTACTED DURING INSPECTION: <b>No</b>					
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				

<b>SUMMARY OF FINDINGS</b>	
<p><b>No violation were noted during the inspection. The following was noted during the inspection.</b></p> <ol style="list-style-type: none"> <li><b>Significant improvements have occurred in the plant to include reconditioning of all 3 clarifiers, specifically, the internal mechanical components were either replaced, rebuilt, or refurbished. Additionally, the 3 blower units to the aeration basins were replaced with exception of the piping network. Improvements will continue as the permittee intends to rebuild the diffusers in each of the aeration basins and will begin in Basin 2 which was currently out of operation due to a broken pipe. They anticipate beginning construction at the beginning of 2024.</b></li> <li><b>The permittee performs operation checks either daily or multiple times per week in order to meet permit effluent limitations. For example, suspended solids are checked within the aeration basins three times per week; clarifier sludge is checked daily; and, dissolved oxygen is checked within the aeration basin daily.</b></li> </ol>	


**GENERAL COMMENTS**

The treatment type consists of a bar screen, grit chamber, activated sludge, clarification, UV disinfection, and post aeration. The design flow of the wastewater treatment plant is 2.12 MGD.

A review of Discharge Monitoring Reports (DMRs) was conducted for the period May, 2020 to June, 2023. Fifteen violations were reported during this timeframe. Those violations were Ammonia-Nitrogen (6), Fecal Coliform Bacteria (4), Total Suspended Solids (1), and Analysis Not Conducted (4).

From July, 2022 to June, 2023 the permittee reported 6 Sanitary Sewer Overflows (SSO) in which approximately 3,700 gallons was released. No evaluation of the collection system was conducted during the site visit.

To inquire about WET testing frequency reductions please contact Mary Barnett at 501-682-0666 or at [Mary.Barnett@adeq.state.ar.us](mailto:Mary.Barnett@adeq.state.ar.us).

INSPECTOR'S SIGNATURE: <small>←Click text to left to add signature</small>	-Inspector Name	DATE:
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 9/9/2023

<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: <b>Names listed above remain correct. DEQ received a new Change of Authorization request on February 15, 2023 for Mayor Bryant.</b>	<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: <b>Outfall 001 located at coordinates listed above.</b>	<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: <b>Refer to DMR calculation sheet below</b>	<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: <b>Reviewed November 2022 Chain-of-Custodies and Laboratory Analysis sheets</b>	<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: <b>Joel Thetford</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS: <b>Calibration procedures in the office.</b>	<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: <b>Mr. Thetford maintains pH and DO calibration logs.</b>	<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: <b>Logs kept of replacements and maintenance of parts</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: <b>Loadings calculated and reported by Environmental Services Company, Inc.</b>	<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:	
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: <b>The permittee conducts a variety of operational checks daily to ensure the plant operates efficiently and permit effluent limitations are met.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <b>2 backup generators (418 KW). One generator is for the operation of the main pump station near the treatment plant. The second generator is at the treatment plant and will operate the bar screen and flow diversion switch that can divert flows to the EQ basins.</b>	<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: <b>The #2 clarifier and #2 aeration basin were not in operation. The clarifier was awaiting a torque test and the aeration basin needs to have a pipe repaired and is scheduled to have diffusers replaced in 2024.</b>	<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: <b>Joel Thetford (Class III, Advanced Industrial), John Weikle, Seth Essary, Edwin Gregory</b>	<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: <b>Chain links, trash rake bearing, blower motors and bearings, spare diffuser parts, blower parts, clarifier parts, UV bulbs, sensors, extra motors for grit removal and scum pit</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <b>In the event of an emergency the permittee has the ability to divert flows from the activated sludge operation to the EQ basin.</b>	<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: <b>From 7/1/2022 to 6/30/2023, 6 overflows were reported releasing approximately 3,700 gallons. No bypasses have occurred at the plant since 2016 or 2017.</b>	<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:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
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: <b>Reviewed November, 2022 Chain of Custodies and Sample Analysis Sheets</b>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: <b>CBOD<sub>5</sub>, TSS, NH<sub>3</sub>-N, DO, FCB, TP, NO<sub>3</sub>+NO<sub>2</sub>-N<sup>2</sup>, TRC (copper), TRA, and pH.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: <b>Varies from three/week, once/month, and once/quarter.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING: <b>Sampler was at -3°C</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
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: <b>12" Parshall Flume</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: <b>Once/day</b>	<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: <b>Greyline Instruments Inc. SLT32 Level &amp; Flow Monitor</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <b>Calibrated on 8/3/2022. Due for calibration on 8/3/2023. See flow calculation sheet below.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input 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 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 type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <b>Environmental Services, Inc. (effluent testing)</b>	
b. LAB ADDRESS: <b>13715 W. Markham, Little Rock, AR 72211</b>	
c. PARAMETERS PERFORMED: <b>NH<sub>3</sub>-N, TSS, FCB, CBOD<sub>5</sub>, TP, NO<sub>3</sub>+NO<sub>2</sub>-N, TRC (copper)</b>	
8. BIOMONITORING PROCEDURES ADEQUATE: <b>June 14, 2022 – completed by Huther &amp; Associates, Inc.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: <b>Ceriodaphnia dubia and Pimephales promelas</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: <b>32, 42, 56, 75, 100 (Critical Dilution)</b>	<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

