ADEQ

ARKANSAS
Department of Environmental Quality

February 9, 2012

The Honorable David Duch
City of Hazen
P.O. Box 564
Hazen, AR 72064

AFIN: 59-00029 NPDES Permit No.: AR0022411

Dear Mayor Duch:

On January 31, 2012, I performed a routine compliance inspection, and a Sanitary Sewer Overflow 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 violations:

1. An unpermitted outfall pipe was seen on the east end of the sludge wasting lagoon. This is likely an old outfall that is no longer in use; however, it is not permitted to be there. The city needs to disable this outfall by capping, filling with cement, or by some other means to render the pipe useless. An unpermitted outfall is a violation of the Arkansas Water and Air Pollution Control Act (A.C.A. § 8-4-217(b)(1)(A)).

2. The weirs of the clarifier need to be cleaned of debris. This is a violation of Proper Operations & Maintenance found in Part III. Section B.1.a. of the permit.

3. Wastewater operator Chad Swaim holds a Class I license; however, the permit requires the facility operator to hold a Class II license. Not having a properly licensed operator is a violation of Part II.1. of the permit.

4. There was no documentation that regular calibration checks are being performed to ensure the flow meter is reading within 10% of the actual flow. Documenting regular calibration checks is required by Part III. Section C.2. of the permit.

5. The wastewater pumping stations are deficient and do not meet the standards in the **Recommended Standards for Wastewater Facilities** (10-States Standards) which was adopted by the Arkansas Pollution Control and Ecology Commission in Minute Order 80-21. The Arkansas Water and Air Pollution Control Act (A.C.A § 8-4-217(a)(3)) makes it unlawful to violate any Order by the Commission. Specifically, the following deficiencies were noted:

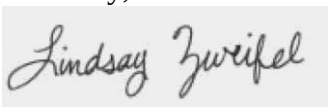
- There are no alarms on the pump stations. Audio/visual alarms are acceptable in lieu of transmitting system like direct-dial or SCADA depending on location, holding capacity and inspection frequency; however, the city's pump stations lack even audio/visual alarms.

It was also noted that the pumping station visited was not identified with appropriate signage. Pumping stations need to be properly secured and identified with signage. Signage should indicate who owns the pump station and give a number to call in the event of an activated alarm.

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement 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-Enforcement-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 documentations (i.e. photos) is due by February 20, 2012.

If I can be any assistance, please contact me at zweifell@adeq.state.ar.us or 501-682-0657.

Sincerely,



Lindsay Zweifel
District 9 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

EPA

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

1	2	3	11	12	17	18	19	20
Transaction Code	NPDES			Yr/Mo/Day		Inspec. Type	Inspector	Fac. Type
N	5	ARK0022411		120131		V	S	1

Remarks: PRAIRIE COUNTY

67	69	70	71	72	73	74	75	80
Inspection Work Days		Facility Evaluation Rating	BI	QA	Reserved			
		N	N	N				

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*	Entry Time/Date	Permit Effective Date
City of Hazen- From I-40 east bound take the Hazen exit for Hwy 63. Turn south (right) onto Hwy 63 off the interstate. The facility is a mile and a half or so down the the road on the left just past Hazen Powder Parts. **Prairie Co.**	**10:20 on 1/31/2012**	**8/1/2009**
	Exit Time/Date **12:00 on 1/31/2012**	Permit Expiration Date **7/31/2014**

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data
Chad Swaim-operator	PDS #063787
Name, Address of Responsible Official/Title/Phone and Fax Number **Mayor David Duch/870-255-4521** **City of Hazen** **P.O. Box 564** **Hazen, AR 72064**	Contacted Yes ☑ No ☐

