



ARKANSAS
Department of Environmental Quality

April 8, 2014

Honorable Mayor Nina Thornton
City of Hardy
P.O. Box 5
Hardy, AR 72542

RE: Compliance Inspections (Sharp Co)
AFIN: 68-00018 **NPDES Permit No.: AR0037991 CEI**
AR0037991 SSO

Dear Ms. Thornton:

On March 18, 2014, I performed routine compliance inspections of the wastewater treatment facility and collection system in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violations:

Compliance Evaluation Inspection

The facility's secondary flow gauge is out of calibration and is not being calibrated annually. **This is a violation of Part II.4 and Part III.C.2 of your permit.**

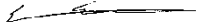
Sanitary Sewer Overflow Inspection

Lift Stations #1 and #2 did not have emergency contact information posted. **This is a violation of Part III.B.1.a of your permit.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to Water-Inspection-report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **April 22, 2014**.

If I can be of any assistance, please contact me at saunders@adeq.state.ar.us or (870) 424-3322 ext. 3.

Sincerely,



Sean Saunders
District 11 Field Inspector
Water Division



Form Approved
OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type	
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="1"/> 11 <input type="text" value="1"/> 12 <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="8"/> 17 18 <input type="text" value="C"/> 19 <input type="text" value="S"/> 20 <input type="text" value="1"/>	Remarks					
<input type="text" value="A"/> <input type="text" value="F"/> <input type="text" value="I"/> <input type="text" value="N"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="S"/> <input type="text" value="H"/> <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="P"/> <input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="U"/> <input type="text" value="N"/> <input type="text" value="T"/> <input type="text" value="Y"/>						
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----		
67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 <input type="text" value="3"/>	71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text"/>	74 <input type="text"/> 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 80	

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Hardy WWTP Off Burton Street of Woodland Hills Drive Hardy, AR (Sharp County)	Entry Time/Date 12:00 3/18/2014	Permit Effective Date «Effective»
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Bill Gilbert/ Superintendent / 870-856-3811 Cell 870-710-3811	Exit Time/Date 14:00 3/18/2014	Permit Expiration Date «Expires»
Name, Address of Responsible Official/Title/Phone and Fax Number Honorable Nina Thornton / Mayor / 870-856-3811 City of Hardy P.O. Box 5 Hardy, AR 72542	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other Facility Data N36°19'06.794 W91°28'24.666" PDS# 077148

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	M	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The facility's secondary flow gauge is out of calibration and is not being calibrated annually.

Name(s) and Signature(s) of Inspector(s) Sean Saunders	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality Mountain Home (870) 424-3322	Date April 1, 2014
Signature of Reviewer Kerri McCabe	Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642	Date April 7, 2014

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

DETAILS:

- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
- 4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

DETAILS:

- 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: Y N NA NE
- 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
 - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
 - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
 - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
 - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
 - e. RESULTS OF CALIBRATIONS: Y N NA NE
 - f. RESULTS OF ANALYSES: Y N NA NE
 - g. DATES AND TIMES OF ANALYSES: Y N NA NE
 - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
- 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
- 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
- 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

DETAILS:

- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
- 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
- 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: S M U NA NE
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: S M U NA NE
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
- 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
- 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
- 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: Due to flood water Y N NA NE
- 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
- 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Y N NA NE
- 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
- 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>(90 Degree V-Notch Weir)</u> TYPE OF DEVICE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Testing Laboratories</u>	
b. LAB ADDRESS: <u>3301 Langley Drive, Searcy, Ar. 72143</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, Ammonia Nitrogen, DO, Fecal Coliform, pH</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY							<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	Slight	None	Clear	--

SECTION H: SLUDGE DISPOSAL	
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Bar Screen Wastes & Biosolids disposed of by ISEI-Class I Landfill	
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):	

SECTION I: SAMPLING INSPECTION PROCEDURES	
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___	
3. SAMPLES PRESERVED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN	
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

FLOW CALCULATION SHEET

Date:	3/18/2014	Time:	12:45		
Head in Inches:		Feet:	.26		
Type & Size of Primary Flow Measurement Device: 90° V-Notch Weir					
Name & Model of Secondary Flow Measurement Device:			Hydro Ranger Plus		
Date of last Calibration of Secondary Flow Device:			N/A		
Recorded Flow at Date & Time Listed Above:			44.6 GPM		(Facility Flow Meter)
Calculated Flow at Date & Time Listed Above:			38.67 GPM		
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	44.6	-	38.67	X 100	15.33
	38.67				
% Error =		X 100			
% Error =		X 100			
% Error =	15.33	%			
Comments: <u>Secondary flow measuring device needs calibration</u>					

DMR Calculation Check

Reporting Period: From 2013 6 1 To 2013 6 30
 Year Month Day Year Month Day

Parameter Checked: pH

**Loading
Mass**

**Concentration
Monthly**

Mo. Avg. - lbs/day

Min. S.U.

Max. S.U.

Reported Value: N/A 7.61 8.14

Calculated Value: N/A 7.61 8.14

Permit Value: N/A 6 9

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period: From 2013 12 1 To 2013 12 31
Year Month Day Year Month Day

Parameter Checked: pH

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Min. S.U.	Max. S.U.
Reported Value:	<u>N/A</u>	<u>6.19</u>	<u>8.18</u>
Calculated Value:	<u>N/A</u>	<u>6.19</u>	<u>8.18</u>
Permit Value:	<u>N/A</u>	<u>6</u>	<u>9</u>

If calculated value does not equal reported value, explain:

