



# ARKANSAS

## ENERGY & ENVIRONMENT

March 30, 2021

Brent R. Dobler, Utility Supervisor  
City of Rogers  
4300 Rainbow Road  
Rogers, AR 72758

RE: Rogers Pollution Control Fac. Inspection  
AFIN: 04-00155 Permit No.: AR0043397

Dear Mr. Dobler:

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.


**Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **April 15, 2021**.

If I can be of any assistance please contact me at [grimes@adeq.state.ar.us](mailto:grimes@adeq.state.ar.us) or 501-837-2067.

Sincerely,


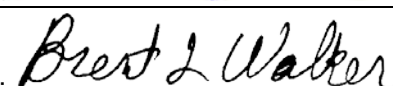
A handwritten signature in blue ink that reads "Garrett Grimes".

Garrett Grimes  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>				
	<b>INSPECTION REPORT</b>				
	AFIN: <b>04-00155</b>	PERMIT #: <b>AR0043397</b>	DATE: <b>1/13/2021</b>		
	COUNTY: <b>04 Benton</b>	PDS #: <b>115437</b>	MEDIA: <b>WN</b>		
GPS LAT: <b>36.29794</b> LONG: <b>-94.21233</b> LOCATION: <b>General Area</b>					
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Rogers Pollution Control Fac.</b> LOCATION: <b>4300 Rainbow Road</b> CITY: <b>Rogers</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>104111 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>1/13/2021</b> ENTRY TIME: <b>10:00</b> EXIT TIME: <b>12:50</b> PERMIT EFFECTIVE DATE: <b>1/31/2006</b> PERMIT EXPIRATION DATE: <b>2/28/2023</b>			
NAME: / TITLE <b>Brent R. Dobler / Utility Supervisor</b> COMPANY: <b>City of Rogers</b> MAILING ADDRESS: <b>4300 Rainbow Road</b> CITY, STATE, ZIP: <b>Rogers AR 72758</b> PHONE & EXT: / FAX: <b>479-273-7627 /</b> EMAIL: <b>toddbeaver@rogersar.gov</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Todd Beaver, Plant Manager, Rogers Water Utilities;</b> <b>Patrick Pruitt, Environmental Technician, Rogers Water Utilities;</b> <b>Garrett Grimes, District 1 Inspector, ADEQ</b>			
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>M</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>M</b>	RECORDS/REPORTS	<b>M</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>M</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
The following were noted during the inspection:					
<ol style="list-style-type: none"> <li>1. A total of ten (10) effluent excursions were reported from December 2017 to December 2020 (Attachment 1). These are violations of Part I, Section A of the permit. A response letter for a corrective action plan was submitted to ADEQ by Rogers Water Utilities on January 23, 2020, outlining corrective actions for effluent excursions in years 2017, 2018, and 2019.</li> <li>2. Excess scum deposits were observed obstructing the weirs of Clarifier 1 (Photos #1 - #2). This is a violation of Part II, Section B.1.a of the permit.</li> <li>3. Duplicate measurements are not being obtained for Dissolved Oxygen (Attachment 2). This is a violation of Part II, Section C.3 of the permit.</li> <li>4. Rogers Water Utilities utilizes a Chain of Custody (COC) form for the delivery of composite samples to their on-site laboratory (Attachment 3). However, grab samples for Fecal Coliform Bacteria (FCB) are not recorded on COC forms. Todd Beaver, Plant Manager, Rogers Water Utilities stated that these samples are collected directly by lab technicians prior to analysis. In lieu of maintaining individual COC forms for grab samples, information pertaining to the proper sample handling and time held prior to analysis must be recorded. The FCB analysis sheets do not include sample location, container type, preservative used, and method (Attachment 4). This is a violation of Part II, Section C.8 of the permit. This information must be recorded to verify the proper Standard Operating Procedure for the collection and analysis of FCB is being followed.</li> </ol>					

**GENERAL COMMENTS**

The Rogers Pollution Control Facility was clean and well organized at the time of the inspection. Copies of requested records were readily available upon request. The lab was clean and the equipment appeared to be well maintained. The facility was undergoing staffing constraints due in part to the ongoing COVID-19 pandemic, but personnel were attentive and willing to answer questions and explain operations and procedures in a clear manner during the inspection.

