WTP NPDES Compliance Evaluation Inspection

| Date: 11/17/2022 | NPDES: TN0077909 |
|------------------------------|-------------------|
| Facility: City of Crossville | - Meadow Park WTP |
| Address: 963 City Lake 1 | Road |
| City: Crossuille State: T | N Zip: 38572 |
| Contact: Jee Kerley | Title: Director |
| Phone 1: (931) 788 - 5515 | Phone 2: |

I. Permit Verification

| Yes | No | Inspection Observation to Verify Information Contained in Permit | |
|-----|----|---|--|
| | | 1. Current Copy of Permit on-Site? | |
| | | 2. Correct Name and Mailing Address | |
| | | | |
| | | | |
| | | | |
| | 1_ | 3. Type of Facility | |
| | | 4. Facility is as Described in Permit | |
| V | | 5. State has been notified of new, different increased discharges, if any | |
| V | | 6. Number and Location of Discharge Points as Described in Permit | |
| / | | 7. Name and Location of Receiving Waters Correct | |
| ~ | | 8. All Discharges Permitted | |
| | | h | |

II. Recordkeeping and Reporting Evaluation

| Yes | No | Records and Reports Maintained as Required By Permit | |
|-----|----|---|--|
| - | | 1. All Information available, complete, and current | |
| / | | 2. Information retained for 3 + years | |
| V | | 3. Sampling and Analysis Data are Adequate and Include: | |

| ~ | a. Dates, times, location of sampling |
|---|---|
| | |
| | b. Initials of Individual Performing Sampling |
| | c. Approved Methods |
| | d. Results of Analyses and Calibration |
| | e. Dates and Time of Analysis |
| | f. Initials of Person Performing Analysis |
| | 4. O & M Manual |
| | 5. As-built & State Approved Plans and Specifications |

| Yes | No | DMR Completion Meets the Self-Monitoring Reporting Requirements | |
|-----|----|---|--|
| | | Analytical Bench Sheets Consistent with the Dates on the DMR | |
| | | 2. All data that is Collected is Summarized on the DMR | |
| V | | 3. Number of Exceedences Column Id Completed Correctly | |

III. Facility Site Review Checklist

| Yes / | No | Treatment Facility Properly Operated and Maintained | |
|-------|----|--|--|
| - | | Standby Power or Other Equivalent is Provided | |
| | | 2. Alarm System for Power and/or Equipment id Provided | |
| | | a. During Power Fallures, have you experienced any problems | |
| | | | |
| | | b. Are there untreated bypass discharges during power failures | |
| | | 3. Sludge Disposal Procedures are Appropriate | |
| - | | a. Disposal of Sludge According to Federal, State, and Local Regulations | |
| | | b. Disposal Sites Approved by State | |
| | | 4. Sufficient Sludge is Disposes of to Maintain Treatment Integrity | |
| | | If Not, Why | |
| | | 5. Preventative Maintenance Schedules Established and Performed | |
| - | | 6. O & M Adequate | |
| V | | 7. Consulting Engineer on Retainer | |

IV. Flow Measurement Checklist

| Yes | No | Flow Measurements Meeting Requirements and Intent of Permit | |
|-----|-----|---|--|
| | | 1. Outfall Inspection by Operator | |
| | | Frequency: Daily | |
| ~ | | 2. Effluent Flow Calculated Using Effluent Flow | |
| | 100 | If Not, Explain | |

V. Laboratory Quality Assurance Checklist

| Yes | No | Laboratory Requirements Meet the Requirements of the Permit | |
|-----|----|--|-------|
| | | 1. Are Parameters Other Than Those Listed on the Permit Analyzed For | 10 60 |
| | | If so, What: | |
| L | | 2. Laboratory Quality Assurance Manual Present | |
| | | 3. EPA Approved Analytical Testing Procedures are Used | |

| | 4. Laboratory Instruments Calibrated and Maintained | |
|---|---|--|
| - | 5. Quality Control Procedures in Place | |
| V | 6. Duplicate Samples Analyzed | |
| | Frequency: monthly PACE microbac | |
| V | 7. Spiked Samples Analyzed | |
| | Frequency: monthly PACE microbac | |
| 4 | 8. Commercial Laboratory Used | |
| | Name: Microbac | |
| | Address: 505 E. Broadway | |
| | City/State: Maryville, TN | |
| | Zlpcode: 37804 | |
| | Phone: (865) 977 -1200 | |
| | Contact: Joe Sloan | |
| / | 9. Results of Last DMR/QA Test | |

VI. Laboratory Checklist

| | 1. Chlorine Residual (EPA Approved Minimum Detection Level, 0.05 mg/l) |
|---------|--|
| | a. Amperometric Titration |
| | b. Starch Endpoint |
| V V | c. Colormetric |
| ~ | D. Meters Standardized Before Each Day's Use |
| ~ | E. Samples Analyzed Within 15 Minutes of Sample Collection |
| - | f. Samples Analyzed for Total Chlorine, not Free |
| | g. Reagents in date |
| | 2. Settleable Solids でつて? |
| | a. Samples Thoroughly Shaken |
| | b. Cobwebs in Imhoff Cone |
| | c. Correct Procedure (Mix, Cone, 45 Min, Slowly Stir At/Near Top Perimeter of Cone for 15 Min., Read Mark) |
| - | 3. Total Suspended Solids ww TP |
| | a. Proper Equipment (Vacuum, Filter Holding Mechanism, Drying Oven, etc.) |
| | b. Proper Filters (Gelman A/E or Approved by Standard Methods) |
| | c. Balance checked with Standard Weights |
| | d. Temperature in Drying Oven 103-105°C |
| | 4. pH |
| 1 | a. Equipment Can Be Calibrated at Two Points |
| | b. Bracketing of pH Samples (7 and 4, or 7 and 10) |
| <u></u> | c. Probe is Temperature Compensating |
| 4 | d. Probe Stored in Manufacturers Recommended Solution |
| 4 | e. Sample Analyzed Within 15 Min. of Collection |
| - | g. Buffers and storage solutions in date |
| | 5. Iron Storage |
| | a. P, FP, or G |
| - | b. HNO₃ to pH <2 |
| | 6. Aluminum Storage |

| | a. P, FP, or G | |
|---|------------------|--|
| V | b. HNO₃ to pH <2 | |

^{*}P is for polyurethane, FP is for fluoropolymer, G is for glass

VII.

| Yes | No | Permittee Meets the Requirements of the Permit | |
|-----|----|--|--|
| | | Sampling Locations are as per Premit | |
| | | 2. Sampling and Analytical Constituents and Parameters are as per Permit | |
| | | 3. Sampling and Analytical Frequency is as per Permit | |
| 1 | | 4. Sampling Method is as per Permit | |
| | | 5. Sample Collection Procedures Adequate ; | |
| | | b. Proper Preservation Technique Used | |
| V | | c. Containers and sample holding times are correct (40CFR 136.3) | |
| V | | 6. Are samples collected and analyzed more often than required in Permit | |