



**NWA Utility Services Inc**  
**PO Box 9299**  
**Fayetteville, AR 72703**

March 10, 2021

ADEQ  
Office of Water Quality  
5301 Northshore Drive  
N Little Rock, AR 72118-5317

RE: VILLAGES OF CROSS CREEK APARTMENTS      PERMIT # 4811-WR-4  
Inspection Report      Dated 1/22/2021

### **RESPONSE TO SUMMARY OF FINDINGS**

1. Exceedances of permit limits can occur from time to time. All submitted MMR's for the facility have been noted with the explanation and corrective measures taken at the time to resolve the issue. All the elevated TSS parameters are attributed to excessive sludge building. When detected the sludge was pumped by a 3<sup>rd</sup> party septic hauler. In 2019 a total of 13 loads were removed by Bubs, Inc. In 2020 the exceedance of TSS were reduced over 50% because we contracted to have solids removed on a more frequent basis. This schedule is being maintained and modified as necessary.

2. Due to Covid, we have limited personnel to monitor and record flow on a daily basis 7 days per week. Arrangements have since been made with the maintenance department personnel of the apartment complex to record flows on the days our plant operators are not able to do so, such as on weekends. All effort is made to have one of our operators visits the site daily Monday thru Friday. Record of the flows is taken at that site visit. The data is then recorded into a master flow sheet maintained at the office. These flow reports are included with this response.

3. To resolve this matter, dispersal to the areas showing signs of pooling or ponding are shut of temporarily and the flow is being diverted to other areas in the drip irrigation fields. Because there is infiltration seen to be coming from an adjacent

elevated property to the west of the north fields Sam Dunn, formerly from the AR Dept. of Health has been hired as a consultant to access possible corrective measures that can be taken. His observations and comments follow below.

Sam Dunn R.S.  
8336 Mattie Road  
Mulberry, AR 72947

Benton County Suburban Sewer District No 1  
P.O. Box 9299  
Fayetteville, AR 72703

RE: The Villages of Cross Creek  
3302 North Dixieland Road  
Rogers, AR 72756

The wastewater system for the Villages of Cross Creek consists of a collection system leading to an advance aerobic treatment plant. The final dispersal of treated effluent is routed to varies zones utilizing subsurface drip tubing. The control of effluent dispersal to the varies zones is by both mechanical and electrical devices.

Observations and comments concerning the operations of the wastewater system.

1. Several of the zones are impacted by both surface and subsurface lateral movement of water from property on the up-slope area adjacent to said dispersal zones. The amount of additional water from the up-slope area is increasing the soil saturation within each zone. This increase in soil saturation reduces the available storage capacity for the introduction of said wastewater effluent. In order to mitigate the effects of this situation, the installation of an interceptor drain along the upper area of the dispersal zones is recommended. It is of my opinion this should be the first item of consideration before any of the other items listed in this letter are undertaken.
  - a. The installation of the interceptor drain will pose some difficulty since the available work area is limited. The most common construction practice involves the use of gravel as the media for interceptor drains. However, with the limit on work space for delivery of said gravel for trench construction, I recommend the use of other gravel less trench media products during the construction and installation process.
  - b. In order to collect surface water that would flow over the dispersal zone, a shallow grassy water way should be considered. I observed two natural drainage area which cuts into your dispersal zone with the effect of increasing the soil saturation level, which in turn increases your possibility of wastewater surfacing.

4. Drip field inspections will be recorded after mowing

5. Rope and signage missing from the south drip filed are due to frequent vandalism. A new cable rope and signage will be installed by May 1, 2021.

6. Refer back to Sam Dunn's Observations and Comments as referenced in #3 above. Zone 17 and Zone 12-16 are on land owned by the owners of the apartment complex. Formerly the party was CC-THP Little Flock, and was subsequently deeded over to 2055 A LLC and Delchamps Plaza Associates LLC on January 25, 2021. I would like to request that the appropriate party be contacted by the ADEQ in writing advising them of the appropriate measures to be taken to be in compliance with ADEQ regulations.

7. MMRs are always submitted to the ADEQ. Copies of the missing reports were emailed to Garrett Grimes on February 12. A copy is also included with this response.

8. We have noticed an increase in the solids, specifically FOG in the last few years. BCWD #1, the potable water provider advised us that the demographics have changed greatly for these apartments, supporting the increase of FOG in the waste flow. Because a more frequent pumping schedule needs to be maintained, the rates for the facility have been adjusted accordingly. The solids were removed on March 3, 2021 and will continue to be removed as required.

9. The flow meter will be scheduled to be replaced. This work will be completed by an outside contractor. As of the date of this letter that company has not been determined, but several are in the process of providing a bid for the work. Once all bids are in, one will be selected and the work will be completed.

10. The system is not hydraulically overloaded as indicated in the report. The control panel is set as a timed dose panel, not a Lead, Lag panel. In a timed dose panel, the floats serve different purpose. The mid-level, or "override" condition is there in case an operator is using a lower dosing schedule during the normal cycle and the pumps cannot keep up with the flow, this "override" timer can be adjusted to pump longer cycles to the drip fields in order to catch up with the flow demand. We have our "override" times set the same as the normal cycle times, so we are not putting out any more water than what is put on the field during a "normal" dose cycle.

11. To attain the required FCB limits, a minor modification of the permit allowing for chlorine disinfection will be requested during the permit renewal period. The request is included with the revised WMP to reflect the addition of chlorine disinfection.

12. All future surfacing will be reported in accordance with permit requirements. Regarding hydraulic overloading, please refer back to Sam Dunn's observations and comments as referenced in #3. There is evidence that this field is being hydraulically overloaded from the adjacent property west of the fields. This is due to subsurface flow and above ground drainage from the adjacent property.

13. Records are maintained in house and are included with this response. This will address items 13: 1, 2, 3, & 4

14. Reserve fields owned by the permittee are maintained in accordance with the permit conditions. Reserve fields set aside by the original engineer for the facility and approved for in the construction phase are owned by a 3<sup>rd</sup> party. They are not accessible due to the design and construction of the apartment complex and underground utilities.

15. Refer back to Sam Dunn's observations and comments as referenced in #3. It is our understanding that the storm drains were installed in some portion of zones 7-11 during the construction phase of the project. We contacted the contractor that put in the drip lines and they advised us that at that time the storm water drainage was already present in the dripfield area. It appears that during the design phase of the drip field the storm drain existed. The engineer was Mark Gross and it appears this design was approved by the ADEQ.

#### **GENERAL COMMENTS**

- Any Solids removed from the lift station pumps will be stored in a covered container prior to offsite disposal
- We have used the "flow" settings from the design engineer based on the lowest loading rate across the zones. This was done using the flow meters and the gallons the zone was designed to receive in order to calculate the amount of time the entire drip field is dosed. If the lowest loading rate is used in the dose calculations, this should ensure that any one zone is not over dosed. The MMR accounts for max day flow to the field, not to each zone. However, per permit, each zone is limited to the loading rate for that zone. We use a spreadsheet that is broken down per zone loading rate based off the Max Day Flow, this is a calculation based on the loading rate, timer setting for the pump in the control

panel and daily max flow. It allows us to determine if a zone is overloaded. This spreadsheet is attached to the MMR when submitted monthly.

