



**DIVISION OF
ENVIRONMENTAL
QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

March 14, 2024

Tim McKinney, Mayor
City of Berryville
P.O. BOX 227
Berryville, AR 72616
Email Address: mayortim@berryvillear.gov

RE: Berryville Waste Water Plant Inspection – PDS# 129411 (Carroll Co.)
AFIN: 08-00034 Permit No.: AR0021792

Dear Honorable Mayor McKinney:

On February 29, 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.

Please refer to the “Summary of Findings” section of the inspection report 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. 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 **March 29, 2024**.


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 'William Cody'.

William Cody
Inspector, Office of Water Quality

Cc: thom.vinson@jacobs.com

 ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 08-00034	PERMIT #: AR0021792	DATE: 2/29/2024		
	COUNTY: 08 Carroll	PDS #: 129411	MEDIA: WN		
	GPS LAT: 36.356114 LONG: -93.580334 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Berryville Waste Water Plant LOCATION: 1000 Cedarvale Road CITY: Berryville		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 142257 S - State FACILITY EVALUATION RATING: *** INSPECTION TYPE: Compliance Evaluation DATE(S): 2/29/2024 ENTRY TIME: 09:50 EXIT TIME: 11:07 PERMIT EFFECTIVE DATE: 11/1/2016 PERMIT EXPIRATION DATE: 10/31/2026			
RESPONSIBLE OFFICIAL		INSPECTION PARTICIPANTS			
NAME / TITLE: Tim McKinney / Mayor COMPANY: City of Berryville MAILING ADDRESS: P.O. BOX 227 CITY, STATE, ZIP: Berryville AR 72616 PHONE & EXT. / FAX: 870-654-3004 / EMAIL: mayortim@berryvillear.gov CONTACTED DURING INSPECTION: No		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Mike Maynard, Lead Operator, Class III Brad Karnes, Operator, Class III Thom Vinson, Operator Supervisor, Class IV, thom.vinson@jacobs.com Austin Hawes, E&E Inspector II, (501) 837-6910, austin.hawes@adeq.state.ar.us William Cody, E&E Inspector II, (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
**	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	
<p>The following items were noted during the inspection:</p> <ol style="list-style-type: none"> 1. Clarifier weirs are showing signs of rusting and algal growth. It is requested that the facility provide an update on the clarifier upgrade process. This is in accordance with Part III, B.1.A of the permit. 2. DMR data for February 2023 CBOD5 show reported values of 2.0 mg/L and 3.0 mg/L for Monthly Average and 7-Day Average, respectively. Manual DMR Calculation Checks resulted in values of 2.5 mg/L for both Monthly Average and 7-Day Average. It is requested that the facility respond to this item with an explanation as to how the values of 2.0 mg/L and 3.0 mg/L for Monthly Average and 7-Day Average were obtained. 	

GENERAL COMMENTS

On February 29, 2024, myself and Inspector Austin Hawes conducted a Compliance Evaluation Inspection at the above-referenced facility in accordance with the permit AR0021792. Mr. Mike Maynard, Mr. Brad Karnes, and Mr. Thom Vinson accompanied us during the inspection. The inspection consisted of a site assessment and a records review followed after the inspection.

Records Review:


Records are adequate overall. Records are thoroughly maintained and appear to match DMR submissions with the exception noted in Item 2 in the "Summary of Findings" section above. No other items were noted during the records review.

Site Assessment:

The site is in good condition overall. The facility averages approximately 1.25 MGD and a nearby Tyson plant provides approximately 60% of the wastewater influent. The facility went through an upgrade in 2011. From the influent, wastewater proceeds through a bar screen and grit removal. The bar screen is clean and in good condition; the grit removal device is showing signs of aging but appears to work adequately. Solids removed from these processes are dropped into a dumpster, where Carroll County Solid Waste Department hauls the dumpster to the Tontitown landfill every Monday. Wastewater then proceeds to a grit removal tank, where a sump at the bottom pulls any grit back to grit removal and/or solid waste handling.

