



**DIVISION OF
ENVIRONMENTAL
QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

February 28, 2024

Abraham Travis Dotson, Mayor
City of Huntsville
P.O. Box 430
Huntsville, AR 72740
Email: mayordotson@huntsvillearkansas.org

RE: Huntsville WWTF Inspection (Madison Co.)
AFIN: 44-00018 Permit No.: AR0022004

Dear Honorable Mayor Dotson:

On February 5, 2024, 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 William.Cody@adeq.state.ar.us or (501) 944-2569.

Sincerely,

A handwritten signature in blue ink that reads "Will Cody".

William Cody
Inspector, Office of Water Quality

Cc: Sean.Davis@huntsville-water.com
Bill.Eoff@huntsville-water.com

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 44-00018	PERMIT #: AR0022004	DATE: 2/5/2024		
	COUNTY: 44 Madison	PDS #: 129144	MEDIA: WN		
	GPS LAT: 36.111835 LONG: -93.732806 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Huntsville WWTF LOCATION: 30191 AR-23 CITY: Huntsville		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 142257 S - State FACILITY EVALUATION RATING: *** INSPECTION TYPE: Compliance Evaluation DATE(S): 2/5/2024 ENTRY TIME: 09:00 EXIT TIME: 10:00 PERMIT EFFECTIVE DATE: 8/1/2023 PERMIT EXPIRATION DATE: 7/31/2028			
RESPONSIBLE OFFICIAL		FAYETTEVILLE SHALE RELATED: N			
NAME / TITLE: Abraham Travis Dotson / Mayor COMPANY: City of Huntsville MAILING ADDRESS: P.O. Box 430 CITY, STATE, ZIP: Huntsville AR 72740 PHONE & EXT: / FAX: 479-738-6929 / EMAIL: mayordotson@huntsvillearkansas.org CONTACTED DURING INSPECTION: No		FAYETTEVILLE SHALE VIOLATIONS: N			
		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Sean Davis, Executive Director, (479) 738-6929, sean.davis@huntsville-water.com Bill Eoff, Wastewater Manager, bill.eoff@huntsville-water.com Austin Hawes, Area 1 Inspector, (501) 837-6910, austin.hawes@adeq.state.ar.us William Cody, Area 1 Inspector, (501) 944-2569, william.cody@adeq.state.ar.us			
AREA EVALUATIONS					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
No items were noted during the inspection.					

GENERAL COMMENTS

On February 5, 2024, I conducted a Compliance Evaluation Inspection at the above-referenced facility in accordance with the NPDES permit AR0022004. Austin Hawes, Area 1 Inspector, Sean Davis, Executive Director, and Bill Eoff, Wastewater Manager, accompanied me during the inspection. The inspection consisted of a site assessment and records were reviewed at a later date.

Records Review:

All records reviewed after conducting the inspection are adequate and no significant items are noted. The November 2023 DMR reports a 7-Day Average value of 0.3 mg/L for Ammonia-Nitrogen. After reviewing provided documents and data, I identified a 7-Day Average value of 0.4 mg/L for November 2023, with this value occurring on November 27, 2023. No other items were noted in the records review.

Site Assessment:



The facility is in good condition overall. Mr. Eoff explained that the facility is planning and proposing the implementation of Aerobic Granular Sludge (AGS) treatment, which would replace the entirety of the existing treatment plant process. The goal is to have this system implemented and running by July 2026.

Raw influent proceeds through bar racks, bar screens, and then grit removal. Wastewater then proceeds to the anaerobic selector basin with four cells. This basin aids in phosphorous removal. Two of the cells are currently inactive. In this process, there are submerged blowers in each cell to supply oxygen while maintaining an anaerobic environment.

From the anaerobic selector basin, wastewater proceeds to a manhole where a 24" and 16" pipe are located. The 16" pipe introduces aluminum sulfate and lime into the wastewater going to the next treatment process. A RAS and WAS station takes RAS and WAS from the clarifiers and re-introduces it in the treatment process. A recycle station mixes wastewater from the anaerobic selector basin and oxidation ditch and feeds to the anoxic zone. The anoxic zone has one submersible blower, and small bubbles on the surface of the anoxic zone indicate adequate processing of the nitrogen cycle and denitrification. Wastewater then proceeds to the oxidation ditch, which also uses blowers and submersible mixers. Paddle wheels on the oxidation ditch have not been used for regular operation since 2017 but are still available if necessary and are regularly checked and ran to ensure proper functionality.

A splitter box from the oxidation ditch feeds into two clarifiers, both of which appear to be in adequate condition. The facility utilizes UV disinfection after the clarifiers. The facility manually cleans and inspects the UV bulbs weekly although wipers are installed on the bulbs.

