

# ADEQ

ARKANSAS  
Department of Environmental Quality

May 4, 2018

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

**RE: Batesville WWTP Inspection (Independence Co)**  
**AFIN: 32-00044**                      **NPDES Permit No.: AR0020702**

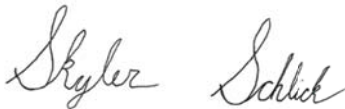
Dear Mr. Townsley:

On March 14, 2018, I performed a Compliance Evaluation 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. A copy of the inspection report is enclosed for your records.

**No violations were noted at the time of the inspection. Please refer to the attached inspection report for any comments.**

If I can be of any assistance, please contact me at [schlicks@adeq.state.ar.us](mailto:schlicks@adeq.state.ar.us) or 870-424-3322 ext. 2.

Sincerely,



Skyler Schlick  
District 2 Field Inspector  
Water Division

|  |   |  |                          |           |                         |
|--|---|--|--------------------------|-----------|-------------------------|
| <br><b>A R K A N S A S</b><br>Department of Environmental Quality   | <b>WATER DIVISION INSPECTION REPORT</b>   |  |                          |           |                         |
|  | AFIN: <b>32-00044</b>   | PERMIT #: <b>AR0020702</b>   | DATE: <b>3/14/2018</b>   |           |                         |
|  | COUNTY: <b>32 Independence</b>  | PDS #: <b>102691</b>   | MEDIA: <b>WN</b>         |           |                         |
|  | GPS LAT: <b>35.750608</b> LONG: <b>-91.625178</b> LOCATION: <b>General Area</b> |  |                          |           |                         |
| <b>FACILITY INFORMATION</b>  |   | <b>INSPECTION INFORMATION</b>  |                          |           |                         |
| NAME: <b>Batesville WWTP</b><br>LOCATION: <b>500 Riverbank Rd</b><br>CITY: <b>Batesville</b>   |   | FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>117208 S - State</b><br>FACILITY EVALUATION RATING: <b>5 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>  |                          |           |                         |
| <b>RESPONSIBLE OFFICIAL</b>  |   | DATE(S): <b>3/14/2018</b> ENTRY TIME: <b>09:00</b> EXIT TIME: <b>12:05</b> PERMIT EFFECTIVE DATE: <b>1/1/2017</b><br>PERMIT EXPIRATION DATE: <b>12/31/2021</b>   |                          |           |                         |
| NAME / TITLE:<br><b>Eugene Townsley / Plant Superintendent</b><br>COMPANY:<br><b>Batesville Water Utilities</b><br>MAILING ADDRESS:<br><b>500 Riverbank Rd</b><br>CITY, STATE, ZIP:<br><b>Batesville AR 72501</b><br>PHONE & EXT. / FAX:<br><b>870-698-2442 /</b><br>EMAIL:<br><b>wwsuper@cityofbatesville.com</b> |   | FAYETTEVILLE SHALE RELATED: <b>N</b><br>FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>  |                          |           |                         |
| CONTACTED DURING INSPECTION: <b>Yes</b>  |   | <b>INSPECTION PARTICIPANTS</b>   |                          |           |                         |
|  |   | NAME/TITLE/PHONE/FAX/EMAIL/ETC.:<br><b>Eugene Townsley (Lic# 001160)/Plant Superintendent/ (870) 698-2442/ wwsuper@cityofbatesville.com</b><br><b>Michael McDaniel (Lic# 004654)/ Pretreatment/ (870) 698-2442 / wwinspector@cityofbatesville.com</b><br><b>Kerri McCabe ADEQ Inspector Supervisor</b> |                          |           |                         |
| <b>AREA EVALUATIONS</b>  |   |  |                          |           |                         |
| (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)   |   |  |                          |           |                         |
| <b>S</b>   | PERMIT  | <b>S</b>   | FLOW MEASUREMENT         | <b>N</b>  | STORMWATER              |
| <b>S</b>   | RECORDS/REPORTS   | <b>S</b>   | LABORATORY               | <b>S</b>  | FACILITY SITE REVIEW    |
| <b>S</b>   | OPERATION & MAINTENANCE   | <b>S</b>   | EFFLUENT/RECEIVING WATER | <b>**</b> | SELF-MONITORING PROGRAM |
| <b>S</b>   | SAMPLING  | <b>S</b>   | SLUDGE HANDLING/DISPOSAL | <b>N</b>  | PRETREATMENT            |
| <b>**</b>  | OTHER:  |  |                          |           |                         |
| <b>SUMMARY OF FINDINGS</b>   |   |  |                          |           |                         |
| No violations were noted during the inspection.  |   |  |                          |           |                         |

**GENERAL COMMENTS**

On March 14, 2018 an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.

