



# ARKANSAS

## ENERGY & ENVIRONMENT

December 14, 2022

Lioneld Jordan, Mayor  
City of Fayetteville  
113 West Mountain Street  
Fayetteville, AR 72701  
Via email: [mayor@fayetteville-ar.gov](mailto:mayor@fayetteville-ar.gov) & [tnyander@fayetteville-ar.gov](mailto:tnyander@fayetteville-ar.gov)

RE: Paul R. Noland WWTF Inspection  
AFIN: 72-00781 Permit No.: AR0020010

Honorable Mayor Jordan:

On February 10, 2022, DEQ Inspector Cole Southerland 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 [Brent.L.Walker@adeq.state.ar.us](mailto:Brent.L.Walker@adeq.state.ar.us) or 870-935-7221 ext.-12.

Sincerely,

A handwritten signature in cursive script that reads "Brent L. Walker".

Brent L. Walker  
Inspector Supervisor, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY</b>		
	AFIN: 72-00781		PERMIT #: AR0020010
	COUNTY: 72 Washington	PDS #: 123837	DATE: 2/10/2022
	GPS LAT: 36.08067 LONG: -94.08920 LOCATION: Entrance		
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>Paul R. Noland WWTF</b> LOCATION: <b>1400 N. Fox Hunter Road</b> CITY: <b>Fayetteville</b>		FACILITY TYPE: <b>1 - Municipal</b>	
		INSPECTOR ID#: <b>127361 S - State</b>	
		FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>	
		INSPECTION TYPE: <b>Compliance Evaluation</b>	
		DATE(S): <b>2/10/2022</b>	ENTRY TIME: <b>09:00</b>
		EXIT TIME: <b>11:15</b>	PERMIT EFFECTIVE DATE: <b>1/1/2018</b>
		PERMIT EXPIRATION DATE: <b>12/31/2022</b>	
<b>RESPONSIBLE OFFICIAL</b>		FAYETTEVILLE SHALE RELATED: <b>N</b>	
NAME: / TITLE <b>Lioneld Jordan / Mayor</b> COMPANY: <b>City of Fayetteville</b> MAILING ADDRESS: <b>113 West Mountain Street</b> CITY, STATE, ZIP: <b>Fayetteville AR 72701</b> PHONE & EXT: / FAX: <b>479-601-2065 /</b> EMAIL: <b>mayor@fayetteville-ar.gov &amp; tnyander@fayetteville-ar.gov</b>		FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>	
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Cole Southerland/ Inspector/ DEQ</b> <b>Austin Ramsfield/ Operations Supervisor/ Jacobs</b> <b>Monty Sedlak/ Project Manager/ Jacobs</b> <b>Shawn Santellanes/ Lead Operator/ Jacobs</b> <b>Donna McChristian/ Lab Supervisor/ Jacobs</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>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL
<b>N</b>	OTHER:	<b>N</b>	STORMWATER
		<b>S</b>	FACILITY SITE REVIEW
		<b>S</b>	SELF-MONITORING PROGRAM
		<b>N</b>	PRETREATMENT
<b>SUMMARY OF FINDINGS</b>			
<p><b>No violations were observed during inspection.</b></p>			

**GENERAL COMMENTS**

The following was noted during inspection:

