

ADEQ

ARKANSAS
Department of Environmental Quality

July 22, 2016

Eugene Townsley, Plant Superintendent
Batesville Water Utilities
500 Riverbank Rd
Batesville, AR 72501

RE: Batesville Wastewater Treatment Plant Inspections (Independence Co)
AFIN: 32-00044, 32-00133, Permit No.: AR0020702, AR0020702C,
32-00544 ARR000118, ARR153210,
5099-W

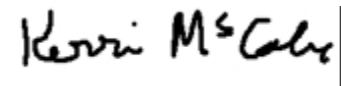
Dear Mr. Townsley:

On April 14, 2016, District 2 Inspector Cody Wallace and I performed a Compliance Evaluation Inspection, a Collection System Inspection, an Industrial Stormwater Inspection, a State WWTP Construction Inspection, a Construction Stormwater Inspection, and a Biosolids Land Application Inspection of the above-referenced 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. Copies of the inspection reports are enclosed for your records.

No violations were noted at the time of these inspections. Please refer to each of the attached inspection reports for any comments.


If I can be of any assistance, please contact me at mccabe@adeq.state.ar.us or (501) 682-0642.

Sincerely,



Kerri McCabe
Inspector Supervisor
Water Division

cc: Eugene Townsley, Plant Superintendent, Batesville Water Utilities,
wsuper@cityofbatesville.com

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 32-00044		PERMIT #: AR0020702		DATE: 4/14/2016
		COUNTY: 32 Independence		PDS #: 091916		MEDIA: WN
		GPS LAT:	LONG:	LOCATION: Outfall		
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: Batesville Wastewater Treatment Plant LOCATION: 500 Riverbank Rd CITY: Batesville, AR			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 84022 S - State		
			FACILITY EVALUATION RATING: 3 - Satisfactory	INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 4/14/2016	ENTRY TIME: 09:00	EXIT TIME: 14:30	PERMIT EFFECTIVE DATE: 3/31/2011 PERMIT EXPIRATION DATE: 4/30/2016
RESPONSIBLE OFFICIAL						
NAME / TITLE: Eugene Townsley / Plant Superintendent COMPANY: Batesville Water Utilities MAILING ADDRESS: 500 Riverbank Rd CITY, STATE, ZIP: Batesville AR 72501 PHONE & EXT. / FAX: 870-698-2442 ext 6 / EMAIL: wwsuper@cityofbatesville.com			FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: Yes			INSPECTION PARTICIPANTS			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Eugene Townsley (Lic# 001160; Class IV/Adv Industrial)/Plant Superintendent/(870) 698-2442 ext 6/wwsuper@cityofbatesville.com Michael McDaniel (Lic# 004654/Class IV)/Pre-treatment/(870) 698-2442 ext 4/wwinspector@cityofbatesville.com ADEQ District 2 Inspector Cody Wallace			
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER	
**	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW	
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM	
**	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT	
**	OTHER:					
SUMMARY OF FINDINGS						
The following violation was noted during the inspection: The wrong dilution series was used for Outfall 002. The dilution series for the former outfall (Outfall 001) was used by the contract lab. This is a violation of Part II, Condition 7, 1.a.ii. of the permit. Mary Barnett, Ecologist Coordinator, Water Quality Planning Branch, has addressed the dilution series (see attached letter). No further response is required for this item.						

GENERAL COMMENTS

On Thursday, April 14, 2016 an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a site assessment and records review.

Site assessment:

The City had recent completed project improvements to the existing lagoon system (see separate WWTP Construction inspection for details). The most notable improvement to the existing treatment plant included the addition of a Moving Bed Biofilm Reactor (MBBR) downstream of preliminary and two cells of the existing lagoon. Current treatment consists of preliminary (three flow-dependent grinders), treatment/retention from A and B Cells (aerated), treatment from MBBR with two BOD removal zones and two NH3 removal zones, polishing from two DAF units (polymers added for coagulation), chlorine gas disinfection (no dechlorination), and discharge via underground pipe (48" diameter; 1067' length) to Outfall 002. One of the three cells of the former lagoon system has been converted into a two-cell EQ basin (not aerated; aeration equipment can be used). Wastewater from C and D Cells can be routed back through A and B Cells for full treatment. The old chlorine contact chamber and outfall structure are still present; however, they were not in use and contained only stormwater.

Overall the site was well-maintained. The lagoon system experiences a seasonal fish die off (mainly buffalo suckers, carp, and shad), and this does not appear to affect the plants treatment efficiency.



City has a Pretreatment Program, but it does not have to report to ADEQ (boiler plate language in permit). City samples influent for process control and samples three non-categorical Industrial Users (IUs) at auto-samplers at the facilities.

