

Monthly SSO Report March 2016

Permit Number	Manhole Number	Location	Receiving Water	Duration Min.	Cause	Volume (Gallons)	Component	Date Overflow Started	Date Overflow Stopped	Started	Stopped	Steps Taken
AR0021750	S006-1810 to 1800	5321 Highland Drive	building	75	Roots	375	service	03/01/2016	3/1/2016	6:00 PM	7:15 PM	Jet-Vac, Disinfected and Deodorized
AR0021750	S009-0160	4817 Kelly Highway	yard	30	Roots, grease	150	Manhole	03/03/2016	3/3/2016	10:10 AM	10:40 AM	Machine Rodded, Disinfected and deodorized
AR0021750	M001-130 to 1120	8812 Houston Street	paved area	20	Roots	400	Main Line	03/06/2016	3/6/2016	10:45 AM	11:05 AM	Jet-Vac, Disinfected and Deodorized
AR0021750	RL01-1060	1801 South 74th Street	yard	914	I & I Rainfall	22850	Manhole	03/08/2016	3/9/2016	6:30 PM	9:44 AM	Disinfected and Deodorized
AR0021750	MH S009-0780	North 50th Street and Armour Street	ditch	794	I & I Rainfall	11910	Manhole	03/08/2016	3/9/2016	7:29 PM	8:43 am	Disinfected and Deodorized
AR0021750	MH S004-1140	South 56th and Rogers Avenue	storm drain	180	I & I Rainfall	3600	Manhole	03/08/2016	3/8/2016	3:10 PM	7:10 PM	Disinfected and Deodorized
AR0021750	MH S006-1040	530 North 44 Street	Ditch	100	Roots, grease, debris	1000	Manhole	03/08/2016	3/8/2016	1:12 PM	2:51 PM	Machine Rodded, Disinfected and deodorized
AR0021750	MH RL01-0670	1601 south 74th Street	paved area	1413	I & I Rainfall	35325	Manhole	03/08/2016	3/9/2016	6:50 PM	6:23 PM	Disinfected and Deodorized
AR0021750	RL01-0670	1601 South 74th Street	ditch	1185	I & I Rainfall	118500	Manhole	03/10/2016	3/11/2016	1:45 PM	9:30 AM	Disinfected and Deodorized
AR0021750	S008-0480 to 0470	2201 North 47 Terrace	yard	117	Roots	234	service	03/20/2016	3/20/2016	3:33 PM	5:30 PM	Machine Rodded, Disinfected and deodorized
AR0021750	S006-1140 to 1130	620 North 44th Street	yard	120	Grease	20	service	03/29/2016	3/29/2016	10:30 AM	1:30 PM	Repair, Disinfected and Deodorized
TOTAL					11	194364						
AR0033278	MC06-0910 to 0900	1916 Utica Street	yard	53	Roots	530	service	03/02/2016	3/2/2016	2:17 PM	3:10 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	MC06-0900 to 0890	5213 South 17th Street	yard	6	Roots	150	service	03/02/2016	3/2/2016	3:11 PM	3:17 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	MC07-0200 to 0190	4400 South 21st Street	yard	75	Grease	375	service	03/05/2016	3/5/2016	9:30pm	10:45 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	MC05-3120 to 3110	3701 South 32 Circle	yard	115	Debris	575	service	03/05/2016	3/5/2016	7:50 AM	9:45 AM	Jet-Vac, Disinfected and Deodorized
AR0033278	P008-0450 to 0440	1208 North Greenwood Avenue	building	40	Roots	200	service	03/05/2016	3/5/2016	5:50 PM	6:30 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	P008-0450 to 0440	1208 North Greenwood Avenue	building	60	Debris	300	service	03/06/2016	3/6/2016	11:48 AM	11:48 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	P005-3030	3200 North M Street	ditch	826	I & I Rainfall	41300	service	03/08/2016	3/9/2016	7:09 PM	8:55 AM	
AR0033278	P007-0482	3700 Kinlead Avenue	Yard	859	I & I Rainfall	17180	Manhole	03/08/2016	3/9/2016	6:45 PM	9:04 AM	
AR0033278	MC06-0120 to 0100	3905 Towson Avenue	Building and Cleanout	1104	I & I Rainfall	27600	Manhole	03/08/2016	3/9/2016	2:55 PM	9:19 AM	Disinfected and Deodorized
AR0033278	P006-0380 to 0360	1319 South 17 Street	Yard	964	I & I Rainfall	9640	service	03/08/2016	3/9/2016	5:01 PM	9:05 AM	Disinfected and Deodorized
AR0033278	W001-0580	3619 North 25th Street	Storm Drain	25	Roots	125	Manhole	03/09/2016	3/9/2016	5:15 PM	5:40 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	P005-3030	3200 North M Street	ditch	1319	I & I Rainfall	32975	Manhole	03/10/2016	3/11/2016	10:15 AM	8:14 AM	Disinfected and Deodorized
AR0033278	Z001-0760	5800 Boys Club Lane	creek	1250	I & I Rainfall	187500	Manhole	03/10/2016	3/11/2016	12:10 AM	9:00 AM	Disinfected and Deodorized
AR0033278	Z001-0460	5800 Boys Club Lane	creek	1415	I & I Rainfall	353750	Manhole	03/10/2016	3/11/2016	12:10 PM	11:45 AM	Disinfected and Deodorized
AR0033278	FL01 2380 to 0810	3109 Willow Street	creek	27	Debris	54	service	03/10/2016	3/10/2016	8:45 AM	9:12 AM	Jet-Vac, Disinfected and Deodorized
AR0033278	Z001-0770	5800 Boys Club Lane	creek	1415	I & I Rainfall	389125	Manhole	03/10/2016	3/11/2016	12:10 PM	11:45 AM	Disinfected and Deodorized
AR0033278	P007-2910 to 2900	4515 Free Ferry Road	overflow to yard	65	Line Failure	260	Main Line	03/11/2016	3/11/2016	11:00 AM	1:45 PM	Repair, Disinfected and Deodorized
AR0033278	P007-2910	4515 Free Ferry Road	yard	173	Line Failure	519	Manhole	03/14/2016	3/14/2016	10:45 AM	1:38 PM	Repair, Disinfected and Deodorized
AR0033278	Z006-1280 to 1270	7801 Holly Avenue	yard	45	Grease	450	service	03/14/2016	3/14/2016	12:00 PM	12:30 PM	Removed grease with hand tools, Disinfected and Deodorized
AR0033278	P011-2680 to 2670	906 South 19th Street	Building	30	Grease	150	service	03/14/2016	3/14/2016	3:05 PM	3:15 PM	Jet-Vac