- The permit for the Paul R. Noland WWTF expires in December of 2022. Mr. Ramsfield stated that the renewal process for the permit has been started.
- Due to the sludge dryer being out of operation only solar drying of the sludge is been done after being processed through the sludge press. Once dried, via solar, the sludge is being hauled to the Tonitown landfill.
- A scumline was noted on one of the secondary clarifiers (Photo #6). Mr. Ramsfield stated that this is due to winter weather and freezing temperatures that occurred before the inspection. Maintenance work was being done to remove the scumline.
- There are four secondary clarifiers at the facility. Clarifier #3 is nonoperational due to a broken scraper arm. Clarifier #4 needs a new scum pump installed. Two operational clarifiers are sufficient enough for the treatment process. Maintenance is planned for the near future for the two nonoperational clarifiers.
- The biological treatment consists of two sets of six anoxic zones that feed into 4 aerobic zones. One set of anoxic and aerobic zones are undergoing maintenance and are nonoperational. Maintenance includes the replacement of the six mixers within the anoxic zones. Sufficient treatment of the wastewater is still performed with the remaining set of anoxic and aerobic zones.
- Foam was observed at the outfall of the facility (Photo #27). Mr. Ramsfield stated that this is due to the ozone disinfection producing high DO concentrations which cause the foaming at the outfall. The foam dissipates as it enters the White River (Photo #26).
- All parameter testing is conducted within the lab at the Noland facility except sulfate. Samples are sent to American Interplex in Little Rock for sulfate testing.

INSPECTOR'S SIGNATURE:	<i>Cole Southerland</i>	Cole Southerland	DATE:
SUPERVISOR'S SIGNATURE:	<i>Brent L Walker</i>	Brent L. Walker	DATE: 12/2/2022

<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:	<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
<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:	<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 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 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

<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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>3</u> TYPE OF DEVICE:	<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 checked="" type="checkbox"/> S <input 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 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 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 checked="" type="checkbox"/> Y <input 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: <b>American Interplex</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <b>American Interplex</b>	
b. LAB ADDRESS: <b>8600 Kanis Road, Little Rock AR 72204</b>	
c. PARAMETERS PERFORMED: <b>Sulfate</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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	None	Yes	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: **2-10-2022** Time: **10:20**

Head in Inches: **11.25"** Feet: **0.9375'**

Type & Size of Primary Flow Measurement Device: **3' Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Siemens Hydro Ranger 200**

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above: **6.85** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **6.92**

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

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

% Error =	6.85	-	6.92	X 100
	6.92			

% Error =	0.07	X 100
	6.92	

% Error =	0.01	X 100
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% Error =	<b>1</b>	%
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Comments: **Meets requirement of +/-10%**

**DMR Calculation Check**

Reporting Period: From 2021 Feb 01 To 2021 Feb 28  
 Year Month Day Year Month Day

Parameter Checked: Phosphorus

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>8</u>	<u>0.2</u>	<u>0.2</u>
Calculated Value:	<u>8</u>	<u>0.2</u>	<u>0.2</u>
Permit Value:	<u>105</u>	<u>1.0</u>	<u>2.0</u>

If calculated value does not equal reported value, explain:



**DMR Calculation Check**

Reporting Period: From 2021 Nov 01 To 2021 Nov 30  
 Year Month Day Year Month Day

Parameter Checked: Ammonia

	<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>4.0</u>	<u>0.1</u>	<u>0.1</u>
Calculated Value:	<u>4.0</u>	<u>0.1</u>	<u>0.1</u>
Permit Value:	<u>252.0</u>	<u>2.4</u>	<u>3.6</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:21
		Photo #:	1
Description:	Bar rack at headworks.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:25
		Photo #:	2
Description:	Grit vortex.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:25
		Photo #:	3
Description:	Odor control system for headworks.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:28
		Photo #:	4
Description:	One of the emergency generators for the facility.		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Paul R. Noland WWTF</b>		
Photographer:	<b>Cole Southerland</b>	Date:	<b>2/10/2022</b>
Witness:		Time:	<b>9:31</b>
		Photo #:	<b>5</b>
Description:	<b>Former primary clarifier that is being used for equalization.</b>		



Photographer:	<b>Cole Southerland</b>	Date:	<b>2/10/2022</b>
Witness:		Time:	<b>9:33</b>
		Photo #:	<b>6</b>
Description:	<b>Secondary clarifier with scum present. Due to recent freeze.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:39
		Photo #:	7
Description:	WAS and RAS pumps.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:45
		Photo #:	8
Description:	Oxidation train.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:51
		Photo #:	9
Description:	One of six operational sand filters.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:53
		Photo #:	10
Description:	Sodium Hypochlorite containment for sand filter area.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:56
		Photo #:	11
Description:	Sodium Hydroxide containment.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:56
		Photo #:	12
Description:	Sodium Hypochlorite containment.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF				
Photographer:	Cole Southerland	Date:	2/10/2022	Time:	9:57
Witness:				Photo #:	13
Description:	Polymer storage.				