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

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

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

The operator cannot recall the last time he has seen an overflow in the collection system. Backups in the lines are assessed and repaired before any waste escapes the system. Mr. Swaim also stated that the pump stations do not have audio/visual alarms; however, the pump stations are checked daily and historically when a pump station has gone down 48 hours after the event the wet well was at half capacity. It still must be noted that pump station alarms are required by Recommended Standards for Wastewater Facilities (10 State Standards) adopted by the ADPC&E minute order 80-21.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Lindsay Zweifel Lindsay Zweifel	**ADEQ/ North Little Rock/ 501-682-0657/ 501 682-0880 (Fax)**	**1/31/2012**
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

COLLECTION SYSTEM INSPECTION AND OVERALL RATING	☑S ☐M ☐U ☐NA ☐NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: **Majority of flow gravity fed to plant. There are 3 force mains that serve the remainder of connections on the outer edges of the city.**	
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: **1,600 population/688 connections**	
FEET OF SEWER SYSTEM: **Approximately 90,000 linear feet**	
AGE OF SYSTEM: **System dates back to 1964**	
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): **I&I an issue in Wet weather**	☑Y ☐N ☐NA ☐NE
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): **Monthly SSO report sent to ADEQ. Permittee has been advised that in the event of an overflow the agency needs to be notified within 24 hours.**	☑Y ☐N ☐NA ☐NE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:	☑Y ☐N ☐NA ☐NE
HAVE SSOs REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH):	☐Y ☑N ☐NA ☐NE

PUMP STATIONS		☑S ☐M ☐U ☐NA ☐NE
NUMBER OF PUMP STATIONS IN SYSTEM: **4**	NUMBER WITH BACKUP POWER: **none**	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: **daily**		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: **yes**		
ADEQUATE INVENTORY OF SPARE PARTS: **some inventory. The city is also within 2 hours of supplies they do not have and may need.**		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): **none**		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: **Assess the problem and get it fixed. Fire Department has a portable generator and city is a member of Rural Water.**		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): **1**		

SATELLITE SYSTEMS	☑S ☐M ☐U ☐NA ☐NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: **No**	
TYPE(S) OF WASTE WATER RECEIVED: ☐RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐OTHER:	
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:	
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:	
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:	

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	**☑S ☐M ☐U ☐NA**
NAME AND/OR LOCATION OF PUMP STATION: **West Pump Station**	
TYPE(S) OF WASTE WATER RECEIVED: ☑RESIDENTIAL ☐COMMERCIAL ☐INDUSTRIAL ☐OTHER:	
NUMBER OF PUMPS: **1**	NUMBER OPERATIONAL: **1**
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	**☑S ☐M ☐U ☐NA ☐NE**
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	**☐Y ☑N ☐NA ☐NE**
GENERAL OPERATION AND MAINTENANCE	**☑S ☐M ☐U ☐NA**
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	**☑S ☐M ☐U ☐NA ☐NE**
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	**☑S ☐M ☐U ☐NA ☐NE**
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	**☑S ☐M ☐U ☐NA ☐NE**
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	**☑S ☐M ☐U ☐NA ☐NE**
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) :	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	**☑S ☐M ☐U ☐NA ☐NE**
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	**☑S ☐M ☐U ☐NA ☐NE**
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	**☑S ☐M ☐U ☐NA ☐NE**
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	**☐S ☐M ☐U ☐NA ☑NE**
BACKUP POWER AND ALARMS	**☐S ☑M ☐U ☐NA**
PROVISIONS FOR GENERATOR AND/OR EMERGENCY **TRANSFER PUMP**	**☑S ☐M ☐U ☐NA ☐NE**
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: **there is no alarm, but the pump station is checked daily and in the event the pump station went down the wet well's storage capacity is greater than 48 hours.**	**☐S ☑M ☐U ☐NA ☐NE**
SCADA SYSTEM (LIST PARAMETERS MONITORED):	**☐Y ☑N ☐NA ☐NE**

EPA

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

NPDES Compliance Inspection Report

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

Section A: National Data System Coding

1	Transaction Code	2	NPDES	11	12	Yr/Mo/Day	17	18	Inspec. Type	19	Inspector	20	Fac. Type
	N	5	AR0022411			120131			C		S		1

