

# ADEQ

ARKANSAS  
Department of Environmental Quality

March 3, 2014

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

**RE: Compliance Inspection (Carroll Co)**  
**AFIN: 08-00036**                      **NPDES Permit No.: AR0021865**

Dear Mr. Allen:

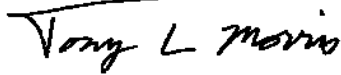
On February 21, 2014, I performed a routine compliance inspection of the wastewater treatment plant in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder.

No permit violations were noted during this inspection.

See Inspection Report Form for additional comments concerning this inspection (Page 3).

I appreciate the work of Terry Long and Patrick Smith and their efforts to improve operation of the Sequencing Batch Reactor Treatment plant. 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  
Water Division

edit:kbm



Form Approved  
OMB No. 2040-0003

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

## 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	1	4	0	2	2	1	17	18	C	19	S	20	1													
Remarks																																									
0						8						-						0						0						3						6					
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----																									
67												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> ) <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>09:00 February 21, 2014</b>		Permit Effective Date <b>March 1, 2013</b>	
		Exit Time/Date <b>11:45 February 21, 2014</b>		Permit Expiration Date <b>February 28, 2018</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>				Other Facility Data <b>N 36.4196</b> <b>W 93.7346</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"/>	
PDS# 076362					

### Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	S	Operations & Maintenance	N	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	N	Laboratory	N	Storm Water	S	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. However, conspicuous sludge banks were observed in East Leatherwood Creek below the plant outfall (see attached photo). According to the Operator, the automated decant pipe dropped into the sludge blanket overnight on or about February 17, 2014. This resulted in the discharge of activated sludge from one reaction vessel of the sequencing batch reactor treatment plant. Sludge banks were limited to a short distance downstream of the plant outfall. An upset report will be submitted to ADEQ along with the DMR.
- DMRs for July through December 2013 were reviewed. The plant discharge was well below the permitted limits for these months. A lift station overflow was documented and reported to ADEQ in August 2013.
- The Lake Side grit and grease removal unit was not operating in the head works.
- The two sequencing batch reactor vessels were observed to be in good condition with very little grease visible on the surface during the settling and fill cycles. The grease cap observed in the past was manually removed by the plant operators over a period of months.

Name(s) and Signature(s) of Inspector(s) <b>Tony L. Morris</b>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality- Jasper Field Office</b> <b>870-446-2770 (office)/501-837-6978 (cell)</b>	Date <b>February 24, 2014</b>
Signature of Reviewer <b>Kerri McCabe</b>	Agency/Office/Phone and Fax Numbers <b>ADEQ / NLR / 501-682-0642</b>	Date <b>February 28, 2014</b>

**Additional Comments:**

Operation of the treatment plant continues to improve. The treated effluent discharged to East Leatherwood Creek is consistently well below permit discharge limits. I was particularly pleased to see that the grease cap on both reactor vessels had been manually skimmed off by the operators. This was a particularly labor intensive task but it allows the operators to visually monitor the treatment process.

I was disappointed to find the Lakeside grit and grease unit was out of service due to a breakdown. Hopefully, it will be repaired in the near future. I also noted conspicuous sludge banks within eddies of the receiving stream below the permitted outfall. According to the operator, an upset occurred in which the decant pipe dropped too deep and discharged from the sludge blanket rather than the supernatant. An upset report will be submitted with the February 2014 DMR.

**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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input 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 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:                               | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:                                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

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, Phosphorous</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: Discharge was clear, no persistent foam or grease. Sludge banks in creek. Report submitted on DMR.

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

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: composted with yard waste with backup land application to forage crops

- SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
- SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
- 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:

- SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
- TYPE OF SAMPLE: GRAB:\_\_\_ COMPOSITE:\_\_\_ METHOD:\_\_\_ FREQUENCY:\_\_\_
- SAMPLES PRESERVED: Y N NA NE
- FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
- SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
- SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
- SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
- CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
- 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:

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

## FLOW CALCULATION SHEET

Date:	<b>02/21/14</b>	Time:	<b>09:47</b>	
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Head in Inches:	<b>20.375</b>	Feet:	<b>1.697</b>	
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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: **12/3/13**

Recorded Flow at Date & Time Listed Above:	<b>20.6</b>	(Facility Flow Meter)
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Calculated Flow at Date & Time Listed Above:	<b>4.71 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 =	1.716	-	1.697	X 100	
	1.697				

% Error =	.019			X 100	
	1.697				

% Error =	0.011			X 100	
-----------	-------	--	--	-------	--

% Error =	<b>1</b>	%			
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Comments: **Flow is within acceptable accuracy range**

**DMR Calculation Check**

**Reporting Period:** From 2013 12 01 To 2012 12 31  
**Year Month Day Year Month Day**

**Parameter Checked:** CBOD

	<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>9.2</u>	<u>2.7</u>	<u>4.0</u>
<b>Calculated Value:</b>	<u>9.2</u>	<u>2.6</u>	<u>4.0</u>
<b>Permit Value:</b>	<u>75.1</u>	<u>10</u>	<u>15</u>

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



### DMR Calculation Check

**Reporting Period:** From 2013 12 01 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>13.5</u>	<u>4</u>	<u>8</u>
<b>Calculated Value:</b>	<u>13.46</u>	<u>3.78</u>	<u>8</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.

**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Eureka Springs POTW
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<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	City of Eureka Springs personnel
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<b>Photo #</b>	1	<b>Of</b>	6	<b>Date:</b>	02/21/14	<b>Time:</b>	10:29
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<b>Description:</b>	The Lakeside grit and grease removal unit at the plant head works was down for repairs.
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<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	City of Eureka Springs personnel
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<b>Photo #</b>	2	<b>Of</b>	6	<b>Date:</b>	02/21/14	<b>Time:</b>	11:15
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<b>Description:</b>	Aeration cycle in SBR tank with brown-colored activated sludge indicative of vigorous bacteria.
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**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Eureka Springs POTW				
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<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	City of Eureka Springs personnel	
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<b>Photo #</b>	3	<b>Of</b>	6	<b>Date:</b>	02/21/14	<b>Time:</b>	11:08
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<b>Description:</b>	Settling cycle in SBR tank. Clear supernatant with good sludge settleability; decant pipe visible.				
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<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	City of Eureka Springs personnel	
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<b>Photo #</b>	4	<b>Of</b>	6	<b>Date:</b>	02/21/14	<b>Time:</b>	10:59
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<b>Description:</b>	Post-treatment aeration tank during SBR decant cycle; prior to disinfection and discharge.				
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<b>Water Division NPDES Photographic Evidence Sheet</b>							
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<b>Location:</b>	Eureka Springs POTW						
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<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	City of Eureka Springs personnel			
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<b>Photo #</b>	5	<b>Of</b>	6	<b>Date:</b>	02/21/14	<b>Time:</b>	11:04
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<b>Description:</b>	Treated effluent being discharged to East Leatherwood Creek at Outfall 001.						
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<b>Photographer:</b>	Tony Morris	<b>Witness:</b>	City of Eureka Springs personnel			
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<b>Photo #</b>	6	<b>Of</b>	6	<b>Date:</b>	02/21/14	<b>Time:</b>	12:01
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<b>Description:</b>	Sludge banks in East Leatherwood Creek downstream of the treatment plant outfall.						
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