In-house lab was very clean and organized.

Records review:

The following effluent exceedances were noted prior to the inspection from an Enforcement Compliance Review for the last three years: four BOD exceedances in 2015 and five TSS exceedances in 2013 and 2015. Non-compliance Reports (NCRs) were submitted for the exceedances. A CAO (Lic# 08-083) was issued in 2008 for effluent violations and SSOs, and it was amended in June 2015 to include collection system improvements.

Records are well-maintained and organized. The City is reporting via NetDMR; however, the City keeps hardcopies in the in-house lab.

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 7/21/2016
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 7/22/2016

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: <u>Discharge increase from 4.4 MGD to 9.0 MGD (permitted).</u>	<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: <u>Outfall 001 present, but not being used. Treated effluent routed to Outfall 002.</u>	<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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>In-house lab conducts sampling; occasionally contract lab runs some parameters.</u>	
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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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>Three (3) generators.</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:	<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>Two (2) Class IV, four (4) Class III, one (1) Class II, and one (1) Class I.</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>EQ basin; redundancy in MBBR cells and DAF units.</u>	<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 <u>COLLECTION SYSTEM</u> IN THE LAST YEAR: <u>City under CAO Lis# 08-083 for I&I and effluent exceedances.</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>CAO amended in June 2015 to address collection system.</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: <u>60" collection tunnel prior to plant to relieve I&I; EQ basin at C & D Cells.</u>	<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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>In-house lab conducts sampling; occasionally contract lab runs some parameters.</u>	
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: <u>Process control sampling does not require reporting.</u>	<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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>YES</u> TYPE OF DEVICE: <u>36" 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>Teledyne ISCO Signature Ultra Sonic Flow Meter (totalizer)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibration Dec 18, 2015.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>In-house lab conducts sampling; occasionally contract lab runs some parameters.</u>	
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>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED: <u>occasionally BOD, NO3+NO2-N, and Total P</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>American Interplex Corp, 8600 Kanis Rd, Little Rock, AR 72204; reduced to semi-annual until April 2016 (permit expires); new dilution series for Outfall 002 (online Dec 2015).</u>	<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: <u>Dilution series changed for Outfall 002; contract lab used dilution series for Outfall 001.</u>	<input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Observed at chlorine contact chamber and Outfall 002 at receiving stream.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	Not in operation
002	NO	NO	NO	YES	NO	CLEAR	Foam not persistent; post-aeration

SECTION H: SLUDGE DISPOSAL	
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Land application under State No-Discharge 5099-W (AFIN 32-00133; see Inspector Wallace's inspection report for details).	
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: <u>Sludge removed 2012.</u>	<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>City-owned agricultural.</u>	

SECTION I: SAMPLING INSPECTION PROCEDURES	
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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 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 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Part II, Cond #8 requires BMPs; inspected under NPDES permit ARR0000118.	
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: **April 14, 2016** Time: **11:07**

Head in Inches: Feet: **0.90'**

Type & Size of Primary Flow Measurement Device: **36" Parshall flume**

Name & Model of Secondary Flow Measurement Device: **Teledyne ISCO Signature Ultra Sonic (totalizer)**

Date of last Calibration of Secondary Flow Device: **Dec 18, 2015**

Recorded Flow at Date & Time Listed Above: **7.171 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **6.576 MGD**

(Flow is calculated using flow charts in: **ISCO FlowCalc mobile app for iPhone**)

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

% Error =	7.171	-	6.576	X 100	
	6.576				

% Error =	0.595	X 100	
	6.576		

% Error =	0.091	X 100	
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% Error =	9.1	%	
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Comments: **Acceptable; device reporting over; within +/- 10% range.**

DMR Calculation Check

Reporting Period: From 2015 04 01 To 2015 04 30
 Year Month Day Year Month Day

Parameter Checked: BOD (001)

	Loading Mass (lbs/day) Mo. Avg.	Concentration (mg/l)	
		Mo. Avg.	7-day Avg.
Reported Value:	<u>1642</u>	<u>32</u>	<u>52</u>
Calculated Value:	<u>1618.7</u>	<u>32.4</u>	<u>52.3</u>
Permit Value:	<u>1100.9</u>	<u>30.0</u>	<u>40.0</u>

If calculated value does not equal reported value, explain:
Values are similar; calculation error from April 29, 2015 (reported as 848 lbs/day; 13 mg/l x 8.34 x 5.047 MGD = 547.2 lbs/day); see Figure 2 for calculations.

City exceeded all values for the month of April 2015. Noncompliance Reports (NCRs) were submitted to the Department.

Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	0925
Description:	Influent screw pumps; three pumps available.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	0927
Description:	Three grinder pumps (flow dependent).		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	0932
		Photo #:	3
Description:	A Cell where most (90%) removal of solids occurs.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	0949
		Photo #:	4
Description:	B Cell in series with A Cell.		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1031
		Photo #:	5
Description:	C Cell, which is part of the two-cell EQ basin.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	0954
		Photo #:	6
Description:	D Cell, which is part of the two-cell EQ basin.		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1042
		Photo #:	7
Description:	Overview of the four lagoons associated with Batesville's WWTP.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1037
		Photo #:	8
Description:	Pump station for effluent to MBBR.		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1042
		Photo #:	9
Description:	Overview of the four-chamber MBBR; two chambers for BOD (front; dark) removal and two chambers for NH3 (rear; light) removal. Note color difference.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1047
		Photo #:	10
Description:	Color difference between BOD (right) and NH3 (left) removal.		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1048
		Photo #:	11
Description:	Bio-film medium; housing for bio-film.		

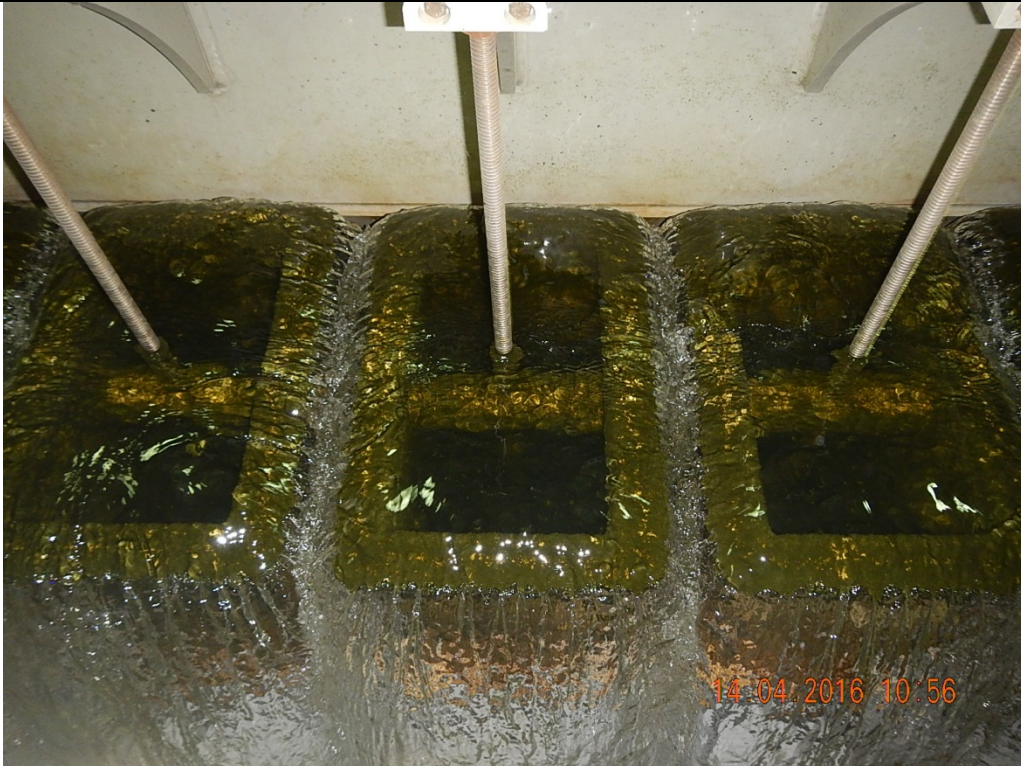


Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1055
		Photo #:	12
Description:	DAF unit for polishing after MBBR; algae removal. Skimmings routed back to A Cell.		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1056
		Photo #:	13
Description:	Effluent after DAF unit and prior to chlorine disinfection.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1105
		Photo #:	14
Description:	Two-chamber chlorine contact chamber; chlorine gas used for disinfection.		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant		
Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1109
		Photo #:	15
Description:	36" Parshall flume for flow measuring; effluent sent underground to outfall.		



Photographer:	Kerri McCabe	Date:	April 14, 2016
Witness:	Cody Wallace	Time:	1025
		Photo #:	16
Description:	Outfall 002 at White River (receiving stream).		



Water Division Photographic Evidence Sheet

Location:	Batesville Wastewater Treatment Plant			
Photographer:	Cody Wallace	Date:	April 14, 2016	
Witness:	Kerri McCabe	Time:	1315	
Description:	New in-house lab. Organized and very clean; records maintained in lab.		Photo #:	17



Figure 1. Google Earth image dated March 4, 2016 of overview of City of Batesville's WWTP.



Figure 2. Google Earth image dated March 4, 2016 of headworks of WWTP with major components identified.



Figure 3. Google Earth image dated March 4, 2016 of MBBR and final effluent components.



Figure 1. March 2016 TSS Calculations for City of Batesville.

TSS - Batesville (002)

Mar-16

Date	Concentration (mg/l)	7-day Average (mg/l)	Daily Flow (MGD)	Mass (lbs/day)
1	14	13	3.8	443.688
2	12		3.89	389.3112
7	16	15.33333333	4.09	545.7696
8	16		4.95	660.528
9	14		6.05	706.398
14	7	7.666666667	6.24	364.2912
15	8		6.92	461.7024
16	8		7.09	473.0448
21	8	6.333333333	7.42	495.0624
22	4		7.58	252.8688
23	7		7.23	422.0874
28	20	17	7.09	1182.612
29	13		7.11	770.8662
30	18		7.07	1061.3484
MAX	20		MAX	1182.612
MIN	4		MIN	252.8688
Average	11.78571429		Average	587.8270286

Figure 2. April 2015 BOD Calculations for City of Batesville.

BOD5 - Batesville (001)
Apr-15

Date	Concentration (mg/l)	7-day Average (mg/l)	Daily Flow (MGD)	Mass (lbs/day)
1	39	39	5.447	1771.69122
6	69	52.33333333	6.111	3516.63606
7	51		5.528	2351.27952
8	37		4.522	1395.39876
13	36	33	4.536	1361.88864
14	30		7.564	1892.5128
15	33		9.345	2571.9309
20	43	24	7.546	2706.14652
21	15		4.95	619.245
22	14		5.09	594.3084
28	20	18	5.027	838.5036
29	13		5.047	547.19574
30	21		5.007	876.92598
MAX	69		MAX	3516.63606
MIN	13		MIN	547.19574
Average	32.38461538		Average	1618.743318

From: McCabe, Kerri
To: ["wwsuper@cityofbatesville.com"](mailto:wwsuper@cityofbatesville.com)
Cc: [Cody Wallace](#)
Subject: City of Batesville Inspections (Independence Co)
Date: Wednesday, April 20, 2016 2:41:00 PM
Attachments: [image001.png](#)

Eugene,

I'm just now getting with you regarding the inspections that Cody and I conducted last week. Here is the breakdown:

CEI of the WWTP

No issues with the plant. Still reviewing paperwork. Dilution series for 002 are different than those of 001. Please contact Mary Barnett with the Planning Branch regarding any retests.

State WWTP Construction

Work is completed; consulting engineer has provided ADEQ a certification and plant an O&M Manual. Please be advised if the project disturbed over one acre, the general permit (ARR150000) must be complied with until the site is stabilized (noted BMPs onsite).

SSO

No issues. Well-maintained.

IGP (No-Exposure)

No issues. Monitor compost material for any significant runoff.

ARR153210

Work has not started on this project (collection system); issues around railroad easement.

State No-Discharge (Land Application for Biosolids)

Cody has provided info regarding this inspection.

I enjoyed working with you; and if you have any questions/comments, let me know.

Kerri McCabe

Inspector Supervisor
ADEQ – Water Division
Field Services – Inspection Branch

Office – (501) 682-0642
Work Cell – (501) 352-5641
Fax – (501) 682-0880
5301 Northshore Drive
North Little Rock, AR 72118-5317

ADEQ Logo



From: [Barnett, Mary](#)
To: [Trotta, Jacqueline](#); [McCabe, Kerri](#)
Subject: AR0020702 Dilution series.pdf - Adobe Acrobat Professional
Date: Friday, April 29, 2016 11:30:50 AM
Attachments: [AR0020702 Dilution series.pdf](#)

FYI

Mary Barnett

ADEQ

ARKANSAS
Department of Environmental Quality

April 29, 2016

Eugene Townsley
Batesville Water Utilities - WWTP
500 River Bank Road
Batesville, AR 72501

RE: Dilution series for Whole Effluent Toxicity (WET) tests at Outfall 002
NPDES Permit No: AR0020702 AFIN: 32-00044

Dear Mr. Townsley,


As noted during the April 14, 2016 facility inspection, the 4th quarter 2015 and 1st quarter 2016 WET tests for Outfall 002 were conducted with the incorrect dilution series.

According to NPDES Permit No. AR0020702 Part II.7.1.a.ii the effluent dilution series for Outfall 002 is 14%, 19%, 25%, 33%, and 44%.

At this time additional WET tests are not required. Please take steps to ensure that all future WET tests are conducted with the correct dilution series.

If you have any questions please contact me at 682-0666 or barnett@adeq.state.ar.us.

Best regards,



Mary Barnett
Ecologist Coordinator

CC: Kerri McCabe, Inspection
Jackie Trotta, NPDES Enforcement