



# ARKANSAS

## ENERGY & ENVIRONMENT

June 30, 2021

Allen E. Scott, Mayor  
City of Bryant  
201 Southwest 3rd St.  
Bryant, AR 72022

RE: Bryant Water Utilities Inspection  
AFIN: 63-00065 Permit No.: AR0034002

Dear Mayor Scott:

On June 14, 2021, I performed a Compliance Evaluation Inspection and other inspections at 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 reports are enclosed for your records.


Please refer to the "Summary of Findings" and "General Comments" sections of the inspection reports for specific details regarding the four inspections. No further actions are required at this time. If I can be of any assistance please contact me at [Bolenbaugh@adeq.state.ar.us](mailto: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

CC: Mayor Allen E. Scott, City of Bryant, [ascott@cityofbryant.com](mailto:ascott@cityofbryant.com)  
Mr. Greg Asher, WWTP Manager, City of Bryant, [gasher@cityofbryant.com](mailto:gasher@cityofbryant.com)

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY INSPECTION REPORT</b>				
	AFIN: 63-00065	PERMIT #: AR0034002	DATE: 6/14/2021		
	COUNTY: 63 Saline	PDS #: 116578	MEDIA: WN		
	GPS LAT: 34.592104 LONG: -92.504180 LOCATION: General Area				
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Bryant Water Utilities</b> LOCATION: <b>1019 Southwest 2<sup>nd</sup> St.</b> CITY: <b>Bryant</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>83321 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S):      ENTRY TIME:      EXIT TIME:      PERMIT EFFECTIVE DATE: <b>6/14/2021      09:00      11:20      3/1/2021</b> PERMIT EXPIRATION DATE: <b>2/28/2026</b>			
NAME / TITLE: <b>Allen E. Scott / Mayor</b> COMPANY: <b>City of Bryant</b> MAILING ADDRESS: <b>201 Southwest 3<sup>rd</sup> St.</b> CITY, STATE, ZIP: <b>Bryant AR 72022</b> PHONE & EXT. / FAX: <b>501-943-0999 /</b> EMAIL: <b>ascott@cityofbryant.com</b>		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b> <b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Mr. Greg Asher, Treatment Manager, City of Bryant</b> <b>Will Cody, Inspector, DEQ</b>			
CONTACTED DURING INSPECTION: <b>No</b>					
<b>AREA EVALUATIONS</b> (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<p>A review of the March 4-6, 2020 Chain-of-Custodies (COC) and sample analyses documents revealed some minor inconsistencies with the time of the composite sample and time received, as well as whether or not preservatives were used. Specifically, on March 4, 2020 the sample analysis sheet and the COC had slightly different times for the time of the composite sample and the time the sample was received by the laboratory, and preservatives such as cooling ≤ 4°C (C4) and Thiosulfate (T) was not included on the March 4 and 5 COCs. Please ensure the COCs accurately reflect the collection methods. No further action is required.</p>					


**GENERAL COMMENTS**

Treatment type consists of bar screen, influent pumping, flow equalization, grit removal, activated sludge, chlorination, dechlorination, sludge storage lagoon, aerated sludge tanks, and mechanical sludge dewatering (Centrifuge). Sludge is disposed of in a permitted landfill.

A review of Discharge Monitoring Reports (DMR) from January 1, 2019 to April 30, 2021 was conducted. No effluent limitation violations were reported during this time. A review of the 2020 4<sup>th</sup> quarter WET testing reports was conducted. The initial test conducted on October 6-12 resulted in a failed test of *Pimephales promelase*. Two retests conducted on November 17-24 and December 8-15 resulted in passed tests of *Pimephales promelase*.

Inspections of NPDES Permits AR0034002C and ARR00C408, and a Collection System Evaluation (AR0034002) were also conducted in coordination with this inspection. Please refer to those inspection reports for more specific details for those permits.

The treatment plant was well operated and maintained. The cooperation of Mr. Asher, Mr. Evans, and Mr. Rimner during the inspection and document review is greatly appreciated.

