

ADEQ

ARKANSAS
Department of Environmental Quality

October 25, 2019

Stephanie Orman, Mayor
City of Bentonville
117 West Central Avenue
Bentonville, AR 72712

RE: City of Bentonville WWTP Inspection
AFIN: 04-00154 Permit No.: AR0022403

Dear Mayor Orman:

On August 19, 2019, 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 Summary of Findings and General Comments section of the report for further details. If I can be of any assistance, please contact me at Bolenbaugh@adeq.state.ar.us or 501-682-0659.

Sincerely,



Jason R. Bolenbaugh
Compliance Branch Manager
Office of Water Quality

CC: Ms. Nancy Busen, Lab/Pretreatment Supervisor, nbusen@bentonvillear.com



WATER DIVISION INSPECTION REPORT		
AFIN: 04-00154	PERMIT #: AR0022403	DATE: 8/19/2019
COUNTY: 04 Benton	PDS #: 109845	MEDIA: WN
GPS LAT: 36.39096 LONG: -94.20374 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: City of Bentonville WWTP LOCATION: 1901 NE A Street CITY: Bentonville	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 83321 S - State FACILITY EVALUATION RATING: 5 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 8/19/2019 ENTRY TIME: 09:00 EXIT TIME: 10:30 PERMIT EFFECTIVE DATE: 7/1/2015 PERMIT EXPIRATION DATE: 6/30/2020


RESPONSIBLE OFFICIAL	INSPECTION PARTICIPANTS
NAME / TITLE: Stephanie Orman / Mayor COMPANY: City of Bentonville MAILING ADDRESS: 117 West Central Avenue CITY, STATE, ZIP: Bentonville AR 72712 PHONE & EXT. / FAX: 479-271-5966 / EMAIL: sorman@bentonville.com CONTACTED DURING INSPECTION: No	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Nancy Busen, Facility Manager, City of Bentonville Chris Earl, Operations Supervisor, City of Bentonville Roman Rios, Lab Supervisor, City of Bentonville Cole Southerland, OWQ Inspector, DEQ

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	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	N	PRETREATMENT
**	OTHER:				

- | SUMMARY OF FINDINGS |
|--|
| <ul style="list-style-type: none"> On October 16, 2019, the permittee submitted a permit renewal application to the DEQ. On October 23, 2019, the DEQ submitted an incomplete letter requesting additional information. Please submit the requested information by January 2, 2020 in order for permit coverage to continue past the permit expiration date. The permittee was and continues to conduct significant maintenance to the facility's treatment units. For example, rehabilitation of Secondary Clarifier #1 was in the final stages of completion during the inspection; the grit classifier was replaced in 2019; the sludge belt press was replaced with a more efficient sludge dewatering press; a new panel board was installed in a closed area to prevent H₂S corrosion; and, future projects that were to begin in October consisted of changing diffusers and replacing the rotors assembly in the oxidation ditches. A review of Sanitary Sewer Overflows for 2018 revealed the permittee reported 14 overflows totaling 844,500 gallons lost. The permittee has been proactive in attempting to lessen overflows and inflow and infiltration into the wastewater treatment plant (wwtp). In 2019, the permittee has replaced the flow meter at the McKissic Creek lift station and also found the lift station was receiving above average flow due to a line break caused from a construction activity which allowed water from a nearby creek to flow into the collection system line. This has since been repaired. The permittee continues to work on the collection system to reduce inflow and infiltration problems. A collection system evaluation will be conducted during the next inspection of the wwtp. No violations were noted during the inspection or document review. DEQ appreciates the time given to copy the requested documentation and to inspect the wwtp. |

GENERAL COMMENTS

- Treatment type consists of bar screen, grit and scum removal, two anoxic basins, two oxidation ditches, two secondary clarifiers, UV disinfection, and post aeration.
- A review of Discharge Monitoring Reports from January 1, 2017 to June 30, 2019 was conducted. During this time the permittee has not had any permit effluent violations or WET testing failures.
- No land application of biosolids occurs in Arkansas. Approximately sixty percent of biosolids are composted to Class A. The remaining forty percent of biosolids are hauled to Kansas or Missouri for land application.
- The facility has an IGP No-Exposure Exclusion (ARR00C404). During the walk through of the facility it did not appear the permittee was out of compliance with the exclusion, however, we did not address this permit during the inspection and no report will be drafted. An inspection of the no-exposure exclusion will likely occur during the next inspection of NPDES Permit AR0022403.

INSPECTOR'S SIGNATURE:	←Click text to left to add signature	-Inspector Name	DATE:
SUPERVISOR'S SIGNATURE:			DATE: 10/24/2019

