



# ARKANSAS

## ENERGY & ENVIRONMENT

July 17, 2023

Allen Scott, Mayor  
City of Bryant  
1017 SW Second Street  
Bryant, AR 72022

Via email: [ascott@cityofbryant.com](mailto:ascott@cityofbryant.com) & [gasher@cityofbryant.com](mailto:gasher@cityofbryant.com)

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

Dear Mayor Scott:

On April 27, 2023, I performed a Compliance Evaluation Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

**Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **August 1, 2023**.

If I can be of any assistance please contact me at [blain.sanders@adeq.state.ar.us](mailto:blain.sanders@adeq.state.ar.us) or (501) 682-0657.

Sincerely,

A handwritten signature in blue ink that reads "Blain Sanders".

Blain Sanders  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <b>ENVIRONMENTAL QUALITY</b>	<b>OFFICE OF WATER QUALITY</b>		
	<b>INSPECTION REPORT</b>		
	AFIN: 63-00065	PERMIT #: AR0034002	DATE: 4/27/2023
	COUNTY: 63 Saline	PDS #: 126628	MEDIA: WN
GPS LAT: 34.59287 LONG: -92.503946 LOCATION: Entrance			

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>Bryant Water Utilities</b> LOCATION: <b>1019 Southwest Second Street</b> CITY: <b>Bryant</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>123247 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>4/27/2023</b> ENTRY TIME: <b>07:55</b> EXIT TIME: <b>09:20</b> PERMIT EFFECTIVE DATE: <b>3/1/2021</b> PERMIT EXPIRATION DATE: <b>2/28/2026</b>
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>
NAME / TITLE: <b>Allen Scott / Mayor</b> COMPANY: <b>City of Bryant</b> MAILING ADDRESS: <b>1017 SW Second Street</b> CITY, STATE, ZIP: <b>Bryant AR 72022</b> PHONE & EXT. / FAX: / EMAIL: <b>ascott@cityofbryant.com &amp; gasher@cityofbryant.com</b> CONTACTED DURING INSPECTION: <b>No</b>	INSPECTION PARTICIPANTS
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Gregory Asher, Treatment Manager, 501-943-0452</b> <b>Blain Sanders, DEQ Inspector, 501-682-0657</b>

AREA EVALUATIONS					
(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>M</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>N</b>	OTHER:				

SUMMARY OF FINDINGS
<p>The following item was noted and requires a written response:</p> <p style="text-align: center;"><b>The sludge lagoon contained large amounts of aquatic vegetation throughout that should be removed. This is a violation of Part III, Section B, 1, Proper Operation and Maintenance.</b></p>
GENERAL COMMENTS
<p>None</p>

INSPECTOR'S SIGNATURE:  <b>Blain Sanders</b>	DATE: 6/7/2023
SUPERVISOR'S SIGNATURE:  <b>Brent L. Walker</b>	DATE: 7/13/2023

<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 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
<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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<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>Gregory Asher; Class IV Municipal</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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input 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>	
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:	<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:	
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</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <b>Bi-annual</b>	<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>	
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:	<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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <b>Arkansas Analytical Inc.</b>	
b. LAB ADDRESS: <b>8100 National Drive Little Rock, AR 72209</b>	
c. PARAMETERS PERFORMED: <b>CBOD, TSS, NH3-N, Dissolved Oxygen, FCB, TRC, TP, NO3+NO2=N, CU, ZN, Hg, pH</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: <b>Pimephales promelas (Fathead Minnow) &amp; Ceriodaphnia dubia</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED: <b>0%, 32%, 42%, 56%, 80%, 100%</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
<b>BASED ON VISUAL OBSERVATIONS ONLY</b>						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>DETAILS:</b>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	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 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>							
<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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
<b>DETAILS:</b>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

**FLOW CALCULATION SHEET**

Date: **April 27, 2023** Time: **08:50**

Head in Inches: **16.25"** Feet: **1.35'**

Type & Size of Primary Flow Measurement Device: **90° V-notch weir**

Name & Model of Secondary Flow Measurement Device: **PDS-360 Ultrasonic**

Date of last Calibration of Secondary Flow Device: **May 11, 2021 (Bi-annual)**

Recorded Flow at Date & Time Listed Above: **2610 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2376 GPM**