INSPECTOR'S SIGNATURE: <small>←Click text to left to add signature</small>	-Inspector Name	DATE:
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 6/30/2021

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: <b>Mayor Allen E. Scott, 201 SW 3<sup>rd</sup> St., Bryant, AR, 72022</b>	<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: <b>No new discharges</b>	<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: <b>Outfall 001</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <b>See DMR Calculation Check Sheet below</b>	<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: <b>Dates and times for both grab and composite samples</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING: <b>Outfall 001</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING: <b>Mr. Greg Asher</b>	<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: <b>Daily sampling calibration checks of D.O., pH, and TRC meter provided</b>	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 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: <b>370 hp permanent backup generator onsite</b>	<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: <b>This plant is manned 24-hours a day, 7 days per week. The plant is not monitored or controlled using SCADA. Alarms are on the chlorine gas and sulfur dioxide building but other treatment component failures are documented during walk throughs.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <b>Gregg Asher – Manager (Class IV – 006271), Justin Causey (Class II), Dale Watkins (Class I), Gary Smith (Class I), and Kelvin Baker</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: <b>Parts inventory list provided</b>	<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: <b>From May, 2020 to April, 2021, the permittee reported 3 sanitary sewer overflows totaling 69,700 gallons.</b>	<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: <b>The City of Bryant has a collection system team supervised by Mr. Josh Evans. The team continues to upgrade the collection system. A collection system inspection was conducted following the inspection of the treatment plant. Please refer to that inspection report for greater detail.</b>	<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: <b>Design flow is 3.0 MGD. DMR review from January, 2019 to April, 2021 revealed 18 of those months the Daily Max flow rate was greater than the design flow. Flows that could cause hydraulic overloads have been effectively handled through the use of the EQ basin.</b>	<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



<b>SECTION D: SAMPLING</b>	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: <b>Outfall 001</b>	<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: <b>Question regarding preservative type used (if any) or failure to enter onto COC was raised.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b>Flow calibration check completed at the time of the inspection was within expected range.</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED? TYPE OF DEVICE: <b>90° V-notch Weir</b>	<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: <b>PDS-360 Ultrasonic Open Channel Flowmeter from Control Electronics, Inc.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <b>Flow meter was last calibrated on May 11, 2021.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: <b>All 2020 checks were with ±10% of expected flow range.</b>	<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: <b>Monthly checks are conducted.</b>	<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>	
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: <b>Calibration records checked for pH, DO, and TRC that are collected by Mr. Asher and not either contract laboratory.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE: <b>Laboratory analysis document QA/QC performed in lab.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME: <b>Laboratory analysis document a minimum of 10% duplicates.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME: <b>Laboratory analysis document a minimum of 10% spikes.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <b>Arkansas Analytical, Inc. (AA) and McClelland Consulting Engineers, Inc. (MCE)</b>	
b. LAB ADDRESS: <b>AA: 8100 National Dr., Little Rock, AR 72209</b> <b>MCE: 7302 Kanis Rd., Little Rock, AR 72204</b>	
c. PARAMETERS PERFORMED: <b>AA: WET, Total Phosphorus, Nitrate+Nitrite+Nitrogen, Total Recoverable Copper, Total Recoverable Zinc</b> <b>MCE: Carbonaceous Biochemical Oxygen Demand, Total Suspended Solids, Ammonia Nitrogen, Fecal Coliform Bacteria</b>	
8. BIOMONITORING PROCEDURES ADEQUATE: <b>Reviewed 4<sup>th</sup> quarter 2020 report</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED: <b>Pimephales Promelase (Chronic) and Ceriodaphnia dubia (Chronic)</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: <b>32%, 42%, 56%, 75%, and 100% (Critical Dilution)</b>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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: <b>The effluent being discharged to the receiving stream was clear.</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	Clear	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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: <b>Sludge is disposed of at the Saline County Landfill (Permit 261-SR-2).</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 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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
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: <b>BWU has an Industrial Stormwater General Permit No Exposure Exclusion (ARR00C408). Please refer to the inspection report for that permit for greater detail.</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**

<b>Date:</b> <b>3/8/2021</b>				<b>Time:</b> <b>09:45</b>	
<b>Head in Inches:</b>		<b>Feet:</b> <b>1.2</b>			
<b>Type &amp; Size of Primary Flow Measurement Device:</b> <b>90° V-notch weir</b>					
<b>Name &amp; Model of Secondary Flow Measurement Device:</b>				<b>Badger 2100MB</b>	
<b>Date of last Calibration of Secondary Flow Device:</b>				<b>5/11/20201</b>	
<b>Recorded Flow at Date &amp; Time Listed Above:</b>			<b>2.51 MGD/1743.56 GPM</b>		(Facility Flow Meter)
<b>Calculated Flow at Date &amp; Time Listed Above:</b>			<b>2.549 MGD/1770 GPM</b>		
<small>(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition</u>)</small>					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	<b>2.510</b>	-	<b>2.549</b>	X 100	
	<b>2.510</b>				
% Error =	<b>-0.039</b>	X 100			
	<b>2.510</b>				
% Error =	<b>-0.0153</b>	X 100			
% Error =	<b>-1.53</b>	%			
<b>Comments: Calibration check within ± 10% of expected true discharge.</b>					

