



ARKANSAS  
Department of Environmental Quality

May 31, 2007

Jay Wilson /Public Works Director  
City of Eureka Springs  
3174 E. Van Buren Street  
Eureka Springs, Arkansas 71632

AFIN No.: 08-00036

NPDES Permit No.: AR0021865

Dear Mr. Wilson:

On April 24, 2007, I performed a routine compliance inspection of the waste water treatment 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. This inspection revealed the following violations:

1. Samples collected of the plant effluent during the inspections, revealed that the effluent dissolved oxygen was below the permit requirement of 6.5mg/l instantaneous minimum. The grab sample collected at 10:01 was 4.07 mg/l, sample collected at 11:01 was 4.18 mg/l, and the sample collected at 12:01 was 4.20 mg/l. This is a violation of Part I, Section A, of the permit.
2. Foam of a persistent nature was noted in the receiving stream which is a violation of Part I, Section A of the permit.
3. Evidence of bottom deposits of solids or sludge was noted in the receiving stream down stream of the outfall point. This is a violation of Part I, Section A of the permit.
4. At the time of the inspection the operations and maintenance was found to be unsatisfactory. This is a violation of Part II, Section B, 1a of the permit. The Lakeside pretreatment unit which contains the new bar screen, grit unit, secondary screening and pre-aeration was down for repairs. A major leak at the center well of the bio tower was noted. The final filter was not in operation, along with the post aeration unit. The UV unit which was designed for 8 banks only had 4 banks of lights in operation. The secondary clarifier was in poor operating condition and was having settling problems which according to the plant superintendent, was due to the upset the plant experience in March of this year.
5. Calibration checks are not being conducted and recorded on the effluent flow device to insure that the meter is reading within +/- 10% accuracy. This is a violation of Part II, Section C, 2 of the permit.
6. The time of sampling for pH and dissolved oxygen was not being documented. This is a violation of Part II, Section C, 8 a.
7. The time of calibration of pH and dissolved oxygen meters need to be recorded as part of the calibration records of these units. This is a violation of Part II, Section C, 3 of the permit.
8. Evidence that inflow/ infiltration (I&I) in the collection system has resulted in overflows and upset condition of the treatment plant.

WATER DIVISION

Jay Wilson/City of Eureka Springs

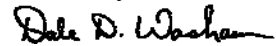
May 31, 2007

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The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department. This response should contain documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by June 22, 2007.

If I can be any assistance, please contact me at [washam@adeq.state.ar.us](mailto:washam@adeq.state.ar.us) or 870-625-7477.

Sincerely,



Dale Washam

Inspector Supervisor

Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

# NPDES Compliance Inspection Report

## Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 N 2 5 3 A R 0 0 2 1 8 6 5 11 12 0 7 0 4 2 4 17 18 S 19 S 20 1					
Remarks					
A F I N - 0 8 - 0 0 0 3 6					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 69	70 2	71 N	72 N	73	74 75 80

## Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>City of Eureka Springs Wastewater Treatment Plant</b> 100 Hwy 23N Eureka Springs, AR 72632	Entry Time/Date <b>0800 / April 24, 2007</b>	Permit Effective Date <b>December 1, 2002</b>
	Exit Time/Date <b>1330 / April 24, 2007</b>	Permit Expiration Date <b>November 30, 2007</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>D. J. Fox / Plant Superintendent/ 479-253-7410</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Jay Wilson /Public Works Director / 479-253-9600</b> City of Eureka Springs 3174 E. Van Buren Street Eureka Springs, Arkansas 71632	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	M	Flow Measurement	U	Operations & Maintenance	S	Sampling
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
U	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
U	Effluent/Receiving Waters	S	Laboratory	N	Storm Water		Other:

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

During the course of the inspection Discharge Monitoring Reports (DMR's) for the months of December 2006 along with January and February 2007 were reviewed. The review revealed that the plant effluent was within permit limits. At the time of the inspection according to Plant superintendent, D.J. Fox, the plant was recovering from an upset condition due to the drive shaft of the primary clarifier becoming inoperable along with heavy rains. As part of the inspection, samples were collected of the effluent and the effluent was within permit limits except for dissolved oxygen. Three grab samples were taken of the discharge and all three results were below the permit limit of 6.5 mg/l instantaneous minimum. The grab sample collected at 10:01 was 4.07 mg/l, sample collected at 11:01 was 4.18 mg/l, and the sample collected at 12:01 was 4.20 mg/l.

Name(s) and Signature(s) of Inspector(s) <b>Dale Washam</b> <i>Dale D. Washam</i>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality/ Mammoth Spring</b> (870) 935-7477/ ( 870)-625-7699	Date <b>May 31, 2007</b>
<b>Sam Lackey</b>	<b>AR Dept. of Environmental Quality/ Little Rock /501-683-0827</b>	
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