INSPECTOR'S SIGNATURE:  Garrett Grimes	DATE: 2/26/2021
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 3/23/2021

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" 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: <u>Effluent limit excursions</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" 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
<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 type="checkbox"/> S <input checked="" 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: <u>SCADA</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Todd Beaver Class III, David Staib Class IV</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input 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:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>5'</u> TYPE OF DEVICE: <u>Parshall Flume</u> (Outfall 001), Macrometer in-line meter (Outfall 002)	<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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Huther and Associates</u>	
b. LAB ADDRESS: <u>1156 North Bonnie Brae, Denton, Texas</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring</u>	
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:	<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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	clear	trace	none	clear	--
002	none	none	clear	trace	none	clear	
<b>SECTION H: SLUDGE DISPOSAL</b>							
<b>SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
<b>SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
<b>STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS</b>						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
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: **2/13/2021** Time: **11:25**

Head in Inches: **10** Feet: **0.83**

Type & Size of Primary Flow Measurement Device: **5' Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Greyline SLT 5.0**

Date of last Calibration of Secondary Flow Device: **10/2020**

Recorded Flow at Date & Time Listed Above: **10.24 MGD** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **10.18 MGD**

Flow calculated using the formula  $CFS=4(\text{flume width}')^3(\text{depth}'^{1.522})(\text{flume width}'^{0.026})$ ,  $MGD=((CFS*450)*1440)/10^6$

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

% Error =	10.24	-	10.18	X 100
	10.18			

% Error =	0.06	X 100
	10.18	

% Error =	0.006	X 100
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% Error =	<b>0.6</b>	%
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Comments:

**DMR Calculation Check**

Reporting Period: From 2020 02 01 To 2020 02 29  
 Year Month Day Year Month Day

Parameter Checked: TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>109.9</u>	<u>1.3</u>	<u>2.0</u>
Calculated Value:	<u>109.9</u>	<u>1.3</u>	<u>2.0</u>
Permit Value:	<u>2335.0</u>	<u>20.0</u>	<u>30.0</u>

If calculated value does not equal reported value, explain:



**DMR Calculation Check**

Reporting Period: From 2020 02 01 To 2020 02 29  
 Year Month Day Year Month Day

Parameter Checked: Total Phosphorus

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>15.04</u>	<u>0.18</u>	<u>0.19</u>
Calculated Value:	<u>15.04</u>	<u>0.18</u>	<u>0.19</u>
Permit Value:	<u>117.0</u>	<u>1.0</u>	<u>2.0</u>

If calculated value does not equal reported value, explain:

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Rogers Pollution Control Fac.</b>				
Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>1/13/2021</b>	Time:	<b>10:58</b>
Witness:				Photo #:	<b>1</b>
Description:	<b>Clarifier 1 with scum buildup on weir (1 of 2).</b>				



Photographer:	<b>Garrett Grimes, District 1 Inspector</b>	Date:	<b>1/13/2021</b>	Time:	<b>10:59</b>
Witness:				Photo #:	<b>2</b>
Description:	<b>Clarifier 1 with scum buildup on weir (2 of 2).</b>				



Inspection Report: **Rogers Pollution Control Fac.**, AFIN: **04-00155**, Permit #: **AR0043397**

Attachment 1: Effluent permit limit exceedances reported on Discharge Monitoring Reports.

