



ARKANSAS

ENERGY & ENVIRONMENT

April 12, 2022

Michael McDaniel, Plant Superintendent
Batesville Water Utilities
500 Riverbank Rd
Batesville, AR 72501
Via email to: wwsuper@batesvillearkansas.gov

RE: Batesville WWTP Inspections (Independence Co)
AFIN: 32-00044 **NPDES Permit No.: AR0020702**
ARR000118

Dear Mr. McDaniel:

On February 15, 2022, Inspector Supervisor Kerri McCabe and 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 black ink that reads "Jeremy Uhlmann".

Jeremy Uhlmann
District 2 Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY INSPECTION REPORT				
	AFIN: 32-00044	PERMIT #: AR0020702	DATE: 2/15/2022		
	COUNTY: 32 Independence	PDS #: 119780	MEDIA: WN		
	GPS LAT: 35.743146 LONG: -91.621875 LOCATION: Outfall				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Batesville WWTP LOCATION: 500 Riverbank Rd CITY: Batesville, AR 72501		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 33017 S - State FACILITY EVALUATION RATING: 5 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 2/15/2022 ENTRY TIME: 10:15 EXIT TIME: 12:56 PERMIT EFFECTIVE DATE: 1/1/2017 PERMIT EXPIRATION DATE: 12/31/2021			
RESPONSIBLE OFFICIAL		FAYETTEVILLE SHALE RELATED: N			
NAME: / TITLE Michael McDaniel / Plant Superintendent COMPANY: Batesville Water Utilities MAILING ADDRESS: 500 Riverbank Rd CITY, STATE, ZIP: Batesville AR 72501 PHONE & EXT: / FAX: 870-698-2442 / EMAIL: wwsuper@batesvillearkansas.gov CONTACTED DURING INSPECTION: Yes		FAYETTEVILLE SHALE VIOLATIONS: N			
		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Michael McDaniel (Lic# 004654)/Superintendent 870-698-2442 / wwsuper@batesvillearkansas.gov Melinda Skaggs/Lab Supervisor/ 870-698-2442/ wwlab@batesvillearkansas.gov Kerri McCabe / ADEQ Inspector Supervisor			
AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
No violations were noted during the inspection.					

GENERAL COMMENTS

On February 15, 2022, an inspection was conducted with the above mentioned participants. The inspection consisted of a site assessment and records review.


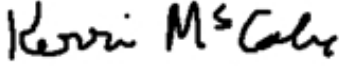
Site assessment:

Treatment begins with a set of three screw pumps to lift influent to preliminary comminutors. The comminutors have an overflow system and flowmeters. There is a pump out station located at lagoon Cell A for septic cleaners. There are two aerated lagoons for Cells A (highly aerated) and B (to a lesser extent) and two equalization cells (C and D), which are not aerated. Wastewater can be returned to aerated lagoons at any time prior to the chlorine contact chamber. After the Cell B lagoon, wastewater is pumped into Structure 6 and divided into two parallel trains through a Moving Bed Biofilm Reactor (MBBR). The MBBR is used for BOD and ammonia removal. A trough is then used to combine the wastewater prior to the Dissolved Air Flotation (DAF). In the DAF, air is injected through a Nikuni pump to capture solids and return them to the top of the station for skimming. The skimmings are then returned to Cell A. Wastewater is sent to a two-section chlorine contact chamber, measured for flow; and finally, discharged to Outfall 002. Sludge is removed as needed and land applied under State No-Discharge permit 5099-W-1.

Although an inspection was not performed of the in-house lab, initial observations demonstrated it was very clean and organized.

Records review:

Records were well organized and quickly provided. Accuracy checks were conducted and verified for both April and October, 2021.

INSPECTOR'S SIGNATURE:  Jeremy Uhlmann	DATE: 3/7/2022
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 4/12/2022

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 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:	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <u>In-house lab conducts sampling; contract lab TP, NO3+ NO2-N, and WET testing.</u>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>48" 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: <u>Teledyne ISCO Signature Ultra Sonic (totalizer)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated December, 2021</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, AR 72143</u>	
c. PARAMETERS PERFORMED:	
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
002	No	No	No	No	No	Clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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: <u>Land application under State No-Discharge 5099-W-1</u>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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): <u>Agricultural (city-owned)</u>							
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Part II, Condition 4 requires BMPs for stormwater protection; no issues noted during inspection.</u>							
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: **2/15/2022** Time: **12:14**

Head in Inches: Feet: **0.82**

Type & Size of Primary Flow Measurement Device: **48" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Teledyne ISCO Signature Ultra Sonic (totalizer)**

Date of last Calibration of Secondary Flow Device: **December 2021**

Recorded Flow at Date & Time Listed Above: **7.927** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

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

% Error =	7.927	-	7.560	X 100	
	7.560				

% Error =	.37	X 100	
	7.560		

% Error =	0.0489	X 100	
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% Error =	4.89	%	
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Comments: **Within +/- 10% range; totalizer is reporting over.**

DMR Calculation Check

Reporting Period: From 2021 04 01 To 2021 04 30
 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>476.16</u>	<u>8.83</u>	<u>14.33</u>
Calculated Value:	<u>476.11</u>	<u>8.83</u>	<u>14.33</u>
Permit Value:	<u>2251.8</u>	<u>30.0</u>	<u>45.0</u>

If calculated value does not equal reported value, explain:

Results are very similar likely due to rounding.