- Fence on the north field damaged by adjacent property owner's tree falling will be replaced by May 1, 2021. The fence on the south east drip field which has been chronically vandalized will be replaced with a steel cable rather than post and rope. This will be completed by May 1, 2021

If you have any further need for explanation, please feel free to contact me.

Regards



Kathryn Bartlett  
Internal Operations Manager  
NWA Utility Services Inc.  
Commissioner  
Benton County Suburban Sewer District No 1

VILLAGES OF CROSS CREEK

2020

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
1-Jan-20				
2-Jan-20				
3-Jan-20				
4-Jan-20				
5-Jan-20				
6-Jan-20	1386082-7177	3507170-0	6537732-9664	
7-Jan-20	1393259-9639	3507170-0	6547396-14195	
8-Jan-20	1402898-8322	3507170-0	6561591-13090	
9-Jan-20	1411220-8996	3507170-0	6574681-13847	
10-Jan-20	1420216-9876	3507170-99897	6588528-252	
11-Jan-20	1430092-10182	<del>3517067</del> 3517067-9921	6588780-0	
12-Jan-20	1440274-9952	<del>3520988</del> 3520988-10155	6588780-0	
13-Jan-20	1450226-10002	3537143-10638	6588780-0	
14-Jan-20	1460228-10099	3547781-10385	6588780-0	
15-Jan-20	1470247-8742	3558166-8622	6588780-0	
16-Jan-20	1478989-9303	3566794-11938	6588780-0	
17-Jan-20	1488292-9516	3578782-12166	6588780-0	
18-Jan-20	1497808-9444	3590898-12021	6588780-0	
19-Jan-20	1507252-10024	3602919-13054	6588780-0	
20-Jan-20	1517276-0	3615973-0	6588780-0	
21-Jan-20	1517276-10983	3615973-10262	6588780-0	
22-Jan-20	1527759-8584	3626235-796	6588780-0	
23-Jan-20	1536343-9547	3634031-14761	6588780-0	
24-Jan-20	1545890-9438	3648792-14680	6588780-0	23518
25-Jan-20	1555328-9522	3662972-14107	6588780-0	23629
26-Jan-20	1564850-9367	3676979-14290	6588780-0	<del>23657</del>
27-Jan-20	1574217-8875	<del>3691769</del> 3691769-14952	6588780-0	23827
28-Jan-20	1583092-7503	3706221-11189	6588780-0	
* 29-Jan-20	1590595-8821	3717410-14514	6588780-0	
30-Jan-20	1599416-3599	3731924-930	6588780-0	
31-Jan-20	1603015-3722	3732854-0	6588780-5101	
1-Feb-20	1606737-3625	3732854-0	6593481-5059	
2-Feb-20	1610362-3625	3732854-0	6598940-5036	
3-Feb-20	1613987-3590	3732854-0	<del>6603976</del> 6603976-5113	
4-Feb-20	1617567-4013	3732854-0	6609086-5270	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
5-Feb-20	1621580-8204	3732554-0	6614359-12307	
6-Feb-20	1629784-7963	3732554-0	6646660-12160	
7-Feb-20	1637747-8719	3732554-0	6639826- <del>12307</del> <sup>13744</sup>	
8-Feb-20	1646466-8592	3732554-0	6652620-13951	
9-Feb-20	1655058-8661	3732554-0	6666511-13721	
10-Feb-20	1663719-8235	3732554-9186	6680292-12965	
11-Feb-20	1671954-3782	3741746-5542	6693197-5872	
12-Feb-20	167563-5639	3747282-9648	6699669-7602	
13-Feb-20	1681402-5822	3756930-9130	6706671-8422	
14-Feb-20	1687224-5769	3766000-9078	6715093-8217	
15-Feb-20	1692993-6002	3775138-8998	6723360-8511	
16-Feb-20	1698995-6117	3784136-9014	6731871-6399	
17-Feb-20	1705112-4769	3793150-4522	6738810-5505	
18-Feb-20	1709381-5144	3797672-6181	6744815-7416	
19-Feb-20	1714525-5904	3803853-6244	6751731-8118	
20-Feb-20	1720429-5784	3810097-6511	6759849-8021	
21-Feb-20	1726213-6526	3816458-7916	6767870-9448	
22-Feb-20	1732739-6423	3824524-7825	<del>6777313</del> <sup>6777313</sup> -9301	
23-Feb-20	1739162-6447	3832349-7728	6786669-9181	
24-Feb-20	1745109-5664	3840077-1248	6795800-7387	
25-Feb-20	1751273-7850	3847025-261	6803187-9918	
26-Feb-20	1759123-8581	3847281-0	6813105-10862	
27-Feb-20	1767654-8283	3847281-0	6823967-11101	
28-Feb-20	1775937-8111	<del>3847281</del> -0	6835068-11817	
29-Feb-20	1784848-8872	3847281-0	6846885-11741	
1-Mar-20	1793720-8835	3847281-0	6858626-11509	
2-Mar-20	1802555-8516	3847281-0	6870135-10936	
3-Mar-20	<del>1811071</del> -8033	3847281-0	6881071-10656	
4-Mar-20	1819164-8302	3847281-0	6891727-11245	
5-Mar-20	1827406-8152	3847281-0	6902972-11164	
6-Mar-20	1835558-5508	3847281-0	6914141-14558	
7-Mar-20	1841666-8291	3847281-0	6928699-14354	
8-Mar-20	1849357-17222	3847281-0	6943053-14354	
9-Mar-20	1861579-8221	3847281-7915	6957520-16862	
10-Mar-20	1969800-5320	3855701-7614	6968382-8491	
11-Mar-20	1875120-5973	3862815-9016	6976873-9242	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
12-Mar-20	1881093 - 5622	3871831 - 8525	6986115 - 7115	
13-Mar-20	1886715 - 9823	3880356 - 0	6993230 - 13647	
14-Mar-20	1896538 - 0938	3880356 - 0	7006877 - 13356	
15-Mar-20	1906476 - 9831	3880356 - 0	7020233 - 14005	
16-Mar-20	1916307 - 10053	3880356 - 0	7034238 - 9973	
17-Mar-20	1926360 - 9043	3880356 - 0	7044211 - 8722	
18-Mar-20	1935403 - 10122	3880356 - 0	7052933 - 9207	
19-Mar-20	1944525 - 8877	3880356 - 0	7063140 - 7932	
20-Mar-20	1954402 - 9791	3880356 - 0	7070072 - 0208	
21-Mar-20	1964193 - 9847	3880356 - 0	7079280 - 9073	
22-Mar-20	1974040 - 9372	3880356 - 0	7088353 - 9060	
23-Mar-20	1983412 - 9149	3880356 - 0	7097413 - 8358	
24-Mar-20	1992561 - 10091	3880356 - 0	7105771 - 8582	
25-Mar-20	2002658 - 8700	3880356 - 0	7114353 - 7407	
26-Mar-20	2011358 - 9572	3880356 - 0	7121760 - 8226	
27-Mar-20	2020420 - 9869	3880356 - 0	7129986 - 8303	
28-Mar-20	2030299 - 9933	3880356 - 0	7138289 - 8260	
29-Mar-20	2040232 - 10559	3880356 - 0	7146549 - 8273	
30-Mar-20	2050791 - 9955	3880356 - 0	7154822 - 8376	
31-Mar-20	2060746 - 9634	3880356 - 0	7163198 - 7898	
1-Apr-20	2070380 - 9343	3880356 - 0	7171096 - 7944	
2-Apr-20	2079723 - 8695	3880356 - 0	7179040 - 7472	
3-Apr-20	2088418 - 11767	3880356 - 0	7186512 - 0	
4-Apr-20	2100885 - 11754	3880356 - 0	7186512 - 0	
5-Apr-20	2111939 - 11780	3880356 - 0	7186512 - 11	
6-Apr-20	2123721 - 8314	3880356 - 0	7186523 - 7611	
7-Apr-20	2132035 - 6994	3880356 - 6214	7194164 - <del>6631</del>	
8-Apr-20	2138229 - 6053	3891600 - 5222	7200845 - 8701	
9-Apr-20	2144282 - 5938	3896822 - 5164	7206546 - 5688	
10-Apr-20	2150220 - 10932	3901986 - 0	7212234 - 8924	
11-Apr-20	2161152 - 10845	3901986 - 0	7221158 - 8865	
12-Apr-20	2171997 - 10811	3901986 - 0	7230023 - 9452	
13-Apr-20	2182865 - 11485	3901986 - 0	7239475 - 9452	
14-Apr-20	2194793 - 10360	3901986 - 0	7248927 - 8363	
15-Apr-20	2204653 - 11170	3901986 - 0	7257290 - 7473	
16-Apr-20	2215823 - 11080	3901986 - 0	7264763 - 7466	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
17-Apr-20	2226903 - 11233	3901986 - 0	7272229 - 7501	
18-Apr-20	2238136 - 10982	3901986 - 6	7279730 - 7535	
19-Apr-20	2249118 - 10643	3901986 - 0	7287265 - 7421	
20-Apr-20	2259761 - 9769	3901986 - 4125	7294636 - 6620	
21-Apr-20	2269490 - 8976	3906111 - 3622	7301306 - 5737	
22-Apr-20	2278466 - 10947	3909733 - 6703	7307043 - 1150	
23-Apr-20	2289413 - 11030	3916436 - 7635	7308193 - 0	
24-Apr-20	2300443 - 11352	3924071 - 7133	7308193 - 0	
25-Apr-20	2311795 - 11424	3931204 - 7066	7308193 - 0	
26-Apr-20	2323219 - 11356	3938270 - 7010	7308193 - 0	
27-Apr-20	2334575 - 9824	3945280 - 6894	7308193 - 0	
28-Apr-20	2344399 - <del>30243</del>	3952174 - 13532	7308193 - 0	
29-Apr-20	2352441 - 5320	3965756 - 13047	7308193 - 0	
30-Apr-20	2357761 - 6688	3978303 - 9760	7308193 - 0	
1-May-20	2364449 - <del>3621</del>	3988563 - 515	7308193 - 11428	
2-May-20	2368070 - 3407	3989078 - 0	7319621 - 11309	
3-May-20	2371477 - 6242	3999078 - 0	7330930 - 11716	
4-May-20	2377719 - 3282	3999078 - 0	7342726 - 7066	
5-May-20	2381001 - 3282	3999078 - 0	7349712 - 7473	
6-May-20	2384283 - 3687	3999078 - 13042	7357215 - 6891	
7-May-20	2387970 - 3839	<del>4002120</del> - 81824	7364106 - 7006	
8-May-20	2391509 - 3622	<del>4015044</del> - 0 12724	7371112 - 6943	
9-May-20	2395131 - 3382	<del>4027765</del> - 12126	7378055 - 6809	
10-May-20	2398513 - 3558	4039894 - 9724	7384864 - 7325	
11-May-20	2402071 - 3096	4049618 - 11143	7392189 - 6350	
12-May-20	2405167 - 3254	4060761 - 11229	7398539 - 6225	
13-May-20	2408421 - 3576	4071990 - 10983	7404764 - 6719	
14-May-20	2411997 - 3883	4082973 - 11454	7411483 - 7754	
15-May-20	2415880 - 3900	4094427 - 9745	7418757 - 7336	
16-May-20	2419780 - 3953	4104172 - 9637	7426073 - 7218	
17-May-20	2423733 - 3893	4113809 - 9552	7433291 - 7081	
18-May-20	2427626 - 3752	4123361 - 11599	7440372 - 7706	
19-May-20	2431378 - 3654	4134960 - 11062	7448079 - 7388	
20-May-20	2435032 - 3488	4146022 - 11248	7455466 - 7276	
21-May-20	2438520 - 3696	4157270 - 10289	7462742 - 7152	
22-May-20	2442216 - 4404	4167499 - 11236	7469894 - 7285	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
23-May-20	24416620 - 4296	4178735 - 11308	747779 - 7408	
24-May-20	2450916 - 4108	4190043 - 11249	7484587 - 7121	
25-May-20	2455024 - 4718	4201292 - 11533	7491708 - 7670	
26-May-20	2459742 - 6816	4212825 - 7661	7499378 - 5196	
27-May-20	2466158 - 8295	4220486 - 3940	7504574 - 6506	
28-May-20	2469073 - 3766	4224426 - 9303	7511080 - 7542	
29-May-20	2472839 - 5036	4235729 - 0	7518622 - 9398	
30-May-20	2477875 - 4933	4233729 - 0	7528070 - 9402	
31-May-20	2482908 - 4865	4233729 - 0	7537422 - 9609	
1-Jun-20	2487673 - 8684	4233729 - 0	7547031 - 9578	
2-Jun-20	24916357 - 8241	4233729 - 0	7556610 - 9828	
3-Jun-20	2504598 - 9215	4233729 - 596	7566438 - 10030	
4-Jun-20	2513813 - 10284	4234325 - 0	7576468 - 10743	
5-Jun-20	2524097 - 10126	4234325 - 12300	7587211 - 6902	
6-Jun-20	2534203 - 10667	42416625 - 12568	7594143 - 6642	
7-Jun-20	2544270 - 9990	4259198 - 12468	7600985 - 6786	
8-Jun-20	2554266 - 6045	4272651 - 5271	7607771 - 3717	
9-Jun-20	2560385 - 8922	4277322 - 5568	7611488 - 5841	
10-Jun-20	2569227 - 9731	4282880 - 4533	7617329 - 5721	
11-Jun-20	2578958 - 10127	4287413 - 4533	7623050 - 5803	
12-Jun-20	2589085 - 9017	4291946 - 68	7628853 - 5794	
13-Jun-20	2599102 - 8965	4292014 - 0	7634647 - 5857	
14-Jun-20	2607067 - 8970	4292014 - 0	7640501 - 6167	
15-Jun-20	2616037 - 10175	4292014 - 0	7646651 - 6984	
16-Jun-20	2626212 - 12179	4292014 - 0	7652655 - 715	
17-Jun-20	2638391 - 10848	4292014 - 0	7658530 - 7563	
18-Jun-20	2649237 - 10596	4292014 - 0	7664153 - 7480	
19-Jun-20	2650433 - 10455	4292014 - 0	7670613 - 7536	
20-Jun-20	2670288 - 10502	4292014 - 0	7684149 - 7302	
21-Jun-20	2680790 - 10274	4292014 - 0	7691451 - 7601	
22-Jun-20	2691064 - 11031	4292014 - 258	7699055 - 8147	
23-Jun-20	2702095 - 9412	4292272 - 33	7707202 - 7825	
24-Jun-20	2711507 - 10734	4292305 - 0	7715027 - 8430	
