

# ADEQ

ARKANSAS  
Department of Environmental Quality

July 1, 2016

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

RE: City of Hope Compliance Inspections  
AFIN: 29-00034 Permit No.: AR0038466  
AFIN: 29-00034 Permit No.: ARG160015  
AFIN: 29-00034 Permit No.: ARR000758  
AFIN: 29-00512 Permit No.: AR0038466


Dear Ms. Cook:

On May 31, 2016 and June 1, 2016, I performed Compliance Evaluation Inspections of the above referenced facilities in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. Copies of the inspection reports are enclosed for your records.

**Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto: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 **July 19, 2016**.

If I can be of any assistance, please contact me at [smithron@adeq.state.ar.us](mailto:smithron@adeq.state.ar.us) or 870-777-7585

Sincerely,



Red Smith  
District 7 Field Inspector  
Water Division



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

## WATER DIVISION INSPECTION REPORT

AFIN: 29-00034	PERMIT #: AR0038466	DATE: 5/31/2016
COUNTY: 29 Hemstead	PDS #: 091565	MEDIA: WN
GPS LAT: 33.647674 LONG: -93.637069 LOCATION: Entrance		

FACILITY INFORMATION	INSPECTION INFORMATION												
NAME: <b>Bois D'Arc WW Plant</b> LOCATION: <b>2 miles west of Hope &amp; 1 mile south of Hwy 67 on Hempstead CR 381</b> CITY: <b>Hope</b>	FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>26294 S - State</b> FACILITY EVALUATION RATING: <b>3 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>DATE(S): <b>5/31/2016</b></td> <td>ENTRY TIME: <b>09:00</b></td> <td>EXIT TIME: <b>15:30</b></td> <td>PERMIT EFFECTIVE DATE: <b>5/1/2013</b></td> </tr> <tr> <td><b>6/1/2016</b></td> <td><b>09:00</b></td> <td><b>12:00</b></td> <td>PERMIT EXPIRATION DATE: <b>4/30/2016</b></td> </tr> <tr> <td><b>6/1/2016</b></td> <td><b>15:00</b></td> <td><b>16:30</b></td> <td></td> </tr> </table>	DATE(S): <b>5/31/2016</b>	ENTRY TIME: <b>09:00</b>	EXIT TIME: <b>15:30</b>	PERMIT EFFECTIVE DATE: <b>5/1/2013</b>	<b>6/1/2016</b>	<b>09:00</b>	<b>12:00</b>	PERMIT EXPIRATION DATE: <b>4/30/2016</b>	<b>6/1/2016</b>	<b>15:00</b>	<b>16:30</b>	
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<b>6/1/2016</b>	<b>15:00</b>	<b>16:30</b>											
RESPONSIBLE OFFICIAL													
NAME / TITLE: <b>Catherine Cook / City Manager</b> COMPANY: <b>City of Hope</b> MAILING ADDRESS: <b>PO Box 667</b> CITY, STATE, ZIP: <b>Hope AR 71801</b> PHONE & EXT. / FAX: <b>870-777-6701 /</b> EMAIL:	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>												
CONTACTED DURING INSPECTION: <b>Yes</b>	INSPECTION PARTICIPANTS												
	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Scott Ross / Operator &amp; Lab Tech / 870-722-2549</b> <b>Donnie Maurer / Operator</b> <b>Bobby Arney / WW Superintendent / 870-703-0308</b>												

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>N</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>S</b>	OTHER: <b>Effluent Limits</b>				

**SUMMARY OF FINDINGS**

**No violations found during the inspection.**

**GENERAL COMMENTS**

**Time was spent in discussion with the personnel on the up-coming repairs and rehab on the plant and collection system in the coming months.**

INSPECTOR'S SIGNATURE: <b>Red Smith</b>	DATE: <b>6/29/2016</b>
SUPERVISOR'S SIGNATURE: <b>Jason Bolenbaugh</b>	DATE: <b>7/1/2016</b>