DMR Calculation Check

Reporting Period: From 2021 10 01 To 2021 10 31
 Year Month Day Year Month Day

Parameter Checked: CBOD-5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>158.79</u>	<u>4.36</u>	<u>6.24</u>
Calculated Value:	<u>158.79</u>	<u>4.37</u>	<u>6.24</u>
Permit Value:	<u>1876.5</u>	<u>25.0</u>	<u>40.0</u>

If calculated value does not equal reported value, explain:

Values are the same.

Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1051
Description:	Influent pipe	Photo #:	1



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1050
Description:	1 of 3 screw pumps active		



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1056
		Photo #:	3
Description:	Comminutors with overflow and flow measurement in background		



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1059
		Photo #:	4
Description:	Septic tank cleaner pump out area		



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1103
		Photo #:	5
Description:	Influent lines from comminutors into Cell A		



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1104
		Photo #:	6
Description:	Return line from DAF		



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP				
Photographer:	Jeremy Uhlmann	Date:	2/15/2022	Time:	1105
Witness:	Kerri McCabe	Photo #:	7		
Description:	Lagoon aeration pumps				



Photographer:	Jeremy Uhlmann	Date:	2/15/2022	Time:	1116
Witness:	Kerri McCabe	Photo #:	8		
Description:	Spillway from Cell A to Cell B				



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1124
		Photo #:	9
Description:	Cell B intake to wet well prior to Structure 6		



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1124
		Photo #:	10
Description:	Equalization Basin C		



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1128
Description:	Structure 6 pump station	Photo #:	11



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1139
Description:	MBBR 1A and 2A for BOD removal	Photo #:	12

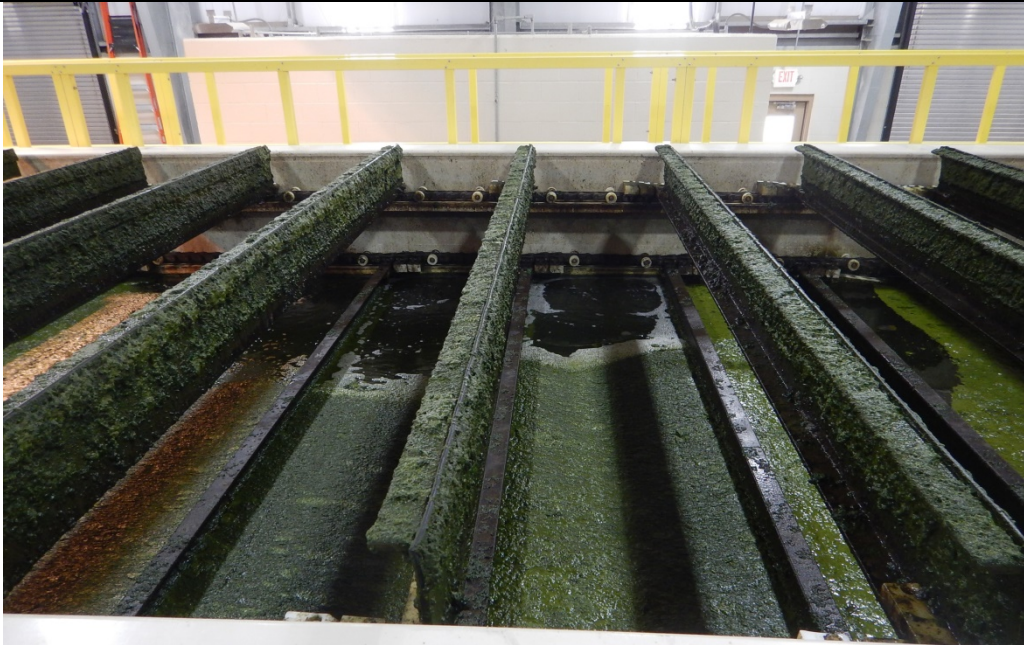


Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP			
Photographer:	Jeremy Uhlmann	Date:	2/15/2022	
Witness:	Kerri McCabe	Time:	1142	
Description:	MBBR 1B and 2B for NH3 removal		Photo #:	13



Photographer:	Jeremy Uhlmann	Date:	2/15/2022	
Witness:	Kerri McCabe	Time:	1156	
Description:	Top of DAF structure		Photo #:	14



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP				
Photographer:	Jeremy Uhlmann	Date:	2/15/2022	Time:	1147
Witness:	Kerri McCabe	Photo #:	15		
Description:	Pit for DAF skimmings.				



Photographer:	Jeremy Uhlmann	Date:	2/15/2022	Time:	1156
Witness:	Kerri McCabe	Photo #:	16		
Description:	Post skimming effluent				



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1204
		Photo #:	17
Description:	Chlorine tank room with exhaust fan.		



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1207
		Photo #:	18
Description:	DAF return lever		



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1211
Description:	Chlorine contact chamber	Photo #:	19



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1208
Description:	Isolated skimmings in chlorine contact chamber	Photo #:	20



Office of Water Quality Photographic Evidence Sheet

Location:	Batesville WWTP		
Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1216
Description:	48" Parshall flume	Photo #:	21



Photographer:	Jeremy Uhlmann	Date:	2/15/2022
Witness:	Kerri McCabe	Time:	1224
Description:	Outfall 002	Photo #:	22



Figure1. Google Earth image dated Nov 15, 2020 of WWTP and permitted outfall.