<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 type="checkbox"/> S <input checked="" 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: <u>(Time for ph and DO sampling were not being documented)</u>	<input type="checkbox"/> Y <input checked="" 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: <u>(recommended that they keep records of temp. at the time of calibration for pH and DO)</u>	<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: <u>(The time ph and Do meter is calibrated is not documented)</u>	<input type="checkbox"/> S <input checked="" 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>(major leak at the center well of the bio tower)</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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: <u>(Telephone alarm system)</u>	<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: <u>(Lakeside pretreatment system down for repairs, final filter off, post aeration off and only 4 of the 8 banks in the UV unit was operating.)</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>1 class III, 1 class I</u>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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:	<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: <u>(Due to heavy rains in Mid January 07)</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input checked="" 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>Mag meter</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: <u>(August 2, 2006)</u>	<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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET 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. 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 ≥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 ≥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: <u>(State certified)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Services</u>	
b. LAB ADDRESS: <u>1107 Century, Springdale, AR 72764</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, NH3-N, Fecal coliform, Nitrate-nitrite nitrogen</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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Moderate	Moderate	None	Light gray	
Visible foam was noted 200 feet down from outfall in the receiving stream also solids were noted on the bottom of the receiving stream below the outfall.							
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL 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: 312.5 dry tons were composted in FY 06</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 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>							
<b>SAMPLE RESULTS WITHIN 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 OBTAINED THIS INSPECTION:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:___ <input checked="" type="checkbox"/> COMPOSITE: <u>3-hr</u> METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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: April 24, 2007 Time: \_\_\_\_\_

Head in Inches: \_\_\_\_\_ Feet: \_\_\_\_\_

Type & Size of Primary Flow Measurement Device:  
**No device**

---

Name & Model of Secondary Flow Measurement Device:  
**Marsh-McBirney Flow –System Model 253**

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Recorded Flow at Date & Time Listed Above: See below \* (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: \_\_\_\_\_  
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{\quad - \quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

\* 10:01 AM Flow =0.33 MGD  
 11:01 AM Flow= 0.296 MGD  
 12:01 PM Flow= 0.3098 MGD

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \%$$

Comments: **Was unable to perform a flow calculation check, no primary device.**

**DMR Calculation Check**

**Reporting Period:** From 07 01 01 To 07 01 31  
 Year Month Day Year Month Day

**Parameter Checked:** Fecal coliform

	<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>N/A</u>	<u>7</u>	<u>105</u>
<b>Calculated Value:</b>	<u>N/A</u>	<u>7</u>	<u>105</u>
<b>Permit Value:</b>	<u>N/A</u>	<u>200</u>	<u>400</u>

**If calculated value does not equal reported value, explain:** Equal-OK



### DMR Calculation Check

Reporting Period: From 07 01 01 To 07 01 31  
 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>21.6</u>	<u>9.9</u>	<u>14</u>
Calculated Value:	<u>21.6</u>	<u>9.9</u>	<u>14</u>
Permit Value:	<u>87.6</u>	<u>15</u>	<u>23</u>

If calculated value does not equal reported value, explain: Equal-- OK



**NPDES Compliance Inspection Report****- CERTIFICATE OF ANALYSIS -****Attn:****Phone:****Ext:****Our Lab#:** 2007-1340**FAX:****Your Sample ID:** City of Eureka Spr #1 Eff**Sample Type:****Report Date:** 21-May-07

CBOD5	5-day carbonaceous BOD	6.16	mg/L	4/25/2007
FIELD	Dissolved oxygen	4.20	mg/L	4/24/2007
	Field pH	6.91	SU	4/24/2007
NH3/PO4/NO3	Ammonia as nitrogen	3.79	mg/L	4/25/2007
	Orthophosphate as phosphorus	4.82	mg/L	4/25/2007
	Nitrite+Nitrate-N	9.30	mg/L	4/25/2007
NH3-N-ISE	Ammonia as nitrogen	4.20	mg/L	4/30/2007
FC-MF	Fecal coliform by membrane filter	<3	cfu/100 ml	4/24/2007
TSS	Total suspended solids	20.8	mg/L	4/25/2007

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## Photographic Evidence Sheet

<b>Location:</b>	City of Eureka Springs Wastewater Treatment Plant						
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	1	<b>Of</b>	10	<b>Date:</b>	4-24-2007	<b>Time:</b>	0826
<b>Description:</b>	Receiving stream upstream of outfall or discharge point.						
							
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	2	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0921
<b>Description:</b>	Discharge point where samples were collected						
							

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## Photographic Evidence Sheet

<b>Location:</b>	City of Eureka Springs Wastewater Treatment Plant						
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	3	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0921
<b>Description:</b>	Foam on the surface of the receiving stream down stream of the outfall or discharge point.						
							
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	4	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0953
<b>Description:</b>	Solids settled on the bottom of the receiving stream down stream of the outfall.						
							

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## Photographic Evidence Sheet

<b>Location:</b>	City of Eureka Springs Wastewater Treatment Plant						
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	5	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0856
<b>Description:</b>	Major leak at the center well of the bio tower						
							
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	6	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0906
<b>Description:</b>	Surface of the secondary clarifier in front of the scum skimmer						
							

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## Photographic Evidence Sheet

<b>Location:</b>	City of Eureka Springs						
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	7	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0904
<b>Description:</b>	Another view of the secondary clarifier behind the scum skimmer.						
							

<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	8	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0905
<b>Description:</b>	Polymer being added to help in the settling process.						
							

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## Photographic Evidence Sheet

<b>Location:</b>	City of Eureka Springs						
<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	9	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0828
<b>Description:</b>	The Lakeside pretreatment system which includes bar screen, grit unit secondary screening and post aeration was off line for repairs.						



<b>Photographer:</b>	Dale Washam			<b>Witness:</b>	Sam Lackey		
<b>Photo #</b>	10	<b>Of</b>	10	<b>Date:</b>	4-24-07	<b>Time:</b>	0918
<b>Description:</b>	Only 4 of the 8 banks of the UV system were in operation at the time of inspection.						



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## Water Division Complaint Report