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
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 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<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:	<input checked="" type="checkbox"/> S <input 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:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>24 inch rectangular weir without end contractions</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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>weekly</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:	<input checked="" type="checkbox"/> Y <input 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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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 $\geq$ 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 Analytical</u>	
b. LAB ADDRESS: <u>8100 National Drive Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>O &amp; G, Whole Effluent Toxicity, Zn, Nitrate + Nitrite Nitrogen</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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	none	none	none	none	none	clear	NA
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 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: <u>See inspection dated 5/31/2016 for Permit # ARR00758</u>							
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: **6/1/2016** Time: **1512**

Head in Inches: **3** Feet: **.25**

Type & Size of Primary Flow Measurement Device: **24 Inch rectangular Weir without End Contractions**

Name & Model of Secondary Flow Measurement Device: **Pro Sonic FFM 861**

Date of last Calibration of Secondary Flow Device: **10/2015**

Recorded Flow at Date & Time Listed Above: **.56 mgd** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **.538 mgd**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	.56	-	.538	X 100
	.538			

% Error =	.024	X 100
	.538	

% Error =	.045	X 100
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% Error =	<b>4.5</b>	%
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Comments: **In very good shape**

**DMR Calculation Check**

Reporting Period: From 2015 10 01 To 2015 10 31  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly	
		Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>41.6</u>	<u>8.2</u>	<u>13.0</u>
Calculated Value:	<u>41.6</u>	<u>8.2</u>	<u>13.0</u>
Permit Value:	<u>150.1</u>	<u>15</u>	<u>22.5</u>

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

**From:** [Catherine Cook](#)  
**To:** [Water-Inspection-Report](#)  
**Subject:** AFIN 29-00512 Permit NO. AR 0038458  
**Date:** Thursday, July 21, 2016 3:43:18 PM  
**Attachments:** [DOC072116-004.pdf](#)  
[DOC072116-003.pdf](#)  
[DOC072116-002.pdf](#)

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I have attached the written response detailing the corrective action to be taken regarding problems found during this compliance inspection.

Catherine Cook  
City Manager  
Hope Arkansas

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# City of Hope

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July 21, 2016

Red Smith, District 7 Field Inspector  
Water Division  
ADEQ  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: AFIN: 29-00512 Permit No.: AR 0038466

Dear Mr. Smith:

I am in receipt of your compliance inspection for the above referenced facility. This inspection documented problems with the underground piping from the blowers to the clarifiers that was in obvious need of repair. I wished to detail for you the actions that are being taken to address this problem.

The City of Hope is in the midst of a \$7+ million dollars wastewater rehabilitation program that was authorized by the City of Hope Board of Directors in November 2013. That program has involved improvements/replacements to manholes, wastewater collection lines, pump stations, and also to the Wastewater Treatment Plants. The City of Hope's engineer, Glen Spears, has been working to prepare plans and specifications for all of this work.

Specifically, as it relates to the treatment plants, Mr. Spears and staff have been working to identify needed repairs such as the one identified in your compliance inspection. That work was advertised for bids and bids were submitted to the City of Hope Board of Directors on July 12, 2016. The Board accepted the bid of J. S. Haren Co in the amount of \$2,031,000 for work at both wastewater treatment plant sites. I have attached a copy of the City of Hope Board of Director's meeting minutes as documentation of that action. The City has also received a pre-draft State construction permit from Loretta Reiber at ADEQ indicating that our project to make these much needed repairs should be ready to proceed within the next 30 days. We hope to have all of this work completed by the first quarter of 2017.

We know that this work at the wastewater treatment plant is needed and intend that it should allow the City of Hope and its staff to operate the wastewater treatment plant fully in compliance with the permit as soon as possible.

Please contact me at 870-777-6701 if you need further information on this response.

Sincerely,



Catherine Cook  
City Manager

CITY OF HOPE  
BOARD OF DIRECTORS MEETING  
TUESDAY, JULY 12, 2016 AT 7:00 PM

The City of Hope Board of Directors met at 7:00 PM Tuesday July 12, 2016 with the following present:

Catherine Cook, City Manager  
Joe Short, City Attorney  
Connie Lavender, City Clerk

Directors: Dennis Ramsey, Mayor  
Steve Montgomery, Vice Mayor  
Mark Ross  
Willie Walker  
Don Still  
Don Hall  
Kiffinea Talley

Mayor Ramsey called the meeting to order and congratulated Director Mark Ross on being named Hope Lion of the Year and said it was well deserved. Don Still opened the meeting with prayer. Mayor Ramsey led the Pledge of Allegiance.

