

ADEQ

ARKANSAS
Department of Environmental Quality

June 10, 2009

Ms. Belva Plumlee, Wastewater Utility Manager
Bentonville Wastewater Treatment Plant
1901 N.E. A Street
Bentonville, Arkansas 72712

RE: NPDES Permit Compliance Inspection

AFIN: 04-00154 NPDES Permit No.: AR0022403

Dear Ms. Plumlee:

On June 4, 2009, I performed a routine permit compliance evaluation inspection of the wastewater 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 that you are in compliance with the terms of your permit.

If I can be of any assistance, please contact me at 479-267-0811, ext. 16.

Sincerely,



John Fazio
District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
 Water Division Permits Branch



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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

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 2 4 0 3 11 12 0 9 0 6 0 4 17 18 C 19 S 20 1 | Remarks | | | | |
| | | | | | |
| Inspection Work Days | | Facility Evaluation Rating | | BI QA -----Reserved----- | |
| 67 69 | 70 5 | 71 N 72 N 73 74 75 80 | | | |

Section B: Facility Data

| | | |
|---|--|--|
| Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Bentonville Wastewater Treatment Plant 1901 N.E. A Street Bentonville, Arkansas 72712 | Entry Time/Date 0945 / 06-04-09 | Permit Effective Date March 1, 2009 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Belva Plumlee, Wastewater Utility Manager, 479-271-3160, 479-271-3167 (fax) | | Other Facility Data Outfall 001: 36 23 32.4, -94 12 12.6 Entrance: 36 23 27.4, -94 12 14.4 |
| Name, Address of Responsible Official/Title/Phone and Fax Number Belva Plumlee, Wastewater Utility Manager City of Bentonville 115 W. Central Bentonville, Arkansas 72712 479-271-3160, 479-271-3163 (fax) | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

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

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

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

Records obtained for review include DMRs and DMR calculating spreadsheets (monthly reports) for March, April and May of 2009, and the 1st Quarter Biomonitoring Report. One pH excursion was noted in April 2009.

30-average percent removal for TSS in May 2009 was 98 percent.
30-average percent removal for CBOD5 in May 2009 was 98 percent.

This inspection revealed no evidence of permit violations.

| | | |
|---|--|------------------------------|
| Name(s) and Signature(s) of Inspector(s) John Fazio | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811, ext. 16; 479-267-0819 (fax) | Date June 10, 2009 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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

S M U NA 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

S M U NA 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: <u>City has provided dual feed for power</u> | <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>SCADA – battery backup</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: | <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: <u>Includes 3 Class IV Operators</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 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: <u>Overflows in collection system</u> | <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: <u>Bypasses N/A; Overflows Yes</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input 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

S M U NA 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, RESULTS ARE REPORTED ON THE DMR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

- | | |
|--|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>ISCO 3010 Ultrasonic</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>Calibrated 06/09/09</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 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>Effluent aerator turned off at time of measurement to prevent 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

S M U NA 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 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>American Interplex</u> <u>Bio-Analytical Lab</u> | |
| b. LAB ADDRESS: <u>8600 Kanis Rd., Little Rock, Arkansas 72204</u> <u>3240 Spurgin Rd., Doyline, LA 71023</u> | |
| c. PARAMETERS PERFORMED: <u>Table II Organics, Table III Metals, TCLP, PCB</u> <u>Biomonitoring</u> | |
| 8. BIOMONITORING PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: | <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 S M U NA NE

DETAILS:

| OUTFALL #: | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR | OTHER |
|------------|-----------|--------|-----------|--------------|-----------------|-------|------------|
| 001 | None | None | None | None | None | Clear | Some algae |
| | | | | | | | |
| | | | | | | | |

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA 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 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>Applied to Agricultural in 2008</u> |

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

| | |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

SECTION J: STORMWATER POLLUTION PREVENTION PLAN

STORMWATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: (Have No Exposure Certification –addressed in separate inspection)

| | |
|--|--|
| 1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. POLLUTION PREVENTION TEAM IDENTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. LIST OF POTENTIAL POLLUTANT SOURCES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. ALL NON-STORMWATER DISCHARGES ARE AUTHORIZED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. LIST OF STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. LIST OF NON-STRUCTURAL BMPS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. BMPS PROPERLY OPERATED AND MAINTAINED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. INSPECTIONS CONDUCTED AS REQUIRED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

FLOW CALCULATION SHEET

Date: **June 4, 2009** Time: **1112**

Head in Inches: **13.25** Feet: **1.104**

Type & Size of Primary Flow Measurement Device: **24" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **ISCO 3010 Ultrasonic**

Date of last Calibration of Secondary Flow Device: **05/2008**

Recorded Flow at Date & Time Listed Above: **4250 gpm** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **4162 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 = | 4250 | - | 4162 | X 100 | |
| | 4162 | | | | |

| | | | |
|-----------|------|-------|--|
| % Error = | 88 | X 100 | |
| | 4162 | | |

| | | | |
|-----------|--------|-------|--|
| % Error = | 0.0211 | X 100 | |
|-----------|--------|-------|--|

| | | | |
|-----------|-------------|---|--|
| % Error = | 2.11 | % | |
|-----------|-------------|---|--|

Comments:

