

# ADEQ

ARKANSAS  
Department of Environmental Quality

February 1, 2013

Mr. James Henderson, Water and Wastewater Director  
City of Mountain View  
P.O. Drawer 360  
Mountain View, AR 72560

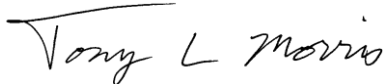
RE: Compliance Inspection  
AFIN: 69-00011, NPDES Permit No.: AR0020117

Dear Mr. Henderson:

On January 24, 2013, I performed a routine permit compliance inspection of the Mountain View 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. At the time of this inspection no permit violations were noted.

I appreciate the improvements being made in the City of Mountain View's collection system and treatment plant. The operation of the treatment plant was greatly improved since my October, 2012 inspection. The improvements in infrastructure and plant operation will hopefully have a beneficial impact on the South Sylamore Creek. I thank Jackey Craig for his assistance during this inspection and if you have any questions please call me at 870-446-2770 or 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: Sean Saunders, District 11 Field Inspector



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 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 2 0 1 1 7</b> 11 12 <b>1 3 0 1 2 4</b> 17 18 <b>C</b> 19 <b>S</b> 20 <b>1</b>	Remarks				
<b>A F I N</b> 6 <b>9</b> - 0 0 0 1 1					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 <b> </b> <b> </b> 69	70 <b>4</b>	71 <b>N</b>	72 <b>N</b>	73 <b> </b>	74 75 <b> </b> <b> </b> <b> </b> <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 Mountain View Wastewater Treatment Plant</b> <b>On Westwood Avenue ¼ mile north of Hwy 66 East</b> <b>Section 10, T11W, R14N in Stone County</b>	Entry Time/Date <b>10:05 January 24, 2013</b>	Permit Effective Date <b>August 1, 2008</b>
	Exit Time/Date <b>12:30 January 24, 2013</b>	Permit Expiration Date <b>July 31, 2013</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mr. Joe Thatcher / Wastewater Plant Manager / 870 269-3293 Treatment Plant Office 870-269-8284</b> <b>Jackey Craig, / Operator / 870-213-7222</b>	Other Facility Data <b>Sample Point:</b> <b>Latitude N 35.8665</b> <b>Longitude W 92.1482</b>  <b>PDS# 069831</b>	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mr. James Henderson</b> <b>Water and Wastewater Director</b> <b>City of Mountain View</b> <b>P.O. Drawer 360</b> <b>Mountain View, AR 72560</b>	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	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	N	Other:

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

The treatment plant consists of screening/grit chamber, extended aeration oxidation ditch, clarifier, UV disinfection, aerobic digestion, sludge drying beds.

The treatment plant design flow is 0.73 mgd. At the time of this inspection the plant was treating 0.4 mgd.

The plant operators are wasting sludge daily. The appearance of the receiving stream is greatly improved from the fall of 2012.

The collection system has 12 lift stations. During this inspection the City Park Lift Station and the Glass Company Lift Station were visited. Both were found to be fitted with two functional pumps. They were clean and appeared to be well maintained. There were signs of a recent overflow at the City Park Lift Station. The overflow was reported to ADEQ as required by the permit.

Name(s) and Signature(s) of Inspector(s)  <b>Tony L. Morris</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jasper</b> <b>PHONE# (870) 446-2770</b>	Date <b>January 28, 2013</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: Y N NA NE
  - 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
  - 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
  - 4. ALL DISCHARGES ARE PERMITTED: Y N NA 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: Y N NA NE
  - 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
    - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
    - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
    - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
    - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
    - e. RESULTS OF CALIBRATIONS: Y N NA NE
    - f. RESULTS OF ANALYSES: Y N NA NE
    - g. DATES AND TIMES OF ANALYSES: Y N NA NE
    - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
  - 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
  - 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
  - 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

- DETAILS:
- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
  - 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
  - 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
  - 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
  - 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
  - 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
  - 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
  - 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
  - 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
  - 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
  - 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Y N NA NE
  - 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
  - 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
  - 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
  - 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA 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 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**S M U NA NE**DETAILS:**

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <u>6 inch 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:	<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: <u>See Section D on page 2.</u>	<input type="checkbox"/> Y <input checked="" 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>McClelland Consulting Engineers</u>	
b. LAB ADDRESS: <u>PO Box 34087, Little Rock, AR 72204-34087</u>	
c. PARAMETERS PERFORMED: <u>TSS, DO, pH, NH3-N, NO3-N, FCB, CBOD</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>The NPDES Permit does not require biomonitoring.</u>	<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: No problems observed in receiving stream below Outfall 001.

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

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Sludge is dewatered and transported to a Class 1 landfill for disposal.

- |   |   |
|---|---|
| 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): |   |

**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 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 checked="" 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 checked="" 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 S M U NA NE

DETAILS: The NPDES Permit for this facility does not require a Storm Water Pollution Prevention Plan.

- |  |  |
|--|--|
| 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-STORM WATER 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:	<b>1-24-13</b>	Time:	<b>11:03</b>
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Head in Inches:		Feet:	<b>0.50</b>
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Type & Size of Primary Flow Measurement Device: 6 inch Parshall

Name & Model of Secondary Flow Measurement Device:	Sonic
--	-------

Date of last Calibration of Secondary Flow Device: 8-11-12

Recorded Flow at Date & Time Listed Above:	<b>0.408 mgd</b>	(Facility Flow Meter)
--	------------------	-----------------------

Calculated Flow at Date & Time Listed Above:	<b>0.44 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 =	.408	-	.44	X 100	
	.44				

% Error =	.032	X 100	
	.44		

% Error =	.072	X 100	
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% Error =	<b>7.2</b>	%	
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Comments:	<b><u>The values are within the acceptable +/- 10% range</u></b>
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**DMR Calculation Check**

**Reporting Period:** From 2012 12 1 To 2012 12 31  
 Year Month Day Year Month Day

**Parameter Checked:** TSS

	<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>2.3</u>	<u>1.0</u>	<u>1.0</u>
<b>Calculated Value:</b>	<u>2.25</u>	<u>1.0</u>	<u>1.0</u>
<b>Permit Value:</b>	<u>91</u>	<u>15</u>	<u>23</u>

**If calculated value does not equal reported value, explain:**

Calculated values are the same

**DMR Calculation Check**

**Reporting Period:** From 2012 12 1 To 2012 11 31  
Year Month Day Year Month Day

**Parameter Checked:** BOD

	<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>7.2</u>	<u>3.1</u>	<u>4.0</u>
<b>Calculated Value:</b>	<u>7.3</u>	<u>3.1</u>	<u>4.0</u>
<b>Permit Value:</b>	<u>60.9</u>	<u>10</u>	<u>15</u>

**If calculated value does not equal reported value, explain:**

Calculated values are the same



**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Mountain View POTW						
<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Sean Saunders		
<b>Photo #</b>	1	<b>Of</b>	4	<b>Date:</b>	01/24/13	<b>Time:</b>	10:33
<b>Description:</b>	The treatment plant head works with bar screen.						



<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Sean Saunders		
<b>Photo #</b>	2	<b>Of</b>	4	<b>Date:</b>	01/24/13	<b>Time:</b>	10:38
<b>Description:</b>	The extended aeration oxidation ditch with dark gray color and very little persistent foam.						



**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Mountain View POTW						
<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Sean Saunders		
<b>Photo #</b>	3	<b>Of</b>	4	<b>Date:</b>	01/24/13	<b>Time:</b>	10:49
<b>Description:</b>	Clarifier in operation, some floating residue noted.						



<b>Photographer:</b>	Tony Morris			<b>Witness:</b>	Sean Saunders		
<b>Photo #</b>	4	<b>Of</b>	4	<b>Date:</b>	01/24/13	<b>Time:</b>	11:07
<b>Description:</b>	Permitted outfall discharging treated effluent free of sludge and foam.						