The treated effluent discharges through a 2' H-flume into Town Branch. The effluent appears of good quality and no items were noted. Sludge handling is done so through a belt press and sludge dryer. The dried solids are sold to the Kingsley Brothers Farm based out of Miller, Missouri. It was mentioned the solids are sold to this group approximately 1-2 times per month and is not on a scheduled frequency.

INSPECTOR'S SIGNATURE:  William Cody	DATE: 2/15/2024
SUPERVISOR'S SIGNATURE:  Amy Huneycutt	DATE: 2/20/2024

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 type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>2'</u> TYPE OF DEVICE: <u>H-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:	<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: <u>minor turbulence</u>	<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 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 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 type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>GTS, Inc.</u>	
b. LAB ADDRESS: <u>1915 N. Shiloh Dr., Fayetteville, AR 72704</u>	
c. PARAMETERS PERFORMED: <u>Fecal coliform; TP; NO₃+NO₂-N; NH₃-N; CBOD5; Chloride; Sulfate; TDS; TSS; TKN; Iron</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **2/5/2024** Time: **09:37**

Head in Inches: **12.75** Feet: **1.06**

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **1.712 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.655 MGD**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	1.712	-	1.655	X 100	
	1.655				

% Error =	0.057	X 100	
	1.655		

% Error =	0.0344	X 100	
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% Error =	3.44	%	
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Comments:

DMR Calculation Check

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

Parameter Checked: TP

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>13.4</u>	<u>0.9</u>	<u>1.8</u>
Calculated Value:	<u>13.4</u>	<u>0.9</u>	<u>1.8</u>
Permit Value:	<u>33.3</u>	<u>2.0</u>	<u>3.0</u>

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2023 11 01 To 2023 11 30
 Year Month Day Year Month Day

Parameter Checked: NH₃-N

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>3.0</u>	<u>0.3</u>	<u>0.3</u>
Calculated Value:	<u>3.0</u>	<u>0.3</u>	<u>0.4</u>
Permit Value:	<u>50.0</u>	<u>3.0</u>	<u>4.5</u>

If calculated value does not equal reported value, explain:

I identified an Effluent Comp. result on 11/27/2023 with an Ammonia-N result value of 0.4 mg/L. This appears to be the highest value throughout November 2023, which should be reported for the 7-day average.

Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF				
Photographer:	William Cody	Date:	2/5/2024	Time:	09:05
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	1
Description:	Grit removal after bar racks and bar screens.				



Photographer:	William Cody	Date:	2/5/2024	Time:	09:08
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	2
Description:	Anaerobic selector basin cell.				



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF				
Photographer:	William Cody	Date:	2/5/2024	Time:	09:11
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	3
Description:	Manhole that splits wastewater into either a 24" pipe or 16" pipe.				



Photographer:	William Cody	Date:	2/5/2024	Time:	09:18
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	4
Description:	Recycle station.				



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF		
Photographer:	William Cody	Date:	2/5/2024
Witness:	Sean Davis, Bill Eoff, William Cody	Time:	09:19
Description:	Anoxic zone with blower/mixer.	Photo #:	5



Photographer:	William Cody	Date:	2/5/2024
Witness:	Sean Davis, Bill Eoff, Austin Hawes	Time:	09:22
Description:	Oxidation ditch.	Photo #:	6



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF				
Photographer:	William Cody	Date:	2/5/2024	Time:	09:25
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	7
Description:	One of two clarifiers.				



Photographer:	William Cody	Date:	2/5/2024	Time:	09:26
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	8
Description:	Second of two clarifiers.				



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF				
Photographer:	William Cody	Date:	2/5/2024	Time:	09:27
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	9
Description:	UV disinfection station.				



Photographer:	William Cody	Date:	2/5/2024	Time:	09:29
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	10
Description:	Outfall 001.				



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF				
Photographer:	William Cody	Date:	2/5/2024	Time:	09:29
Witness:	Sean Davis, Bill Eoff, Austin Hawes			Photo #:	11
Description:	Outfall 001 discharging into Town Branch.				



Photographer:	William Cody	Date:	2/5/2024	Time:	09:12
Witness:	Bill Eoff, Austin Hawes			Photo #:	12
Description:	Sludge belt press.				



Office of Water Quality Photographic Evidence Sheet

Location:	Huntsville WWTF				
Photographer:	William Cody	Date:	2/5/2024	Time:	09:14
Witness:	Bill Eoff, Austin Hawes		Photo #:	13	
Description:	Sludge dryer machine.				





Attachment 1. Google Earth satellite imagery depicting the City of Huntsville Wastewater Treatment Facility and identifying parts of treatment.