<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: <b>Outfall 001; unnamed tributary of L'Anguille River.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	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: <b>Two, 72 acre oxidation ponds are used as a diversion pond where sludge is pumped to the north pond and allowed to accumulate.</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input 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):							
<u>Sludge depth checked daily</u>							
<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: <b>Sampling was not conducted during this inspection.</b>							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
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 type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: <b>8/1/2023</b>		Time: <b>10:23</b>	
Head in Inches: <b>9.25</b>		Feet: <b>0.77</b>	
Type & Size of Primary Flow Measurement Device: <b>12" Parshall Flume</b>			
Name & Model of Secondary Flow Measurement Device: <b>Greyline Instruments, Inc. SLT32 Level &amp; Flow Monitor</b>			
Date of last Calibration of Secondary Flow Device: <b>8/3/2022</b>			
Recorded Flow at Date & Time Listed Above (Facility Flow Meter): <b>1.706 MGD</b>			
Calculated Flow at Date & Time Listed Above: <b>1.737</b>			
<small>(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u>)</small>			
% Error =	Recorded Value	-	Calculated Value
	Calculated Value		X 100
% Error =	<b>1.706</b>	-	<b>1.737</b>
	<b>1.737</b>		X 100
% Error =	<b>-0.031</b>	X 100	
	<b>1.737</b>		
% Error =	<b>-0.178</b>	X 100	
% Error =	<b>-1.78</b>	%	
Comments: <b>Flow meter is reading within ±10% of the actual flow.</b>			

**DMR Calculation Check**

**Reporting Period:** From 2022 11 1 To 2022 11 30  
 Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>93.4</u>	<u>7.7</u>	<u>8.33</u>
<b>Calculated Value:</b>	<u>93.3</u>	<u>&lt;7.39</u>	<u>8.33</u>
<b>Permit Value:</b>	<u>353.6</u>	<u>20</u>	<u>30</u>

**If calculated value does not equal reported value, explain:  
 Minor discrepancy with monthly average concentration.**



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:01</b>
		Photo #:	<b>1</b>
Description:	<b>DSCN6037: Influent flowing into the headworks.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:03</b>
		Photo #:	<b>2</b>
Description:	<b>DSCN6040: Headworks bar screen.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:02</b>
		Photo #:	<b>3</b>
Description:	<b>DSCN6039: Headworks grit removal and flow diversion.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:15</b>
		Photo #:	<b>4</b>
Description:	<b>DSCN6045: Grit removal chamber.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:09</b>
		Photo #:	<b>5</b>
Description:	<b>DSCN6043: Blowers to the aeration basins.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:17</b>
		Photo #:	<b>6</b>
Description:	<b>DSCN6047: Aeration Basin 1.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:17</b>
		Photo #:	<b>7</b>
Description:	<b>DSCN6048: Aeration Basin 2 not in operation.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:25</b>
		Photo #:	<b>8</b>
Description:	<b>DSCN6053: Activated sludge in Aeration Basin 1.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:27</b>
		Photo #:	<b>9</b>
Description:	<b>DSCN6055: Clarifier 1.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:47</b>
		Photo #:	<b>10</b>
Description:	<b>DSCN6063: Clarifier 2 not in operation (awaiting torque testing).</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:33</b>
		Photo #:	<b>11</b>
Description:	<b>DSCN6062: Replaced clarifier baffles and covers.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>09:48</b>
		Photo #:	<b>12</b>
Description:	<b>DSCN6065: Waste activated sludge (WAS) pump.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:05</b>
		Photo #:	<b>13</b>
Description:	<b>DSCN6067: Influent chamber to the UV disinfection. Sealant painted on the chamber to prevent leaking.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:06</b>
		Photo #:	<b>14</b>
Description:	<b>DSCN6068: UV disinfection in operation.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:10</b>
		Photo #:	<b>15</b>
Description:	<b>DSCN6073: Post aeration by cascade (left) and oxygen charger (background).</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:10</b>
		Photo #:	<b>16</b>
Description:	<b>DSCN6074: Post aeration cascade.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:		Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:12</b>
		Photo #:	<b>17</b>
Description:	<b>DSCN6075: Post aeration oxygen charger.</b>		



Photographer:	<b>Forrest City WWTP</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:23</b>
		Photo #:	<b>18</b>
Description:	<b>DSCN6079: Effluent flow meter.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Forrest City WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:24</b>
		Photo #:	<b>19</b>
Description:	<b>DSCN6080: 12" Parshall Flume.</b>		



Photographer:	<b>Forrest City WWTP</b>	Date:	<b>8/1/2023</b>
Witness:		Time:	<b>10:24</b>
		Photo #:	<b>20</b>
Description:	<b>DSCN6081: Effluent discharge to the receiving stream.</b>		



View of the activated sludge plant.



Overview of the treatment plant.

