

# ADEQ

ARKANSAS  
Department of Environmental Quality

April 5, 2019

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

RE: City of Hazen WWTP Inspection  
AFIN: 59-00029 Permit No.: AR0022411

Dear Mayor Duch:

On March 6 and 27, 2019, I performed a Compliance Sampling Inspection and a Collection System Evaluation 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. A copy of the inspection report is enclosed for your records.

No violations were noted at the time of the inspection. Please refer to the attached inspection report for any comments. If I can be of any assistance, please contact me at [Bolenbaugh@adeq.state.ar.us](mailto:Bolenbaugh@adeq.state.ar.us) or 501-682-0659.

Sincerely,



Jason Bolenbaugh  
Compliance Branch Manager  
Office of Water Quality



**ARKANSAS**  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: 59-00029	PERMIT #: AR0022411	DATE: 3/6/2019
COUNTY: 59 Prairie	PDS #: 107298	MEDIA: WN
GPS LAT: 34.78888 LONG: -91.56194 LOCATION: Outfall		

### FACILITY INFORMATION

NAME:  
**City of Hazen WWTP**

LOCATION:  
**1789 Utility St.**

CITY:  
**Hazen**

### INSPECTION INFORMATION

FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>83321 S - State</b>	
FACILITY EVALUATION RATING: <b>4 - Satisfactory</b>		INSPECTION TYPE: <b>Compliance Sampling</b>	
DATE(S): <b>3/6/2019</b>	ENTRY TIME: <b>09:00</b>	EXIT TIME: <b>10:50</b>	PERMIT EFFECTIVE DATE: <b>8/1/2014</b>
<b>3/27/2019</b>	<b>08:30</b>	<b>09:20</b>	PERMIT EXPIRATION DATE: <b>7/31/2019</b>

### RESPONSIBLE OFFICIAL

NAME / TITLE:  
**David Duch / Mayor**

COMPANY:  
**City of Hazen**

MAILING ADDRESS:  
**P.O. Box 564**

CITY, STATE, ZIP:  
**Hazen AR 72064**

PHONE & EXT. / FAX:  
**870-255-4521 /**

EMAIL:  
**hazengas@cityofhazen.org**

CONTACTED DURING INSPECTION: **No**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

### INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:

**Blain Sanders, Inspector, ADEQ**

**Mason Martin, Class II Operator, City of Hazen**

**Drew Waters, Inspector, ADEQ**

### 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>N</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				

### SUMMARY OF FINDINGS

The following results were obtained from the effluent samples collected on March 27, 2019. All parameters were within the permit effluent limitation outlined in Part 1, Section A or the permit.

	<u>Mass (lbs/day)</u>	<u>Concentration (mg/L)</u>	<u>MGD</u>
<b>Flow</b>			0.377
<b>CBOD5</b>	4.06	1.29	
<b>TSS</b>	27.51	8.75	
<b>NH3-N</b>	1.45	0.46	
<b>FCB</b>		660 (col/100ml)	
<b>DO</b>		7.95 (mg/L)	
<b>pH</b>		7.02 s.u.	

No violations were noted during the inspection. No further actions are required by the City of Hazen at this time. The Department appreciates the City of Hazen's cooperation during the site visits.


**GENERAL COMMENTS**

The type of treatment at the plant consist of sedimentation (primary clarification), extended aeration activated sludge, secondary clarification, and UV disinfection.

The design flow for the plant is 0.275 MGD. During a review of Discharge Monitoring Reports (DMRs) from January 1, 2016 through December 31, 2018, the city reported Daily Maximum Flows that exceeded the design flow for 32 of the 36 reporting months. Exceedances ranged from 0.278 MGD to 1.445 MGD. The City does have some problems with Inflow/Infiltration during rain events but the additional amount of water that enters the system is seen at the treatment plant. The additional flows have not resulted in increased Sanitary Sewer Overflows.

A review of Discharge Monitoring Reports (DMRs) from January 1, 2016 through December 31, 2018 revealed the city reported 6 effluent violations (4 TSS, 2 FCB). However, the Enforcement Branch reported the city has not submitted the necessary Non-Compliance Reports (NCR) as required under Part III, Section D7 of the permit. Please ensure the necessary NCR are submitted whenever a violation of the permits effluent limitations occurs.

