

ADEQ

ARKANSAS
Department of Environmental Quality

January 3, 2019

Catherine Cook, City Manager
City of Hope
PO Box 667
Hope, AR 71802

RE: City of Hope - Bois D'Arc (West) WWTP Inspections (Hempstead Co)
AFIN: 29-00034 **NPDES Permit No.: AR0038466**
AR0038466C

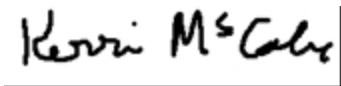
Dear Ms. Cook:

On July 25, 2018, I performed a Compliance Evaluation Inspection, an SSO/Collection System Inspection, and a State WWTP Constriction Inspection of the above-referenced 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. Copies of the inspection reports are enclosed for your records.

Please refer to the "Summary of Findings" section of each of the attached inspection reports 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. 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 **January 21, 2019**.


If I can be of any assistance, please contact me at mccabe@adeq.state.ar.us or (501) 682-0642.

Sincerely,



Kerri McCabe, Inspector Supervisor
Compliance Branch
Office of Water Quality

cc: Scott Ross, City of Hope, WW Supervisor/Lab Tech, wwlab@hopearkansas.net

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 29-00034		PERMIT #: AR0038466		DATE: 7/25/2018
		COUNTY: 29 Hempstead		PDS #: 105939		MEDIA: WN
		GPS LAT: 33.646354 LONG: -93.637079 LOCATION: Entrance				
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: City of Hope - Bois D'Arc (West) WWTP LOCATION: 3307 Hwy 67; 1 mile south on CR 381 CITY: Hope, AR			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 84022 S - State		
			FACILITY EVALUATION RATING: 2 - Marginal	INSPECTION TYPE: Compliance Evaluation		
			DATE(S): 7/25/2018	ENTRY TIME: 10:45	EXIT TIME: 14:15	PERMIT EFFECTIVE DATE: 5/1/2013 PERMIT EXPIRATION DATE: 4/30/2018
RESPONSIBLE OFFICIAL						
NAME / TITLE: Catherine Cook / City Manager COMPANY: City of Hope MAILING ADDRESS: PO Box 667 CITY, STATE, ZIP: Hope AR 71802 PHONE & EXT. / FAX: 870-777-6701 / 870-722-2511 EMAIL: citymanager@hopearkansas.net CONTACTED DURING INSPECTION: Yes			FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
			INSPECTION PARTICIPANTS			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Bobby Arney, Utility Director (Class I/Basic Lic. #006359)/(870) 777-8644 Scott Ross, WW Supervisor/Lab Tech (Class III Lic. #009067)/(870) 722-2549/wwlab@hopearkansas.net Tyler Adams, Operator (Class II Lic. #011835) Billy Porter, Operator (Class II/Basic Lic. #002439)			
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
M	PERMIT	S	FLOW MEASUREMENT	M	STORMWATER	
M	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW	
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM	
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	S	PRETREATMENT	
**	OTHER:					
SUMMARY OF FINDINGS						
The following violation was noted during the inspection: 1.) Sanitary waste was observed at the levee spillway on the ground and in a drainage ditch at the holding pond (EQ basin) from high levels and/or overflows. This is a violation of Part II, Condition 6 of the permit. The sanitary waste from any overflow whether from the collection system or the holding pond must be disposed of by approved methods. Additionally, the affected area should be disinfected when applicable.						

GENERAL COMMENTS

On Wed, July 25, 2018, an inspection was conducted with the above mentioned inspection participants. The inspection consisted of a site assessment and a records review.

Site assessment:

Treatment consists of two bar screens (manual/automatic) with an option to bypass to the holding pond (EQ basin) during high rain events, grit removal, influent pumps to two activated sludge package plants (ran in parallel) or from holding pond, rapid sand filters (3), four intermittent sand filters (for emergencies), UV disinfection (two sets of bulbs; rotated; both sets used during high flow), primary/secondary flow measurement, and subsurface discharge via 15" pipe to Outfall 001. The North and South activated sludge package plants consist of aeration basins, secondary clarifiers (9' deep), large digesters, and small digesters. The package plants have a 24-hour retention time. The operator tries to maintain a 3-5' thick blanket and wastes sludge once/day for 15-30 minutes to maintain effluent quality. Facility accepts septic tank hauler waste at a manhole/port prior to the bar screens.