25-Jun-20	2722241 - 9943	4292305 - 71	7723459 - 8046	
26-Jun-20	2732184 - 11444	4292376 - 0	7731503 - 8606	
27-Jun-20	2743668 - 11298	4292376 - 0	7740109 - 8617	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
28-Jun-20	2754966 - 11854	4292376 - 6	7749626 - 8605	
29-Jun-20	2766320 - 9010	4292376 - 0	7757231 - 8794	
30-Jun-20	2774330 - 10265	4292376 - 0	7763025 - 7975	
1-Jul-20	2784595 - 11614	4292376 - 0	7771000 - 9777	
2-Jul-20	2796209 - 11565	4292376 - 6	7779777 - 8521	
3-Jul-20	2807764 - 11753	4292376 - 0	7788298 - 8488	
4-Jul-20	2819517 - 11580	4292376 - 0	7796786 - 8603	
5-Jul-20	2830997 - 11400	4292376 - 0	7805389 - 8907	
6-Jul-20	2842497 - 7525	4292376 - 3541	7814296 - 5745	
7-Jul-20	2850022 - 7388	4292279 - 5650	7820050 - 5709	
8-Jul-20	2857410 - 7431	4301879 - 5656	7825759 - 5796	
9-Jul-20	2864841 - 7495	4307535 - 5457	7831545 - 5797	
10-Jul-20	2872336 - 11019	4312997 - 8063	7837342 - 0	
11-Jul-20	2880355 - 11058	4321355 - 8408	7837342 - 0	
12-Jul-20	2889413 - 10824	4329763 - 8488	7837342 - 0	
13-Jul-20	2905237 - 10129	4338251 - 1644	7837342 - 0	
14-Jul-20	2915266 - 10390	4354915 - 1763	7837342 - 0	
15-Jul-20	2925756 - 9379	4372588 - 1639	7837342 - 0	
16-Jul-20	2935135 - 11503	4383227 - 12144	7837342 - 0	
17-Jul-20	2946638 - 11467	4395971 - 12101	7837342 - 0	
18-Jul-20	2958105 - 11403	4408672 - 12403	7837342 - 0	
19-Jul-20	2969508 - 3	4421075 - 0	7837342 - 0	
20-Jul-20	2969511 - 11822	4421075 - 0	7837342 - 6601	
21-Jul-20	2981333 - 12221	4421075 - 0	7843943 - 8843	
22-Jul-20	2992454 - 10510	4421075 - 0	7852786 - 8625	
23-Jul-20	3004070 - 10211	4421075 - 0	7861411 - 8710	
24-Jul-20	3014761 - 10106	4421075 - 0	787021 - 8961	
25-Jul-20	3024367 - 10007	4421075 - 0	7879082 - 8817	
26-Jul-20	3034374 - 10007	4421075 - 0	7887979 - 4871	
27-Jul-20	3044381 - 8661	4421075 - 0	7896850 - 8316	
28-Jul-20	3053042 - 9763	4421075 - 0	7905226 - 559	
29-Jul-20	3062805 - 9731	4421075 - 0	7914685 - 9407	
30-Jul-20	3072526 - 9954	4421075 - 0	7924092 - 9778	
31-Jul-20	3082520 - 9701	4421075 - 0	7934070 - 4941	
1-Aug-20	3092221 - 9566	4421075 - 0	7943011 - 8816	
2-Aug-20	3101787 - 9424	4421075 - 0	7951827 - 9067	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
3-Aug-20	311211 - 10122	4421075 - 0	7160894 - 9203	
4-Aug-20	312333 - 7566	4421075 - 3557	7170097 - 7160	
5-Aug-20	3128891 - 4867	4425032 - 5687	7177257 - 5835	
6-Aug-20	31357166 - 6499	4430719 - 6544	718342 - 6664	
7-Aug-20	3140265 - 10180	4437763 - 6727	7189756 - 6120	
8-Aug-20	3147045 - 6669	4443990 - 6796	7195876 - 6076	
9-Aug-20	3153714 - 6734	4450786 - 6861	7201952 - 6397	
10-Aug-20	3160448 - 6203	4457647 - 6086	7208349 - 6112	
11-Aug-20	3166651 - 6187	4463733 - 6023	7214461 - 6201	
12-Aug-20	3172838 - 6197	4469756 - 6057	7220602 - 6048	
13-Aug-20	3179035 - 6201	4475815 - 5889	7226710 - 5938	
14-Aug-20	3185236 - 9554	4481702 - 0	7232848 - 9219	
15-Aug-20	3191410 - 9526	4481702 - 6	7238967 - 9146	
16-Aug-20	3204316 - 9424	4481702 - 0	7245103 - 9463	
17-Aug-20	3213740 - 10173	4481702 - 0	7251256 - 9160	
18-Aug-20	3223913 - 10311	4481702 - 0	7257476 - 8616	
19-Aug-20	3234724 - 10777	4481702 - 0	7263833 - 8777	
20-Aug-20	3245001 - 11265	4481702 - 0	7270255 - 8982	
21-Aug-20	3256366 - 10874	4481702 - 6	7276637 - 8286	
22-Aug-20	3267240 - 10967	4481702 - 0	7283066 - 8306	
23-Aug-20	3277707 - 10870	4481702 - 0	7289529 - 8327	
24-Aug-20	3288907 - 9706	4481702 - 0	7296056 - 7359	
25-Aug-20	3298783 - 9782	4481702 - 0	7302615 - 7384	
26-Aug-20	3308565 - 10547	4481702 - 0	7309299 - 7466	
27-Aug-20	3319112 - 10566	4481702 - 0	7316065 - 7614	
28-Aug-20	3329678 - 11694	4481702 - 11209	7322979 - 6	
29-Aug-20	3341372 - 11714	4492911 - 11157	7330079 - 6	
30-Aug-20	3353096 - 11817	4504088 - 11382	7337379 - 0	
31-Aug-20	3364903 - 8655	4515450 - 7209	7344879 - 0	
1-Sep-20	3373528 - 12818	4522659 - 7338	7352579 - 6	
2-Sep-20	3382376 - 8765	4529997 - 7109	7360479 - 6	
3-Sep-20	3391051 - 8906	4537106 - 7090	7368479 - 6	
4-Sep-20	3399957 - 8948	4544196 - 7168	7376579 - 0	
5-Sep-20	3408905 - 8621	4551364 - 7172	7384779 - 0	
6-Sep-20	3417526 - 8509	4558536 - 7209	7393079 - 0	
7-Sep-20	3426035 - 8778	4565745 - 7103	7401479 - 0	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
8-Sep-20	34134813-8821	4572848-7367	8181579-7416	
9-Sep-20	3443634-8793	4580215-7177	8158995-7372	
10-Sep-20	3452427-8517	4587392-7266	8166367-7299	
11-Sep-20	3460944-8632	4594658-7024	8173666-7313	
12-Sep-20	3469576-8818	4601682-7082	8180976-7307	
13-Sep-20	3478394-8771	4608764-7083	8188283-7287	
14-Sep-20	3487165-8498	4615797-7041	8195570-7351	
15-Sep-20	3495663-8672	4622838-7116	8202921-7316	
16-Sep-20	3504335-10475	4629954-6686	8210237-7452	
17-Sep-20	3514810-730	4636640-85	8217689-194	
18-Sep-20	3515040-9020	4636725-6626	8217883-7582	
19-Sep-20	3524060-9018	4643351-6698	8225465-7613	
20-Sep-20	3533078-9007	4650049-6672	8233078-7590	
21-Sep-20	3542085-8857	4656721-6802	8240668-8284	
22-Sep-20	3551042-8725	4663523-0	8248252-6892	
23-Sep-20	3559770-9548	4663523-0	8255145-7585	
24-Sep-20	3569318-10722	4663523-0	8262732-8330	