**Records review:**

The records are well-maintained and organized. The records from June and October of 2017 were verified for accuracy.


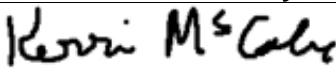
**Site assessment:**

The treatment consists of preliminary (communitors), aerated lagoons (Cell A and B), Equalization basins (Cell C and D; can be aerated), Moving Bed Biofilm Reactor (MBBR), Dissolved Air Floatation (DAF), chlorine contact chamber, and Outfall 002. There are three auger screw pumps to lift wastewater to the comminutors. There is an overflow system at the communitors. There is a septic tank pump out station prior to Cell A. There are two weir crossovers and three concrete spillways between Cell A and B. There is one crossover and three spillways between Cell B and C. There are three spillways between Cell C and D. Wastewater can be sent from Cell C and D of the equalization basin back to Cell A and B for treatment. Wastewater is sent from Cell B to a wet well (Structure 6) where it's pumped up to the MBBR. There are two trains with two sections each in the MBBR, which is for BOD and ammonia removal. Wastewater goes through each respective train (in parallel) and connects to a trough where it goes to the DAF. The DAF skimmings are sent to the start of Cell A. Wastewater is sent to a two-section chlorine contact chamber.

The aeration system was under construction, but is expected to be done prior to the summer months. Sludge is removed from Cell A and B and land applied under State permit 5099-W-1.

The city samples influent for process control daily and samples three non-categorical Industrial Users (IUs) at auto-samplers at the facilities and two other IUs self-sample and reports are sent to ADEQ.

The in-house lab was clean and organized and overview of methods of analysis was demonstrated.

|   |                 |
|---|-----------------|
| INSPECTOR'S SIGNATURE:  Skyler Schlick | DATE: 4/10/2018 |
| SUPERVISOR'S SIGNATURE:  Kerri McCabe  | DATE: 5/3/2018  |

|  |   |
|--|---|
| <b>SECTION A: PERMIT VERIFICATION</b>  |   |
| 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:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| <b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>   |   |
| 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: <b><u>In-house lab conducts sampling; contract lab TP, NO3+ NO2-N, and WET testing.</u></b>   |   |
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:  | <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| e. RESULTS OF CALIBRATIONS:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| f. RESULTS OF ANALYSES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| g. DATES AND TIMES OF ANALYSES:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input 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 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 type="checkbox"/> NE            |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                                       |
| <b>SECTION C: OPERATIONS AND MAINTENANCE</b>   |   |
| 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:   | <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: <b><u>Two (2) Class IV, four (4) Class III, one (1) Class II, and three (3) Class I.</u></b> | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:  | <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                            |



