



# ARKANSAS

## ENERGY & ENVIRONMENT

August 8, 2022

Catherine Cook, City Manager

City of Hope

PO Box 667

Hope, AR 71802

Via email to: [citymanager@hopearkansas.net](mailto:citymanager@hopearkansas.net) ; [wwlab@hopearkansas.net](mailto:wwlab@hopearkansas.net)

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

Dear Ms. Cook:

On June 16, 2022, I performed a Compliance Evaluation 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. A copy of the inspection report is enclosed for your records.

**Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed 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. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **August 26, 2022**.

If I can be of any assistance, please contact me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us) or (501) 837-2073.


Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young

Inspector, Office of Water Quality

5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY</b>		
	<b>INSPECTION REPORT</b>		
	AFIN: <b>29-00034</b>	PERMIT #: <b>AR0038466</b>	DATE: <b>6/16/2022</b>
	COUNTY: <b>29 Hempstead</b>	PDS #: <b>121267</b>	MEDIA: <b>WN</b>
GPS LAT: <b>33.655992</b> LONG: <b>-93.641597</b> LOCATION: <b>Entrance</b>			
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>	
NAME: <b>City of Hope - Bois D'Arc (West Plant)</b> LOCATION: <b>3307 Hwy 67; 1 mile south on CR 381</b> CITY: <b>Hope, AR</b>		FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>101531 S - State</b> FACILITY EVALUATION RATING: <b>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b> DATE(S): <b>6/16/2022</b> ENTRY TIME: <b>10:38</b> EXIT TIME: <b>12:59</b> PERMIT EFFECTIVE DATE: <b>2/1/2020</b> PERMIT EXPIRATION DATE: <b>1/31/2025</b>	
<b>RESPONSIBLE OFFICIAL</b>		<b>FAYETTEVILLE SHALE RELATED: N</b>	
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 71802</b> PHONE & EXT: / FAX: <b>870-777-6701 / 870-722-2511</b> EMAIL: <b>citymanager@hopearkansas.net</b>		<b>FAYETTEVILLE SHALE VIOLATIONS: N</b>	
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Scott Ross/WW Supervisor (Lic. #006359)/870-777-8644/wwlab@hopearkansas.net</b> <b>Kalyn Provence/Operator and Lab Tech (Lic. #013431)</b> <b>Trey Butler/DEQ OWQ Inspector</b>	
<b>AREA EVALUATIONS</b>			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL
<b>**</b>	OTHER:	<b>S</b>	STORMWATER
		<b>S</b>	FACILITY SITE REVIEW
		<b>S</b>	SELF-MONITORING PROGRAM
		<b>S</b>	PRETREATMENT
<b>SUMMARY OF FINDINGS</b>			
<p>1.) The minimum freeboard for the holding basin was less than 2 ft. (see Photos 7-8). This is a violation of the "Ten State Standards" adopted by Regulation 6.202.B of the APC&amp;EC. Specifically, Citation 93.415 of "2014 Recommended Standards for Wastewater Facilities."</p> <p>2.) Sanitary waste was observed at the end of the levee spillway and in the drainage ditch from overflows occurring in the holding basin (see Photos 9-12). This is a violation of permit condition Part II. (6.). This is a <b>REPEAT</b> violation.</p> <p>3.) At the time of inspection, the rapid sand filter system was not in operation (see Photos 21-22). This is a violation of permit condition Part III. (B.) (1.) (A.).</p>			


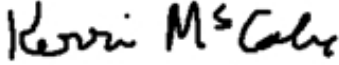
**GENERAL COMMENTS**

On June 16, 2022, I performed an inspection at City of Hope Bois D'Arc Wastewater Treatment Plant (WWTP) with the above participants in attendance. Bois D'Arc WWTP has a design consisting of a bar screen and grit removal system followed by flow equalization in a 4-acre stabilization basin (also used for sludge storage), activated sludge, clarification, intermittent sand filters, rapid sand filters, and disinfection by UV light (see Figure 1). This facility also has aerobic digestion and sludge drying beds for the activated sludge units. Bois D'Arc conducts analysis on a majority of the parameters in Part IA in an internal laboratory. This inspection consisted of a facility evaluation only. A records review was conducted by OWQ - Enforcement Branch.