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: Mayor Stephanie Orman, 117 W. Central Ave.	<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
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: Lab records were provided and complete	
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: Permittee is conducting significant maintenance at the facility	<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: Permanent Generac generator on site for maintenance building and UV disinfection.	<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: The permittee has been and is currently replacing or rehabilitating many parts within the facility.	<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: Chris Earl is the Operations Supervisor (Class IV). There are 18 other staff members that are licensed operators.	<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: List of parts and supplies provided by permittee.	<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: The permittee maintains a detailed operations log.	<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: 14 SSO's were reported in 2018.	<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: The facility does experience hydraulic overloads but they are short-lived. For example, a 1.5" rain that lasted just over an hour resulted in a hydraulic overload that lasted approximately 2 hours at the plant.	<input checked="" type="checkbox"/> Y <input 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 checked="" type="checkbox"/> N <input 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: Outfall 001 only	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: Permittee easily access sampling site for all grab 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: Effluent sampler temperature ranges were 2.7 – 4.5 during February sampling	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<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: 2' Parshall Flume	<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: McBrayer Engineering, Inc. conducted last calibration on 8/9/2019	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: Records provided	<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: Flow calibration conducted on February 12 and February 26, 2019.	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: Huther & Associates, Inc.	
b. LAB ADDRESS: 1156 North Bonnie Brae, Denton, TX, 76201 – (940) 387-1025	
c. PARAMETERS PERFORMED: Whole Effluent Toxicity (WET) Testing Only	
8. BIOMONITORING PROCEDURES ADEQUATE: Reduction granted on June 29, 2016, to semi-annual testing.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: Ceriodaphnia dubia & Pimephales promelas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: 31%, 42%, 56%, 74%, and 99% (Critical)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION: EPA Methods 1002.0 and 1000.0	<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: No retests 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:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: No land application occurs in Arkansas.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): No land application							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: The facility has an IGP No-Exposure Exclusion (ARR00C404).							
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:	8/19/2019	Time:	09:46	
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Head in Inches:	8"	Feet:	0.667	
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Type & Size of Primary Flow Measurement Device: 2' Parshall Flume

Name & Model of Secondary Flow Measurement Device: ISCO 3010 Ultrasonic Flow Transmitter

Date of last Calibration of Secondary Flow Device: 8/9/2019

Recorded Flow at Date & Time Listed Above: 0.688'or 2.895 MGD (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 2.759 MGD
 (Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

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

% Error =	2.895	-	2.759	X 100	
	2.759				

% Error =	0.136	X 100	
	2.759		

% Error =	0.049	X 100	
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% Error =	4.9	%	
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Comments: Calibration check is within ±10% of the actual flow rate.

DMR Calculation Check

Reporting Period: From 2019 2 1 To 2019 2 28
 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:	<u>141</u>	<u>5.3</u>	<u>7.6</u>
Calculated Value:	<u>141.1</u>	<u>5.3</u>	<u>7.6</u>
Permit Value:	<u>500.0</u>	<u>15</u>	<u>23</u>

If calculated value does not equal reported value, explain:

Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP		
Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:18	Witness:	
Photo #:	1	Description:	Influent into the 18-inch Parshall Flume.



Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:19	Witness:	
Photo #:	2	Description:	Automatic Bar Screen.



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP				
Photographer:	Jason Bolenbaugh	Date:	8/19/2019	Time:	09:19
Witness:				Photo #:	3
Description:	Grit Classifier.				



Photographer:	Jason Bolenbaugh	Date:	8/19/2019	Time:	09:20
Witness:				Photo #:	4
Description:	Grit Chamber.				



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP				
Photographer:	Jason Bolenbaugh	Date:	8/19/2019	Time:	09:28
Witness:				Photo #:	5
Description:	Anaerobic Zone.				



Photographer:	Jason Bolenbaugh	Date:	8/19/2019	Time:	09:28
Witness:				Photo #:	6
Description:	Oxidation Ditch #2.				



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP		
Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:35	Witness:	
Photo #:	7	Description: Oxidation Ditch #2.	



Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:32	Witness:	
Photo #:	8	Description: Secondary Clarifier #2. Permittee will scrub each clarifier at least once per week to remove algae buildup.	



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP				
Photographer:	Jason Bolenbaugh	Date:	8/19/2019	Time:	09:24
Witness:				Photo #:	9
Description:	Secondary Clarifier #1 in the final stages of rehabilitation.				



Photographer:	Jason Bolenbaugh	Date:	8/19/2019	Time:	09:41
Witness:				Photo #:	10
Description:	UV disinfection area.				



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP		
Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:44	Witness:	
Photo #:	11	Description: Post aeration basin following UV disinfection.	



Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:43	Witness:	
Photo #:	12	Description: 2-foot Parshall Flume discharge to the receiving stream.	



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP		
Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:52	Witness:	
Photo #:	13	Description: Sludge dewatering press that replaced the sludge belt press.	



Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:52	Witness:	
Photo #:	14	Description: View of the four dewatering drums on the sludge dewatering press.	



Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP		
Photographer:	Jason Bolenbaugh	Date:	8/19/2019
Time:	09:59	Witness:	
Photo #:	15	Description:	Gravity Thickener



Photographer:		Date:	
Time:		Witness:	
Photo #:	16	Description:	

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Water Division Photographic Evidence Sheet			
Location:	City of Bentonville WWTP		
Photographer:		Date:	
Witness:		Time:	
Description:			
Photographer:		Date:	
Witness:		Time:	
Description:			

Water Division Photographic Evidence Sheet			
Location:	City of Bentonville WWTP		
Photographer:		Date:	
Witness:		Time:	
Description:			
Photographer:		Date:	
Witness:		Time:	
Description:			

Water Division Photographic Evidence Sheet

Location:	City of Bentonville WWTP		
Photographer:		Date:	Time:
Witness:			Photo #:
Description:			

Photographer:		Date:	Time:
Witness:			Photo #:
Description:			