| <b>SECTION D: SAMPLING</b>  |   |
|---|---|
| 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; contract lab TP, NO3+ NO2-N, and WET testing.</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:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE                            |
| <b>SECTION E: FLOW MEASUREMENT</b>  |   |
| 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 (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 Sept 28, 2017</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                            |
| <b>SECTION F: LABORATORY</b>  |   |
| 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; contract lab TP, NO3+ NO2-N, and WET testing.</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>NO3+NO2-N and Total P</u>   |   |
| 8. BIOMONITORING PROCEDURES ADEQUATE: <u>American Interplex Corporation Laboratories, 8600 Kanis Road Little Rock, AR 72204</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:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. PROPER TEST METHODS AND DURATION:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Observed at Parshall flume and Outfall 002 at receiving stream.</u>  |           |        |           |              |                 |   |       |
| OUTFALL #:   | OIL SHEEN | GREASE | TURBIDITY | VISIBLE FOAM | FLOATING SOLIDS | COLOR   | OTHER |
| 002  | No        | No     | No        | No           | No              | Clear   | --    |
|  |           |        |           |              |                 |   |       |
|  |           |        |           |              |                 |   |       |
|  |           |        |           |              |                 |   |       |
| 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: <u>Land application under State No-Discharge 5099-W-1</u>   |           |        |           |              |                 |   |       |
| 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:  |           |        |           |              |                 | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |       |
| 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:  |           |        |           |              |                 | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |       |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>Agricultural (city-owned)</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: <u>Part II, Condition 4 requires BMPs for stormwater protection; no issues noted during inspection.</u>                         |           |        |           |              |                 |   |       |
| 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>March 14,2018</b>  |  |                   |                  | Time: <b>11:56</b>                                     |  |
| Head in Inches:   |  | Feet: <b>0.94</b> |                  |  |  |
| Type & Size of Primary Flow Measurement Device: <b>36" Parshall flume</b>   |  |                   |                  |  |  |
| Name & Model of Secondary Flow Measurement Device:  |  |                   |                  | <b>Teledyne ISCO Signature Ultra Sonic (totalizer)</b> |  |
| Date of last Calibration of Secondary Flow Device:  |  |                   |                  | <b>September 28, 2017</b>                              |  |
| Recorded Flow at Date & Time Listed Above:  |  |                   | <b>7.62</b>      | (Facility Flow Meter)                                  |  |
| Calculated Flow at Date & Time Listed Above:  |  |                   |                  |  |  |
| (Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u> ) |  |                   |                  |  |  |
| % Error =   | Recorded Value   | -                 | Calculated Value | X 100  |  |
|   | Calculated Value   |                   |                  |  |  |
| % Error =   | 7.62   | -                 | 7.040            | X 100  |  |
|   | 7.040  |                   |                  |  |  |
| % Error =   | 0.58   | X 100             |                  |  |  |
|   | 7.040  |                   |                  |  |  |
| % Error =   | 0.0823   | X 100             |                  |  |  |
| % Error =   | <b>8.23</b>  | %                 |                  |  |  |
| Comments:   | <b><u>Within +/- 10% range; totalizer is reporting over.</u></b> |                   |                  |  |  |

**DMR Calculation Check**

Reporting Period: From 2017 06 01 To 2017 06 30  
 Year Month Day Year Month Day

Parameter Checked: CBOD5

|                   | Loading<br>Mass<br>Mo. Avg. - lbs/day | Concentration<br>Monthly |                   |
|-------------------|---------------------------------------|--------------------------|-------------------|
|                   |                                       | Mo. Avg. - mg/l          | 7-day Avg. - mg/l |
| Reported Value:   | <u>163.02</u>                         | <u>3.35</u>              | <u>3.76</u>       |
| Calculated Value: | <u>163.02</u>                         | <u>3.35</u>              | <u>3.76</u>       |
| Permit Value:     | <u>1876.5</u>                         | <u>25</u>                | <u>40</u>         |

If calculated value does not equal reported value, explain:

Values are the same; see Table 1 for calculations.

**DMR Calculation Check**

Reporting Period: From 2017 11 01 To 2017 11 30  
 Year Month Day Year Month Day

Parameter Checked: TSS

|                   | <b>Loading<br/>Mass<br/>Mo. Avg. - lbs/day</b> | <b>Concentration<br/>Monthly<br/>Mo. Avg. - mg/l</b> | <b>7-day Avg. - mg/l</b> |
|-------------------|--|--|--------------------------|
| Reported Value:   | <u>200.47</u>                                  | <u>5.85</u>  | <u>7.0</u>               |
| Calculated Value: | <u>200.47</u>                                  | <u>5.85</u>  | <u>7.0</u>               |
| Permit Value:     | <u>2251.8</u>                                  | <u>30</u>  | <u>45</u>                |

If calculated value does not equal reported value, explain:

Values are the same; see Table 2 for calculations.