Wastewater to the holding pond (EQ basin) is routed through the plant once I&I recedes. The holding pond (EQ basin) is equipped with a spillway for levee integrity.

Wasted sludge is retained in both digesters for about a month prior to pumping to the sludge drying beds. Sludge is dewatered and hauled to landfill (about nine dumpsters per year with winter months generating more sludge due to bacterial inactivity).

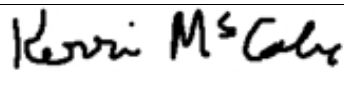

The rapid sand filter was installed to replace the intermittent sand filters; however, the facility is reporting that the rapid sand filters do not work properly (contractor is scheduled to reevaluate the system and make adjustments). Of the eight intermittent sand filters onsite, four have been disconnected from the treatment system and four are still functional for emergency use only.

Other than some sanitary solids/floating around the holding pond spillway, the North and South plants are maintained and well-operated.

Records review:

The City of Hope in-house lab was inspected by USEPA Region 6 during the 2017-2018 reporting period. Because of this EPA-lead inspection, an ADEQ inspection of the in-house lab was not warranted. Records for April and Oct 2017 were reviewed. For the April 2017 DMR check, the reported values could not be replicated. The copied flow sheet was difficult to read; however, the discrepancy is considerable for both CBOD5 and TSS. The operator should review April 2017 calculations and submitted corrected DMR to the Enforcement Branch. For the Oct 2017 DMR check, the reported values for both NH3-N and CBOD5 were correct. No issues were noted with the contract lab's COCs or lab analysis sheets.

Although USEPA Region 6 conducted an in-house lab audit during the 2017-2018 reporting period, the operator will need to review Part III, Section C, 8, A-F (Record Contents) of the permit and update the in-house lab bench sheets with all of the required information (i.e., sample location, time for flow sheet, signed/dated, etc.).

INSPECTOR'S SIGNATURE: 	Kerri McCabe	DATE: 12/31/2018
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 12/31/2018

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>New permit issued Sept 2018.</u>	
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>Outfall and sample location are reported in permit renewal application.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED: <u>Discharges from holding pond spillway are not permitted and require reporting; spillway installed for levee integrity and permittee is aware of reporting requirements.</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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>In-house lab samples/analyzes all parameters besides Total Recoverable Zn, TP, and NO3+NO2-N.</u>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: <u>Could not replicate values for CBOD5/TSS for April 2017; Oct 2017 values reported correctly.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>No time for flow.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING: <u>No location identified (i.e., Outfall 001).</u>	<input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Bar screen (2), grit removal, activated sludge package plant (2), rapid sand filter (3), UV disinfection, and discharge via 15" pipe to Outfall 001.</u>	
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: <u>Emergency procedure explained in permit renewal application; permittee must consider onsite generator due to mechanical plant.</u>	<input type="checkbox"/> S <input checked="" 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: <u>One Class III, two Class II, and one Class I; new permit requires a Class IV operator.</u>	<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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>Holding pond (EQ basin)</u>	<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: <u>Spillway installed on holding pond for levee integrity; route to plant once I&I recedes.</u>	<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: <u>Extensive repairs to collection system documented in permit renewal application; I&I still an issue.</u>	<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