**DMR Calculation Check**

**Reporting Period:** From 2020 3 1 To 2020 3 31  
Year Month Day Year Month Day

**Parameter Checked:** CBOD

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>&lt;47.2</u>	<u>&lt;2.2</u>	<u>2.8</u>
<b>Calculated Value:</b>	<u>&lt;47.2</u>	<u>&lt;2.2</u>	<u>2.8</u>
<b>Permit Value:</b>	<u>250.2</u>	<u>10.0</u>	<u>15.0</u>

**If calculated value does not equal reported value, explain:**

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>	Time:	<b>08:58</b>
Witness:				Photo #:	<b>1</b>
Description:	<b>DSCN2775: EQ basin with seven aerators.</b>				



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>	Time:	<b>09:00</b>
Witness:				Photo #:	<b>2</b>
Description:	<b>DSCN2778: EQ basin receiving decant water from the centrifuge.</b>				





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>08:58</b>
		Photo #:	<b>3</b>
Description:	<b>DSCN2776: Former lift station that receives wastewater from the EQ basin thence to the bar screens.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:09</b>
		Photo #:	<b>4</b>
Description:	<b>DSCN2784: One of two bar screens.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:05</b>
		Photo #:	<b>5</b>
Description:	<b>DSCN2780: Bar screen station with solids wasted to dumpster.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:11</b>
		Photo #:	<b>6</b>
Description:	<b>DSCN2786: Solids wasted to dumpster for disposal in the landfill.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>	Time:	<b>09:15</b>
Witness:				Photo #:	<b>7</b>
Description:	<b>DSCN2789: Centrifugal blower units.</b>				



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>	Time:	<b>09:21</b>
Witness:				Photo #:	<b>8</b>
Description:	<b>DSCN2794: A &amp; B activated sludge plant.</b>				





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:22</b>
		Photo #:	<b>9</b>
Description:	<b>DSCN2796: A-side of activated sludge plant without aeration.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:25</b>
		Photo #:	<b>10</b>
Description:	<b>DSCN2799: C-side of activated sludge plant under aeration.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>	Time:	<b>09:23</b>
Witness:				Photo #:	<b>11</b>
Description:	<b>DSCN2797: Sludge digester.</b>				



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>	Time:	<b>09:24</b>
Witness:				Photo #:	<b>12</b>
Description:	<b>DSCN2798: Sludge decanter.</b>				





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:27</b>
		Photo #:	<b>13</b>
Description:	<b>DSCN2801: Installed and fully operational centrifuge.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:29</b>
		Photo #:	<b>14</b>
Description:	<b>DSCN2802: Sludge that is conveyed to truck for disposal.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:33</b>
		Photo #:	<b>15</b>
Description:	<b>DSCN2803: Wet well to send wastewater from the activated sludge to disinfection.</b>		



06.14.2021 09:33

Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:34</b>
		Photo #:	<b>16</b>
Description:	<b>DSCN2804: Manhole near sludge lagoon where chlorine gas is injected.</b>		



06.14.2021 09:34



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:41</b>
		Photo #:	<b>17</b>
Description:	<b>DSCN2806: Chlorine gas tanks.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:38</b>
		Photo #:	<b>18</b>
Description:	<b>DSCN2805: Chlorine gas warning light test.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:42</b>
		Photo #:	<b>19</b>
Description:	<b>DSCN2807: Sulfur dioxide tanks.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:43</b>
		Photo #:	<b>20</b>
Description:	<b>DSCN2809: Chlorine contact chamber.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:44</b>
		Photo #:	<b>21</b>
Description:	<b>DSCN2811: Sulfur dioxide injection.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:48</b>
		Photo #:	<b>22</b>
Description:	<b>DSCN2816: 90-degree v-notch weir with discharge to the outfall.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:46</b>
		Photo #:	<b>23</b>
Description:	<b>DSCN2815: Electronic flow meter reading of 1651.47 GPM and last calibrated on May 11, 2021.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:45</b>
		Photo #:	<b>24</b>
Description:	<b>DSCN2813: Staff gauge reading of 1.2 ft.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:48</b>
		Photo #:	<b>25</b>
Description:	<b>DSCN2817: View of the effluent discharge into the receiving stream.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/14/2021</b>
Witness:		Time:	<b>09:53</b>
		Photo #:	<b>26</b>
Description:	<b>DSCN2819: Sludge lagoon.</b>		