**Water Division Photographic Evidence Sheet**

|               |  |       |                  |          |
|---------------|--|-------|------------------|----------|
| Location:     | <b>Batesville WWTP</b>                 |       |                  |          |
| Photographer: | <b>Skyler Schlick</b>                  | Date: | <b>3/14/2018</b> |          |
| Witness:      | <b>Kerri McCabe</b>                    | Time: | <b>0914</b>      |          |
| Description:  | <b>Bottom of influent screw pumps.</b> |       | Photo #:         | <b>1</b> |



|               |   |       |                  |          |
|---------------|---|-------|------------------|----------|
| Photographer: | <b>Skyler Schlick</b>                     | Date: | <b>3/14/2018</b> |          |
| Witness:      | <b>Kerri McCabe</b>                       | Time: | <b>0913</b>      |          |
| Description:  | <b>Top of three influent screw pumps.</b> |       | Photo #:         | <b>2</b> |





**Water Division Photographic Evidence Sheet**

|               |  |          |                  |
|---------------|--|----------|------------------|
| Location:     | <b>Batesville WWTP</b>                         |          |                  |
| Photographer: | <b>Skyler Schlick</b>                          | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>                            | Time:    | <b>0925</b>      |
|               |  | Photo #: | <b>3</b>         |
| Description:  | <b>Three communitors with overflow bypass.</b> |          |                  |



|               |                                   |          |                  |
|---------------|-----------------------------------|----------|------------------|
| Photographer: | <b>Skyler Schlick</b>             | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>               | Time:    | <b>0932</b>      |
|               |                                   | Photo #: | <b>4</b>         |
| Description:  | <b>Septic tank cleanout area.</b> |          |                  |





**Water Division Photographic Evidence Sheet**

|               |   |          |                  |
|---------------|---|----------|------------------|
| Location:     | <b>Batesville WWTP</b>                        |          |                  |
| Photographer: | <b>Skyler Schlick</b>                         | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>                           | Time:    | <b>0935</b>      |
|               |   | Photo #: | <b>5</b>         |
| Description:  | <b>Aeration pumps currently under repair.</b> |          |                  |



|               |   |          |                  |
|---------------|---|----------|------------------|
| Photographer: | <b>Skyler Schlick</b>                     | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>                       | Time:    | <b>0934</b>      |
|               |   | Photo #: | <b>6</b>         |
| Description:  | <b>View of Cell A and influent pipes.</b> |          |                  |





**Water Division Photographic Evidence Sheet**

|               |   |          |                  |       |             |
|---------------|---|----------|------------------|-------|-------------|
| Location:     | <b>Batesville WWTP</b>  |          |                  |       |             |
| Photographer: | <b>Skyler Schlick</b>   | Date:    | <b>3/14/2018</b> | Time: | <b>0945</b> |
| Witness:      | <b>Kerri McCabe</b>   | Photo #: | <b>7</b>         |       |             |
| Description:  | <b>Example of aeration diffusers on the bottom of the lagoon.</b> |          |                  |       |             |



|               |                         |          |                  |       |             |
|---------------|-------------------------|----------|------------------|-------|-------------|
| Photographer: | <b>Skyler Schlick</b>   | Date:    | <b>3/14/2018</b> | Time: | <b>0937</b> |
| Witness:      | <b>Kerri McCabe</b>     | Photo #: | <b>8</b>         |       |             |
| Description:  | <b>DAF return pipe.</b> |          |                  |       |             |





**Water Division Photographic Evidence Sheet**

|               |                        |          |             |
|---------------|------------------------|----------|-------------|
| Location:     | <b>Batesville WWTP</b> |          |             |
| Photographer: | <b>Skyler Schlick</b>  | Date:    |             |
| Witness:      | <b>Kerri McCabe</b>    | Time:    | <b>0940</b> |
|               |                        | Photo #: | <b>9</b>    |
| Description:  | <b>Generator.</b>      |          |             |



|               |                                    |          |                  |
|---------------|------------------------------------|----------|------------------|
| Photographer: | <b>Skyler Schlick</b>              | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>                | Time:    | <b>0950</b>      |
|               |                                    | Photo #: | <b>10</b>        |
| Description:  | <b>Levee between Cell A and B.</b> |          |                  |