(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 =	2610	-	2376	X 100
	2376			

% Error =	234	X 100
	2376	

% Error =	0.098	X 100
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% Error =	<b>9.84</b>	%
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Comments: **Within the required ± 10% threshold.**

**DMR Calculation Check**

Reporting Period: From 2023 2 1 To 2023 2 28  
 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>&lt;167.0</u>	<u>&lt;5.7</u>	<u>10.2</u>
Calculated Value:	<u>&lt;167.0</u>	<u>&lt;5.7</u>	<u>10.2</u>
Permit Value:	<u>375.3</u>	<u>15.0</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

**DMR Calculation Check**

Reporting Period: From 2023 2 1 To 2023 2 28  
 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>
Reported Value:	<u>&lt;66.8</u>	<u>&lt;2.2</u>	<u>2.9</u>
Calculated Value:	<u>&lt;66.8</u>	<u>&lt;2.2</u>	<u>2.9</u>
Permit Value:	<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>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:09</b>
		Photo #:	<b>1</b>
Description:	<b>Headworks of the facility.</b>		



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:13</b>
		Photo #:	<b>2</b>
Description:	<b>Mechanical bar screens.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Time:	<b>08:10</b>	Witness:	
Photo #:	<b>3</b>	Description:	<b>Dumpster where solids from bar screens are collected; liquids from dumpster flow back into headworks.</b>



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Time:	<b>08:20</b>	Witness:	
Photo #:	<b>4</b>	Description:	<b>Blower units.</b>



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:24</b>
		Photo #:	<b>5</b>
Description:	<b>Activated sludge plant.</b>		



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:25</b>
		Photo #:	<b>6</b>
Description:	<b>Aerated side of the plant.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>09:35</b>
Description:	<b>Sludge digester.</b>	Photo #:	<b>7</b>



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:38</b>
Description:	<b>Centrifuge.</b>	Photo #:	<b>8</b>



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>				
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>	Time:	<b>08:41</b>
Witness:				Photo #:	<b>9</b>
Description:	<b>Wet well used to send wastewater from the activated sludge to disinfection.</b>				



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>	Time:	<b>08:53</b>
Witness:				Photo #:	<b>10</b>
Description:	<b>Chlorine tanks.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:54</b>
		Photo #:	<b>11</b>
Description:	<b>Sulfur Dioxide tanks.</b>		



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:49</b>
		Photo #:	<b>12</b>
Description:	<b>Chlorine contact chamber.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:45</b>
		Photo #:	<b>13</b>
Description:	<b>Chlorine contact chamber.</b>		



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:47</b>
		Photo #:	<b>14</b>
Description:	<b>Staff gauge and 90° weir.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>		
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:48</b>
		Photo #:	<b>15</b>
Description:	<b>Flow meter.</b>		



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>
Witness:		Time:	<b>08:48</b>
		Photo #:	<b>16</b>
Description:	<b>Composite sampler.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>				
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>	Time:	<b>08:49</b>
Witness:				Photo #:	<b>17</b>
Description:	<b>Outfall 001.</b>				



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>	Time:	<b>08:57</b>
Witness:				Photo #:	<b>18</b>
Description:	<b>Onsite lab.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Bryant Water Utilities</b>				
Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>	Time:	<b>09:29</b>
Witness:				Photo #:	<b>19</b>
Description:	<b>EQ Basin with aeration.</b>				



Photographer:	<b>Blain Sanders</b>	Date:	<b>April 27, 2023</b>	Time:	<b>09:09</b>
Witness:				Photo #:	<b>20</b>
Description:	<b>Sludge lagoon; large amounts of vegetation that should be removed.</b>				



Figure 1: Google Earth image of the City of Bryant wastewater treatment plant.