Remarks: PRAIRIE COUNTY

Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved
67–69	70: 2	71: N	72: N	73–80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*	Entry Time/Date	Permit Effective Date
City of Hazen - From I-40 east bound take the Hazen exit for Hwy 63. Turn south (right) onto Hwy 63 off the interstate. The facility is a mile and a half or so down the the road on the left just past Hazen Powder Parts.	**10:20 on 1/31/2012**	**8/1/2009**
	Exit Time/Date **12:00 on 1/31/2012**	Permit Expiration Date **7/31/2014**

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data
Chad Swaim, Wastewater operator 870-255-2222	PDS #063786

Name, Address of Responsible Official/Title/Phone and Fax Number	Contacted
Mayor David Duch **City of Hazen** **P.O. Box 564** **Hazen, AR 72064** **870-255-4521**	Yes ☑ No ☐

Section C: Areas Evaluated During Inspection

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

U	Permit	M	Flow Measurement	U	Operations & Maintenance	S	Sampling
S	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	N	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)

1. **Outfall pipe was visible on the backside (east) levee of sludge wasting lagoon.**
2. **The clarifier weirs need to be cleaned of debris.**
3. **Operator Chad Swaim holds a Class I wastewater license but the permit requires a Class II operator.**
4. **Documentation needs to be kept noting calibration checks are being performed on the flow measuring device.**
5. **There are no alarms on the pump stations.**

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Lindsay Zweifel Lindsay Zweifel	**ADEQ/ North Little Rock/ 501-682-0657/ 501 682-0880 (Fax)**	1/31/2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

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: **additional outfall noted off sludge basin**	☐Y ☑N ☐NA ☐NE
4. ALL DISCHARGES ARE PERMITTED: **above referenced outfall not 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: **Clarifier weirs need cleaning**	☐S ☑M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: **generator available through fire department**	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: **not on pump stations**	☐S ☑M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	☑S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: **Chad needs a Class II license**	☐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:	☐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:	☑Y ☐N ☐NA ☐NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y ☐N ☐NA ☐NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	☐Y ☐N ☑NA ☐NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y ☐N ☐NA ☐NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑Y ☐N ☐NA ☐NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	☑Y ☐N ☐NA ☐NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	☐Y ☐N ☑NA ☐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:__ TYPE OF DEVICE: **6" parshall flume**	☑Y ☐N ☐NA ☐NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y ☐N ☐NA ☐NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: **Greyline SLT 32**	☑Y ☐N ☐NA ☐NE
4. CALIBRATION FREQUENCY ADEQUATE: **last calibrated 8/15/11**	☑Y ☐N ☐NA ☐NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☑Y ☐N ☐NA ☐NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: **no documentation**	☐Y ☑N ☐NA ☐NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	☑Y ☐N ☐NA ☐NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☑Y ☐N ☐NA ☐NE
9. HEAD MEASURED AT PROPER LOCATION:	☑Y ☐N ☐NA ☐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) :	☑Y ☐N ☐NA ☐NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☑Y ☐N ☐NA ☐NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y ☐N ☐NA ☐NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
7. COMMERCIAL LABORATORY USED:	☑Y ☐N ☐NA ☐NE
a. LAB NAME: **Sorrells Research Laboratory**	
b. LAB ADDRESS: **8100 National Drive Little Rock AR**	
c. PARAMETERS PERFORMED: **CBOD, DO, Fecal, NH3-N, pH, TSS**	
8. BIOMONITORING PROCEDURES ADEQUATE:	☐Y ☐N ☑NA ☐NE
a. PROPER ORGANISMS USED:	☐Y ☐N ☑NA ☐NE
b. PROPER DILUTION SERIES FOLLOWED:	☐Y ☐N ☑NA ☐NE
c. PROPER TEST METHODS AND DURATION:	☐Y ☐N ☑NA ☐NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	☐Y ☐N ☑NA ☐NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY ☑S ☐M ☐U ☐NA ☐NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No	No	No	No	No	clear	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS ☑S ☐M ☐U ☐NA ☐NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☑S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☐S ☐M ☐U ☐NA ☑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 ☐S ☐M ☐U ☐NA ☑NE