**Facility Evaluation:**

My inspection started at the bar screen and grit removal area, where influent wastewater enters the Bois D'Arc WWTP. There are two bar screens one being manual and the other is automatic (see Photos 1-2). Following the bar screen, there is a valve that allows flow to enter the equalization basin during high flows (see Photo 3). At the time of inspection, the container for grit screenings was very full, but any of the materials would enter back in the headworks if spilled. Scott Ross, Wastewater Supervisor, stated that the container was being removed and replaced with an empty one in the next few hours (see Photo 4). Influent flow measurements are obtained for process control at a weir (see Photo 5), and wastewater is sent to the activated sludge units at a pumping location (see Photo 6). At the equalization basin, I observed the water level to be extremely high and there was not the required 2' of freeboard (see Photos 7-8). Mr. Ross stated there was a recent storm event that added an influx of wastewater to the basin. There is a concreted spillway at the pond that showed signs of a recent discharge (see Photo 9). I observed sanitary items and other trash on the rocks at the spillway and a small amount of green water in a hole (see Photos 10-12). After the equalization basin, we observed the activated sludge units that are run in parallel and there were no issues observed with either of the units (see Photos 13-20). At the rapid sand filter system, I observed an abundance of plants and the rapid sand filter was not in operation (see Photos 21-22). Mr. Ross state that the heavy snowfall in 2021 caused damage to the rapid sand filter and there were repairs being negotiated by the distributor of the unit. In the time of outage, the intermittent sand filters were being utilized when needed. Flow is measured through a Parshall flume prior to UV treatment (see Photo 23-24) and I talked with Mr. Ross about how the meter is calibrated. Mr. Ross stated that flow checks are completed frequently and supplied documentation of the flow checks (see Photo 27). UV disinfection was in operation (see Photo 25), and after disinfection is the sampling location and some post-aeration (see Photo 26). There were no operational issues at the time of inspection.

I informed Mr. Ross that all discharges from the equalization basin must be reported to Enforcement Branch within 24 hours of knowledge of the discharge; and after the discharge is complete, the sanitary items need to be collected and the area disinfected. Following the inspection, Mr. Ross supplied photos of the water level of the equalization basin to show that the 2' freeboard was being maintained.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 7/25/2022
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 8/5/2022

<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<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: <u>Discharges occurring from equalization basin during rain events.</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:	<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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>SECTION D: SAMPLING</b>	
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:	
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>	
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: __ TYPE OF DEVICE: <u>Parshall Flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Totalizer</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<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>	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
DETAILS: <u>Laboratory Information reviewed by OWQ - Enforcement Branch</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Analytical</u>	
b. LAB ADDRESS: <u>Little Rock, AR</u>	
c. PARAMETERS PERFORMED: <u>Metals and Nutrients</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

<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	N	N	N	N	N	Colorless	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
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):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
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	
<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	

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>11:52</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>1</b>		
Description:	<b>Influent entering the manual and automatic bar screen.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>11:53</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>2</b>		
Description:	<b>Automatic bar screen and container for items.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>11:53</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>3</b>		
Description:	<b>Flow to equalization basin location.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>11:53</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>4</b>		
Description:	<b>Grit screening location and container. Note full container was being disposed of.</b>				





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:54</b>
		Photo #:	<b>5</b>
Description:	<b>Internal flow monitoring through a Parshall flume.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:55</b>
		Photo #:	<b>6</b>
Description:	<b>Pumps after screening to send wastewater to the activated sludge units.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:57</b>
		Photo #:	<b>7</b>
Description:	<b>Equalization basin with no storage capacity and signs of recent high levels.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:57</b>
		Photo #:	<b>8</b>
Description:	<b>Equalization basin full to capacity.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:58</b>
		Photo #:	<b>9</b>
Description:	<b>Signs of recent overflows from the equalization basin on the spillway.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:58</b>
		Photo #:	<b>10</b>
Description:	<b>Sanitary trash and other materials on the rocks after the spillway.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:59</b>
		Photo #:	<b>11</b>
Description:	<b>Water after the spillway of the equalization basin.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>11:59</b>
		Photo #:	<b>12</b>
Description:	<b>Discharge for overflows from the equalization basin. Note sanitary trash.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>12:07</b>
		Photo #:	<b>13</b>
Description:	<b>Water entering the north activated sludge unit through a small bar screen.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>12:08</b>
		Photo #:	<b>14</b>
Description:	<b>Activated sludge unit with brown and foaming water with no smells.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:08</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>15</b>		
Description:	<b>Clarifying unit of the activated sludge package plant.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:08</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>16</b>		
Description:	<b>Weir teeth off the clarifying portion of the activated sludge units.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:10</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>17</b>		
Description:	<b>Wastewater entering the south activated sludge unit.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:10</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>18</b>		
Description:	<b>Clarifying portion of the activated sludge unit.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>12:11</b>
		Photo #:	<b>19</b>
Description:	<b>Activated sludge portion of the south package plant.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>12:13</b>
		Photo #:	<b>20</b>
Description:	<b>Clarifying portion of the activated sludge unit.</b>		