**Water Division Photographic Evidence Sheet**

|               |  |          |                  |       |             |
|---------------|--|----------|------------------|-------|-------------|
| Location:     | <b>Batesville WWTP</b>                 |          |                  |       |             |
| Photographer: | <b>Skyler Schlick</b>                  | Date:    | <b>3/14/2018</b> | Time: | <b>0951</b> |
| Witness:      | <b>Kerri McCabe</b>                    | Photo #: | <b>11</b>        |       |             |
| Description:  | <b>Crossover between Cell A and B.</b> |          |                  |       |             |



|               |  |          |                  |       |             |
|---------------|--|----------|------------------|-------|-------------|
| Photographer: | <b>Skyler Schlick</b>  | Date:    | <b>3/14/2018</b> | Time: | <b>0957</b> |
| Witness:      | <b>Kerri McCabe</b>  | Photo #: | <b>12</b>        |       |             |
| Description:  | <b>Example of a spillway and crossover between Cell A and B.</b> |          |                  |       |             |





**Water Division Photographic Evidence Sheet**

|               |                                    |          |                  |
|---------------|------------------------------------|----------|------------------|
| Location:     | <b>Batesville WWTP</b>             |          |                  |
| Photographer: | <b>Skyler Schlick</b>              | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>                | Time:    | <b>1004</b>      |
|               |                                    | Photo #: | <b>13</b>        |
| Description:  | <b>Levee between Cell B and C.</b> |          |                  |



|               |                       |          |                  |
|---------------|-----------------------|----------|------------------|
| Photographer: | <b>Skyler Schlick</b> | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>   | Time:    | <b>1006</b>      |
|               |                       | Photo #: | <b>14</b>        |
| Description:  | <b>Cell C.</b>        |          |                  |



**Water Division Photographic Evidence Sheet**

|               |                                    |          |                  |       |             |
|---------------|------------------------------------|----------|------------------|-------|-------------|
| Location:     | <b>Batesville WWTP</b>             |          |                  |       |             |
| Photographer: | <b>Skyler Schlick</b>              | Date:    | <b>3/14/2018</b> | Time: | <b>1008</b> |
| Witness:      | <b>Kerri McCabe</b>                | Photo #: | <b>15</b>        |       |             |
| Description:  | <b>Levee between Cell C and D.</b> |          |                  |       |             |



|               |                                  |          |                  |       |             |
|---------------|----------------------------------|----------|------------------|-------|-------------|
| Photographer: | <b>Skyler Schlick</b>            | Date:    | <b>3/14/2018</b> | Time: | <b>1021</b> |
| Witness:      | <b>Kerri McCabe</b>              | Photo #: | <b>16</b>        |       |             |
| Description:  | <b>Wet well for Structure 6.</b> |          |                  |       |             |





**Water Division Photographic Evidence Sheet**

|               |                                  |       |                  |          |             |
|---------------|----------------------------------|-------|------------------|----------|-------------|
| Location:     | <b>Batesville WWTP</b>           |       |                  |          |             |
| Photographer: | <b>Skyler Schlick</b>            | Date: | <b>3/14/2018</b> | Time:    | <b>1025</b> |
| Witness:      | <b>Kerri McCabe</b>              |       |                  | Photo #: | <b>17</b>   |
| Description:  | <b>Structure 6 lift station.</b> |       |                  |          |             |



|               |                         |       |                  |          |             |
|---------------|-------------------------|-------|------------------|----------|-------------|
| Photographer: | <b>Skyler Schlick</b>   | Date: | <b>3/14/2018</b> | Time:    | <b>1029</b> |
| Witness:      | <b>Kerri McCabe</b>     |       |                  | Photo #: | <b>18</b>   |
| Description:  | <b>MBBR (2A and 2B)</b> |       |                  |          |             |





**Water Division Photographic Evidence Sheet**

|               |                                   |          |                  |
|---------------|-----------------------------------|----------|------------------|
| Location:     | <b>Batesville WWTP</b>            |          |                  |
| Photographer: | <b>Skyler Schlick</b>             | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>               | Time:    | <b>1031</b>      |
|               |                                   | Photo #: | <b>19</b>        |
| Description:  | <b>MBBR (1A) for BOD removal.</b> |          |                  |