DETAILS:

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

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS ☐S ☐M ☐U ☑NA ☐NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE: ☐Y ☐N ☐NA ☐NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: ☐Y ☐N ☐NA ☐NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: ☐Y ☐N ☐NA ☐NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: ☐Y ☐N ☐NA ☐NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: ☐Y ☐N ☐NA ☐NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: ☐Y ☐N ☐NA ☐NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: ☐Y ☐N ☐NA ☐NE
8. LIST OF STRUCTURAL BMPS: ☐Y ☐N ☐NA ☐NE
9. LIST OF NON-STRUCTURAL BMPS: ☐Y ☐N ☐NA ☐NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: ☐Y ☐N ☐NA ☐NE
11. INSPECTIONS CONDUCTED AS REQUIRED: ☐Y ☐N ☐NA ☐NE

FLOW CALCULATION SHEET

Date: **1/31/2012** Time: **11:00**

Head in Inches: **6** Feet: **.5**

Type & Size of Primary Flow Measurement Device:
6" Parshall flume

Name & Model of Secondary Flow Measurement Device:
Greyline SLT 32

Recorded Flow at Date & Time Listed Above: **.480** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **.4452**
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-6th Edition)

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{.480 - .4452}{.4452} \times 100$$

$$\% \text{ Error} = \frac{.0348}{.4452} \times 100$$

% Error = .078 X 100

% Error = **7.8** %

Comments: **Within the 10% range of error.**

DMR Calculation Check

Reporting Period:	**From**	**2011**	**10**	**01**	**To**	**2011**	**10**	**31**
		Year	**Month**	**Day**		**Year**	**Month**	**Day**

Parameter Checked: **TSS**

	Loading	**Concentration**	
	Mass	**Monthly**	
	Mo. Avg. - lbs/day	**Mo. Avg. - mg/l**	**7-day Avg. - mg/l**
Reported Value:	**7.331**	**5.0**	**6.0**
Calculated Value:	**7.331**	**5.0**	**6.0**
Permit Value:	**34.4**	**15**	**22.5**

If calculated value does not equal reported value, explain:

DMR Calculation Check

Reporting Period:	**From**	**2011**	**10**	**01**	**To**	**2011**	**10**	**31**
		Year	**Month**	**Day**		**Year**	**Month**	**Day**

Parameter Checked: **CBOD**

	Loading	**Concentration**	
	Mass	**Monthly**	
	Mo. Avg. - lbs/day	**Mo. Avg. - mg/l**	**7-day Avg. - mg/l**
Reported Value:	**3.353**	**2.1**	**2.9**
Calculated Value:	**3.353**	**2.1**	**2.9**
Permit Value:	**34.4**	**15**	**22.5**

If calculated value does not equal reported value, explain:

ADEQ
ARKANSAS
Department of Environmental Quality

Photographic Evidence Sheet

Location:	City of Hazen						
Photographer:	Lindsay Zweifel			**Witness:**	None		
Photo #	1	**Of**	3	**Date:**	1/31/2012	**Time:**	10:32 am
Description:	Concrete outfall box on east end of sludge wasting lagoon.						

Photographer:	Lindsay Zweifel			**Witness:**	None		
Photo #	2	**Of**	3	**Date:**	1/31/2012	**Time:**	10:32 am
Description:							

ADEQ

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

Photographic Evidence Sheet

Location:	City of Hazen						
Photographer:	Lindsay Zweifel			**Witness:**	None		
Photo #	3	**Of**	3	**Date:**	1/31/2012	**Time:**	10:42 am
Description:	Weirs need to be cleaned of debris.