**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>12:17</b>
		Photo #:	<b>21</b>
Description:	<b>Rapid sand filter system with vegetation growing in the components.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>
Witness:	<b>Trey Butler</b>	Time:	<b>12:17</b>
		Photo #:	<b>22</b>
Description:	<b>Rapid sand filter system with vegetation growing in the components.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:20</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>23</b>		
Description:	<b>Flow through Parshall flume with a staff gage.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:20</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>24</b>		
Description:	<b>Sonde for totalizer that measures flow.</b>				



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Hope - Bois D'Arc (Wes)</b>				
Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:20</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>25</b>		
Description:	<b>Flow through the UV lights for disinfection.</b>				



Photographer:	<b>Michael Young</b>	Date:	<b>06/16/2022</b>	Time:	<b>12:21</b>
Witness:	<b>Trey Butler</b>	Photo #:	<b>26</b>		
Description:	<b>Discharge to the sampling location following UV disinfection and post-aeration.</b>				



Office of Water Quality Photographic Evidence Sheet

Location:	City of Hope - Bois D'Arc (Wes)		
Photographer:	Michael Young	Date:	06/16/2022
Witness:	Trey Butler	Time:	12:26
		Photo #:	27
Description:	Flow checks completed by the facility monthly.		

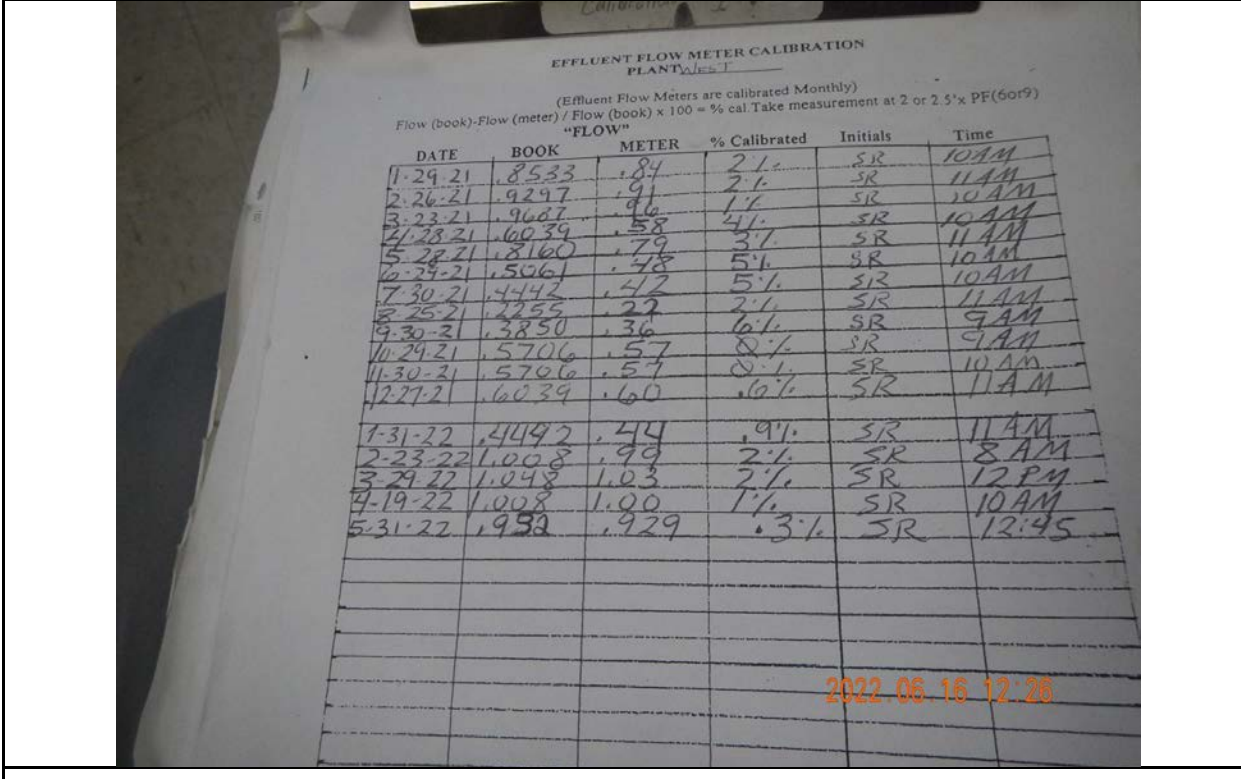


Figure 1. Overview of City of Hope – Bois D'Arc (West) Plant with treatment components identified.

