



ARKANSAS

ENERGY & ENVIRONMENT

February 4, 2021

Mr. Michael Clayton, Director
North Little Rock Water Utility
P.O. Box 17898
North Little Rock, AR 72117

RE: NLRWU - Faulkner Lake Inspection
AFIN: 60-00274 Permit No.: AR0020303

Dear Mr. Clayton:


On January 13, 2021, 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 inspection report for any comments. If I can be of any assistance please contact me at bolenbaugh@adeq.state.ar.us or 501-682-0659.

Sincerely,


A handwritten signature in black ink, appearing to read 'Jason Bolenbaugh'.

Jason Bolenbaugh
Compliance Branch Manager, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 60-00274	PERMIT #: AR0020303	DATE: 1/13/2021		
	COUNTY: 60 Pulaski	PDS #: 114846	MEDIA: WN		
	GPS LAT: 34.739073 LONG: -92.179918 LOCATION: Entrance				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: NLRWU - Faulkner Lake LOCATION: 7400 Baucum Pike CITY: North Little Rock		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 83321 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Evaluation			
RESPONSIBLE OFFICIAL		DATE(S): 1/13/2021 ENTRY TIME: 09:00 EXIT TIME: 10:10 PERMIT EFFECTIVE DATE: 6/1/2019 PERMIT EXPIRATION DATE: 5/31/2024			
NAME: / TITLE Mr. Michael Clayton / Director COMPANY: North Little Rock Water Utility MAILING ADDRESS: P.O. Box 17898 CITY, STATE, ZIP: North Little Rock AR 72117 PHONE & EXT: / FAX: 501-945-7186 / EMAIL:		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N INSPECTION PARTICIPANTS NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Lyle Leubner, Class IV Operator, NLRWU Marybeth Eggleston, EC&S Superintendent, NLRWU Christopher Lumpkin, Technical Specialist, NLRWU			
CONTACTED DURING INSPECTION: No					
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					
<p>No violations were noted during the inspection. The following are findings noted during the inspection:</p> <ul style="list-style-type: none"> ▪ No notable changes have occurred at the facility since the previous inspection in July, 2019. The effluent parshall flume walls were increased 36-inches due to previous flood events. ▪ Influent pump station is large enough to handle all flows that come through the plant. There are two, 350 horsepower pumps designed to pump approximately 30 MGD during wet weather periods and two, 150 horsepower pumps designed to pump approximately 9.8 MGD during normal operations. ▪ Primary clarifiers 3 and 4 were in operation at the time of the inspection. Primary clarifiers 1 and 2 were not in operation at the time of the inspection but both are in service. Primary clarifiers 1 and 2 typically operate during low flow conditions as they are much smaller than primary clarifiers 3 and 4. ▪ Final clarifier 3 was in operation during the inspection. Final clarifiers 1 and 2 were not in operation at the time of the inspection but both are in service. Final clarifier use is rotated on an almost weekly basis to help eliminate algae accumulation. All three clarifiers may be used at the same time during wet weather flows. ▪ The chlorine gas building is monitored using SCADA but also includes an exterior digital meter, monitor, and audible and visual alarms to protect staff if a chlorine gas leak occurs. The SCADA will provide an alarm when the Cl₂ reading is 0.3 ppm. Currently, staff cannot turn off noticeable leaks using SCADA but the plant is working towards implementing those changes. ▪ Chlorine contact chamber has 8 runs in which four typically are in operation during normal flows while the other four are being cleaned. ▪ All sludge is being hauled away by Waste Management to Two Pines Landfill. Approximately two loads per day will be hauled away. 					

GENERAL COMMENTS

- The facility has a design flow of 12 MGD and the treatment type consists of bar screening, primary clarification, diffused air activated sludge, secondary clarification, and chlorine disinfection.
- A review of Discharge Monitoring Report (DMR) data was completed for data submitted from January 1, 2018 to October 30, 2020. The review revealed zero effluent limitation violations. Quarterly Whole Effluent Toxicity testing in the 2020 calendar year have all passed. From November, 2019 to October, 2020 the permittee reported ten sanitary sewer overflows (SSO) that released an estimated 10,300 gallons.
- A Pretreatment Compliance Inspection was completed on January 26-27, 2021. A review of the 2019 annual report revealed this facility receives industrial wastewater flows from fifteen significant industrial users (SIUs). Three of those are considered categorical and the remaining are non-categorical. During the 2019 calendar year one categorical and three non-categorical SIUs were in noncompliance status but were not considered to be in significant noncompliance.
- A Collection System Evaluation was also conducted and will be mailed with this report.

INSPECTOR'S SIGNATURE:	←Click text to left to add signature	-Inspector Name	DATE:
SUPERVISOR'S SIGNATURE:	 Jason Bolenbaugh		DATE: 2/3/2021