The last Compliance Evaluation Inspection of the facility was conducted on January 31, 2012. The inspection noted an unpermitted outfall at the sludge wasting lagoon; the clarifier weirs needed cleaned; the city only had a Class I operator; and, regular calibration checks of the plants flow meter were not being conducted. The city submitted all corrective actions and the case were closed on March 23, 2012. The City currently has three Class II operators. The operations and maintenance of the plant were very good. We would like to thank Mr. Martin for his time and effort in maintaining the treatment plant.

INSPECTOR'S SIGNATURE: <small>←Click text to left to add signature</small>	<b>-Inspector Name</b>	DATE:
SUPERVISOR'S SIGNATURE: 	Jason Bolenbaugh	DATE: 4/4/2019

<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 type="checkbox"/> NA <input checked="" 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 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 checked="" type="checkbox"/> NA <input 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" 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: <b>The plant does not have standby power. The city has one portable generator. The plant is visited seven days a week by staff.</b>	<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: <b>No alarms are at the plant. The plant is visited seven days a week and no failures have been reported.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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: <b>Phillip Foot, Chad Swaim, and Mason Martin all possess Class II wastewater operator's licenses.</b>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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

<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 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: Permit requires instantaneous flow measurement</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <b>6" Parshall Flume</b>	<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: <b>Greyline Instruments, SLT 32 Level &amp; Flow Monitor</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <b>Last calibrated by EPIC on October 5, 2018.</b>	<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 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 $\geq$ 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: <b>McClelland Consulting Engineers, Inc.</b>	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED: <b>NH3-N, CBOD, DO, FCB, pH, Temp, TSS</b>	
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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
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	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <b>There were no apparent issues with sludge.</b>							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN 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. SAMPLES OBTAINED THIS INSPECTION:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY: <b>Once</b>							
3. SAMPLES PRESERVED: <b>See attached Chain-of-Custody.</b>						<input checked="" 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input checked="" 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: <b>Included with this report.</b>						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: <b>Per requires sampling twice per month, but only one sample was collected for this CSI.</b>						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
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 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: **3/27/2019** Time: **~08:40**

Head in Inches: **5"** Feet: **0.42** = 0.3380 MGD

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

Name & Model of Secondary Flow Measurement Device: **Greyline Instruments SLT 32 Level and Flow Monitor**

Date of last Calibration of Secondary Flow Device: **10/5/2018**

Recorded Flow at Date & Time Listed Above: **0.318** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **0.3380**

(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 =	0.318	-	0.3380	X 100
	0.3380			

% Error =	-0.02	X 100
	0.3380	

% Error =	-0.059	X 100
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% Error =	<b>-5.9</b>	%
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Comments: **Within the ±10% as outlined in Part III, Section C.2 of the permit.**

**DMR Calculation Check**

Reporting Period: From 18 1 1 To 18 1 31  
 Year Month Day Year Month Day

Parameter Checked: TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>7.3</u>	<u>5.5</u>	<u>7</u>
Calculated Value:	<u>7.34</u>	<u>5.5</u>	<u>7</u>
Permit Value:	<u>45.9</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:  
 No errors found.



**DMR Calculation Check**

Reporting Period: From 18 5 1 To 18 5 31  
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>1.5</u>	<u>0.5</u>	<u>0.5</u>
Calculated Value:	<u>1.47</u>	<u>0.46</u>	<u>0.46</u>
Permit Value:	<u>11.5</u>	<u>5</u>	<u>7.5</u>

If calculated value does not equal reported value, explain:  
**No errors found.**

**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Time:	<b>09:20</b>	Witness:	
Photo #:	<b>1</b>	Description: <b>Bar screen with well-maintained and operated auger.</b>	



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Time:	<b>09:22</b>	Witness:	
Photo #:	<b>2</b>	Description: <b>Bar screen waste receptacle.</b>	



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:22</b>
		Photo #:	<b>3</b>
Description:	<b>Additional bar screen following bar screen/auger solids separation.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:22</b>
		Photo #:	<b>4</b>
Description:	<b>Trash receptacle for any additional solids removed from bar screen.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:22</b>
		Photo #:	<b>5</b>
Description:	<b>Activated sludge pond.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:23</b>
		Photo #:	<b>6</b>
Description:	<b>Influent flow into activated sludge pond following bar screen.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:24</b>
		Photo #:	<b>7</b>
Description:	<b>Series of blowers in the activated sludge pond.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:25</b>
		Photo #:	<b>8</b>
Description:	<b>Clarifier with duckweed present.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:25</b>
		Photo #:	<b>9</b>
Description:	<b>Clarifier weir trough in good condition.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:28</b>
		Photo #:	<b>10</b>
Description:	<b>Settling pond following activated sludge pond and clarifier.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:29</b>
		Photo #:	<b>11</b>
Description:	<b>Settling pond with one air line and a curtain.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:34</b>
		Photo #:	<b>12</b>
Description:	<b>UV system removed and clean and well maintained.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:37</b>
		Photo #:	<b>13</b>
Description:	<b>Replacement bulbs for the UV system.</b>		



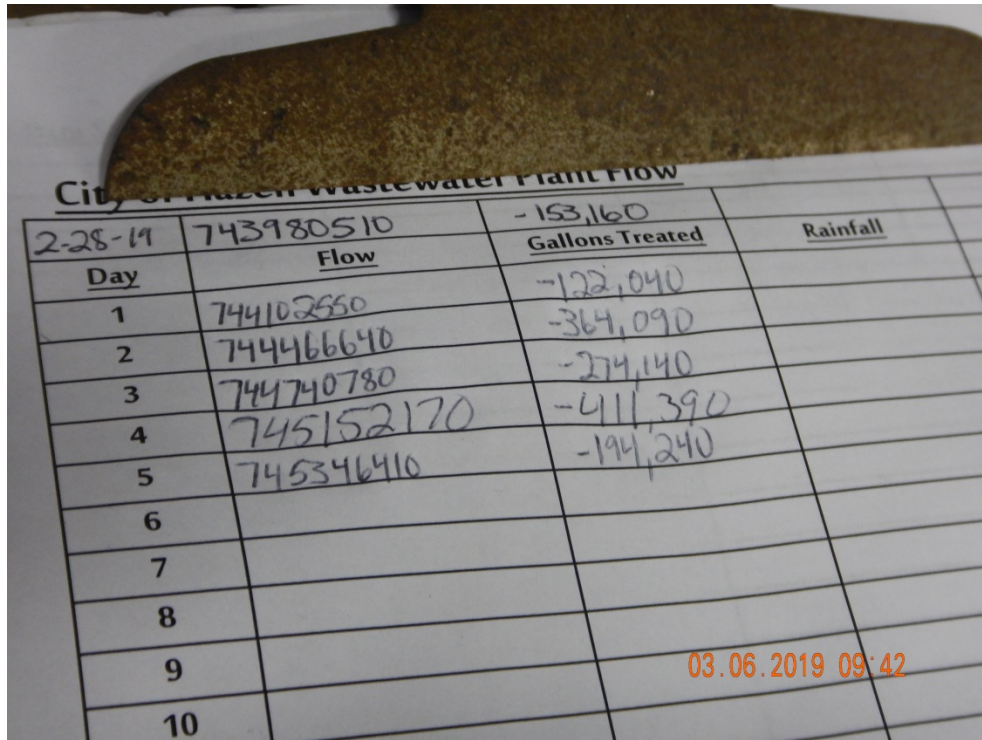
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:38</b>
		Photo #:	<b>14</b>
Description:	<b>Totalized flow meter.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>09:42</b>
		Photo #:	<b>15</b>
Description:	<b>Flow records being maintained for the month of March.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>
Witness:		Time:	<b>10:12</b>
		Photo #:	<b>16</b>
Description:	<b>6-inch Parshall Flume.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Hazen WWTP</b>				
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>3/6/2019</b>	Time:	<b>10:02</b>
Witness:				Photo #:	<b>17</b>
Description:	<b>Discharge from outfall into receiving stream.</b>				



# Analytical Results

Report Date: April 4, 2019



## Lab Contact Info:

🏠 ADEQ Laboratory and Monitoring Services  
📍 5301 Northshore Drive, North Little Rock, AR 72118  
💻 [www.adeq.state.ar.us](http://www.adeq.state.ar.us)

👤 Lessie Redican  
✉ [Redican@adeq.state.ar.us](mailto:Redican@adeq.state.ar.us)  
☎ 501-682-0937

Collector: Bolenbaugh, Jason

Project: CSI

Project Description: City of Hazen WWTP CSI 2019 0999

Date and Time Received: 03/27/2019 12:05

**Work Order Number: WO-190327-06**

## Sample Receipt Conditions:

Condition	Response	Comment
Is the COC completed properly?	Yes	
Temperature on Receipt	1.8°C	
Received on Ice	Yes	
Containers are Correct	Yes	
Custody Seals	Yes	
COC/Labels Agree	Yes	