25-Sep-20	3580040-11706	4663523-316	8271060-8761	
26-Sep-20	3591246-11177	4663863-0	8279821-8798	
27-Sep-20	3602423-11392	4663863-0	8288614-8783	
28-Sep-20	3613815-9669	4663863-0	8297397-8144	
29-Sep-20	3623484-10906	4663863-0	8305541-9264	
30-Sep-20	3634390-0	4663863-0	8314805-8087	
1-Oct-20	3643450-9126	4663863-0	8322892-7993	
2-Oct-20	3652576-10254	4663863-6823	8330455-0	
3-Oct-20	3662830-10189	4670686-6251	8338865-0	
4-Oct-20	3673019-10768	4676537-6836	8330885-0	
5-Oct-20	3683287-9233	4684373-9796	8330885-95	
6-Oct-20	3692520-8063	4694169-9254	8331980-0	
7-Oct-20	3700583-8507	4703423-9110	8331980-0	
8-Oct-20	3709090-8205	4712533-8783	8331980-0	
9-Oct-20	3717795-8708	4721316-9901	8331980-0	
10-Oct-20	3724003-8659	4731217-9864	8331980-0	
11-Oct-20	3734662-8569	4741081-9842	8331980-0	
12-Oct-20	3743231-8336	4750923-8586	8331980-52	
13-Oct-20	3751567-6516	4759509-4063	8337032-6559	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
14-Oct-20	3158083 - 5654	4763572 - 8525	8338591 - 6087	
15-Oct-20	3763787 - 7635	4772097 - 12236	8344678 - 6765	
16-Oct-20	3771372 - 9713	4784233 - 15128	8351443 - 0	
17-Oct-20	3781085 - 9688	4799461 - 15012	8351443 - 0	
18-Oct-20	3790773 - 9717	4814533 - 15373	8351443 - 664	
19-Oct-20	3800490 - 9005	4829906 - 0	8352107 - 7463	
20-Oct-20	3800490 - 9179	4829906 - 0	8359390 - 7837	
21-Oct-20	3818624 - 11082	4829906 - 0	8367407 - 9438	
22-Oct-20	3829706 - 11134	4829906 - 0	8376845 - 9405	
23-Oct-20	3840840 - 9439	4829906 - 0	8386250 - 859	
24-Oct-20	3850279 - 9417	4829906 - 0	8394409 - 8251	
25-Oct-20	3859696 - 9483	4829906 - 0	8402660 - 8061	
26-Oct-20	3869179 - 10748	4829906 - 0	8410729 - 9436	
27-Oct-20	3879927 - 9361	4829906 - 0	8420165 - 8402	
28-Oct-20	3889288 - 9318	4829906 - 0	8428567 - 8481	
29-Oct-20	3898606 - 9504	4829906 - 0	8437048 - 8452	
30-Oct-20	3908110 - 9567	4829906 - 0	8445500 - 8821	
31-Oct-20	3917677 - 9487	4829906 - 0	8454321 - 8764	
1-Nov-20	3927164 - <del>9451</del> 9451	4829906 - 5257	8463085 - <del>8715</del> 8715	
2-Nov-20	3936615 - 6402	4835113 - 5313	8471860 - 6215	
3-Nov-20	3946017 - 6433	4840426 - 5198	8478075 - 6156	
4-Nov-20	3949850 - 6903	4845624 - 1211	8484231 - 6447	
5-Nov-20	3956353 - 7388	4866735 - 10982	8490678 - 6098	
6-Nov-20	3963741 - 7245	4877717 - 11665	8496776 - 6584	
7-Nov-20	3970986 - 6858	48889382 - 11923	8503257 - 5920	
8-Nov-20	3977844 - 7566	4901305 - 12420	8510555 - 6305	
9-Nov-20	3985416 - 7021	4913735 - 11801	8515555 - 6305	
10-Nov-20	3992431 - 8133	4925536 - 11216	8521860 - 6112	
11-Nov-20	4000524 - 6871	4936746 - 12345	8527973 - 5878	
12-Nov-20	4007435 - 8669	4949091 - 11985	8533881 - 7815	
13-Nov-20	4016104 - 8203	4951076 - 21562	8541866 - 3068	
14-Nov-20	4024307 - 8169	4982638 - 21538	8544734 - 3122	
15-Nov-20	4032496 - 8061	5004716 - 21357	8547856 - 2974	
16-Nov-20	4040557 - 8153	5025532 - 14377	8550830 - 4320	
17-Nov-20	4048710 - 8785	5039910 - 15601	8555200 - 4385	
18-Nov-20	4057695 - 9070	5055511 - 0	8550587 - 5174	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
19-Nov-20	40866765 - 9886	5055511 - 0	8564761 - 6319	
20-Nov-20	4076651 - 9167	5055511 - 0	8571080 - 4949	
21-Nov-20	4085818 - 9080	5055511 - 0	8576029 - 4826	
22-Nov-20	4094854 - 9092	5055511 - 0	8580835 - 4953	
23-Nov-20	4102946 - 9111	5055511 - 0	8585808 - 4967	
24-Nov-20	4113857 - 9054	5055511 - 0	8590775 - 5063	
25-Nov-20	4122111 - 9101	5055511 - 0	8595788 - 4972	
26-Nov-20	4131212 - 9507	5055511 - 0	8600760 - 4969	
27-Nov-20	4140718 - 7042	5055511 - 15819	8605729 - 6082	
28-Nov-20	4147761 - 6883	5071325 - 15728	8611761 - 5964	
29-Nov-20	4154744 - 6930	5087053 - 15676	8617725 - <del>5875</del>	
30-Nov-20	4161674 - 7952	5102729 - 15764	8622600 - 5309	
1-Dec-20	4169626 - 8250	5118493 - 15701	8628109 - 5805	
2-Dec-20	4177876 - 8075	5134194 - 15745	8634714 - 5408	
3-Dec-20	4185951 - 9122	5149939 - 16841	8640122 - 6979	
4-Dec-20	4195073 - 8174	5166780 - 15098	8647101 - 6559	
5-Dec-20	4203252 - 7807	5181878 - 15311	8653660 - 6018	
6-Dec-20	4211059 - 7663	5197189 - 15234	8659678 - 5682	
7-Dec-20	4218722 - 6277	5212493 - 13628	8665360 - 6121	
8-Dec-20	4224999 - 8304	5226101 - 16076	8671481 - 7432	
9-Dec-20	4233303 - 8202	5242177 - 15541	8678116 - 5806	
10-Dec-20	4241505 - 7991	5257718 - 14952	8684782 - 5225	
11-Dec-20	4249496 - 8488	5272670 - 15198	8690007 - 5665	
12-Dec-20	4257684 - 8360	5287868 - 15455	8695672 - 6073	
13-Dec-20	4266024 - 8497	5303323 - 15557	8701745 - 6687	
14-Dec-20	4274541 - 7519	5319880 - 14130	8708432 - 5777	
15-Dec-20	4282060 - 8915	5336010 - 15844	8713709 - 5457	
16-Dec-20	4290975 - 8385	5348854 - 13856	8719166 - 5270	
17-Dec-20	4299360 - 9463	5362710 - 16145	8724688 - 5102	
18-Dec-20	4308823 - 8575	5378855 - 15808	8729538 - 5484	
19-Dec-20	4317398 - 8162	5394663 - 15219	8735022 - 4906	
20-Dec-20	4325560 - 8298	5409882 - 14887	8739928 - 5175	
21-Dec-20	4333858 - 8520	5424769 - 14819	8745103 - 5446	
22-Dec-20	4342378 - 7767	5439588 - 14248	8750549 - 5392	
23-Dec-20	4350145 - 9294	5453836 - 18124	8755941 - 5415	
24-Dec-20	4359439 - 8255	5471960 - 14521	8761386 - 4408	