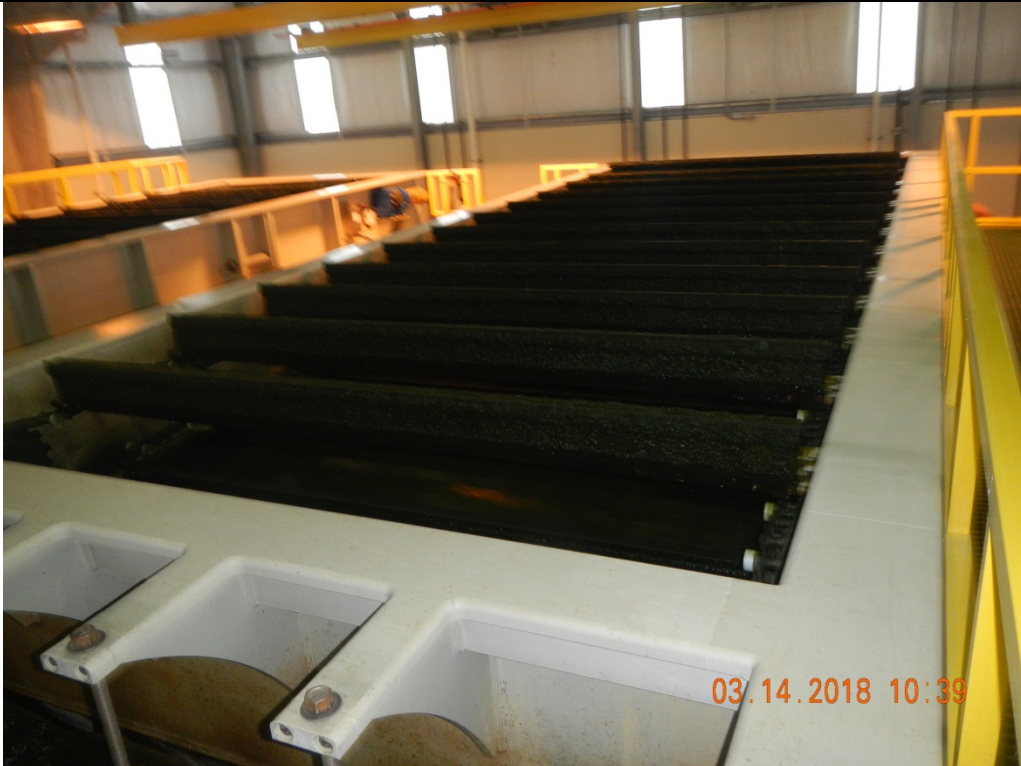
|               |  |          |                  |
|---------------|--|----------|------------------|
| Photographer: | <b>Skyler Schlick</b>                        | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>                          | Time:    | <b>1032</b>      |
|               |  | Photo #: | <b>20</b>        |
| Description:  | <b>MBBR (1A) for NH3 removal and trough.</b> |          |                  |





**Water Division Photographic Evidence Sheet**

|               |                        |       |                  |          |             |
|---------------|------------------------|-------|------------------|----------|-------------|
| Location:     | <b>Batesville WWTP</b> |       |                  |          |             |
| Photographer: | <b>Skyler Schlick</b>  | Date: | <b>3/14/2018</b> | Time:    | <b>21</b>   |
| Witness:      | <b>Kerri McCabe</b>    |       |                  | Photo #: | <b>1039</b> |
| Description:  | <b>DAF structure.</b>  |       |                  |          |             |



|               |                       |       |                  |          |             |
|---------------|-----------------------|-------|------------------|----------|-------------|
| Photographer: | <b>Skyler Schlick</b> | Date: | <b>3/14/2018</b> | Time:    | <b>22</b>   |
| Witness:      | <b>Kerri McCabe</b>   |       |                  | Photo #: | <b>1037</b> |
| Description:  | <b>DAF skimmings.</b> |       |                  |          |             |