# Analytical Results

Laboratory Name: ADEQ Laboratory and Monitoring Services  
 Contact Name: Bolenbaugh, Jason  
 Lab Address: 5301 Northshore Drive North Little Rock, AR 72118

Email: Bolenbaugh@adeq.state.ar.us  
 Phone: 501-682-0659  
 Fax:

Collector: Bolenbaugh, Jason      Site: Hazen - Outfall 001

**Work Order Number: WO-190327-06**

Sample Classification: CSI

Project: CSI

Matrix: Water

Collected: 3/27/2019 8:55

Sample Barcode: 

Sample Number: 2019-0999

**5 Day Carbonaceous Biochemical Oxygen Demand**  
**Aliquot #: 2019-0999-1-01**

**Method: SM 5210 B, 2011**

**Analyst: RG**

**Batch Number: AB-190327-019**

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
Carbonaceous Biological Oxygen Demand	1.29	mg/L		0.20	1	3/27/2019 13:39

**Total Suspended Solids**

**Method: SM 2540 D, 2011**

**Analyst: KH**

**Aliquot #: 2019-0999-1-02**

**Batch Number: AB-190327-013**

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
Total Suspended Solids	8.75	mg/L		2.00	1	3/27/2019 13:00

**Dissolved Oxygen**

**Method: SM 4500-O G, 2011**

**Analyst: JB**

**Aliquot #: 2019-0999-1-03**

**Batch Number: AB-190401-012**

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
Dissolved Oxygen	7.95	mg/L			1	3/27/2019 9:00

**pH**

**Method: SM 4500-H+ B, 2000**

**Analyst: JB**

**Aliquot #: 2019-0999-1-04**

**Batch Number: AB-190401-013**

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
pH	7.02	units			1	3/27/2019 9:00

**Water Temperature**

**Method: SM 2550 B, 2000**

**Analyst: JB**

**Aliquot #: 2019-0999-1-05**

**Batch Number: AB-190401-014**

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
Water Temperature	14.0	°C			1	3/27/2019 9:00

# Analytical Results

Collector: Bolenbaugh, Jason

Site: Hazen - Outfall 001

Work Order Number: WO-190327-06

Sample Classification: CSI

Project: CSI

Matrix: Water

Collected: 3/27/2019 8:55

Sample Barcode:



Sample Number: 2019-0999

## Ammonia Dist

Method: SM 4500-NH3 H, 2011

Analyst: JR

Aliquot #: 2019-0999-2-01

Batch Number: AB-190403-032

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
Ammonia as Nitrogen	0.46	mg/L		0.03	1	3/28/2019 15:24

## Fecal Coliform

Method: SM 9222 D, 2006

Analyst: KH

Aliquot #: 2019-0999-3-01

Batch Number: AB-190327-040

Analyte(s)	Result	Units	Q	Reporting Limit	Dilution	Analysis Date and Time
Fecal Coliform by MF	~660	cfu/100ml		10.00	10	3/27/2019 13:18

## QUALITY CONTROL REPORT

Project: **City of Hazen WWTP CSI 2019 0999**

Date and Time Received: **03/27/2019 12:05**

Analyte	Units	Method Blank	Reporting Limit	% Recovery LCS/LCSD	Limits	% RPD	Lab Dup Result	Limits	% RPD	% Recovery MS/MSD	Limits	% RPD	Limits	Qualifiers
<b>Total Suspended Solids</b>		<b>SM 2540 D, 2011</b>					<b>Batch #:</b>	<b>AB-190327-013</b>			<b>Parent Sample:</b>			
Total Suspended Solids	mg/L	<2.00	2.00	96.0 /	90-110		-		/		-		-	
<b>5 Day Carbonaceous Biochemical Oxygen Demand</b>		<b>SM 5210 B, 2011</b>					<b>Batch #:</b>	<b>AB-190327-019</b>			<b>Parent Sample:</b>			
CBOD	mg/L	<0.20	0.20	105.1 /	85-115		-		/		-		-	
<b>Fecal Coliform</b>		<b>SM 9222 D, 2006</b>					<b>Batch #:</b>	<b>AB-190327-040</b>			<b>Parent Sample:</b>			
Fecal Coliform by MF	cfu/100ml	<1.00	1.00	Pass	-		-		/		-		-	
<b>Ammonia Dist</b>		<b>SM 4500-NH3 H, 2011</b>					<b>Batch #:</b>	<b>AB-190403-032</b>			<b>Parent Sample:</b>		<b>2019-0999</b>	
Ammonia Dist as Nitrogen	mg/L	<0.03	0.03	97.0 /	80-120		-		106.0 / 106.0		80-120		0.0	0-20