A splitter box sends the wastewater to anaerobic selector basins where phosphorus removal occurs. Another splitter box following the anaerobic selector basins sends wastewater to the anoxic zone, followed by the oxidation ditch/aeration basin. There are two oxidation ditches; however, only one is used for operation. The second oxidation ditch is switched as the primary oxidation ditch every year or so, as one ditch has adequate capacity to run the operation. Wastewater then proceeds to one of two clarifiers. One clarifier has received recent updates and maintenance to replace the baffles and weirs along with other components. Previous inspection reports identified rusting and deteriorating weirs and baffles. The second clarifier does still resemble rusting conditions and has evidence of algal growth between the weirs. It was mentioned that this clarifier will receive the same updates as the first clarifier in the next four to five months. Sludge/scum from clarifiers proceeds to a gravity thickener basin and is then pumped to the sludge holding tank, where there are two submersed blowers. The UV disinfection system was refurbished in December 2023, and bulbs are pulled every month or so for manual cleaning. Effluent samples are taken at post-aeration. A new flow meter was installed in 2023 and is officially calibrated yearly, and Mr. Maynard calibrates manually once/month.

For solids handling, the facility uses a belt press as needed, typically once/week depending on the season. The solids handling equipment appeared very clean and well-maintained. Solids are then hauled off by Carroll County Solid Waste Department to the landfill.

INSPECTOR'S SIGNATURE:  William Cody	DATE: 3/7/2024
SUPERVISOR'S SIGNATURE:  Amy Huneycutt	DATE: 3/12/2024

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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input 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 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:	<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>18"</u> TYPE OF DEVICE: <u>Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Militronics Hydro Ranger</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input 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 Drive, Fayetteville, AR 72704</u>	
c. PARAMETERS PERFORMED: <u>BOD5, CBOD5, Ammonia-N, Total Phosphorus, TDS, TSS, Fecal Coliform</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: <u>Hauled to landfill.</u>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **2/29/2024** Time: **10:35**

Head in Inches: **6.25"** Feet: **0.5208'**

Type & Size of Primary Flow Measurement Device: **18" Parshall flume**

Name & Model of Secondary Flow Measurement Device: **Militronics Hydro Ranger**

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **983.04 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **985.0 GPM**

(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 =	983.04	-	985.0	X 100	
	985.0				

% Error =	-1.96	X 100	
	985.0		

% Error =	-0.0019898477	X 100	
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% Error =	-0.20	%	
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Comments:

Office of Water Quality Photographic Evidence Sheet

Location: Berryville Waste Water Plant			
Photographer: William Cody	Date: 2/29/2024	Time: 09:56	
Witness: Mike Maynard, Austin Hawes		Photo #: 1	
Description: Bar screen at influent.			



Photographer: William Cody		Date: 2/29/2024	Time: 09:58
Witness: Mike Maynard, Austin Hawes			Photo #: 2
Description: Grit removal chamber with signs of aging although in good operating condition.			



Office of Water Quality Photographic Evidence Sheet

Location:	Berryville Waste Water Plant		
Photographer:	William Cody	Date:	2/29/2024
Witness:	Mike Maynard, Austin Hawes	Time:	10:00
Description:	Grit tank where a sump pulls grit back to removal/solid waste building.		



Photographer:	William Cody	Date:	2/29/2024
Witness:	Mike Maynard, Austin Hawes	Time:	10:02
Description:	Anaerobic selector basins with multiple cells.		



Office of Water Quality Photographic Evidence Sheet

Location: Berryville Waste Water Plant			
Photographer: William Cody	Date: 2/29/2024	Time: 10:05	
Witness: Mike Maynard, Austin Hawes		Photo #: 5	
Description: Anoxic zone before oxidation ditch/aeration basin.			



Photographer: William Cody			
Date: 2/29/2024	Time: 10:08		
Witness: Mike Maynard, Austin Hawes		Photo #: 6	
Description: Oxidation ditch.			



Office of Water Quality Photographic Evidence Sheet

Location: Berryville Waste Water Plant			
Photographer: William Cody	Date: 2/29/2024	Time: 10:08	
Witness: Mike Maynard, Austin Hawes		Photo #: 7	
Description: Propeller-styled device used in the oxidation ditch to introduce oxygen.			



Photographer: William Cody		Date: 2/29/2024	Time: 10:10
Witness: Mike Maynard, Austin Hawes		Photo #: 8	
Description: Example of weir at oxidation ditch where process proceeds to splitter box/clarifier.			



Office of Water Quality Photographic Evidence Sheet

Location: Berryville Waste Water Plant			
Photographer:	William Cody	Date:	2/29/2024
Time:	10:13	Witness:	Mike Maynard, Austin Hawes
Photo #:	9	Description: Clarifier weirs are showing signs of rusting as well as algal growth.	

