



ARKANSAS
Department of Environmental Quality

August 27, 2018

Walter Collins, Director of Operations
Little Rock Water Reclamation Authority
11 Clearwater Drive
Little Rock, AR 72204

RE: Adams Field Water Reclamation Facility Inspection
AFIN: 60-00409 Permit No.: AR0021806

Dear Mr. Collins:




On August 10, 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 we can be of any assistance, please contact Jason Bolenbaugh at bolenbaugh@adeq.state.ar.us or (501) 682-0659.

Sincerely,

A handwritten signature in cursive script that reads "Clark Baker".

Clark Baker
Inspector Supervisor
Office of Water Quality

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT							
		AFIN: 60-00409		PERMIT #: AR0021806		DATE: 8/10/2018			
		COUNTY: 60 Pulaski			PDS #: 104292		MEDIA: WN		
		GPS LAT: 34.734712 LONG: -92.212697 LOCATION: Outfall							
FACILITY INFORMATION				INSPECTION INFORMATION					
NAME: Adams Field Water Reclamation Facility LOCATION: 1001 Temple Street CITY: Little Rock				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 80397 S - State			
				FACILITY EVALUATION RATING: 5 - Satisfactory		INSPECTION TYPE: Compliance Evaluation			
				DATE(S): 8/10/2018		ENTRY TIME: 08:45		EXIT TIME: 12:15	
								PERMIT EFFECTIVE DATE: 1/1/2018	
RESPONSIBLE OFFICIAL									
NAME / TITLE: Walter Collins / Director of Operations COMPANY: Little Rock Water Reclamation Authority MAILING ADDRESS: 11 Clearwater Drive CITY, STATE, ZIP: Little Rock AR 72204 PHONE & EXT: / FAX: 501-688-1429 / 501-681-7669 EMAIL: walter.collins@lrwra.com CONTACTED DURING INSPECTION: Yes				PERMIT EXPIRATION DATE: 12/31/2022					
				FAYETTEVILLE SHALE RELATED: N					
				FAYETTEVILLE SHALE VIOLATIONS: N					
				INSPECTION PARTICIPANTS					
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Clark Baker/Inspector Supervisor/(501)682-0657 Eric L. Wassell/Plant Superintendent/(501)490-5402 John Thompson/Plant Supervisor/(501)688-1543 Mikel Murders/Pretreatment Supervisor/501-688-1532					
AREA EVALUATIONS									
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)									
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER				
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW				
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM				
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	S	PRETREATMENT				
N	OTHER:								
SUMMARY OF FINDINGS									
There were no violations observed at the time of inspection.									
GENERAL COMMENTS									
INSPECTOR'S SIGNATURE:  Clark Baker						DATE: 8/23/2018			
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh						DATE: 8/24/2018			

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 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 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 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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:___ TYPE OF DEVICE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	No	--

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NEDETAILS: All sludge is piped to Fourche WWTP. Wasted sludge from Fourche WWTP is land applied.

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

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

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

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NEDETAILS: The facility has a No Exposure Exclusion and there were no violations to the exclusion observed

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

FLOW CALCULATION SHEET

Date:		Time:		
Head in Inches:		Feet:		
Type & Size of Primary Flow Measurement Device:				
Name & Model of Secondary Flow Measurement Device:				
Date of last Calibration of Secondary Flow Device:				
Recorded Flow at Date & Time Listed Above:				(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:				
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)				
% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			
% Error =		-		X 100
% Error =		X 100		
% Error =		X 100		
% Error =		%		
Comments:	<u>There is only one method of flow measurement at this facility. It is a flow meter that measures the flow in the piping prior to discharge. This meter is calibrated once every six months.</u>			

DMR Calculation Check

Reporting Period:	From	<u>2018</u>	<u>6</u>	<u>1</u>	To	<u>2018</u>	<u>6</u>	<u>30</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	807	7	7.7
Calculated Value:	806.492	7.02	7.667
Permit Value:	9007	30	45

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period:	From	<u>2018</u>	<u>6</u>	<u>1</u>	To	<u>2018</u>	<u>6</u>	<u>31</u>
		Year	Month	Day		Year	Month	Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1170</u>	<u>10.6</u>	<u>13.7</u>
Calculated Value:	<u>1170.040</u>	<u>10.60</u>	<u>13.7</u>
Permit Value:	<u>3573</u>	<u>11.9</u>	<u>29.7</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet					
Location:	Adams Field Water Reclamation Facility				
Photographer:	Clark Baker	Date:	8/10/2018	Time:	09:08
Witness:	Eric Wassell			Photo #:	1
Description:	Bar screens and grit removal building in the background				
					
Photographer:	Clark Baker	Date:	8/10/2018	Time:	09:07
Witness:	Eric Wassell			Photo #:	2
Description:	Dumpster receiving solids with a drain that goes back to the headworks				
					

Water Division Photographic Evidence Sheet

Location:	Adams Field Water Reclamation Facility				
Photographer:	Clark Baker	Date:	8/10/2018	Time:	09:13
Witness:	Eric Wassell			Photo #:	3
Description:	EQ basin being drained				



Photographer:	Clark Baker	Date:	8/10/2018	Time:	09:16
Witness:	Eric Wassell			Photo #:	4
Description:	Primary Clarifier				



Water Division Photographic Evidence Sheet

Location:	Adams Field Water Reclamation Facility		
Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:25
		Photo #:	5
Description:	Digesters		



Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:27
		Photo #:	6
Description:	Digesters		



Water Division Photographic Evidence Sheet

Location:	Adams Field Water Reclamation Facility		
Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:30
		Photo #:	7
Description:	Secondary Clarifier		



Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:36
		Photo #:	8
Description:	UV Disinfection		



Water Division Photographic Evidence Sheet

Location:	Adams Field Water Reclamation Facility		
Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:40
		Photo #:	9
Description:	Composite samplers		



Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:40
		Photo #:	10
Description:	Composite sampler with clean tubing and a thermometer suspended in a liquid medium to ensure that the samples are preserved at an appropriate temperature throughout the sampling process.		



Water Division Photographic Evidence Sheet

Location:	Adams Field Water Reclamation Facility		
Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:46
		Photo #:	11
Description:	One of several flow monitoring device		



Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:46
		Photo #:	12
Description:	Outfall prior to being piped to the Arkansas River		



Water Division Photographic Evidence Sheet

Location:	Adams Field Water Reclamation Facility		
Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:10
		Photo #:	13
Description:	Backup generator and fuel storage tank		



Photographer:	Clark Baker	Date:	8/10/2018
Witness:	Eric Wassell	Time:	09:29
		Photo #:	14
Description:	Backup generator and fuel storage tank		