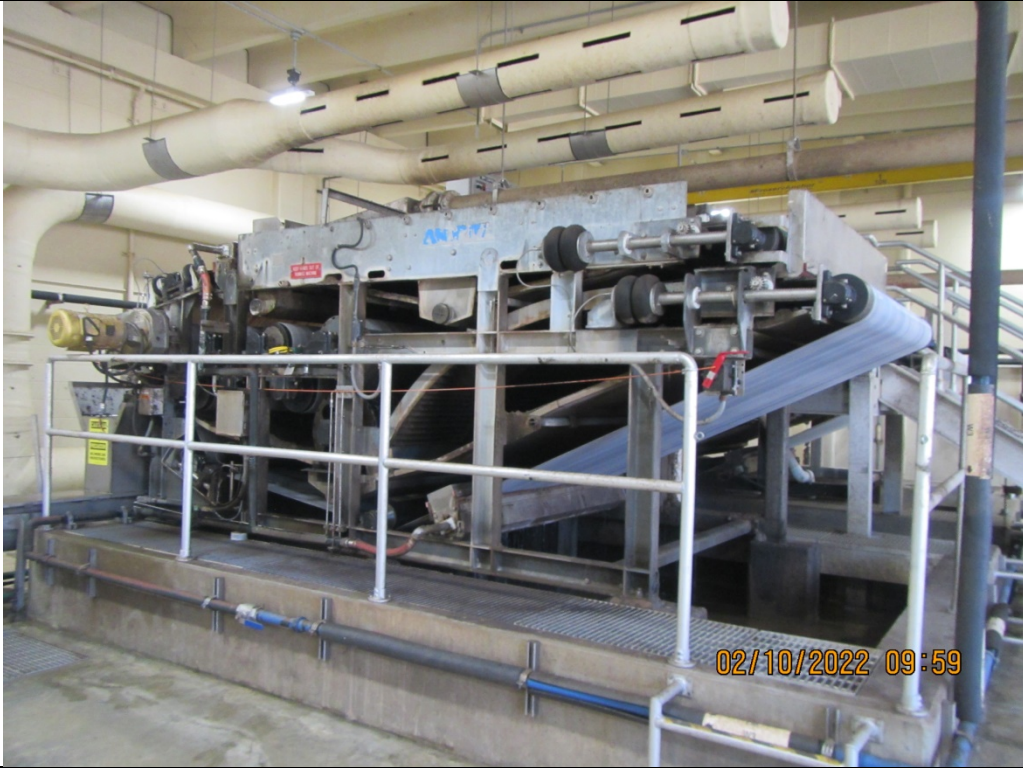
Photographer:	Cole Southerland	Date:	2/10/2022	Time:	9:57
Witness:				Photo #:	14
Description:	Polymer aging tank.				





Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	9:59
		Photo #:	15
Description:	Sludge press for facility.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:01
		Photo #:	16
Description:	Aluminum Sulfate containment.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:03
		Photo #:	17
Description:	Effluent of ozone disinfection.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:03
		Photo #:	18
Description:	Ozone disinfection area.		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Paul R. Noland WWTF</b>		
Photographer:	<b>Cole Southerland</b>	Date:	<b>2/10/2022</b>
Witness:		Time:	<b>10:04</b>
		Photo #:	<b>19</b>
Description:	<b>Thermometer used for composite sampler.</b>		