DMR End Date	Disch-Desig	Parameter Desc	Reported DMR Value	Limit Value	Vio %	Vio Code	DMR Value Recd Date
03/31/2018	001-B	Chlorine, total residual (INST MAX, mg/L)	<b>0.14</b>	.1	40%	Numeric Vio	4/23/2018
04/30/2018	001-B	Chlorine, total residual (INST MAX, mg/L)	<b>0.92</b>	.1	820%	Numeric Vio	5/17/2018
04/30/2019	001-B	BOD, carbonaceous [5 day, 20 C] (MO AVG, lb/d)	<b>&gt;157</b>	1751	99,999%	Numeric Vio	5/21/2019
04/30/2019	001-B	BOD, carbonaceous [5 day, 20 C] (MO AVG, mg/L)	<b>&gt;2.2</b>	15	99,999%	Numeric Vio	5/21/2019
05/31/2019	001-B	BOD, carbonaceous [5 day, 20 C] (7 DA AVG, mg/L)	<b>&gt;3.6</b>	15	99,999%	Numeric Vio	6/19/2019
10/31/2019	001-B	Chlorine, total residual (INST MAX, mg/L)	<b>0.85</b>	.1	750%	Numeric Vio	11/14/2019
04/30/2020	001-B	Nitrogen, ammonia total [as N] (MO AVG, mg/L)	<b>2.27</b>	2	14%	Numeric Vio	5/15/2020
04/30/2020	001-B	Nitrogen, ammonia total [as N] (7 DA AVG, mg/L)	<b>7.1</b>	4.5	58%	Numeric Vio	5/15/2020
11/30/2020	001-B	Chlorine, total residual (INST MAX, mg/L)	<b>1.28</b>	.1	1,180%	Numeric Vio	12/9/2020
12/30/2020	001-B	Chlorine, total residual (INST MAX, mg/L)	<b>0.34</b>	.1	240%	Numeric Vio	12/9/2020

## EFFLUENT DO METER READINGS

Calibration Performed Per Operations SOP'S #7 And #8

DATE	DO READING	TIME READ	READ BY
1-29-2020	10.50	8:25	VE
2-3-2020	10.76	8:23	VE
2-4-2020	10.64	8:28	VE
2-5-2020	11.07	8:22	VE
2-10-2020	10.74	8:33	AG
2-11-2020	10.78	8:26	AG
2-12-2020	10.11	8:25	AG
2-18-2020	10.48	8:31	MS
2-19-2020	10.76	8:25	MS
2-20-2020	10.68	8:29	MS
2-24-2020	10.42	8:25	MD
2-25-2020	10.35	8:22	MD
2-26-2020	10.53	8:26	MD
3-2-2020	10.51	8:25	<del>MS</del>
3-3-20	11.18	8:28	<del>MS</del>
3-4-20	11.08	8:28	<del>MS</del>
3-9-20	10.51	8:27	VE
3-10-20	10.02	8:32	VE
3-11-20	10.46	8:27	VE
3-16-20	10.29	8:38am	MD
3-17-20	10.05	9:34am	MD
3-18-2020	9.93	10:47AM	MS
3-23-2020	10.00	11:55	MS
3-24-2020	10.10	8:29	MS
3-25-2020	9.80	8:25	MD
3-30-2020	8.34	10:55	MD
3-31-2020	10.24	9:25	MD
4-1-2020	6.17	8:27	MD
4-2-2020	10.35	9:13	MD
4-6-20	10.49	8:31	<del>MS</del>
4-7-20	10.57	8:31	<del>MS</del>
4-8-20	10.52	8:32	<del>MS</del>
4-13-20	10.84	8:43	VE
4-14-20	10.22	8:29	VE
4-15-20	10.06	8:28	VE
4-20-20	10.35	10:23	MS
4-21-20	10.11	8:29	MS
4-22-20	10.19	8:23	MS
4-27-20	10.30	8:27	MD
4-28-20	10.42	8:29	<del>MS</del>
4-29-20	9.65	8:26	MD
5-4-20	9.71	8:23	MD
5-5-20	9.78	8:16	MD

Feb  
2020

Attachment 3: An example of a composite sample COC form used at the facility.