The Board reviewed the minutes of the June 21, 2016 meeting. Don Hall made a motion to approve the minutes as written, seconded by Kiffinea Talley. All present voted "Aye." Motion carried.

Item 5: Consider Bids for the Wastewater treatment plant repairs

City Manager Catherine Cook informed the Board there had been six bids received for the improvement project to the East and West Wastewater plants with the low bid

coming from J.S. Haren Company for the amount of \$2,031,000.00. After some discussion the Mayor asked if there was a motion to accept the bid from J.S.Haren Co. Steve Montgomery made the motion, seconded by Mark Ross. All present voted "Aye". Motion carried.

#### Item 6: Consider Proposed 2016 Street Program

The Board discussed the 2016 proposed Street Program presented by the Street Committee. A map was shown of the areas needing the work and will include Milling, Overlay, Concrete, Sidewalks, Crack sealing and miscellaneous Pipe, Concrete and Gravel with a cost of \$430,000. Don Still made a motion to accept the Proposed Street Program seconded by Steve Montgomery. All present voted "Aye". Motion carried.

#### Item 7: Consider Ordinance, Annexation

Mr. Jim Von Tungeln, a consultant with the Arkansas Municipal League addressed the Board saying the legislature may make it harder in the near future to clean up enclaves and suggest not waiting. The Board deferred the second reading of the ordinance until July 19.

#### Item 8: City Manager's report:

Catherine Cook gave an update on the Landfill project, stating it is going well now that it has dried up some but will take longer than planned because of the delay caused by heavy rain. She also gave a report on the Pool stating it has been opened for 35 days now with an average of twenty two swimmers a day, down from 56 daily a year ago. The third subject Ms Cook reported on was the City wide cleanup day scheduled for July 23rd to get ready for the Watermelon festival.

The Mayor called a recess and the Board went into an executive session for several minutes to discuss personnel issues. Once the session was over, Mayor Ramsey said no action will be taken at this time.

Willie Walker, a Board Member asked the Hope Police Chief JR Wilson why there had been several Officers on the North side of town last Friday night. Chief Wilson said there had been a shooting and other activities going on around Walker and Oak and some citizens had come to him to ask for more Police presence in the area. There was a citizen at the Board meeting who stood up and thanked the Chief for the extra police presents and said it was a big help. Walker also asked the Chief if he would give a report on the diversity recruitment in the near future.

Meeting adjourned at 8:15.

## Catherine Cook

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**From:** Reiber, Loretta <REIBER@adeq.state.ar.us>  
**Sent:** Tuesday, July 19, 2016 8:21 AM  
**To:** spearsengc@valornet.com; citymanager@hopearkansas.net  
**Subject:** Pre-Draft Review AR0038466C and AR0038458C  
**Attachments:** AR0038458C\_PN.pdf; AR0038466C\_PN.pdf

City of Hope  
AR0038466C, AFIN 29-00034, Bois D'Arc WWTP  
AR0038458C, AFIN 29-00512, Pate Creek WWTP

Attached is the pre-draft State Construction Permit for the above referenced facility. You may review the pre-draft for 5 business days (until 4:30 pm on July 25, 2016). The purpose of this review is to allow the facility an opportunity to comment on typographical errors, mathematical errors, misinterpretations of process descriptions, and other factual errors relating to the application and draft permit. Most other substantial changes will need to be submitted during the official public comment period or in a separate permit application if not contained in the current record. Any comments on this pre-draft can be returned to me via email.

If you would like to meet with the Department concerning any issues you may have with the draft permit, please contact me via e-mail or at (501) 682-0612. If you wish to waive this 5-day review period, please e-mail me as soon as possible.

After the five day review period, or after a time in which the period is waived, the public notice will be published by ADEQ in a newspaper of general circulation of your facility and a certified letter containing the public notice, a copy of the draft permit, and the Statement of Basis will be sent to the Responsible Official.

Loretta Reiber, P.E.  
Engineer, NPDES Permits