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AR0033278	P003-1180 to 1170	1918 North 7th Street	building	510	Line Failure	510	service	03/15/2016	3/15/2016	8:45 AM	5:15 PM	repair
AR0033278	P005-0170 to 0160	1504 North Greenwood	yard	15	Jet-Vac	15	service	03/15/2016	3/15/2016	3:30 PM	3:45 PM	Jet-Vac
AR0033278	P002-0510	109 North 3rd Street	paved area	60	Grease	300	Manhole	03/15/2016	3/15/2016	9:45 AM	10:48 AM	Jet-Vac, Disinfected and Deodorized
AR0033278	P008-1640 to 1630	515 North 34th Street	yard	184	Grease	368	service	03/19/2016	3/19/2016	11:46 AM	2:50 PM	Machine Rodded, Jet-Vac, Disinfected and deodorized
AR0033278	MC06-0390 to 0380	1703 Osage Street	Ditch	5	Construction	5	service	03/23/2016	3/23/2016	2:00 PM	2:05 PM	Overflow stopped when plumber quit using Blow Bag on the private service. Repair, disinfected and Deodorized.
AR0033278	S002-1000 to 0980	1015 North 60th Terrace	yard and building	40	Roots	200	service	03/23/2016	3/23/2016	2:00 PM	2:40 PM	Jet-Vac, Disinfected and Deodorized
AR0033278	Z004-1100	3128 Glen Flora Way	Storm drain	92	Roots	460	Manhole	03/25/2016	3/25/2016	8:26 AM	9:58 AM	Machine Rodded, Disinfected and deodorized
AR0033278	Z004-1420	3124 Glen Flora Way	yard	1235	Line Failure	12350	Manhole	03/28/2016	3/29/2016	6:40 PM	3:15 PM	Repair, Disinfected and Deodorized
TOTAL					28	1076966						

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CONFIRMATION NUMBER




162c2783-a7dc-4f55-8b5a-4baaac1cb4a3

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range		
*Date Overflow Began:	3/1/2016	
*Time:	6:00 pm	
Date Overflow Ended:	3/1/2016	
Time:	7:15 pm	
Facility/Permit Information		
*Facility Name:	Massard	
*Permit Number:	AR0021750	
Location Information		
Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.		
5321 Highland Drive, 500G-1810 to 1800, building		
Description of Problem (check all items that apply)		
Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:
Volume of Overflow:	Impact of SSO Overflow Incident	
375	SSO Affected Private Property (ground)	
Environmental Damage (check all items that apply)		
<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole	
<input type="checkbox"/> OEEL - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact	
Action Taken (check all items that apply)		
Short term and long-term action, including clean-up and any plans to remediate I & L.		
<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized	
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned	
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area	
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification	
	<input type="checkbox"/> Other:	
Reported By		
"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Name:	Jimmie B. Johnson	
Title:	Deputy Director of Systems	
Phone:	479 784-2231 ☎	
Email a Copy of This Report to the Email Address:	jjohnson@fortsmithar.gov	
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bec1b3a3-be60-4409-a074-144b19e78805

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 3/3/2016
 *Time: 10:10 am
 Date Overflow Ended: 3/3/2016
 Time: 10:40 am

Facility/Permit Information

*Facility Name: Massard
 *Permit Number: AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

4817 Kelly Highway, 5009-0160, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:
150

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

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CONFIRMATION NUMBER

5bcb8568-b30e-402f-8d6d-2db211252110

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 3/6/2016
 *Time: 10:45 am
 Date Overflow Ended: 3/6/2016
 Time: 11:05 am

Facility/Permit Information

*Facility Name: Massard
 *Permit Number: AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

8812 Houston Street, M001-130 to 1120, paved area

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input checked="" type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:
400

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

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Name: Jimmie B. Johnson
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CONFIRMATION NUMBER

5a164a07-0c55-4db3-b6d5-ad5da02d111e

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/8/2016
 *Time: 6:30 pm
 Date Overflow Ended: 3/9/2016
 Time: 9:44 am

Facility/Permit Information

*Facility Name: Massard
 *Permit Number: AR0021750

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1801 South 74th Street, RL01-1060, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 22,850
 Impact of SSO Overflow Incident: SSO Reached Receiving Water (river,stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEI - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

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CONFIRMATION NUMBER

c8096bee-745a-4ef6-ba40-4cbe26eadea2

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began:	3/2/2016
*Time:	2:17 pm
Date Overflow Ended:	3/2/2016
Time:	3:10 pm

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1916 Utica Street, MC06-0910 to 0900, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 530 Impact of SSO Overflow Incident: SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EPK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

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


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CONFIRMATION NUMBER

e9f45e37-b781-4704-a034-bf0932aace57

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 3/2/2016
 *Time: 3:11 pm
 Date Overflow Ended: 3/2/2016
 Time: 3:17 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.
 5213 South 17th Street, MC06-0900 to 0890, yard

Description of Problem (check all items that apply)

Type of Overflow		Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction	
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism	
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure	
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break	
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other: The overflow occurred while correcting another overflow.	

Volume of Overflow:
150

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By




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Name: Jimmie B. Johnson
 Title: Deputy Director of Systems
 Phone: 479 784-2231 ☎
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

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CONFIRMATION NUMBER

9114deb3-3776-4047-aa0e-3a3227ef6273

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) **The following information has been sent.**

Date/Time Overflow Range

*Date Overflow Began: 3/5/2016
 *Time: 9:30 pm
 Date Overflow Ended: 3/5/2016
 Time: 10:45 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

4400 South 21st Street. MC07-0200 to 0190, yard

Description of Problem (check all items that apply)

Type of Overflow

- Manhole Overflow
- Lift Station Overflow
- Main Line Overflow
- Service Line Overflow
- Other:

Cause of Overflow

- I & I - Rainfall
- Construction
- Roots
- Vandalism
- Grease
- Power Failure
- Debris
- Line Failure/Break
- Equipment Failure
- Other:

Volume of
Overflow:
375

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

- OEHC - Observed or Evidence of Human Contact
- EFK - Evidence of Fish Kill Manhole
- OEEL - Observed or Evidence of Environmental Impact
- NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

- Machine Rodded
- Disinfected and Deodorized
- Jet-Vac
- Hydro Cleaned
- Hand Rodded
- Spread Lime on Affected Area
- Used Generator to Power Pumps/Equipment
- Public Notification
- Other:

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CONFIRMATION NUMBER

bebe1c59-2582-4dba-8959-8b69f249457f

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) **The following information has been sent.**

Date/Time Overflow Range

*Date Overflow Began: 3/5/2016
 *Time: 7:50 am
 Date Overflow Ended: 3/5/2016
 Time: 9:45 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3701 South 32 Circle, MC05-3120 to 3110, yard

Description of Problem (check all items that apply)

- | | | |
|---|--|---|
| Type of Overflow | Cause of Overflow | |
| <input type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Lift Station Overflow | <input type="checkbox"/> Roots | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Main Line Overflow | <input type="checkbox"/> Grease | <input type="checkbox"/> Power Failure |
| <input checked="" type="checkbox"/> Service Line Overflow | <input checked="" type="checkbox"/> Debris | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other: |

Volume of
Overflow:
575

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

- | | |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole |
| <input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

- | | |
|--|--|
| <input type="checkbox"/> Machine Rodded | <input checked="" type="checkbox"/> Disinfected and Deodorized |
| <input checked="" type="checkbox"/> Jet-Vac | <input type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand Rodded | <input type="checkbox"/> Spread Lime on Affected Area |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification |
| | <input type="checkbox"/> Other: |

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CONFIRMATION NUMBER

edb3fd9b-d177-49b7-868f-eded01264eb8

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) **The following information has been sent.**

Date/Time Overflow Range

*Date Overflow Began: 3/5/2016
 *Time: 5:50 am
 Date Overflow Ended: 3/5/2016
 Time: 6:30 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1208 North Greenwood Avenue, P008-0450 to 0440, building

Description of Problem (check all items that apply)

- | | | |
|---|--|---|
| Type of Overflow | Cause of Overflow | |
| <input type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Lift Station Overflow | <input checked="" type="checkbox"/> Roots | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Main Line Overflow | <input type="checkbox"/> Grease | <input type="checkbox"/> Power Failure |
| <input checked="" type="checkbox"/> Service Line Overflow | <input type="checkbox"/> Debris | <input type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other: |

Volume of
Overflow:
200

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

- | | |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole |
| <input type="checkbox"/> OEEL - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

- | | |
|--|---|
| <input type="checkbox"/> Machine Rodded | <input type="checkbox"/> Disinfected and Deodorized |
| <input checked="" type="checkbox"/> Jet-Vac | <input type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand Rodded | <input type="checkbox"/> Spread Lime on Affected Area |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification |
| | <input type="checkbox"/> Other: |

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CONFIRMATION NUMBER

55649f27-4206-4643-bb97-a1f886998592

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report) The following information has been sent.

