



ARKANSAS

ENERGY & ENVIRONMENT

November 17, 2021

Richard McCormac, Mayor
City of Clinton
P.O. Box 277
Clinton, AR 72301

RE: City of Clinton- East Plant Inspection (Van Buren Co)
AFIN: 71-00018 NPDES Permit No.: AR0048836

Dear Mayor McCormac:

On August 20, 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 jeremy.uhlmann@adeq.state.ar.us or (870) 424-3322.

Sincerely,

A handwritten signature in cursive script that reads 'Jeremy Uhlmann'.

Jeremy Uhlmann
District II Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 71-00018	PERMIT #: AR0048836	DATE: 08/20/2021
	COUNTY: 71 Van Buren	PDS #: 118204	MEDIA: WN
GPS LAT: 35.579551 LONG: -92.447203 LOCATION: General Area			
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: City of Clinton- East Plant LOCATION: Factory Road CITY: Clinton, AR 72031		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 33017 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 08/20/2021 ENTRY TIME: 10:06 EXIT TIME: 11:22 PERMIT EFFECTIVE DATE: 7/1/2019 PERMIT EXPIRATION DATE: 6/30/2024	
RESPONSIBLE OFFICIAL		FAYETTEVILLE SHALE RELATED: N	
NAME: / TITLE Richard McCormac / Mayor COMPANY: City of Clinton MAILING ADDRESS: P.O. Box 277 CITY, STATE, ZIP: Clinton AR 72301 PHONE & EXT: / FAX: 501-745-4320 / EMAIL: clintonmayor@artelco.com		FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: Yes		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Phil Graham (Lic# 008981)/ Operator/ 501-253-1365/ clintonfire25@yahoo.com Kerri McCabe/Inspector Supervisor/870-424-3322	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	S	FLOW MEASUREMENT
S	RECORDS/REPORTS	S	LABORATORY
S	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER
S	SAMPLING	**	SLUDGE HANDLING/DISPOSAL
**	OTHER:	**	STORMWATER
S		S	FACILITY SITE REVIEW
S		S	SELF-MONITORING PROGRAM
**		**	PRETREATMENT
SUMMARY OF FINDINGS			
On August 20, 2021 and at the time of inspection, no violations were noted.			
GENERAL COMMENTS			
On August 20, 2021, this office conducted an inspection at the above mentioned facility. Inspector Supervisor Kerri McCabe was also present, along with Phil Graham, Operator. Mr. Graham was present for the duration of the inspection. This inspection consisted of a site assessment and records review.			
Site assessment:			
This municipal treatment system consists of two processes: an activated sludge process eventually discharging to Outfall 001 and also an irrigation process after secondary treatment. The irrigation process consists of a bar screen at the headworks, collection into wet well, a primary lagoon, secondary lagoon with four aerators, chlorine disinfection, then pumped to irrigation fields for permitted land application (5130-W-2). The discharge process consists of a primary pond, two-cell continuous flow stirred reactors (in parallel); secondary clarifier, sand filter, UV disinfection, post-aeration, and then to final discharge at Outfall 001. Sludge is wasted manually, approximately twice per week. There is a bar screen to trap floatables that the individual haulers are responsible for cleaning after dumping. There was no discharge at the time of inspection as land application has been allowed by the permit and chosen by the permittee.			
Records review:			
All records requested were made available. Records were reviewed from January, February, and March of 2020.			

INSPECTOR'S SIGNATURE: <i>Jeremy Uhlmann</i> Jeremy Uhlmann	DATE: 11/10/2021
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> Kerri McCabe	DATE: 11/16/2021

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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>6" Parshall flume</u>	<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 checked="" type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Services Company</u>	
b. LAB ADDRESS: <u>13715 West Markham, Little Rock AR</u>	
c. PARAMETERS PERFORMED: <u>TSS, DO, NH3-N, E. coli, Fecal Coliform and CBOD5.</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	N/A	N/A	N/A	N/A	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" 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 checked="" 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 type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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	

DMR Calculation Check

Reporting Period: From 2020 03 01 To 2020 03 31
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly	
		Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>0.71</u>	<u>0.09</u>	<u>0.22</u>
Calculated Value:	<u>0.69</u>	<u>0.086</u>	<u>0.22</u>
Permit Value:	<u>63.1</u>	<u>6.3</u>	<u>9.5</u>

If calculated value does not equal reported value, explain:

Values are similar; which is likely due to rounding (below permit limits).

DMR Calculation Check

Reporting Period: From 2020 01 01 To 2020 01 01
 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>44.7</u>	<u>4.82</u>	<u>7.63</u>
Calculated Value:	<u>41.5</u>	<u>4.82</u>	<u>7.63</u>
Permit Value:	<u>200.2</u>	<u>20.0</u>	<u>30.0</u>

If calculated value does not equal reported value, explain:

Values are similar; which is likely due to rounding (below permit limits).

Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant			
Photographer:	Jeremy Uhlmann	Date:	8/20/2021	
Witness:	Kerri McCabe, Phil Graham	Time:	10:24	
Description:	Preliminary bar screen from collection system.		Photo #:	1



Photographer:	Jeremy Uhlmann	Date:	8/20/2021	
Witness:	Kerri McCabe, Phil Graham	Time:	10:29	
Description:	Main lift to WWTP		Photo #:	2



Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:30
		Photo #:	3
Description:	Primary lagoon with secondary lagoon in background.		



Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:33
		Photo #:	4
Description:	Chlorine gas used for disinfection of land applied effluent.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:35
		Photo #:	5
Description:	Septic tank hauler cleanout area.		



Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:31
		Photo #:	6
Description:	Mechanical pumps from secondary lagoon to irrigation fields.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:40
		Photo #:	7
Description:	1 of 2 aeration basins.		



Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:46
		Photo #:	8
Description:	Secondary clarifier		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:47
Description:	Sand Filter	Photo #:	9



Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:49
Description:	Chemical storage for polymer and pH adjustments.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:49
		Photo #:	11
Description:	UV disinfection to flow gauge.		



Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:49
		Photo #:	12
Description:	UV disinfection bulbs		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:50
Description:	6" Parshall flume	Photo #:	13



Photographer:	Jeremy Uhlmann	Date:	8/20/2021
Witness:	Kerri McCabe, Phil Graham	Time:	10:52
Description:	Outfall 001 with passive aeration (not discharging).		



Figure 1. Google Earth image of Clinton East and Outfall 001 (imagery dated Sept 15, 2019).

