

# ADEQ

ARKANSAS  
Department of Environmental Quality

April 13, 2011

Dwayne Allen, Public Works Director  
City of Eureka Springs  
3174 East Van Buren  
Eureka Springs, AR 72632

RE: AFIN: 08-00036

NPDES Permit No.: AR0021865

Dear Mr. Allen:

On March 8, 2011, 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. No permit violations are being cited for this inspection.

The operation of the treatment plant has greatly improved and the plant is producing very good quality effluent which reflects well on the city of Eureka Springs. Although great progress has been made at the plant, several housekeeping issues were noted which must be addressed. Specifically, better management of bar screenings, cleanup of construction debris and removal of dead lines remaining from the old treatment plant must be undertaken. The plant should appear to the public passing on Hwy 23 like it is producing high quality water. These comments are not intended to disparage the staff in any way. They have worked hard to get the plant working at full potential and efficiency and their efforts are being documented by Discharge Monitoring Reports in which monitoring parameters are well below the permit limits. I urge you to continue the progress at the plant while maintaining the recently achieved effluent quality.

I appreciate the courtesy extended to me by the Eureka Springs Public Works staff during this inspection. If you have any questions or would like to discuss this inspection in greater detail, I can be contacted at 870-446-2770 or by e-mail at [morris@adeq.state.ar.us](mailto:morris@adeq.state.ar.us).

Sincerely,



Tony L. Morris  
District 2 Field Inspector  
ADEQ 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

## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type												
1 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 2 1 8 6 5</b> 11 12 <b>1 1 0 3 0 8</b> 17 18 <b>C</b> 19 <b>S</b> 20 <b>1</b>	Remarks																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Inspection Work Days</td> <td style="width:20%;">Facility Evaluation Rating</td> <td style="width:10%;">BI</td> <td style="width:10%;">QA</td> <td style="width:20%;">Reserved</td> <td style="width:10%;"></td> </tr> <tr> <td>67 <b>0 8 - 0 0 0 3 6</b> 69</td> <td>70 <b>5</b></td> <td>71 <b>N</b></td> <td>72 <b>N</b></td> <td>73 <b>  </b> 74 <b>  </b> 75 <b>  </b></td> <td>80</td> </tr> </table>						Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved		67 <b>0 8 - 0 0 0 3 6</b> 69	70 <b>5</b>	71 <b>N</b>	72 <b>N</b>	73 <b>  </b> 74 <b>  </b> 75 <b>  </b>	80
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved													
67 <b>0 8 - 0 0 0 3 6</b> 69	70 <b>5</b>	71 <b>N</b>	72 <b>N</b>	73 <b>  </b> 74 <b>  </b> 75 <b>  </b>	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> ) <b>City of Eureka Springs Waste Water Utility</b> <b>100 Hwy 23 North</b> <b>Eureka Springs, AR 71632</b> <b>Carroll County</b>	Entry Time/Date <b>12:20 March 8, 2011</b>	Permit Effective Date <b>December 1, 2007</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mr. Terry Long/ Plant Operator/ 479-253-7410</b>	Exit Time/Date <b>16:30 March 8, 2011</b>	Permit Expiration Date <b>November 30, 2012</b>
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Dwayne Allen/ Public Works Director/ 479-253-9600/ Fax 479-253-6974</b> <b>City of Eureka Springs</b> <b>3174 E. Van Buren</b> <b>Eureka Springs, AR 72632</b>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other Facility Data <b>N 36.4196</b> <b>W 93.7346</b>

### Section C: Areas Evaluated During Inspection

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

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

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

- During this inspection the plant discharge was observed to be clear and free of grease and solids.
- Discharge Monitoring Reports for October, November, December 2010 and January 2011 were reviewed. The discharge was well below the permitted limits for these months.
- The contents of the sequencing batch reactor vessels were observed to be in better condition with less grease on the surface during the settling and fill cycles. The small aeration basin prior to sterilization and discharge was observed to be free of floating sludge and grease. The Lake Side grit and grease removal unit was operating in the head works.
- Several housekeeping issues were noted during the plant inspection which should be addressed including: bar screenings spilled onto the ground near the head works, construction and demolition debris remaining on site from past construction, dead piping remaining from past construction.
- A bypass recently occurred during a power failure when the backup generator failed to turn on and the main plant lift station overflowed. An SSO report will be submitted with the March 2011 DMR.

Name(s) and Signature(s) of Inspector(s) <b>Tony L. Morris</b> <i>Tony L. Morris</i>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality- Jasper Field Office</b> <b>870-446-2770/870-446-2181 (Fax)</b>	Date <b>March 10, 2011</b>
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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

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:  | <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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:                               | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |

**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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NEDETAILS: Flow devices were within acceptable accuracy.