Date/Time Overflow Range

*Date Overflow Began: 3/6/2016
 *Time: 11:48 am
 Date Overflow Ended: 3/6/2016
 Time: 12:48 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1208 North Greenwood Avenue, P008-0450 to 0440, building

Description of Problem (check all items that apply)

Type of Overflow		Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
		<input checked="" type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
		<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:
300

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEI - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & L.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By




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 Title: Deputy Director of Systems
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CONFIRMATION NUMBER

8cf49cc1-d2ed-413a-9de8-1ae43c9bcd5

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:	3/8/2016
*Time:	7:09 pm
Date Overflow Ended:	3/9/2016
Time:	8:55 am

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3200 North M Street, PODS-3030, Ditch

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:	Impact of SSO Overflow Incident
41,300	SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

Reported By

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CONFIRMATION NUMBER

42fe7fb7-650b-4728-be59-db4a9443a53f

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Date/Time Overflow Range

*Date Overflow Began:	3/8/2016
*Time:	6:45 pm
Date Overflow Ended:	3/9/2016
Time:	9:04 am

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3700 Kinkhead Avenue, P007-0482, Yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 17,180 Impact of SSO Overflow Incident: SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

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CONFIRMATION NUMBER

1c508617-ee6c-42d5-961f-65b649dc0342

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/8/2016
 *Time: 2:55 pm
 Date Overflow Ended: 3/9/2016
 Time: 9:19 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3905 Towson Avenue, MC06-0120 to 0100, Building and Cleanout

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 27,600
 Impact of SSO Overflow Incident: SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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The following information has been sent.

CONFIRMATION NUMBER

d81f8473-f859-493d-95c3-7307ce3ad37a

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/8/2016
 *Time: 5:01 pm
 Date Overflow Ended: 3/9/2016
 Time: 9:05 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1319 South 17 Street, P006-0380 to 0360, Yard

Description of Problem (check all items that apply)

Type of Overflow		Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction	
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism	
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure	
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break	
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:	

Volume of Overflow:

9640

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EPK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

Reported By




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The following information has been sent.

CONFIRMATION NUMBER

315a4943-6b84-4187-9135-a76953fbde7f

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/9/2016
 *Time: 5:15 pm
 Date Overflow Ended: 3/9/2016
 Time: 5:40 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3619 North 25th Street, W001-0580, Storm Drain

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input checked="" type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 125
 Impact of SSO Overflow Incident: SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

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CONFIRMATION NUMBER

ed3f1071-a8d0-45ff-82d9-94ce01055b7c

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/10/2016
 *Time: 10:15 am
 Date Overflow Ended: 3/11/2016
 Time: 8:14 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3200 North M Street, P005-3030, ditch

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 32975 Impact of SSO Overflow Incident
 SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact EFK - Evidence of Fish Kill Manhole
 OEI - Observed or Evidence of Environmental Impact NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded Disinfected and Deodorized
 Jet-Vac Hydro Cleaned
 Hand Rodded Spread Lime on Affected Area
 Used Generator to Power Pumps/Equipment Public Notification
 Other:

Reported By




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CONFIRMATION NUMBER

086bfcae-1bf2-4610-891d-2dec67708594

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Date/Time Overflow Range

*Date Overflow Began: 3/10/2016
 *Time: 12:10 pm
 Date Overflow Ended: 3/11/2016
 Time: 9:00 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

5800 Boys Club Lane, Z001-0760, creek

Description of Problem (check all items that apply)

Type of Overflow		Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow		<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow		<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow		<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow		<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:		<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:
187,500

Impact of SSO Overflow Incident
SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

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CONFIRMATION NUMBER

cb8fbe5f-2cc8-4ad5-8c60-87dc7286c689

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:	3/10/2016
*Time:	12:10 pm
Date Overflow Ended:	3/11/2016
Time:	11:45 am

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR003

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

5800 Boys Club Lane, 2001-0754, creek

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:	Impact of SSO Overflow Incident
389,125	SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

Reported By




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CONFIRMATION NUMBER

063b024e-26c7-4bd0-a3a5-0be799b322ea

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/10/2016
 *Time: 12:10 pm
 Date Overflow Ended: 3/11/2016
 Time: 11:45 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

5800 Boys Club Lane, 2001-0460, creek

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 353,750 Impact of SSO Overflow Incident
 SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact EFK - Evidence of Fish Kill Manhole
 OEEL - Observed or Evidence of Environmental Impact NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded Disinfected and Deodorized
 Jet-Vac Hydro Cleaned
 Hand Rodded Spread Lime on Affected Area
 Used Generator to Power Pumps/Equipment Public Notification
 Other:

Reported By

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CONFIRMATION NUMBER

d6fac767-a71e-4d87-8bde-c2c45aac30f0

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:	3/10/2016
*Time:	8:45 am
Date Overflow Ended:	3/10/2016
Time:	9:12 am

Facility/Permit Information

*Facility Name: P Street
*Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3109 Willow Street, F 3109 Willow Street, FL01 2380 to 0810, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input checked="" type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 54 Impact of SSO Overflow Incident: SSO Reached Public Land Only (ground)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEH - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

Reported By




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The following information has been sent.