SECTION D: SAMPLING	
PERMITTEE SAMPLING 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: <u>In-house lab samples/analyzes all parameters besides Total Recoverable Zn, TP, and NO3+NO2-N.</u>	
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
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT 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. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>YES</u> TYPE OF DEVICE: <u>24" rectangular weir w/o 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: <u>Teledyne Isco (totalizer)</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 Jan 30, 2018.</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 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>In-house lab samples/analyzes all parameters besides Total Recoverable Zn, TP, and NO3+NO2-N.</u>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>Arkansas Analytical, Inc.</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>Total Recoverable Zn, TP, and NO3+NO2-N; WET</u>	
8. BIOMONITORING PROCEDURES ADEQUATE: <u>With the permit renewal, WET will have to be conducted at the frequency specified in the new permit; waiver can be granted after consecutive PASS tests.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: Observed at Outfall 001 in receiving stream and at sample location after UV disinfection.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	NO	NO	NO	Not persistent	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: Wasted to digesters (hold for about a month), dewatered at sludge drying beds, and hauled to landfill.							
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: <u>Invoices for hauling to landfill only.</u>						<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): <u>N/A</u>							
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 checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Part II, Condition 6 requires BMPs for stormwater protection; noted sanitary solids around holding pond spillway. Separate IGP (ARR000758) for stormwater discharges inspected in 2016.							
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: July 25, 2018					Time: 1117					
Head in Inches:			Feet: 0.35'							
Type & Size of Primary Flow Measurement Device: 24" rectangular weir w/o end contractions										
Name & Model of Secondary Flow Measurement Device:					Teledyne Isco (totalizer)					
Date of last Calibration of Secondary Flow Device:					Jan 30, 2018					
Recorded Flow at Date & Time Listed Above:					0.913 MGD			(Facility Flow Meter)		
Calculated Flow at Date & Time Listed Above:					0.8912 MGD					
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)										
% Error =	Recorded Value		-	Calculated Value		X 100				
	Calculated Value									
% Error =	0.913		-	0.8912		X 100				
	0.8912									
% Error =	0.0218		X 100							
	0.8912									
% Error =	0.0245		X 100							
% Error =	2.45		%							
Comments: <u>Within ± 10%; totalizer is reporting OVER.</u>										

DMR Calculation Check

Reporting Period: From 2017 04 01 To 2017 04 30
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading	Concentration	
	Mass (lbs/day)	(mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>1</u>	<u>1.4</u>	<u>1.9</u>
Calculated Value:	<u>8.6</u>	<u>1.4</u>	<u>1.9</u>
Permit Value:	<u>100.1</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Values are NOT the same; it appears the operator divided the Mass Loading monthly average by 30 instead of the number of samples (i.e., 4).

For 4/4/2017: 1.9 mg/l x 0.644 MGD x 8.34 = 10.2 lbs/day

For 4/11/2017: 1.5 mg/l x 0.955 MGD x 8.34 = 11.9 lbs/day

For 4/18/2017: 1.1 mg/l x 0.759 MGD x 8.34 = 7.0 lbs/day

For 4/25/2017: 1.1 mg/l x 0.593 MGD* x 8.34 = 5.4 lbs/day

(10.2 + 11.9 + 7.0 + 5.4)/4 = 34.5/4 = 8.6 lbs/day; conversely 34.5/30 = 1.15

TSS for April 2017 was also checked; operator did not report this correctly. Reported value was 31.5 lbs/day; calculated value was 18.3 lbs/day.

*Could not completely read copied flow sheet for April 25; value based on previous day's flow and operator's handwriting.

DMR Calculation Check

Reporting Period: From 2017 10 01 To 2017 10 31
 Year Month Day Year Month Day

Parameter Checked: NH3-N (May-Oct)

	Loading Mass (lbs/day)	Concentration (mg/l)	
	Mon. Avg.	Mon. Avg.	7-Day Avg.
Reported Value:	<u>0.5</u>	<u>0.1</u>	<u>0.1</u>
Calculated Value:	<u>0.55</u>	<u>0.1</u>	<u>0.12</u>
Permit Value:	<u>50.1</u>	<u>5</u>	<u>7.5</u>

If calculated value does not equal reported value, explain:

Values are the same (slight rounding differences).

For 10/3/2017: 0.12 x 0.530 MGD x 8.34= 0.53 lbs/day

For 10/10/2017: 0.1 x 0.614 MGD x 8.34= 0.51 lbs/day

For 10/17/2017: 0.1 x 0.633 MGD x 8.34= 0.53 lbs/day

For 10/24/2017: 0.1 x 0.771 MGD x 8.34= 0.64 lbs/day

For 10/31/2017: 0.1 x 0.676 MGD x 8.34= 0.56 lbs/day

(0.53 + 0.51 + 0.53 + 0.64 + 0.56)/5 = 2.77/5 = 0.554 lbs/day

CBOD5 for Oct 2017 was also checked; operator reported this correctly.

Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1111
Description:	Automatic bar screen at headworks.		
Photo #:	1		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1112
Description:	Manual bar screen at headworks.		
Photo #:	2		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP				
Photographer:	Kerri McCabe	Date:	July 25, 2018	Time:	1114
Witness:	N/A			Photo #:	3
Description:	Bypass pipe to route to holding pond during excessive rain.				



Photographer:	Kerri McCabe	Date:	July 25, 2018	Time:	1114
Witness:	N/A			Photo #:	4
Description:	Influent pumps to route wastewater to package plants or from holding pond.				



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1120
		Photo #:	5
Description:	Holding pond (EQ basin) for excessive rain events due to I&I.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1121
		Photo #:	6
Description:	Distribution box to influent pumps to route to package plants.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1122
		Photo #:	7

Description: **Spillway installed for levee integrity; noted sanitary solids/floatables around spillway.**



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1148
		Photo #:	8

Description: **Signage for North package plant**



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1149
		Photo #:	9
Description:	Bar screen at North Plant.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1149
		Photo #:	10
Description:	Aeration basin of North Plant; RAS box (photo left).		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1150
		Photo #:	11
Description:	North Plant secondary clarifier and baffle/weir.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1150
		Photo #:	12
Description:	Effluent flowing from secondary clarifier of North Plant.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1150
		Photo #:	13
Description:	Large digester of North Plant.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1149
		Photo #:	14
Description:	Small digester of North Plant.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1200
		Photo #:	15
Description:	Signage for South Plant.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1152
		Photo #:	16
Description:	Bar screen at South Plant.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1153
		Photo #:	17
Description:	Aeration basin for South Plant; RAS box (photo right).		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1153
		Photo #:	18
Description:	Secondary clarifier and baffle/weir of South Plant.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1153
		Photo #:	19
Description:	Large digester of South Plant.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1153
		Photo #:	20
Description:	Small digester of South Plant.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1201
		Photo #:	21
Description:	Rapid sand filter (left cell)		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1201
		Photo #:	22
Description:	Rapid sand filter (middle cell)		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1205
		Photo #:	23
Description:	Rapid sand filter (right cell)		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1202
		Photo #:	24
Description:	The type of medium for the rapid sand filter.		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1205
		Photo #:	25
Description:	Intermittent sand filters (emergency use only)		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1205
		Photo #:	26
Description:	Intermittent sand filters (disconnected from treatment system)		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1139
Description:	Secondary flowmeter	Photo #:	27



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1141
Description:	UV bulb unit for disinfection.	Photo #:	28



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1142
		Photo #:	29
Description:	Laundery after UV disinfection; post-aeration.		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1127
		Photo #:	30
Description:	Outfall 001 at receiving stream (Black Branch).		



Water Division Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1207
		Photo #:	31
Description:	Sludge drying beds (right)		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1208
		Photo #:	32
Description:	Sludge drying beds (middle-right)		