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>9" 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>Sonic Device</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input checked="" 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 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 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>ESC</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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY

S M U NA NE

DETAILS: The discharge was greatly improved; it was clear with no persistent foam, sludge or grease.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	slight	none	none	clear	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): composted, surplus is landfilled

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
2. TYPE OF SAMPLE: GRAB:\_\_\_ COMPOSITE:\_\_\_ METHOD:\_\_\_ FREQUENCY:\_\_\_
3. SAMPLES PRESERVED: Y N NA NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:\_\_\_ DATE OF LAST UPDATE:\_\_\_ Y N NA NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
8. LIST OF STRUCTURAL BMPS: Y N NA NE
9. LIST OF NON-STRUCTURAL BMPS: Y N NA NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
11. INSPECTIONS CONDUCTED AS REQUIRED: Y N NA NE

## FLOW CALCULATION SHEET

Date:	<b>03/08/11</b>	Time:	<b>14:03</b>
-------	-----------------	-------	--------------

Head in Inches:	<b>19</b>	Feet:	<b>1.58</b>
-----------------	-----------	-------	-------------

Type & Size of Primary Flow Measurement Device: **9 Inch Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Hach Sonic**

Date of last Calibration of Secondary Flow Device: **Unknown**

Recorded Flow at Date & Time Listed Above:	<b>4.308 mgd</b>	(Facility Flow Meter)
--	------------------	-----------------------

Calculated Flow at Date & Time Listed Above:	<b>3.995 mgd</b>	
--	------------------	--

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

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

% Error =	4.308	-	3.995	X 100	
	3.995				

% Error =	.313			X 100	
	3.995				

% Error =	.078			X 100	
-----------	------	--	--	-------	--

% Error =	<b>7.8</b>	%			
-----------	------------	---	--	--	--

Comments: **The devices are within the acceptable range.**

**DMR Calculation Check**

**Reporting Period:** From 2010 12 01 To 2010 12 31  
Year Month Day Year Month Day

**Parameter Checked:** CBOD

	<b>Loading Mass</b>	<b>Concentration</b>
	<b>Mo. Avg. - lbs/day</b>	<b>Mo. Avg. - mg/l</b>
		<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>4.0</u>	<u>&lt;2</u>
<b>Calculated Value:</b>	<u>3.9</u>	<u>2</u>
<b>Permit Value:</b>	<u>75.1</u>	<u>15</u>

**If calculated value does not equal reported value, explain:** Values are equal.

### DMR Calculation Check

**Reporting Period:** From 2010 12 01 To 2010 12 31  
Year Month Day Year Month Day

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>6.1</u>	<u>3.0</u>	<u>5.0</u>
<b>Calculated Value:</b>	<u>6.1</u>	<u>3.09</u>	<u>5.0</u>
<b>Permit Value:</b>	<u>112.6</u>	<u>15</u>	<u>22.5</u>

**If calculated value does not equal reported value, explain:** Values are equal.



<b>Water Division NPDES Photographic Evidence Sheet</b>							
---	--	--	--	--	--	--	--

<b>Location:</b>	Eureka Springs POTW						
------------------	---------------------	--	--	--	--	--	--

<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Terry Long		
----------------------	-------------	--	--	-----------------	------------	--	--

<b>Photo #</b>	1	<b>Of</b>	6	<b>Date:</b>	03/08/11	<b>Time:</b>	12:48
----------------	---	-----------	---	--------------	----------	--------------	-------

<b>Description:</b>	The receiving stream, Leatherwood Creek, below the plant discharge with no sludge banks.						
---------------------	--	--	--	--	--	--	--



<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Terry Long		
----------------------	-------------	--	--	-----------------	------------	--	--

<b>Photo #</b>	2	<b>Of</b>	6	<b>Date:</b>	03/08/11	<b>Time:</b>	13:45
----------------	---	-----------	---	--------------	----------	--------------	-------

<b>Description:</b>	Reactor vessels in fill sequence and settling sequence with reduced floating scum and grease.						
---------------------	---	--	--	--	--	--	--



**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Eureka Springs POTW						
------------------	---------------------	--	--	--	--	--	--

<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	Terry Long		
----------------------	-------------	-----------------	------------	--	--

<b>Photo #</b>	3	<b>Of</b>	6	<b>Date:</b>	03/08/11	<b>Time:</b>	13:20
----------------	---	-----------	---	--------------	----------	--------------	-------

<b>Description:</b>	Oxidation tank prior to sterilization with no floating scum or grease evident.						
---------------------	--	--	--	--	--	--	--



<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	Terry Long		
----------------------	-------------	-----------------	------------	--	--

<b>Photo #</b>	4	<b>Of</b>	6	<b>Date:</b>	03/08/11	<b>Time:</b>	13:37
----------------	---	-----------	---	--------------	----------	--------------	-------

<b>Description:</b>	The UV light banks prior to discharge.						
---------------------	--	--	--	--	--	--	--





**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Eureka Springs POTW						
<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Terry Long		
<b>Photo #</b>	5	<b>Of</b>	6	<b>Date:</b>	03/08/11	<b>Time:</b>	13:11
<b>Description:</b>	Housekeeping problem of spilled bar screenings at the plant head works.						



<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Terry Long		
<b>Photo #</b>	6	<b>Of</b>	6	<b>Date:</b>	03/08/11	<b>Time:</b>	13:14
<b>Description:</b>	Housekeeping problem of construction debris and trash near the plant lift station.						

