



# ARKANSAS

## ENERGY & ENVIRONMENT

January 30, 2024

Honorable Richard McCormac, Mayor  
City of Clinton  
PO Box 277  
Clinton, AR 72031

Email Address: [clintonmayor@artelco.com](mailto:clintonmayor@artelco.com) ; [clintonfire25@yahoo.com](mailto:clintonfire25@yahoo.com) ; [clintonwater9@gmail.com](mailto:clintonwater9@gmail.com)

RE: Clinton East WWTF Inspections - PDS 127698 & 127699  
AFIN: 71-00018 NPDES Permit No.: AR0048836 / ARR000060

Dear Mayor McCormac:

On February 23, 2023, DEQ performed a Compliance Evaluation Inspection and an Industrial Stormwater (No-Exposure) 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 each of the inspection reports are enclosed for your records.


**Please refer to the “Summary of Findings” section of each of the inspection reports and provide a written response for each item that was noted.** This response should be emailed to the attention of the Office of Water Quality - Compliance Branch at [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 **February 14, 2024**.

If I can be of any assistance, please contact me at [Jason.Bolenbaugh@adeq.state.ar.us](mailto:Jason.Bolenbaugh@adeq.state.ar.us) or (501) 682-0659.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jason Bolenbaugh'.

Jason Bolenbaugh  
Compliance Branch Manager, Office of Water Quality

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY</b>		
	<b>INSPECTION REPORT</b>		
	AFIN: <b>71-00018</b>	PERMIT #: <b>AR0048836</b>	DATE: <b>2/28/2023</b>
	COUNTY: <b>71 Van Buren</b>	PDS #: <b>127698</b>	MEDIA: <b>WN</b>
GPS LAT: <b>35.580475</b> LONG: <b>-92.448215</b> LOCATION: <b>Entrance</b>			

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>Clinton East WWTF</b> LOCATION: <b>Factory Rd</b> CITY: <b>Clinton, AR</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>84022 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>2/28/2023</b> ENTRY TIME: <b>09:00</b> EXIT TIME: <b>10:30</b> PERMIT EFFECTIVE DATE: <b>7/1/2019</b> PERMIT EXPIRATION DATE: <b>6/30/2023</b>
RESPONSIBLE OFFICIAL	
NAME / TITLE: <b>Honorable Richard McCormac / Mayor</b> COMPANY: <b>City of Clinton</b> MAILING ADDRESS: <b>PO Box 277</b> CITY, STATE, ZIP: <b>Clinton AR 72031</b> PHONE & EXT: / FAX: <b>501-745-4320 /</b> EMAIL: <b>clintonmayor@artelco.com</b> CONTACTED DURING INSPECTION: <b>***</b>	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b> <b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Phil Graham (Lic# 008981)/ Operator/ 501-253-1365/ clintonfire25@yahoo.com</b> <b>Will Hinchey, Manager/clintonwater9@gmail.com</b> <b>Trinity Mitchell, OWQ D2 Inspector</b>

AREA EVALUATIONS					
<small>(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)</small>					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>M</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>S</b>	PRETREATMENT
<b>**</b>	OTHER:				

SUMMARY OF FINDINGS
<p><b>No violations noted during the time of the inspection.</b></p> <p><b>Please see separate inspection for NPDES permit ARR000060 for areas that need to be addressed with a written response.</b></p>

**GENERAL COMMENTS**

On February 28, 2023, an inspection was conducted with the participants mentioned above. The inspection consisted of a site assessment and a records review.


**Site Assessment:**

Treatment is achieved via complete process (activated sludge) or partial process (irrigation). The partial process consists of automatic bar screen at the headworks, collection into wet well, routed to a primary lagoon, routed to secondary lagoon (aerated with four aerators), chlorine disinfection, and pumped to irrigation fields for land application (5130-W). The complete process pulls from the primary pond (after preliminary) into a collection trough for chemical addition (pH and alkalinity adjustments) prior to being routed to the two-cell continuous flow stirred reactors (CFSTR; ran parallel) for traditional activated sludge, thence to the secondary clarifier, thence to the rapid sand filter, thence to UV disinfection, primary/secondary flowmeters, thence to post-aeration, thence discharge from Outfall 001.

Sludge is wasted manually, approximately twice per week. Sludge is stored in the onsite lagoon(s). Lagoons can act as EQ. There is a makeshift bar screen at the primary lagoon to trap floatables that are dumped into the lagoon from septic tank haulers. This route is used in place of direct discharge into the collection system, and the individual haulers are responsible for cleaning the bar screen after dumping their loads.

**Records Review:**

Records from April and November 2022 were requested and provided. No issues were noted with the supplied records.