CONFIRMATION NUMBER

ac86706e-8c63-4b41-8d67-76aceda3e410

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/10/2016
 *Time: 12:10 pm
 Date Overflow Ended: 3/11/2016
 Time: 11:45 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

5800 Boys Club Lane, Z001-0770, creek

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input checked="" type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:
389,125

Impact of SSO Overflow Incident
SSO Reached Receiving Water (river,stream)

Environmental Damage (check all items that apply)

OEH - Observed or Evidence of Human Contact
 OEE - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

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CONFIRMATION NUMBER

75e1c0b3-27be-4fe9-a411-3db9602df88e

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/11/2016
 *Time: 11:00 am
 Date Overflow Ended: 3/11/2016
 Time: 1:45 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

4515 Free Ferry Road, P007-2910 to 2900, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & J - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input checked="" type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 260
 Impact of SSO Overflow Incident: SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEI - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other: repair

Reported By

"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson
 Title: Deputy Director of Systems
 Phone: 479 784-2231 (t)
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

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CONFIRMATION NUMBER

16a09d9f-6d8f-4957-9032-2841a2b53ab6

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/14/2016
 *Time: 10:45 am
 Date Overflow Ended: 3/14/2016
 Time: 1:38 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

4515 Free ferry Road, P007-2910, yard

Description of Problem (check all items that apply)

- | | | |
|--|--|--|
| Type of Overflow | Cause of Overflow | |
| <input checked="" type="checkbox"/> Manhole Overflow | <input type="checkbox"/> I & I - Rainfall | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Lift Station Overflow | <input type="checkbox"/> Roots | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Main Line Overflow | <input type="checkbox"/> Grease | <input type="checkbox"/> Power Failure |
| <input type="checkbox"/> Service Line Overflow | <input type="checkbox"/> Debris | <input checked="" type="checkbox"/> Line Failure/Break |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Other: |

Volume of Overflow:
519

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

- | | |
|--|---|
| <input type="checkbox"/> OEHC - Observed or Evidence of Human Contact | <input type="checkbox"/> EFK - Evidence of Fish Kill Manhole |
| <input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact | <input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact |

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

- | | |
|--|--|
| <input type="checkbox"/> Machine Rodded | <input checked="" type="checkbox"/> Disinfected and Deodorized |
| <input type="checkbox"/> Jet-Vac | <input type="checkbox"/> Hydro Cleaned |
| <input type="checkbox"/> Hand Rodded | <input type="checkbox"/> Spread Lime on Affected Area |
| <input type="checkbox"/> Used Generator to Power Pumps/Equipment | <input type="checkbox"/> Public Notification |
| | <input checked="" type="checkbox"/> Other: repair |

Reported By

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The following information has been sent.

CONFIRMATION NUMBER

1fc937e7-8385-40fa-959e-ecfe9e017b39

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/14/2016
 *Time: 12:00 pm
 Date Overflow Ended: 3/14/2016
 Time: 12:30 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

7801 Holly Avenue, 2006-1280 to 1270, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow:
450

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other: remove grease from service with hand tools

Reported By




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The following information has been sent.

CONFIRMATION NUMBER

8b90cafd-d119-423a-818c-b7392953047d

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/14/2016
 *Time: 3:05 pm
 Date Overflow Ended: 3/14/2016
 Time: 3:35 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

906 South 19th Street, P011-2680 to 2670, Building

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of
Overflow:
150

Impact of SSO Overflow Incident
SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

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The following information has been sent.

CONFIRMATION NUMBER

8ce77c77-c067-4922-929d-ac3aad918004

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/15/2016
 *Time: 8:45 am
 Date Overflow Ended: 3/15/2016
 Time: 5:15 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1918 North 7th Street, P003-1180 to 1170, building

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 510
 Impact of SSO Overflow Incident:
 SSO Affected Private Property (ground):

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEEL - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other: repair

Reported By

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The following information has been sent.

CONFIRMATION NUMBER

f81bbd3e-0ab1-4733-8432-c1acbcdbca

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/15/2016
 *Time: 3:30 pm
 Date Overflow Ended: 3/15/2016
 Time: 3:45 pm

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1504 North Greenwood, P005-0170 to 0160, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other: Jet-Vac operation cause overflow

Volume of Overflow:

15

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

Reported By

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The following information has been sent.

CONFIRMATION NUMBER

e9dbd974-2505-480a-a1a4-1c2c6ac0a4e6

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began: 3/15/2016
 *Time: 9:45 am
 Date Overflow Ended: 3/15/2016
 Time: 10:48 am

Facility/Permit Information

*Facility Name: P Street
 *Permit Number: AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

109 North 3rd Street, P002-0510, paved area

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 300
 Impact of SSO Overflow Incident: SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

OEHC - Observed or Evidence of Human Contact
 OEI - Observed or Evidence of Environmental Impact
 EFK - Evidence of Fish Kill Manhole
 NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

Machine Rodded
 Jet-Vac
 Hand Rodded
 Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized
 Hydro Cleaned
 Spread Lime on Affected Area
 Public Notification
 Other:

Reported By

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The following information has been sent.

CONFIRMATION NUMBER

b07f4f42-1454-4673-95e7-84768707f90a

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:	3/19/2016
*Time:	11:46 am
Date Overflow Ended:	3/19/2016
Time:	2:50 pm

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

515 North 34th Street, P008-1640 to 1630, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input checked="" type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 368 Impact of SSO Overflow Incident: SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input checked="" type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input checked="" type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input type="checkbox"/> Other:

Reported By




"I certify" under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: Jimmie B. Johnson
 Title: Deputy Director of Systems
 Phone: 479 784-2231
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

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The following information has been sent.

CONFIRMATION NUMBER

8eb0d223-eed4-4a50-bc82-743965eb75ca

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:	3/23/2016
*Time:	2:00 pm
Date Overflow Ended:	3/23/2016
Time:	2:05 pm

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1703 Osage Street, MC06-0390 to 0380, Ditch

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input checked="" type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input checked="" type="checkbox"/> Other: Overflow was caused by a plumber working on the private service.

