



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:

Mayor David Duch, City of Hazen
February 9, 2012
Page 2

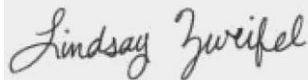
- There are no alarms on the pump stations. Audio/visual alarms are acceptable in lieu of transmitting system like direct-dial or SCADA depending on location, holding capacity and inspection frequency; however, the city's pump stations lack even audio/visual alarms.

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



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 N 2 5 3 A R 0 0 2 2 4 1 1 11 12 1 2 0 1 3 1 17 18 V 19 S 20 1					
Remarks					
P R A I R I E C O U N T Y					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70 N	71 N	72 N	73 74 75 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 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 road on the left just past Hazen Powder Parts. Prairie Co.	Entry Time/Date 10:20 on 1/31/2012	Permit Effective Date 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) Chad Swaim-operator	Other Facility Data 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> 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.		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
HAVE SSOs REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH):		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PUMP STATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: No		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: West Pump Station	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>1</u>	NUMBER OPERATIONAL: <u>1</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
BACKUP POWER AND ALARMS	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>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.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE



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

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 N 2 5 3 A R 0 0 2 2 4 1 1 11 12 1 2 0 1 3 1 17 18 C 19 S 20 1					
Remarks					
P R A I R I E C O U N T Y					
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----	
67 69	70 2	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)	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 road on the left just past Hazen Powder Parts.	10:20 on 1/31/2012	8/1/2009
	Exit Time/Date	Permit Expiration Date
	12:00 on 1/31/2012	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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	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	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: <u>additional outfall noted off sludge basin</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED: <u>above referenced outfall not permitted.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Clarifier weirs need cleaning</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>generator available through fire department</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: <u>not on pump stations</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>Chad needs a Class II license</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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> </u> TYPE OF DEVICE: <u>6" parshall flume</u>	<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: <u>Greyline SLT 32</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>last calibrated 8/15/11</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: <u>no documentation</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 ≥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 ≥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>Sorrells Research Laboratory</u>	
b. LAB ADDRESS: <u>8100 National Drive Little Rock AR</u>	
c. PARAMETERS PERFORMED: <u>CBOD, DO, Fecal, NH3-N, pH, TSS</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 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 type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: 1/31/2012 Time: 11:00Head in Inches: 6 Feet: .5Type & Size of Primary Flow Measurement Device:
6" Parshall flumeName & Model of Secondary Flow Measurement Device:
Greyline SLT 32Recorded 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)

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

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

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

$$\% \text{ Error} = \frac{.078}{.4452} \times 100$$



$$\% \text{ Error} = \frac{7.8}{100} \%$$

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

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:	Outfall pipe exiting levee in above box						
							

ADEQ

ARKANSAS
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.						
							

CITY OF HAZEN
P. O. Box 564
Hazen, AR 72064
Phone 870-255-2222
Fax: 870-255-3637

February 23, 2012

ADEQ
5301 Northshore Drive
Water Enforcement Branch
North Little Rock, AR 72118-5317

AFIN: 59-00029

Re: Waste Water Compliance Inspection

In response to the inspection on January 31, 2012, performed on the City of Hazen Waste Water Facility, the following course of action is being taken:

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. 8-4-271(b)(1)(A)).

The Hazen Waster Water Facility has capped and reinforced the outfall pipe.

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.

The Hazen Waste Water Facility cleans weirs of the clarifier weekly, but do not clean weirs on the sample day.

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.

The Hazen Waster Water Facility has enrolled Chad Swaim and Phillip Foot in a Waste Water Class II to be held on August 6-9, 2012 in Lonoke, Arkansas.

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.

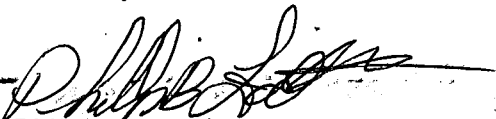
The Hazen Waste Water Facility and Utility Manager have implemented a policy requiring the Waste Water Operator to maintain documentation for regular calibration checks.

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 is 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 Hazen Waste Water Facility is in the process of ordering alarms and signs for the wastewater pumping station.