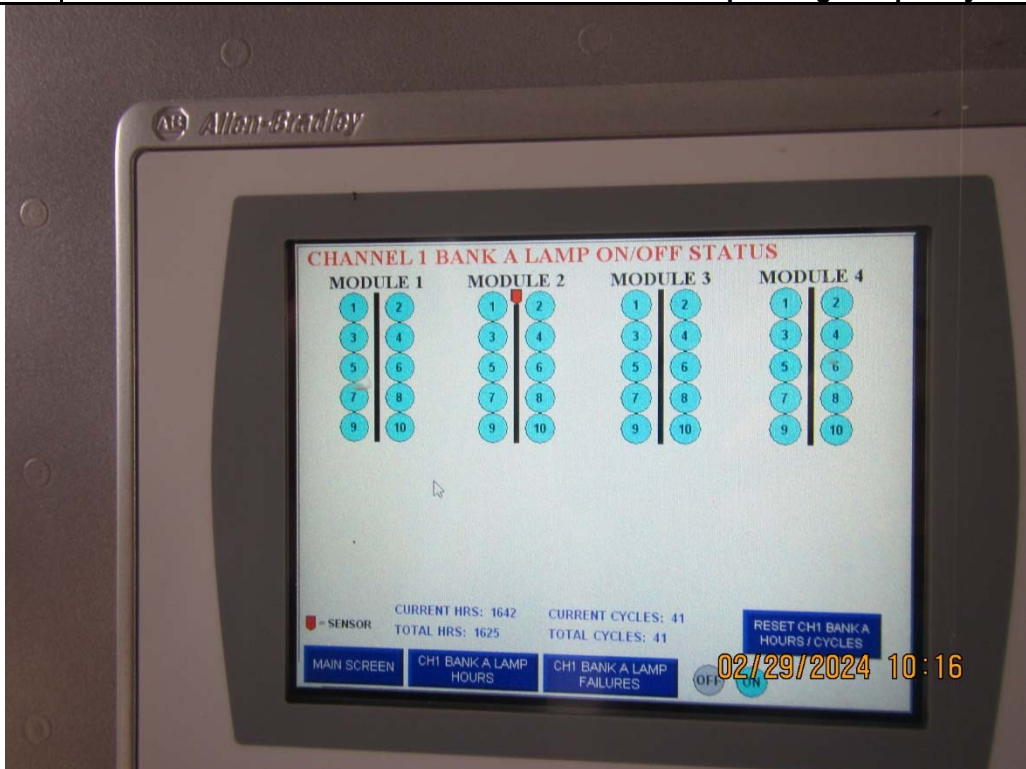


Photographer: William Cody			
Date:	2/29/2024	Time:	10:13
Witness:	Mike Maynard, Austin Hawes	Photo #:	10
Description: New weirs and additional parts installed on the second clarifier.			



Office of Water Quality Photographic Evidence Sheet

Location:	Berryville Waste Water Plant		
Photographer:	William Cody	Date:	2/29/2024
Witness:	Mike Maynard, Austin Hawes	Time:	10:16
Description:	Screen indicates that all UV disinfectant bulbs are operating adequately.		



Photographer:	William Cody	Date:	2/29/2024
Witness:	Mike Maynard, Austin Hawes	Time:	10:15
Description:	Parshall flume with stilling well and flow measurement.		



Office of Water Quality Photographic Evidence Sheet

Location: Berryville Waste Water Plant			
Photographer: William Cody	Date: 2/29/2024	Time: 10:19	
Witness: Mike Maynard, Austin Hawes		Photo #: 13	
Description: Outfall 001.			



Photographer: William Cody	Date: 2/29/2024	Time: 10:37	
Witness: Mike Maynard, Austin Hawes		Photo #: 14	
Description: Gravity thickener for solids handling.			



Office of Water Quality Photographic Evidence Sheet

Location:	Berryville Waste Water Plant				
Photographer:	William Cody	Date:	2/29/2024	Time:	10:38
Witness:	Mike Maynard, Austin Hawes		Photo #:	15	
Description:	Sludge holding tank with submerged blowers.				



Photographer:	William Cody	Date:	2/29/2024	Time:	10:40
Witness:	Mike Maynard, Austin Hawes		Photo #:	16	
Description:	Sludge belt press.				