**Water Division Photographic Evidence Sheet**

|               |                                      |          |                  |       |           |
|---------------|--------------------------------------|----------|------------------|-------|-----------|
| Location:     | <b>Batesville WWTP</b>               |          |                  |       |           |
| Photographer: | <b>Skyler Schlick</b>                | Date:    | <b>3/14/2018</b> | Time: | <b>23</b> |
| Witness:      | <b>Kerri McCabe</b>                  | Photo #: | <b>1039</b>      |       |           |
| Description:  | <b>Effluent after DAF structure.</b> |          |                  |       |           |



|               |                                  |          |                  |       |           |
|---------------|----------------------------------|----------|------------------|-------|-----------|
| Photographer: | <b>Skyler Schlick</b>            | Date:    | <b>3/14/2018</b> | Time: | <b>24</b> |
| Witness:      | <b>Kerri McCabe</b>              | Photo #: | <b>1052</b>      |       |           |
| Description:  | <b>Chlorine contact chamber.</b> |          |                  |       |           |





**Water Division Photographic Evidence Sheet**

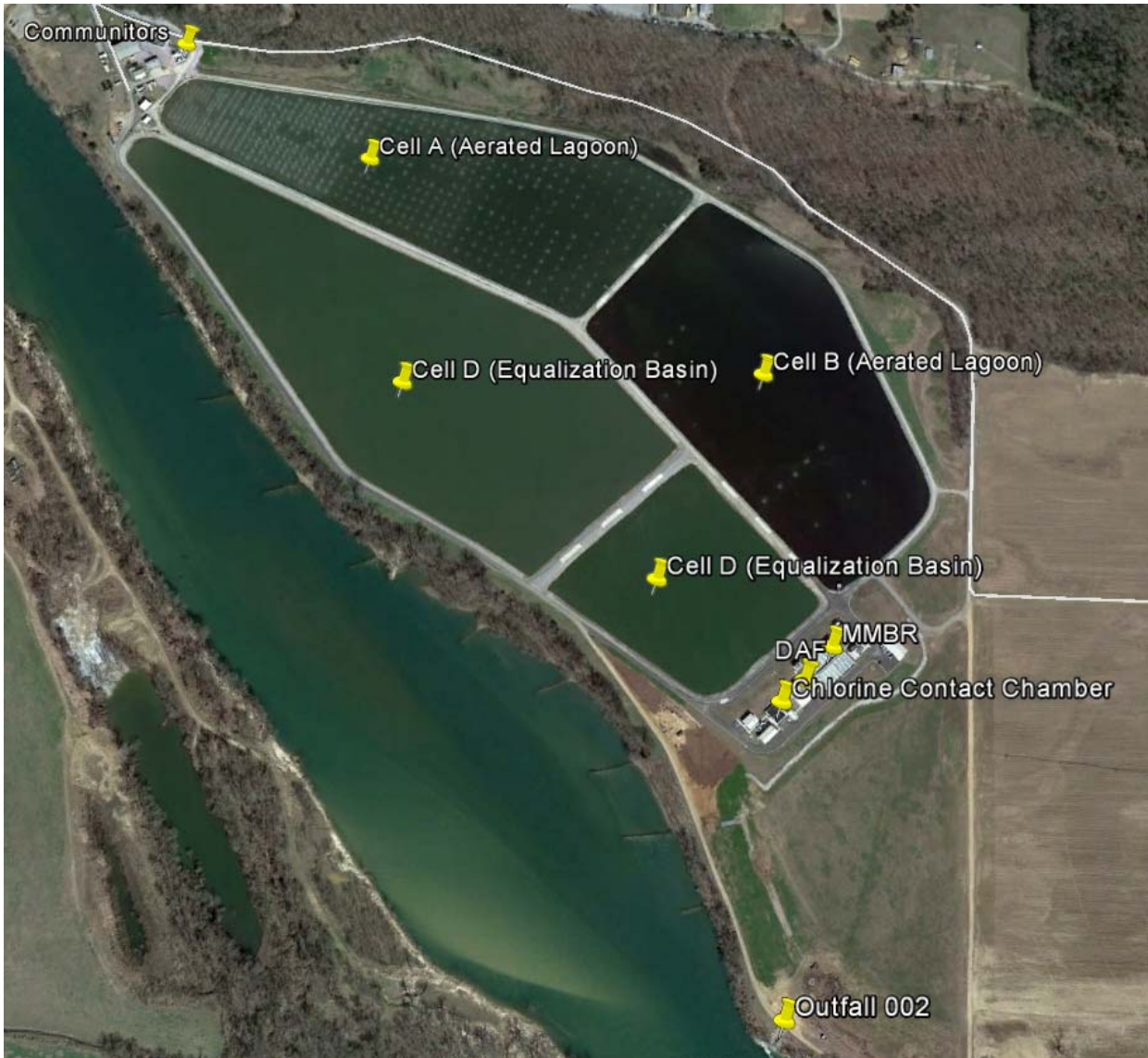
|               |                            |          |                  |
|---------------|----------------------------|----------|------------------|
| Location:     | <b>Batesville WWTP</b>     |          |                  |
| Photographer: | <b>Skyler Schlick</b>      | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>        | Time:    | <b>25</b>        |
|               |                            | Photo #: | <b>1056</b>      |
| Description:  | <b>36" Parshall flume.</b> |          |                  |