Sincerely,



Phillip B. Foot
City of Hazen
Utilities Manager

PBF/SMW

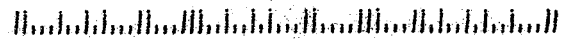
CITY OF HAZEN
BOX 564
HAZEN, ARKANSAS
72064

LITTLE ROCK, AR 72118
NORTHSHORE DRIVE



ADEQ
5301 Northshore Dr.
Water Enforcement
North Little Rock, AR 72118

72118+5317



ADEQ

ARKANSAS
Department of Environmental Quality

March 5, 2012

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

RE: NPDES Permit AR0022411, AFIN 59-00029
Inadequate Response to Inspection #063787

Dear Mayor Duch:

The Department has received your response to the January 31, 2012 inspection of your construction site by our District Field Inspector, Lindsey Zweifel. Your response does not satisfy the discrepancies identified during the visit for the following reasons:

1. You did not provide photo documentation verifying the unpermitted discharge pipe was capped and reinforced.
2. You did not provide photo documentation verifying the weirs of the clarifier were cleaned of debris.
3. You did not provide an estimated date of completion for installing alarms and signage on the wastewater pumping stations.

Please submit a response to the above items by **March 19, 2012**. Additionally, Mr. Swaim and/or Mr. Foot must obtain the Class II wastewater operator license by the self-imposed date indicated in your letter. If neither obtains said license then you will be required to immediately hire an operator that does possess said license. Finally, the Department expects the corrective actions that have already been taken will be maintained to ensure consistent compliance with the requirements of the permit.

Thank you for your attention to this matter. Should you have any questions please feel free to contact me at 501-682-0632 or you may e-mail me at bolenbaugh@adeq.state.ar.us.

Sincerely,



Jason Bolenbaugh
Enforcement Analyst
Water Division Enforcement Branch

CITY OF HAZEN
P. O. Box 564
Hazen, AR 72064
Phone 870-255-2222
Fax: 870-255-3637

March 14, 2012

ADEQ
5301 Northshore Drive
Water Enforcement Branch
North Little Rock, AR 72118-5317

Re: NPDES Permit AR0022411, AFIN 59-00029
Inadequate Response to Inspection #063787

In response to your letter dated March 5, 2012, regarding satisfaction of discrepancies from our previous letter, please see the following updates:

1. You did not provide photo documentation verifying the unpermitted discharge pipe was capped and reinforced.

See photos 1, 2, and 3 as verifiable documentation.

2. You did not provide photo documentation verifying weirs of the clarifier were cleaned of debris.

See photos 4 and 5 as verifiable documentation.

3. You did not provide an estimated date of completion for installing alarms and signage on the wastewater pumping stations.

See photos 6, 7, 8, and 9 as verifiable documentation for alarms. Signage has been ordered and should be installed no later than April 20, 2012.