Date	Lower Field	South Upper Field	North Upper Field	Total Flow
25-Dec-20	4367694 - 8162	5496421 - 14727	<del>8765794</del> 8765794 - 4288	
26-Dec-20	4375856 - 8093	5551208 - 14505	8770082 - 4362	
27-Dec-20	<del>4383949</del> - 7984	5515713 - 14782	8774444 - 4203	
28-Dec-20	4381933 - 9187	5530495 - 16732	8778647 - 4977	
29-Dec-20	4407070 - 9384	5546727 - 16066	8783624 - 4991	
30-Dec-20	4410454 - 8559	5562793 - 15256	8788615 - 5146	
31-Dec-20	4419013	5678051	8793861	



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? <i>(If not, clean each nozzle with a bottle brush)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) if a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? <i>If not, consult AQUAPOINT, INC.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10	min off: 2	min on: [ ]	min off: [ ]	min on: 10	min off: 2	min on: [ ]	min off: [ ]
What is the recycle pump timer setting?	min on: 6	hrs off: 4	min on: [ ]	hrs off: [ ]	min on: 6	hrs off: 4	min on: [ ]	hrs off: [ ]

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.52 Amps	[ ] Amps	4.77 Amps	[ ] Amps
What is the amperage of dosing pump 2?	4.86 Amps	[ ] Amps	4.72 Amps	[ ] Amps
What is the amperage of recycle pump?	4.67 Amps	[ ] Amps	4.47 Amps	[ ] Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 34 day period was 676,150 Gallon for an average daily flow of 19,887 gallons and a daily max flow of 23,834 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.  
 Treatment Tank 1 is North Plant, and #2 is South Plant.

We need to schedule Bubs to remove scum from Lift Station and sludge from the settling tanks. Lift station is starting to get pretty thick.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

(4) General	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

(5) Biomass Characterization	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

(6) Nozzle Spray Pattern	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min on: 10 min off: 2	min on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.93 Amps	Amps	4.82 Amps	Amps
What is the amperage of dosing pump 2?	4.87 Amps	Amps	5.01 Amps	Amps
What is the amperage of recycle pump?	4.93 Amps	Amps	4.98 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 29 day period was 599,856 Gallon for an average daily flow of 20,685 gallons and a daily max flow of 30,326 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

had 2 loads pumped and hauled away. Still need to have more pumped as soon as we can schedule it to be done.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min on: 10 min off: 2	min on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.51 Amps	Amps	4.84 Amps	Amps
What is the amperage of dosing pump 2?	4.94 Amps	Amps	4.86 Amps	Amps
What is the amperage of recycle pump?	4.60 Amps	Amps	4.71 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 31 day period was 584,324 Gallon for an average daily flow of 18,849 gallons and a daily max flow of 26,998 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Trash pumped sludge from Pump Tank back to front of South Settling Tank.

We need to schedule to have more sludge hauled out of tanks.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10	min off: 2	min on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.73 Amps	Amps	4.58 Amps	Amps
What is the amperage of dosing pump 2?	4.91 Amps	Amps	4.90 Amps	Amps
What is the amperage of recycle pump?	4.30 Amps	Amps	5.60 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 30 day period was 540,457 Gallon for an average daily flow of 18,015 gallons and a daily max flow of 20,937 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Trash pumped sludge from Pump Tank back to front of South Settling Tank.

We need to schedule to have more sludge hauled out of tanks.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If process control test samples were taken, please provide the following information:  Sample Locations:  Effluent samples are taken from Pump Tank	Alkalinity (as CaCO <sub>3</sub> ) _____	pH _____	Turbidity (NTU) _____
	Temperature (F) _____	DO (mg/l) _____	NH <sub>3</sub> -N (mg/l) _____
	NO <sub>3</sub> -N (mg/l) _____	Other: _____	_____
	_____	_____	_____

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? <i>(If not, clean each nozzle with a bottle brush)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? <i>If not, consult AQUAPOINT, INC.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10	min off: 2	min on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.57 Amps	Amps	4.71 Amps	Amps
What is the amperage of dosing pump 2?	4.41 Amps	Amps	4.72 Amps	Amps
What is the amperage of recycle pump?	3.93 Amps	Amps	4.78 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 31 day period was 623,676 Gallon for an average daily flow of 20,119 gallons and a daily max flow of 23,083 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.  
 Treatment Tank 1 is North Plant, and #2 is South Plant.  
 Trash pumped sludge from Pump Tank back to front of South Settling Tank.  
 We need to schedule to have more sludge hauled out of tanks.  
 Pulled and cleaned South Bioclere sludge pump.  
 Pulled and cleaned inlet screens on ALL Drip Pumps.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? <i>(If not, clean each nozzle with a bottle brush)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? <i>If not, consult AQUAPOINT, INC.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min on: 10 min off: 2	min on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.57 Amps	Amps	4.69 Amps	Amps
What is the amperage of dosing pump 2?	4.92 Amps	Amps	4.92 Amps	Amps
What is the amperage of recycle pump?	4.39 Amps	Amps	4.71 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  
 (If "yes", then tighten with pipe wrench)  Yes  No