**From:** Greg Asher <gasher@cityofbryant.com>  
**Sent:** Thursday, July 27, 2023 8:04 AM  
**To:** Water-Inspection-Report  
**Cc:** Tim Fournier; Moriah Winkel; Allen Scott  
**Subject:** City of Bryant Wastewater Inspection Response  
**Attachments:** scan0537.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Attached is the response to the on-site inspection performed at the City of Bryant Wastewater Facility.  
AFIN: 63-00065

Gregg Asher  
Manager  
City of Bryant



7064 Cynamide Drive • Bryant, AR 72022 • 501.943.0468 • [www.CityofBryant.com](http://www.CityofBryant.com)

## Public Works Department

July 25, 2023

Arkansas Department of Environmental Quality  
Attn. Compliance Branch  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Re: Bryant Water Utilities Inspection  
NPDES Permit No: AR0034002

AFIN 63-00065

City of Bryant Wastewater  
1019 S.W. 2<sup>nd</sup> St.  
Bryant, AR 72022

The City of Bryant Wastewater Treatment Facility, has completed the request from the inspection report to clean the sludge lagoon of aquatic vegetation. We have attached photos of the removal process and the lagoon after it was complete.

If you have any questions regarding this matter, please contact me at 501 943 0469.

A handwritten signature in blue ink, appearing to read "Gregg Asher", is written over the typed name.

Gregg Asher  
City of Bryant  
Wastewater Treatment Manager

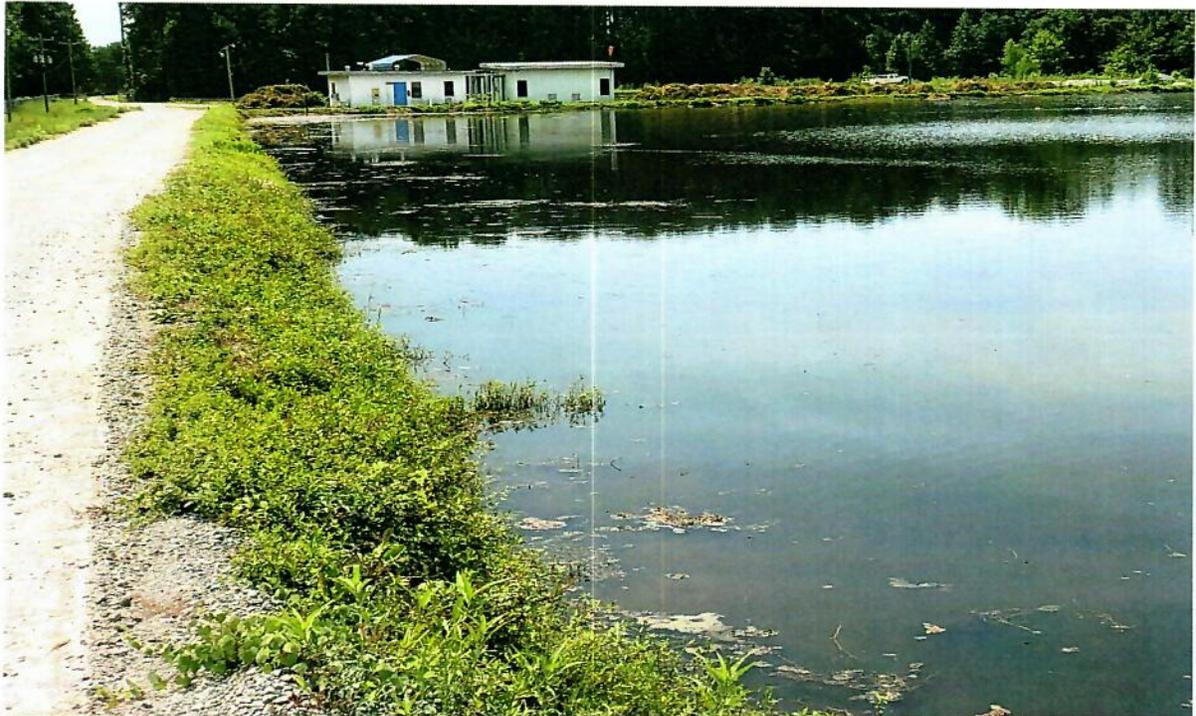


Removal Equipment





Removal performed by Prism Ecological Services



Lagoon after removal