Sincerely,



Phillip B. Foot
City of Hazen
Utilities Manager

PBF/SMW

Photo # 1 - Discharge Pipe



Photo # 2 - Discharge Pipe Cap



Photo #3 Discharge Cap Reinforcement





Photo # 47 - Weirs

Photo # 5 - Weirs



Photo # 6 - Alarms

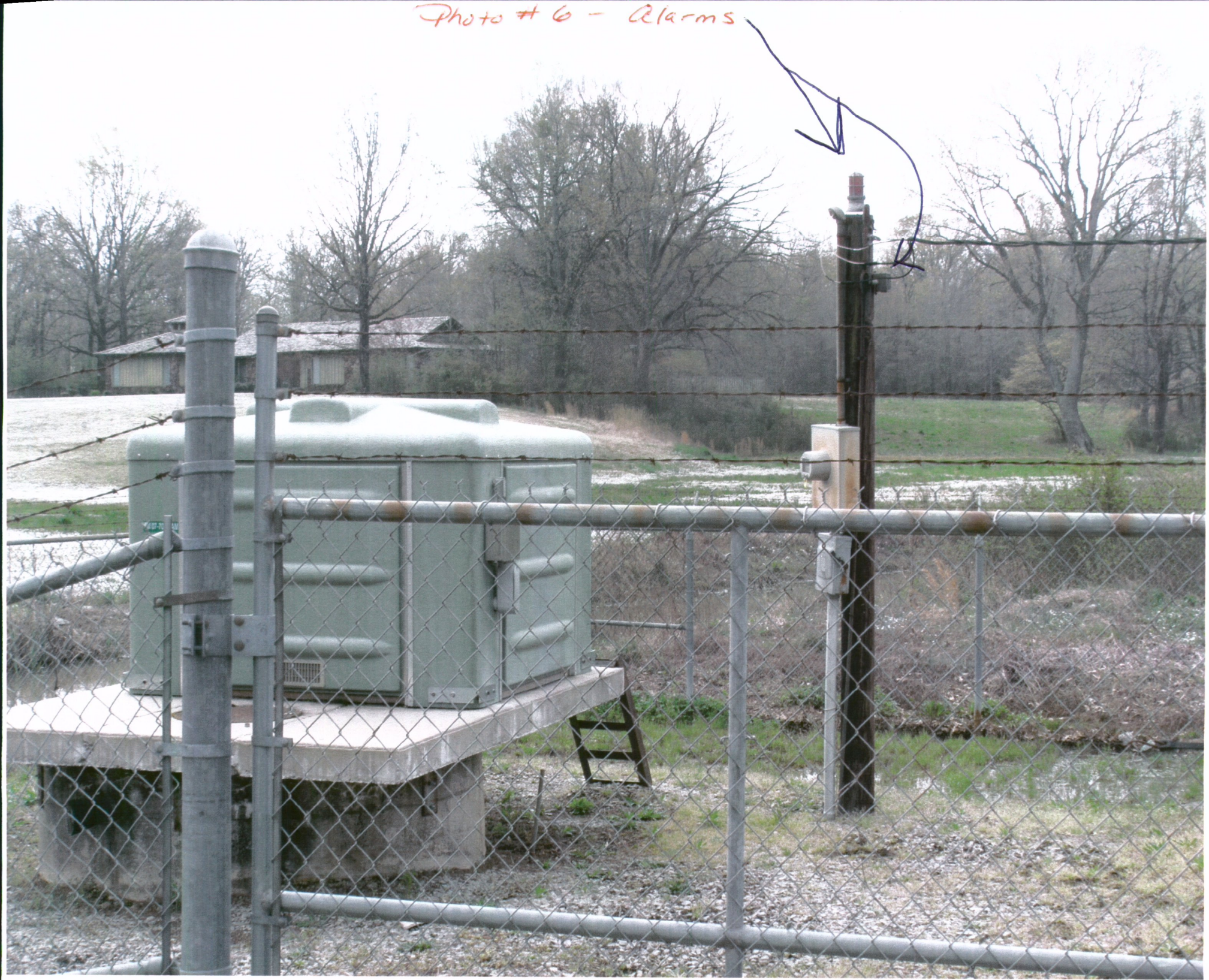


Photo # 7 - Alarms



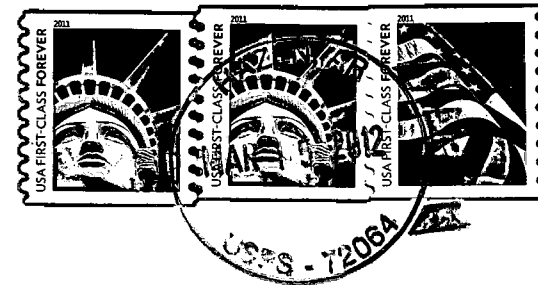
Photo # 8 - Alarms



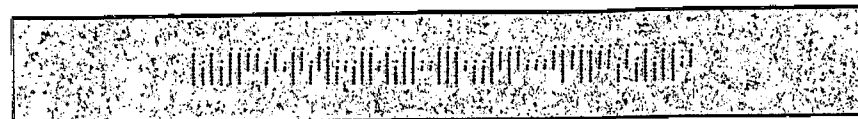
Photo #9 - Alarms



City of Hazen
P.O. Box 34
Hazen, AR 72064



ADEQ
5301 Northshore Drive
Water Enforcement Branch
North Little Rock, AR 72064



ADEQ

ARKANSAS
Department of Environmental Quality

March 23, 2012

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

RE: NPDES Permit AR022411, AFIN 59-00029
Response to Inspections #063787

Dear Mayor Duch:

The Department has received your second response to the January 31, 2012 inspection of your facility by our District Field Inspector, Lindsay Zweifel. Your letter appears to satisfy the discrepancies identified during the visit. However, please ensure that the measures you took to prevent the unpermitted outfall from discharging are permanent (i.e. the cap cannot be removed). Any future unpermitted discharges from that particular outfall may subject the City to formal enforcement action which may include but will not be limited to the assessment of a monetary penalty. The Department expects the corrective actions taken will be maintained to ensure consistent compliance with the requirements of the permit. Acceptance of the responses by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

The Department will keep the inspection and the response on file. If future violations occur that require enforcement action, the Department will consider the inspection and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your site and how expeditiously the violations were addressed in determining any civil penalties that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0632 or you may e-mail me at bolenbaugh@adeq.state.ar.us.

Sincerely,



Jason Bolenbaugh
Enforcement Analyst
Water Division Enforcement Branch