Volume of Overflow:	Impact of SSO Overflow Incident
5	SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEHC - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEL - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input checked="" type="checkbox"/> Other: Repair scheduled

Reported By

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Name: Jimmie B. Johnson
 Title: Deputy Director of Systems
 Phone: 479 784-2231
 Email a Copy of This Report to the Email Address: jjohnson@fortsmithar.gov

Additional Comments:

Overflow stopped when plumber quit using Blow Bag on the private service.

CONFIRMATION NUMBER**ad7d48d3-ff27-4758-bbd1-fb499ae9b32a**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:

3/23/2016

*Time:

2:00 pm

Date Overflow Ended:

3/23/2016

Time:

2:40 pm

Facility/Permit Information

*Facility Name:

P Street

*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

1015 North 60th Terrace, S002-1000 to 0980, yard and building

Description of Problem (check all items that apply)

Type of Overflow

 Manhole Overflow Lift Station Overflow Main Line Overflow Service Line Overflow Other:

Cause of Overflow

 I & I - Rainfall Roots Grease Debris Equipment Failure Construction Vandalism Power Failure Line Failure/Break Other:

Volume of Overflow:

200

Impact of SSO Overflow Incident

SSO Affected Private Property (ground)

Environmental Damage (check all items that apply)

 OEHC - Observed or Evidence of Human Contact OEEI - Observed or Evidence of Environmental Impact EFK - Evidence of Fish Kill Manhole NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

 Machine Rodded Jet-Vac Hand Rodded Used Generator to Power Pumps/Equipment
 Disinfected and Deodorized Hydro Cleaned Spread Lime on Affected Area Public Notification Other:

Reported By

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Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

479 784-2231 ☎

Email a Copy of This Report to the Email Address:

jjohnson@fortsmithar.gov

Additional Comments:

CONFIRMATION NUMBER**71101b16-7b1d-485c-ae2-54d88de1b42e**

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:

3/25/2016

*Time:

8:26 am

Date Overflow Ended:

3/25/2016

Time:

9:58 am

Facility/Permit Information

*Facility Name:

P Street

*Permit Number:

AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3128 Glen Flora Way, Z004-1100, Storm drain

Description of Problem (check all items that apply)

Type of Overflow

 Manhole Overflow Lift Station Overflow Main Line Overflow Service Line Overflow Other:

Cause of Overflow

 I & I - Rainfall Roots Grease Debris Equipment Failure

 Construction Vandalism Power Failure Line Failure/Break Other:

Volume of Overflow:

460

Impact of SSO Overflow Incident

SSO Reached Receiving Water (river, stream)

Environmental Damage (check all items that apply)

 OEHC - Observed or Evidence of Human Contact OEEI - Observed or Evidence of Environmental Impact

 EFK - Evidence of Fish Kill Manhole NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

 Machine Rodded Jet-Vac Hand Rodded Used Generator to Power Pumps/Equipment

 Disinfected and Deodorized Hydro Cleaned Spread Lime on Affected Area Public Notification Other:

Reported By

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Name:

Jimmie B. Johnson

Title:

Deputy Director of Systems

Phone:

(479) 784-2231

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CONFIRMATION NUMBER

c64acde6-c2fe-466c-815d-54856b31d291

(NOTE: You will need this number should you ever need to contact ADEQ concerning this report)

Date/Time Overflow Range

*Date Overflow Began:	3/28/2016
*Time:	6:40 pm
Date Overflow Ended:	3/29/2016
Time:	3:15 pm

Facility/Permit Information

*Facility Name:	P Street
*Permit Number:	AR0033278

Location Information

Provide address and manhole number if numbered. Include where the overflow went into a yard, ditch, stream, storm sewer, building, or other. Be specific as possible.

3124 Glen Flora Way, 2004-1420, yard

Description of Problem (check all items that apply)

Type of Overflow	Cause of Overflow	
<input checked="" type="checkbox"/> Manhole Overflow	<input type="checkbox"/> I & I - Rainfall	<input type="checkbox"/> Construction
<input type="checkbox"/> Lift Station Overflow	<input type="checkbox"/> Roots	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Main Line Overflow	<input type="checkbox"/> Grease	<input type="checkbox"/> Power Failure
<input type="checkbox"/> Service Line Overflow	<input type="checkbox"/> Debris	<input checked="" type="checkbox"/> Line Failure/Break
<input type="checkbox"/> Other:	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Other:

Volume of Overflow: 12350	Impact of SSO Overflow Incident SSO Reached Receiving Water (river, stream)
------------------------------	--

Environmental Damage (check all items that apply)

<input type="checkbox"/> OEH - Observed or Evidence of Human Contact	<input type="checkbox"/> EFK - Evidence of Fish Kill Manhole
<input type="checkbox"/> OEEI - Observed or Evidence of Environmental Impact	<input checked="" type="checkbox"/> NEAH - No Evidence of Adverse Health/Environmental Impact

Action Taken (check all items that apply)

Short term and long-term action, including clean-up and any plans to remediate I & I.