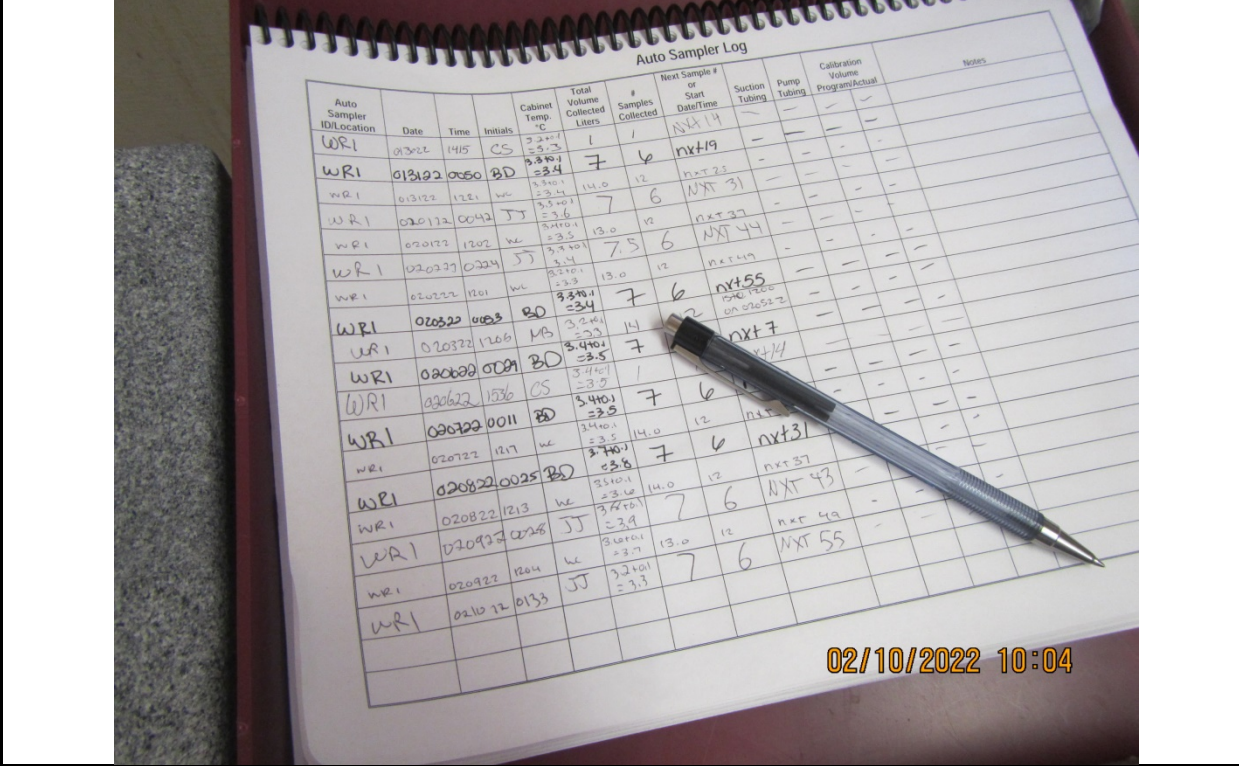


Photographer:	<b>Cole Southerland</b>	Date:	<b>2/10/2022</b>
Witness:		Time:	<b>10:04</b>
		Photo #:	<b>20</b>
Description:	<b>Composite sampler located near effluent of ozone disinfection.</b>		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:04
Description:	Composite sampler log.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:05
Description:	8,000 gallon liquid oxygen tank.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:07
		Photo #:	23
Description:	Pinnacle ozone generator.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:17
		Photo #:	24
Description:	Effluent flow meter.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:18
		Photo #:	25
Description:	Effluent 3' parshall flume.		



Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:21
		Photo #:	26
Description:	Confluence of treatment plant effluent and the White River.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paul R. Noland WWTF		
Photographer:	Cole Southerland	Date:	2/10/2022
Witness:		Time:	10:23
		Photo #:	27
Description:	Outfall 001.		