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: Mr. Michael Clayton, Director, P.O. Box 17898, NLR, AR, 72117. Mr. Clayton has assumed the Director position following the retirement of Mr. Marc Wilkins on February 1, 2021.	<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: Only Outfall 001	<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:	
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: Composite from March 12 @ 0730 to March 13 @ 0736	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING: Effluent	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Initials - CP	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES: TRC – Standard Methods 20th edition 4500-CL G	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS: Not for TRC on this date	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES: 0.16 mg/l	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES: TRC grab sample on March 13 at 1240 and analyzed at 1250	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES: Initials - CP	<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: Records provided	<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: Records provided	<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: All treatment units were operational but not all were in operation at the time of the inspection. For example, Primary Clarifiers 3 and 4 were operating at the time of the inspection but 1 and 2 were not.	<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: The facility maintains maintenance schedules for all equipment and they vary based on the type of treatment equipment.	<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: 2 backup generators	<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: Lyle Leubner (Class IV –A Industrial – License #008189)	<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: Primary clarifiers will be cleaned once/week and gears greased once/month; Final clarifier cleaning schedule is weekly but may be more frequent in the summer; Chlorine contact chambers are typically on a monthly rotation where 4 runs are being cleaned while the other 4 runs are in operation; and, sludge presses are rotated on monthly basis between use and maintenance.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: 10 overflows were reported by the permittee within the collection system from November, 2019 to October, 2020.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<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 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: Parshall flume walls were raised 36" due for flood protection.	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED? TYPE OF DEVICE: 4' 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: Greyline Instruments Open Channel Flow 5.0 totalizer meter. Calibrated by Jack Strickler on October 8, 2020.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: Calibrated by Jack Strickler on October 8, 2020 (annual check). Monthly calibration checks are conducted.	<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 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 ≥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 ≥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 and Associates, Inc.	
b. LAB ADDRESS: 1156 N. Bonnie Brae, Denton, TX 76201	
c. PARAMETERS PERFORMED: WET Testing Only	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: Ceriodaphnia dubia and Pimephales promelas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: 3%, 5%, 6%, 8%, and 11%	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION: EPA-821-R-02-013	<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: Review was conducted at the Parshall flume.							
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: The facility is permitted to land apply municipal biosolids under Permit 4665-WR-4 (AFIN 60-00274) or they may dispose of it at Two Pine Landfill. No biosolids were land applied from this facility in 2020.							
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):							
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 checked="" type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" 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 checked="" 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 checked="" type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: A complete inspection of the facility's Industrial Stormwater Permit (ARR000067) was conducted on July 9, 2019. No review was conducted during this inspection.							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

FLOW CALCULATION SHEET

FLOW CALCULATION SHEET			
Date:	1/13/2021	Time:	09:30
Head in Inches:		Feet:	0.58
Type & Size of Primary Flow Measurement Device: 4' Parshall Flume			
Name & Model of Secondary Flow Measurement Device: Greyline Instruments Open Channel Flow (OCF) 5.0			
Date of last Calibration of Secondary Flow Device:		October 8, 2020	
Recorded Flow at Date & Time Listed Above:		4.208 MGD	(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:		4.377	
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)</small>			
% Error =	Recorded Value	-	Calculated Value
	Calculated Value		X 100
% Error =	4.208	-	4.377
	4.377		X 100
% Error =	-0.169	X 100	
	4.377		
% Error =	-0.0386	X 100	
% Error =	-3.86%	%	
Comments: Secondary measuring device is reading with ±10% of true discharge.			
Influent flow meter calibration check had a % Error of -0.44%.			

DMR Calculation Check

Reporting Period: From 2020 03 01 To 2020 03 31
 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>262.9</u>	<u>3.7</u>	<u>5.9</u>
Calculated Value:	<u>262.9</u>	<u>3.7</u>	<u>5.9</u>
Permit Value:	<u>3002.4</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:07
		Photo #:	1
Description:	DSCN1850: Bar Screens #1 and #2 with solids emptying into dumpster.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:08
		Photo #:	2
Description:	DSCN1851: Influent following bar screen separation and prior to influent flume.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:11
		Photo #:	3
Description:	DSCN1852: Influent pumps.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:12
		Photo #:	4
Description:	DSCN1854: Influent Parshall Flume.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:23
		Photo #:	5
Description:	DSCN1858: Primary Clarifier #3.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:32
		Photo #:	6
Description:	DSCN1871: Aeration Basin #1.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:37
		Photo #:	7
Description:	DSCN1873: Secondary Clarifier #3.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:38
		Photo #:	8
Description:	DSCN1875: Secondary clarifier discharge to chlorine contact chamber.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:48
		Photo #:	9
Description:	DSCN1876: Chlorine gas monitor, visual alarm and digital detection meter. Audible alarm (horn) is above this equipment and not pictured.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:57
		Photo #:	10
Description:	DSCN1877: One of eight chlorine contact chambers.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:24
		Photo #:	11
Description:	DSCN1860: Effluent composite sampler and Parshall Flume.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:25
		Photo #:	12
Description:	DSCN1863: Refrigerated composite sampler. Internal temperature was 4°C.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:24
		Photo #:	13
Description:	DSCN1861: Effluent 4' Parshall Flume.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:27
		Photo #:	14
Description:	DSCN1867: Effluent 4' Parshall Flume staff gauge (primary measurement).		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	09:28
		Photo #:	15
Description:	DSCN1869: Effluent flow totalizer (secondary measurement).		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	10:02
		Photo #:	16
Description:	DSCN1879: Sludge press.		



Office of Water Quality Photographic Evidence Sheet

Location:	NLRWU - Faulkner Lake		
Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	10:03
		Photo #:	17
Description:	DSCN1883: Sludge press solids emptying into dumpster to be hauled to Two Pines Landfill.		



Photographer:	Jason Bolenbaugh	Date:	1/13/2021
Witness:		Time:	10:05
		Photo #:	18
Description:	DSCN1885: Gravity thickener.		