<input type="checkbox"/> Machine Rodded	<input checked="" type="checkbox"/> Disinfected and Deodorized
<input type="checkbox"/> Jet-Vac	<input type="checkbox"/> Hydro Cleaned
<input type="checkbox"/> Hand Rodded	<input type="checkbox"/> Spread Lime on Affected Area
<input type="checkbox"/> Used Generator to Power Pumps/Equipment	<input type="checkbox"/> Public Notification
	<input checked="" type="checkbox"/> Other: repair

Reported By

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INTER-OFFICE MEMO

1ST QTR 2016

TO: Steve Floyd, Water and Sewer Treatment Plants Program Manager

AR0021750

FROM: Don Clover, Environmental Quality Program Manager *DC*

DATE: February 15, 2016

RE: Biomonitoring Results - Massard Plant

Please find below the chronic biomonitoring test results for the first quarter of 2016. Sub-lethal and lethal toxicity were not experienced in the low-flow dilution of 7% effluent for the *Ceriodaphnia dubia* test. The test therefore passes at the low-flow dilution of 7% for lethal and sub-lethal effects. Lethal and sub-lethal toxicity were not experienced in the low-flow dilution of 7% effluent for the fathead minnow (*Pimephales promelas*) test organism. The test therefore passes at the low-flow dilution of 7% effluent for lethal and sub-lethal effects.

Parameter #TGP3B- 0

Parameter #TGP6C- 0

Parameter #TLP3B- 0

Parameter #TLP6C- 0

Parameter #TOP3B- 9%

Parameter # TOP6C- 9%

Parameter #TPP3B- 9%

Parameter #TPP6C- 9%

Parameter #TQP3B- 15.41%

Parameter #TQP6C- 10.16%

Prepared By:

Don Clover Date: 2/15/16

February 4, 2016

Lance McAvoy
City of Fort Smith (Massard)
3900 Kelley HWY
Fort Smith, AR 72904

RECEIVED

FEB 12 2016

WATER/WASTEWATER

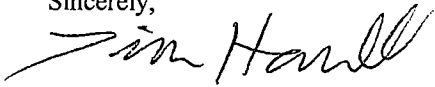
Re: Lab Project Number: 60211790
Client Project ID: Wet Test

Dear:

Enclosed are the analytical results for sample(s) received by the laboratory. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

If you have any question concerning this report, please feel free to contact me.

Sincerely,



Tim Harrell
Tim.Harrell@pacelabs.com
Technical Director

REPORT OF LABORATORY ANALYSIS

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**CHRONIC TOXICITY TEST FOR
CITY OF FORT SMITH (Massard)**

PERMIT # AR 0021750
AFIN # 66-01652

PERFORMED ON:

Pimephales promelas

and

Ceriodaphnia dubia

PREPARED FOR:

Lance McAvoy
City of Fort Smith (Massard)
3900 Kelley HWY
Fort Smith, AR 72904

PREPARED BY:
Pace Analytical Services, Inc.
808 West McKay
Frontenac, KS 66763
1-620-235-0003

February 4, 2016

REPORT OF LABORATORY ANALYSIS

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APPENDIX D – State Agency Forms	

REPORT OF LABORATORY ANALYSIS

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SUMMARY

A Chronic Whole Effluent Toxicity Test using the 7-day chronic fathead minnows (Pimephales promelas), static renewal larval survival and growth test, and three brood 7-day chronic Cladoceran (Ceriodaphnia dubia), static renewal survival and reproduction test, was conducted on effluent discharge water collected at the CITY OF FORT SMITH (Massard) effluent discharge from January 25, 2016 to January 29, 2016. All the test methods followed are as listed in EPA 821-R-02-013, "Short Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms."

Statistically significant ($p < 0.05$) mortality is determined by Dunnet's procedure using average percent survival of each test concentration versus the average survival of the controls. If significant mortality occurs, median lethal concentrations (LC50) are calculated using effluent concentrations and their corresponding percent mortality data. The LC50's and the 95% confidence intervals are calculated where appropriate by the Spearman-Kärber method. Statistical analysis is accomplished by following steps in EPA 821-R-02-013, November 2002 and by use of Toxstat version 3.4.

In minnow section of testing, it was observed that the effluent had no significant effect on the survival of the larvae at the 9% concentration. No significant mortality was observed in the other effluent concentrations after the 7-day exposure period. The No Observed Effect Concentration (NOEC) was determined to be 9% for survival. The LC50 was estimated to be >9% effluent. No significant reduction in growth was observed in the 9% effluent concentration. The Toxic Units is <1. The IC25 is >9. The NOEC for growth in effluent was determined to be 9%. The PMSD is 14.3

In Cladoceran section of testing, it was observed that the effluent had no significant effect on the survival of the organisms in the 9% effluent concentration. No significant mortality was observed in the other effluent concentrations after the 7-day exposure period. The No Observed Effect Concentration (NOEC) was determined to be 9% for survival. The LC50 was estimated to be >9% effluent. No significant reduction in reproduction was observed in the 9% effluent concentrations. The Toxic Units is <1. The IC25 is >9. The NOEC for reproduction in effluent was determined to be 9%. The PMSD is 14.0.

The chronic toxicity exhibited by the fathead minnows and the Ceriodaphnia treated by the effluent sampled from January 25 to January 29 from the CITY OF FORT SMITH (Massard) effluent discharge, is acceptable as described in EPA 821-R-02-013.