ROGERS POLLUTION CONTROL FACILITY CHAIN OF CUSTODY							ANALYSES									
SAMPLE DESCRIPTION	SAMPLE ID	COLLECTION DATE		CONTAINER		TYPE C/G	METH A/M	TEMP °C	TSD	CNO	N&T	PTO	O&G	PCNL	METS	WETO
		DATE	TIME	L	G/P											
Effluent	1A0132	On: 04-01-19 Off: 04-02-19	08:30 08:30	1D	P	C	A	3.9	Y	X	X	X	X			
Influent		On: 04-01-19 Off: 04-02-19	08:36 08:36	9	P	C	A	2.8	Y	X	X	X	X			
		On: _____ Off: _____														
		On: _____ Off: _____														
Relinquished by:	Received by:	Date:	Time:	Relinquished by:	Received by:	Date:	Time:	SAMPLERS(S):								
<i>[Signature]</i>	Kyana Veckeyan	4-2-19	8:49					On: <i>Arnold G</i> Off: <i>[Signature]</i>								
Relinquished by:	Received by:	Date:	Time:	Relinquished by:	Received by:	Date:	Time:	COMMENTS:								
								Metals: Ag, As, Be, Cd, Cr, Cu, Mo, Ni, Pb, Sb, Se, Tl, Zn (preserved with HNO <sub>3</sub> ) WET: Whole Effluent Toxicity (Biomonitoring). TTO Scan: Table II - Organic Toxic Pollutants as defined by 40 CFR 122 appendix D. (Volatiles, Acid Compounds, Base / Neutral, Pesticides) MUN, TN, TP and O&G preserved with H <sub>2</sub> SO <sub>4</sub> * CN preserved with NaOH * PHENOL preserved with CuSO <sub>4</sub> + Phos Acid								

Attachment 4: An example FCB analysis sheet from February 2020.

Date	Log Book ID	Time Coll.	Time Incub.	Date Time Examined	On	Off	Cnt Blk	Vol Blk	Cnt 1	Vol 1	Cnt 2	Vol 2	Cnt 3	Vol 3	Cnt 4	Vol 4	Set 1 Result	Vol 5	Cnt 5	Vol 5	Cnt 6	Vol 6	Cnt 7	Vol 7	Cnt 8	Vol 8	Set 2 Result	Report cfu/100mL	Comments
01/19/20	200016	1242	1322	01/19/20 1300	SR	AL	0	100	1	0	3	4	10	14	50	30	0	1	3	2	10	10	10	10	50	30	30		
01/14/20	20008159	1359	1359	01/15/20 1345	AL	SR	0	100	1	0	3	1	10	9	50	16	0	1	0	3	0	10	6	6	50	9	16		
01/15/20	200020	1403	1432	01/16/20	SR	PP	0	100	0	1	2	3	1	10	9	50	19	1	0	3	0	10	5	5	50	9	19		
01/20/20	200025	1359	1425	01/21/20 1410	AL	SR	0	100	0	1	1	3	1	10	7	50	10	0	1	0	3	2	10	7	50	10	10		
01/21/20	200027	1424	1503	01/22/20 1325 3 <sup>rd</sup>	SR	SR	0	100	0	1	0	3	0	10	1	50	2	0	1	0	3	0	10	3	50	5	2		
01/22/20	200029	1310	1410	01/23/20 1421	SR	SR	0	100	0	1	1	3	1	10	0	50	3	0	1	0	3	0	10	2	50	3	3		
01/27/20	200035	1312	1342	01/28/20 1304	AL	AL	0	100	0	1	0	2	10	5	50	10	0	1	0	3	3	10	9	50	19	10			
01/28/20	200037	1457	1528	01/29/20 1343	AL	AL	0	100	0	1	1	2	10	6	50	10	0	1	0	3	1	10	9	50	16	10			
01/29/20	200039	1405	1434	01/30/20 1343	AL	AL	0	100	0	1	0	2	10	1	50	5	0	1	0	3	1	10	3	50	6	5			
01/09/20	200045	1510	1540	02/04/20 1428	AL	AL	0	100	1	1	3	4	10	13	50	33	0	1	0	3	3	10	9	50	19	33			