Water Division Photographic Evidence Sheet

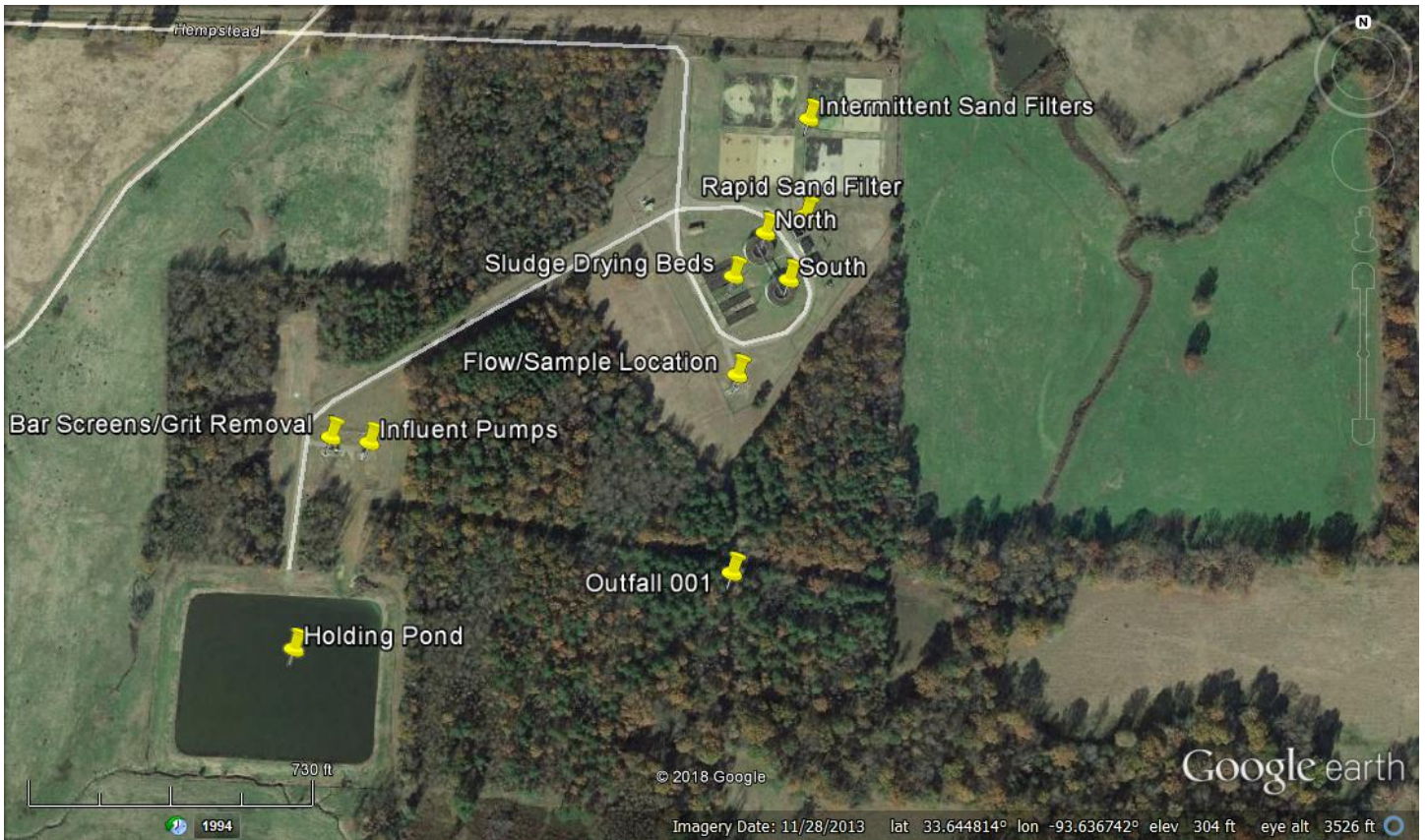
Location:	City of Hope - Bois D'Arc (West) WWTP		
Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1209
		Photo #:	33
Description:	Sludge drying beds (middle-left)		



Photographer:	Kerri McCabe	Date:	July 25, 2018
Witness:	N/A	Time:	1210
		Photo #:	34
Description:	Sludge drying beds (left)		



Figure 1. Google Earth image dated Nov 28, 2013 of the City of Hope – Bois D'Arc (West) Plant with major components identified.



City of Hope

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

January 21, 2019

Kerri McCabe, Inspector Supervisor
Compliance Branch
Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock AR 72118-5317

Dear Ms. McCabe:

We received your inspection report on January 7, 2019. The problem that you noted regarding trash around the spillway has been corrected and we are adding that cleanup procedure to our in-house procedures for the future.

We did want to update with information on our rapid sand filters. The contractor has gotten them fully operational at this time and we are keeping a close eye on them for the future.

I did see that you mentioned that some flow sheets were difficult to read and I have asked that those be reworked/replaced with sheets that are more legible.

We are also updating the in-house lab bench sheets.

Thank you for your comprehensive review of our wastewater treatment plant operations. As you know, the City of Hope is committed to operating facilities that comply with the rules and regulations of the State and the Federal government.

Sincerely,



Catherine Cook
City Manager

City of Hope
PO Box 667
Hope AR 71802-0667

SHREVEPORT LA 710

04 FEB 2019



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0001931656 FEB 04 2019
MAILED FROM ZIP CODE 71601

Kerri McCabe, Inspector Supervisor
Compliance Branch
Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock AR 72118-5317

72118-531799