INSPECTOR'S SIGNATURE:	DATE:
SUPERVISOR'S SIGNATURE:  <b>Jason Bolenbaugh</b>	DATE: <b>1/25/2024</b>

<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: <b><u>Contract lab for all sample collection/analyses.</u></b>	
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
<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: <b><u>Preliminary, primary lagoon, activated sludge, final clarifier, sand filter, UV disinfection, and post-aeration.</u></b>	
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: <b><u>Operator can route to lagoon system.</u></b>	<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 type="checkbox"/> N <input checked="" 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: <u>Contract lab for all sample collection/analyses.</u>	
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>	
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: <u>HydroRanger 200 (totalizer)</u>	<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 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
<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: <u>Contract lab for all sample collection/analyses.</u>	
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: <u>Environmental Services Company / Bio-Analytical Laboratories</u>	
b. LAB ADDRESS: <u>13715 W Markham, Little Rock, AR 72211</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3, DO, FCB, E. coli, TP, NO3+NO2-N, Total Recoverable Cd, Total Recoverable Hg, pH, and Chronic WET.</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>Part I, Sec B requires progress reports for WET.</u>	<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>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Viewed at Outfall 001 at post-aeration.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	SLIGHT	NO	CLEAR	
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Stored in primary</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 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 type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Part II, Condition 6 requires BMP for stormwater protection; inspected under ARR000060.</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	

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0919</b>
Description:	<b>Bar screen</b>	Photo #:	<b>1</b>



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0921</b>
Description:	<b>Wet well</b>	Photo #:	<b>2</b>



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0921</b>
		Photo #:	<b>3</b>
Description:	<b>Primary Lagoon</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>1001</b>
		Photo #:	<b>4</b>
Description:	<b>Levee between primary and secondary lagoons.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0931</b>
		Photo #:	<b>5</b>
Description:	<b>Activated sludge basin (1 of 2)</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0931</b>
		Photo #:	<b>6</b>
Description:	<b>Activated sludge basin (2 of 2)</b>		



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Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0933</b>
		Photo #:	<b>7</b>
Description:	<b>Final clarifier with floating scum outside center baffle</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0933</b>
		Photo #:	<b>8</b>
Description:	<b>Final clarifier with scum contained to one side</b>		

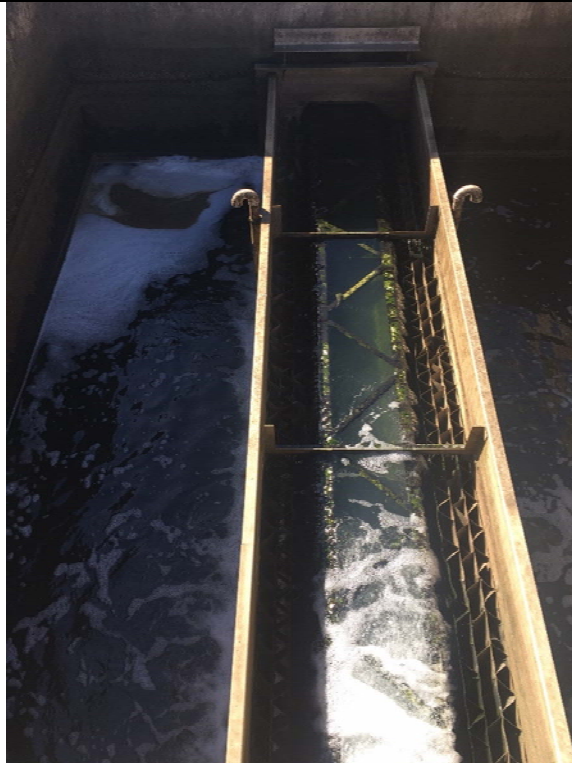


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Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0934</b>
		Photo #:	<b>9</b>
Description:	<b>RAS/WAS from clarifier</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0941</b>
		Photo #:	<b>10</b>
Description:	<b>Rapid sand filter after clarifier</b>		



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Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0947</b>
		Photo #:	<b>11</b>
Description:	<b>UV disinfection unit</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0948</b>
		Photo #:	<b>12</b>
Description:	<b>Landers in front of the UV unit</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0949</b>
		Photo #:	<b>13</b>
Description:	<b>Parshall flume (primary) and totalizer (secondary)</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>0954</b>
		Photo #:	<b>14</b>
Description:	<b>Post-aeration at outfall</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>1003</b>
		Photo #:	<b>15</b>
Description:	<b>Pumps for routing partially treated wastewater to irrigation fields.</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>1003</b>
		Photo #:	<b>16</b>
Description:	<b>Manhole for irrigation distribution</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>Clinton East WWTF</b>		
Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>1003</b>
		Photo #:	<b>17</b>
Description:	<b>Chlorine disinfection for wastewater routed to irrigation fields</b>		



Photographer:	<b>Kerri McCabe</b>	Date:	<b>Feb 28, 2023</b>
Witness:	<b>Trinity Mitchell</b>	Time:	<b>1022</b>
		Photo #:	<b>18</b>
Description:	<b>Example of irrigation field</b>		



**Figure 1. Google Earth image dated Oct 16, 2019 depicting the Clinton – East POTW.**