Is the recycle siphon break weep hole operating as designed?  
 (If "no", clean weep hole)  Yes  No

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 30 day period was 579,538 Gallon for an average daily flow of 19,318 gallons and a daily max flow of 29,482 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

# BIOCLERE FIELD REPORT

Date	7/8/2020		
Client	Villages at Cross Creek (Dixieland)		
Address			
City	Little Flock	State	AR
Inspector	James Bartlett		
Bioclere Model #(s)	B6/30 X 2		

**Reason For Site Visit:**

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

- 1) Is there odor around the site?  Yes     No
- 2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents
- 3) If odor is present, check all that apply:  Mild     Medium     Strong  
 Musty     Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge
Grease Trap		
Primary Tank #1	2"	58"
Primary Tank #2 (if applicable)	2"	36"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	16"
Other: _____		

## (3) Bioclere Venting

- 1) Record the Bioclere fan model #(s): \_\_\_\_\_
- 2) Is air passing through the vent(s)?  Yes     No  
*(if in doubt, put a small plastic bag around vent and allow to fill)*
- 3) Is the fan operating and in good condition...
- |                                  |   |                                  |   |
|----------------------------------|---|----------------------------------|---|
| for Bioclere 1A?                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | for Bioclere 2A? (if applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            | for Bioclere 2B? (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:		Alkalinity (as CaCO <sub>3</sub> )		pH		Turbidity (NTU)	
Sample Locations:	Effluent samples are taken from Pump Tank	Temperature (F)		DO (mg/l)		NH <sub>3</sub> -N (mg/l)	
		NO <sub>3</sub> -N (mg/l)		Other:			

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min: 10 min off: 2	min: min off:	min: 10 min off: 2	min: min off:
What is the recycle pump timer setting?	min: 6 hrs off: .5	min: hrs off:	min: 6 hrs off: .5	min: hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.50 Amps	Amps	4.53 Amps	Amps
What is the amperage of dosing pump 2?	4.83 Amps	Amps	4.51 Amps	Amps
What is the amperage of recycle pump?	4.23 Amps	Amps	4.42 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 31 day period was 589,694 Gallon for an average daily flow of 19,022 gallons and a daily max flow of 28,063 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

We had 4 truck loads of sludge hauled out of settling tanks in July

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray	<input type="checkbox"/> White/Gray
	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Gray
	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown	<input checked="" type="checkbox"/> Gray/Brown	<input type="checkbox"/> Gray/Brown
	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown	<input type="checkbox"/> Red/Brown
	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black	<input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min: 10 min: 2 on: off:	min: min: on: off:	min: 10 min: 2 on: off:	min: min: on: off:
What is the recycle pump timer setting?	min: 6 hrs: .5 on: off:	min: hrs: on: off:	min: 6 hrs: .5 on: off:	min: hrs: on: off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.44 Amps	Amps	4.59 Amps	Amps
What is the amperage of dosing pump 2?	4.73 Amps	Amps	4.47 Amps	Amps
What is the amperage of recycle pump?	4.26 Amps	Amps	4.40 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 31 day period was 594,277 Gallon for an average daily flow of 19,170 gallons and a daily max flow of 20,347 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.  
 Treatment Tank 1 is North Plant, and #2 is South Plant.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

# BIOCLERE FIELD REPORT

Date 9/2/2020

Client Villages at Cross Creek (Dixieland)

Address \_\_\_\_\_

City Little Flock State AR

Inspector James Bartlett

Bioclere Model #(s) B6/30 X 2

Reason For Site Visit:

- O & M       Commissioning
- Testing       Other:

\_\_\_\_\_

## (1) Odor

- 1) Is there odor around the site?  Yes       No
- 2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents
- 3) If odor is present, check all that apply:  Mild       Medium       Strong  
 Musty       Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge
Grease Trap		
Primary Tank #1	1"	46"
Primary Tank #2 (if applicable)	2"	30"
Bioclere 1A		
Bioclere 1B (if applicable)		

	Scum	Sludge
Bioclere 2A (if applicable)		
Bioclere 2B (if applicable)		
Effluent Tank	0	20"
Other: _____		

## (3) Bioclere Venting

- 1) Record the Bioclere fan model #(s): \_\_\_\_\_
- 2) Is air passing through the vent(s)?  Yes       No  
*(if in doubt, put a small plastic bag around vent and allow to fill)*
- 3) Is the fan operating and in good condition...
- |                                  |   |                             |                                  |   |                             |
|----------------------------------|---|-----------------------------|----------------------------------|---|-----------------------------|
| for Bioclere 1A?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | for Bioclere 2A? (if applicable) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| for Bioclere 1B? (if applicable) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | for Bioclere 2B? (if applicable) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Sample Locations:	Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
	NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10	min off: 2	min on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.48 Amps	Amps	4.77 Amps	Amps
What is the amperage of dosing pump 2?	4.88 Amps	Amps	4.66 Amps	Amps
What is the amperage of recycle pump?	4.40 Amps	Amps	4.29 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 30 day period was 581,056 Gallon for an average daily flow of 18,744 gallons and a daily max flow of 23,292 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Started using chemical that melts grease and paper products in Lift Station. So far it seems to be working as the guys have seen a reduction in the scum in Lift Station and it keeps working in the settling tanks. Scum levels are lower this month in those as well.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min on: 10 min off: 2	min on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.48 Amps	Amps	4.77 Amps	Amps
What is the amperage of dosing pump 2?	4.88 Amps	Amps	4.66 Amps	Amps
What is the amperage of recycle pump?	4.40 Amps	Amps	4.29 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 30 day period was 581,056 Gallon for an average daily flow of 18,744 gallons and a daily max flow of 23,292 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Started using chemical that melts grease and paper products in Lift Station. So far it seems to be working as the guys have seen a reduction in the scum in Lift Station and it keeps working in the settling tanks. Scum levels are lower this month in those as well.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

# BIOCLERE FIELD REPORT

Date	11/2/2020	
Client	Villages at Cross Creek (Dixieland)	
Address		
City	Little Flock	State AR
Inspector	James Bartlett	
Bioclere Model #(s)	B6/30 X 2	

**Reason For Site Visit:**

- O & M       Commissioning  
 Testing       Other:

## (1) Odor

1) Is there odor around the site?  Yes     No

2) Where is the source of odor? Bioclere and Primary Settling Tank(s) Vents

3) If odor is present, check all that apply:  Mild     Medium     Strong  
 Musty     Septic

## (2) Sludge & Scum Depth Measurements

	Scum	Sludge		Scum	Sludge
Grease Trap			Bioclere 2A (if applicable)		
Primary Tank #1	0"	36"	Bioclere 2B (if applicable)		
Primary Tank #2 (if applicable)	1"	16"	Effluent Tank	0	12"
Bioclere 1A			Other:		
Bioclere 1B (if applicable)					

## (3) Bioclere Venting

1) Record the Bioclere fan model #(s):  

2) Is air passing through the vent(s)?  Yes     No  
*(if in doubt, put a small plastic bag around vent and allow to fill)*

3) Is the fan operating and in good condition...