## FIELD QUALITY CONTROL REPORT

**Work Order #**

**WO-190327-06**

**Parent Sample**

**2019-0999**

Analyte(s)	Field Dup Result	Units	% RPD	Limits	Batch Number
<b>Aliquot #</b>	AB-190327-013 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-1-02	
Total Suspended Solids	9.00	mg/L	2.82	0 - 5	AB-190327-013
<b>Aliquot #</b>	AB-190327-019 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-1-01	
Carbonaceous Biological Oxygen Der	1.18	mg/L	8.91	0 - 20	AB-190327-019
<b>Aliquot #</b>	AB-190327-040 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-3-01	
Fecal Coliform by MF	~710	cfu/100ml	7.30	0 - 20	AB-190327-040
<b>Aliquot #</b>	AB-190401-012 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-1-03	
Dissolved Oxygen	8.02	mg/L	0.88	0 - 20	AB-190401-012
<b>Aliquot #</b>	AB-190401-013 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-1-04	
pH	7.05	units	0.43	0 - 20	AB-190401-013
<b>Aliquot #</b>	AB-190401-014 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-1-05	
Temperature	14.0	°C	0.00	0 - 20	AB-190401-014
<b>Aliquot #</b>	AB-190403-032 Dup - Field 1		<b>Parent Aliquot</b>	2019-0999-2-01	
Ammonia Dist as Nitrogen	0.49	mg/L	5.45	0 - 20	AB-190403-032







Water Quality Monitoring Dissolved Oxygen and pH Field Meters Calibration Sheet (YSI Meters ONLY)

Sample Collector: JASON ROEBENBARTH  
 Sampling Event Name: CITY OF HAZEN CSI

	pH	Dissolved Oxygen
Meter Model	<u>PH100A</u>	<u>550A</u>
Meter Serial Number	<u>JC03315</u>	<u>08M100456</u>

Date	Time
<u>3/27/2019</u>	<u>0828</u>

pH	7.0 Buffer Solution		4.0 Buffer Solution		10.0 Buffer Solution		7.0 Buffer Confirmation Check
	Expiration Date:	Lot #:	Expiration Date:	Lot #:	Expiration Date:	Lot #:	
	<u>3/2020</u>	<u>86C117</u>	<u>3/2020</u>	<u>86C347</u>			
	Buffer Temp. (°C):	<u>17.5</u>	Buffer Temp. (°C):	<u>17.5</u>	Buffer Temp. (°C):		
	Initial Reading	Calibrated Reading (STAND)	Calibrated Reading (SLOPE)	Calibrated Reading (SLOPE)	Calibrated Reading (SLOPE)	Efficiency %	
Calibration Check	<u>7.07</u>	<u>6.88</u>	<u>4.00</u>	<u>—</u>	<u>—</u>	<u>99.0</u>	<u>6.88</u>

Compliance Branch procedures require pH probes be changed if probe efficiency is less than 90%.  
 Record maintenance records below and in your field logbook.

Dissolved Oxygen	Warm-up Start Time	Warm-up End Time	Altitude (Feet)	Temperature (°C)	Expected % Saturation	Calibrated % Saturation	Expected Concentration (mg/L)	Calibrated Concentration (mg/L)
Calibration Check	<u>0730</u>	<u>0828</u>	<u>300</u>	<u>7.9</u>	<u>98.9</u>	<u>98.9</u>	<u>11.77</u>	<u>11.75</u>

Review operators manual if you circled "NO" for either accuracy check.  
 maintenance records below and in your field logbook.

**NOTES:**

<sup>1</sup>Review Table 1 to find the Expected Saturation (Correction Factor) at your given Elevation (i.e. at 300 feet elevation the Expected Saturation is 98.9%).  
<sup>2</sup>Review Table 2 to find the Expected Concentration at your given Elevation and Meter Temperature (i.e. at 300 feet elevation and 10°C, the Expected Concentration is 11.18 mg/L)  
 Last Revision Date: October 17, 2018