



Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

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	N	2	5	3	A	R	0	0	3	8	4	6	6	11	12	0	6	1	2	0	4	17	18	C	19	S	20	1	
Remarks																													
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----													
67		.5		69	70	4	71	N	72	N	73		74	75															80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Hope WWTP 2 miles west of Hope and 1 mile south of U.S. Hwy 67	Entry Time /Date 0830 / 12-4-06	Permit Effective Date 8-01-02
	Exit Time/Date 1230 / 12-4-06	Permit Expiration Date 7-31-07
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Kim Holston / Wastewater Superintendent / 870-772-2549	Other Facility Data N33 38 42.1 WO93 38 11.0	
Name, Address of Responsible Official/Title/Phone and Fax Number Cook / City Manager City of Hope PO Box 667 Hope , AR 71801	Catherine	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	CSO/SSO
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	M	Laboratory	N	Storm Water	N	Other:

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

Violations:

Sect. F: The 7 & 10 pH buffers were expired.

Name(s) and Signature(s) of Inspector(s) Red Smith	Agency/Office/Telephone/Fax ADEQ / District 10 / 870-777-7585	Date December 5, 2006
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS
 DETAILS: S M U NA (FURTHER EXPLANATION ATTACHED __)

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

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.
 DETAILS: S M U NA (FURTHER EXPLANATION ATTACHED __)

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

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.
 DETAILS: S M U NA (FURTHER EXPLANATION ATTACHED __)

- 1. TREATMENT UNITS PROPERLY OPERATED. S M U NA
- 2. TREATMENT UNITS PROPERLY MAINTAINED. S M U NA
- 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. S M U NA
- 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. S M U NA
- 5. ALL NEEDED TREATMENT UNITS IN SERVICE. S M U NA
- 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED. S M U NA
- 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED. S M U NE
- 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.
 STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED. Y N NA
 PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED. Y N NE

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? Y N NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? Y N NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? Y N NA

10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? Y N NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? Y N NA

SECTION D - SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED ___).
 DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. Y N NA

2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. Y N NA

3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. Y N NA

4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. Y N NA

5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. Y N NA

6. SAMPLE COLLECTION PROCEDURES ADEQUATE Y N NA

a) SAMPLES REFRIGERATED DURING COMPOSITING. Y N NA

b) PROPER PRESERVATION TECHNIQUES USED. Y N NA

c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136 Y N NA

7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? Y N NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED ___)
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. Y N NA
 TYPE OF DEVICE 24 Inch Rectangular Weir

2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. Y N NA

3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. Y N NA

4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION 12-1-05) Y N NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. Y N NA
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. Y N NA

5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. Y N NA

6. HEAD MEASURED AT PROPER LOCATION. Y N NA

7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. Y N NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED ___)
 DETAILS: pH buffers for 7 & 10 were expired.

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) Y N NA

SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED Y N NA
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. S M U NA
4. QUALITY CONTROL PROCEDURES ADEQUATE. S M U NA
5. DUPLICATE SAMPLES ARE ANALYZED, 10 % OF THE TIME. Y N NA
6. SPIKED SAMPLES ARE ANALYZED, 10 % OF THE TIME. Y N NA
7. COMMERCIAL LABORATORY USED. Y N NA

LAB NAME Sorrells Research
 LAB ADDRESS 8002 Stanton Rd. Little Rock, AR 72201
 PARAMETERS PERFORMED Oil & Grease, Biomonitoring, Zinc

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. S M U NA (FURTHER EXPLANATION ATTACHED ___).

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	None	None	None	None	Slight	Clear	NA

Comments:

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED ___).
 DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. S M U NA
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. S M U NA
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED ___).

1. SAMPLES OBTAINED THIS INSPECTION. Y N NA
2. TYPE OF SAMPLE OBTAINED
 GRAB COMPOSITE SAMPLE METHOD GRAB FREQUENCY
3. SAMPLES PRESERVED. Y N NA
4. FLOW PROPORTIONED SAMPLES OBTAINED. Y N NA
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. Y N NA
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE. Y N NA
7. SAMPLE SPLIT WITH PERMITTEE. Y N NA
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. Y N NA
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. Y N NA

FLOW CALCULATION SHEET

Field Data: Date 12-4-06 Time 1028

Head in Inches: 3.5 = .29 ft.

Type & Size of Primary Flow Measurement Device 24 Inch Rectangular Weir without end constrictions

Name & Model of Secondary Flow Measurement Device

ProSonic FMM 861

Recorded Flow at date & time listed above .66 MGD

Flows are calculated from flow charts taken from the ISCO Open Channel Flow Measurement Handbook

$$\% \text{ error} = \frac{.66 - .6722}{.6722} \times 100$$

$$\% \text{ error} = \frac{.018}{.6722} \times 100$$

$$\% \text{ error} = \frac{.018}{.6722} \times 100 = \underline{1.8}$$

$$\% \text{ error} = \underline{1.8\%}$$

DMR Calculation Check

Reporting Period: From 06 05 01 To 06 05 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Monthly Avg. (lbs/ day)	Concentration Monthly Avg.-Mg/l	7-day Avg- Mg/l
Reported Value:	21.64	2.26	3.33
Calculated Value:	21.64	2.26	3.33
Permit Value:	150	15	23

If calculated value does not equal reported value, explain: **SAME**

ADEQ

A R K A N S A S
Department of Environmental Quality

December 8, 2006

Ms. Catherine Cook, City Manager
City of Hope
PO Box 667
Hope, AR 71801

Re: NPDES Permit No. AR0038466

Dear Ms. Cook:

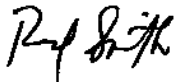
On December 4, 2006, I performed a routine compliance inspection of the waste water treatment facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violation:

Unsatisfactory laboratory equipment calibration. The facility's laboratory was using 7 & 10 pH buffers that were past the expiration dates in calibrating ph meter.

The above item requires your immediate attention. Please submit a written response to this finding to the NPDES Enforcement Section of this Department when the violation has been corrected. This response should contain documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response is due by **December 27, 2006**.

If I can be any assistance, please contact me at 870-777-7585.

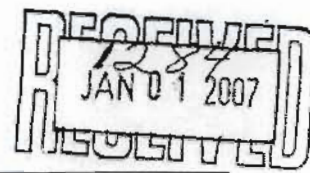
Sincerely,



Red Smith
District Inspector
Water Division

cc: NPDES Branch

015739



City of Hope

P. O. Box 667 • Hope, Arkansas 71802-0667 • (870) 777-6701 • Fax (870) 722-2579

December 25, 2006

Red Smith
District Inspector
ADEQ
Water Division
P.O. Box 8913
Little Rock, AR 72219-8913

Re: NPDES Permit No. AR0038466

Dear Mr. Smith:

I received your report on a compliance inspection at our Bois D'Arc Creek Wastewater Treatment Facility that revealed the following violation:

The facility's laboratory was using 7 & 10 pH buffers that were past the expiration date.

I have immediately instructed the Wastewater Department to cease using this expired product and to obtain unexpired product for use in the lab.

Please let me know if you require further information.

Sincerely,

Catherine Cook
City Manager
Hope, Arkansas