for Bioclere 1A?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	for Bioclere 2A? (if applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
for Bioclere 1B? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	for Bioclere 2B? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(Please provide necessary details in the report summary section)*

# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? (If not, clean each nozzle with a bottle brush)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? If not, consult AQUAPOINT, INC.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the dosing pump timer setting?	min on: 10 min off: 2	min on: min off:	min on: 10 min off: 2	min on: min off:
What is the recycle pump timer setting?	min on: 6 hrs off: .5	min on: hrs off:	min on: 6 hrs off: .5	min on: hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.80 Amps	Amps	4.67 Amps	Amps
What is the amperage of dosing pump 2?	4.77 Amps	Amps	4.75 Amps	Amps
What is the amperage of recycle pump?	4.53 Amps	Amps	4.47 Amps	Amps
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (if "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (if "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 31 day period was 570,518 Gallon for an average daily flow of 18,404 gallons and a daily max flow of 26,636 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Started using chemical that melts grease and paper products in Lift Station. So far it seems to be working as the guys have seen a reduction in the scum in Lift Station and it keeps working in the settling tanks. Scum levels were zero inches this month in tanks as well.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory



# BIOCLERE FIELD REPORT

## (4) General

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
Are there any filter flies in the unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many?	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few	<input type="checkbox"/> Many <input checked="" type="checkbox"/> Few	<input type="checkbox"/> Many <input type="checkbox"/> Few
Is the lid gasket in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locks/latches/handles in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any external damage to the units?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cover, fan box, & control panel securely locked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the fan box contain standing water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

Were influent/effluent samples taken for lab analysis?  Yes  No

If process control test samples were taken, please provide the following information:

Alkalinity (as CaCO <sub>3</sub> )	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH <sub>3</sub> -N (mg/l)	<input type="text"/>
NO <sub>3</sub> -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

Sample Locations:  Effluent samples are taken from Pump Tank

## (5) Biomass Characterization

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
What is the color of the biomass?	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input checked="" type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> White/Gray <input type="checkbox"/> Gray <input type="checkbox"/> Gray/Brown <input type="checkbox"/> Brown <input type="checkbox"/> Red/Brown <input type="checkbox"/> Black
Classify the growth of the biomass 6-12 inches below the media surface. 1=light 2=medium 3=heavy	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>

## (6) Nozzle Spray Pattern

	Bioclere 1A	Bioclere 1B (IF APPLICABLE)	Bioclere 2A (IF APPLICABLE)	Bioclere 2B (IF APPLICABLE)
1.) Does spray cover the entire media surface area? <i>(If not, clean each nozzle with a bottle brush)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Does the spray now cover entire surface area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, then: a) remove each nozzle assembly and soak them in a bleach solution for a minimum of 15 minutes. b) clean the dosing array header piping using a bottle brush and then manually turn on both dosing pumps for 5 minutes. c) If a) and b) do not adequately improve the spray pattern then remove each dosing pump, clean the intake strainers as necessary and soak the pumps in a bleach solution for a minimum of 15 minutes.				
3.) Does the spray now cover entire surface area? <i>If not, consult AQUAPOINT, INC.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# BIOCLERE FIELD REPORT

## (7) Pumps and Control Panel

	Bioclere 1A		Bioclere 1B (IF APPLICABLE)		Bioclere 2A (IF APPLICABLE)		Bioclere 2B (IF APPLICABLE)	
What is the dosing pump timer setting?	min on: 10	min off: 2	min on:	min off:	min on: 10	min off: 2	min on:	min off:
What is the recycle pump timer setting?	min on: 6	hrs off: .5	min on:	hrs off:	min on: 6	hrs off: .5	min on:	hrs off:

For the following checklist, set dosing and recycle timers to a test cycle.

What is the amperage of dosing pump 1?	4.63 Amps		4.62 Amps	
What is the amperage of dosing pump 2?	4.78 Amps		4.67 Amps	
What is the amperage of recycle pump?	4.58 Amps		4.43 Amps	
Is dosing pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is recycle pump operating according to test cycle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the dosing pumps alternating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Please provide necessary details in the report summary section)

## (8) Plumbing

Are the unions in the Bioclere leaking?  Yes  No  
 (If "yes", then tighten with pipe wrench)

Is the recycle siphon break weep hole operating as designed?  Yes  No  
 (If "no", clean weep hole)

## (9) Final Check

- Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto")
- Alarm toggle set to the "On" position
- Recycle and dosing pump timers are set back to original cycles in control panel
- Control panel, Bioclere cover, and fan box locked
- Record water meter reading (if possible): See Below

## (10) Report Summary:

Total flow over a 30 day period was 704,487 Gallon for an average daily flow of 23,483 gallons and a daily max flow of 28,971 gallons.

Primary Tank 1 is the North Settling Tank, and Primary Tank 2 is the South Settling Tank.

Treatment Tank 1 is North Plant, and #2 is South Plant.

Note: Contact Arvin Associates at 508-583-8221 for any control panel replacement part.  
 Call 860-674-1515 for EBM/Papst fan replacements.  
 Call 888-361-8649 for Grainger fan replacements.  
 Call Aquapoint at 508-998-7577 for pump replacements.

Signature: Ken Gregory

Align top of FedEx Express® shipping label here.

FROM: (479) 530-5926  
NWA UTILITY SERVICES INC  
PO BOX 9299  
FAYETTEVILLE AR 72703  
US

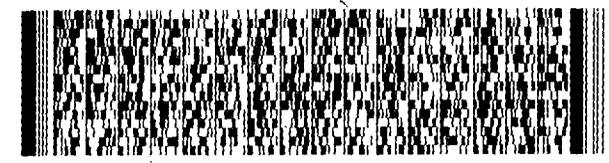
SHIP DATE: 11MAR21  
ACTWGT: 5.00 LB MAN  
CAD: 0167450/CAFE3407

BILL SENDER

TO **ADEQ**  
**OFFICE OF WATER DRIVE**  
**5301 NORTSHORE DRIVE**

**NORTH LITTLE ROCK AR 72118 (US)**

INU: REF: DEPT:

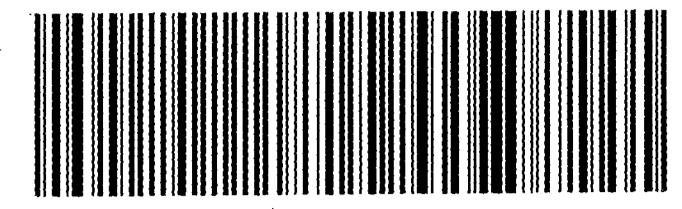


S

TRK# 9552 9988 0722

72118

9622 0019 0 (000 000 0000) 0 00 9552 9988 0722



Part #: 155148-434 RIT EXP. 09/21

OFFICE OF WATER DRIVE  
5301 NORTSHORE DRIVE  
NORTH LITTLE ROCK, AR 72118-3228-01  
159-6597  
ETP: 3  
96220J1900003103172000955299880722  
PD: SP: 100: Y  
923162A  
G

EXPRESS

OFFICE OF WATER DRIVE  
5301 NORTSHORE DRIVE  
NORTH LITTLE ROCK, AR 72118-3228-01