|               |                       |          |                  |
|---------------|-----------------------|----------|------------------|
| Photographer: | <b>Skyler Schlick</b> | Date:    | <b>3/14/2018</b> |
| Witness:      | <b>Kerri McCabe</b>   | Time:    | <b>26</b>        |
|               |                       | Photo #: | <b>118</b>       |
| Description:  | <b>Outfall 002.</b>   |          |                  |



**Figure 1. General overview of the site with major components labeled (Google Earth: imagery date March 4, 2016).**





**Figure 2. General overview of the site after lagoon with major components labeled (Google Earth: imagery date March 4, 2016).**



**Table 1. June 2017 CBOD5 calculations for the City of Batesville.**

| Date           | Concentration (mg/L) | 7-day Average (mg/ L) | Daily Flow (MGD) | Mass (lbs/day) |
|----------------|----------------------|-----------------------|------------------|----------------|
| 5              | 2.81                 | 2.76                  | 6.36             | 149.05         |
| 6              | 2.80                 |                       | 6.63             | 154.82         |
| 7              | 2.67                 |                       | 7.61             | 169.46         |
| 12             | 4.04                 | 3.15                  | 8.46             | 285.05         |
| 13             | 2.92                 |                       | 8.30             | 202.13         |
| 14             | 2.48                 |                       | 8.33             | 172.29         |
| 19             | 4.52                 | 3.72                  | 3.80             | 143.25         |
| 20             | 1.96                 |                       | 3.68             | 60.15          |
| 21             | 4.67                 |                       | 3.88             | 151.12         |
| 26             | 3.90                 | 3.76                  | 4.96             | 161.33         |
| 27             | 3.38                 |                       | 4.97             | 140.10         |
| 28             | 4.00                 |                       | 5.02             | 167.47         |
| <b>Min</b>     | 1.96                 | -                     | -                | 60.15          |
| <b>Max</b>     | 4.67                 | -                     | -                | 285.05         |
| <b>Average</b> | 3.35                 | -                     | -                | 163.02         |

**Table 2. November 2017 TSS calculations for the City of Batesville.**

| Date           | Concentration (mg/L) | 7-day Average (mg/ L) | Daily Flow (MGD) | Mass (lbs/day) |
|----------------|----------------------|-----------------------|------------------|----------------|
| 1              | 4.00                 |                       | 3.56             | 118.76         |
| 6              | 4.00                 | 4.33                  | 2.76             | 92.07          |
| 7              | 5.00                 |                       | 2.84             | 118.43         |
| 8              | 4.00                 |                       | 3.10             | 103.42         |
| 13             | 6.00                 | 5.67                  | 3.74             | 187.15         |
| 14             | 4.00                 |                       | 3.72             | 124.10         |
| 15             | 7.00                 |                       | 4.43             | 258.62         |
| 20             | 8.00                 | 7.00                  | 4.90             | 326.93         |
| 21             | 7.00                 |                       | 4.99             | 291.32         |
| 22             | 6.00                 |                       | 4.96             | 248.20         |
| 27             | 7.00                 | 7.00                  | 4.52             | 263.88         |
| 28             | 8.00                 |                       | 4.04             | 269.55         |
| 29             | 6.00                 |                       | 4.07             | 203.66         |
| <b>Min</b>     | 4.00                 | -                     | -                | 92.07          |
| <b>Max</b>     | 8.00                 | -                     | -                | 326.93         |
| <b>Average</b> | 5.85                 | -                     | -                | 200.47         |