REPORT OF LABORATORY ANALYSIS

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INTRODUCTION

Pace Analytical was contracted to perform this chronic toxicity test on effluent from the CITY OF FORT SMITH (Massard) effluent discharge. Chronic toxicity was measured using the Pimephales promelas at larval for survival and growth test and the Ceriodaphnia dubia survival and reproduction test described in EPA 821-R-02-013, "Short Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms." The raw data of the study is stored at Pace Analytical Services, INC. 808 West McKay, Frontenac, KS 66763.

TEST MATERIAL

City of Fort Smith (Massard) personnel collected sampling of the effluent. A sample of the effluent was delivered to Pace by commercial carrier on 1-26-16. Subsequent samples followed by delivery on 1-28-16 and on 1-30-16. All samples were stored at $\leq 6^{\circ}$ Celsius. Moderately Hard Synthetic Water was used as a control and also to make the required dilutions in the test as described in EPA 821-R-02-013.

TEST METHODS

Pace used EPA test method 1000.0 for conducting the Fathead Minnow, Pimephales promelas, Larval Survival and Growth Test. EPA test method 1002.0 was used for conducting the Cladoceran, Ceriodaphnia dubia, Survival and Reproduction Test. The tests were conducted to estimate the LC50, NOEC, and LOEC for survival, growth, and reproduction of these test species.

The Pimephales and Ceriodaphnia tests were initiated on 1-26-16 and carried out until 2-2-16. The Pimephales tests were conducted in 500 ml plastic jars with 250 ml of test solution. Eight larvae were placed in each of at least 5 replicates to make a total of 40 larvae per sample concentration. The Ceriodaphnia tests were carried out in 35ml vials containing 25 ml of test solution. One Neonate was placed in each of 10 replicates to make a total of 10 neonates per sample concentration.

TEST ORGANISMS

Organisms used in these tests were cultured at Pace under controlled temperature and photo period conditions and/or were purchased from an external supplier. Pace maintains records of culture techniques for all organisms, whether produced in house or purchased.

REPORT OF LABORATORY ANALYSIS

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RESULTS

REPORT OF LABORATORY ANALYSIS

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TABLE 1

Permittee: CITY OF FORT SMITH (Massard) Effluent discharge.

Date Sampled No. 1: 1-25-16 8:00

 No. 2: 1-27-16 8:00

 No. 3: 1-29-16 8:00

Test Initiated: 14:30

Date: 1-26-16

Dilution Water used: Moderately Hard Synthetic Water

FATHEAD MINNOW LARVAE GROWTH AND SURVIVAL
(*Pimephales promelas*)

DATA TABLE FOR GROWTH OF FATHEAD MINNOWS

Effluent Concentration (%)	Average Dry Weight in Milligrams in Replicate Chambers					Mean Dry Weight (mg)	CV% *
	A	B	C	D	E		
Control 0%	0.321	0.357	0.369	0.301	0.387	0.347	10.16
Dilution 1 3%	0.362	0.339	0.362	0.306	0.374	0.349	7.74
Dilution 2 4%	0.335	0.357	0.306	0.329	0.342	0.334	5.61
Dilution 3 5%	0.392	0.306	0.332	0.306	0.389	0.345	12.43
Dilution 4 7%	0.309	0.301	0.363	0.329	0.374	0.335	9.64
Dilution 5 9%	0.347	0.314	0.307	0.398	0.364	0.346	10.79

* Coefficient of Variation = Standard Deviation X 100 / Mean

REPORT OF LABORATORY ANALYSIS

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Permittee: CITY OF FORT SMITH (Massard) Effluent discharge.

FATHEAD MINNOW SURVIVAL

Conc. %	Percent Survival in Replicate Chambers					Mean Percent Survival			CV %
	A	B	C	D	E	24hr	48hr	7 day	
Control 0%	100	100	100	87.5	100	100	100	97.5	4.79
Dilution 1 3%	100	100	100	100	100	100	100	100	0.00
Dilution 2 4%	100	100	87.5	100	100	100	100	97.5	4.79
Dilution 3 5%	100	100	100	100	100	100	100	100	0.00
Dilution 4 7%	87.5	87.5	100	100	100	100	100	95	5.99
Dilution 5 9%	100	100	87.5	100	100	100	100	97.5	4.79

REPORT OF LABORATORY ANALYSIS

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CERIODAPHNIA SURVIVAL AND REPRODUCTION

DATA TABLE FOR CERIODAPHNIA YOUNG PRODUCTION

Replicate	Control 0%	Dilution 1 3%	Dilution 2 4%	Dilution 3 5%	Dilution 3 7%	Dilution 4 9%
1	17	21	21	20	22	21
2	19	16	24	23	24	24
3	25	22	24	26	20	23
4	23	23	17	22	19	21
5	17	25	20	24	19	23
6	16	18	21	24	17	24
7	22	23	25	18	18	18
8	20	22	21	18	25	21
9	24	21	21	22	25	27
10	20	23	25	23	21	26
Mean	20.3	21.4	21.9	22.0	21.0	22.8
SD	3.129	2.633	2.558	2.625	2.906	2.658
CV %	15.41	12.30	11.68	11.93	13.84	11.66

REPORT OF LABORATORY ANALYSIS

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Permittee: CITY OF FORT SMITH (Massard) Effluent discharge.

CERIODAPHNIA MEAN PERCENT SURVIVAL

Percent Effluent (%)						
Time Elapsed	Control 0%	Dilution 1 3%	Dilution 2 4%	Dilution 3 5%	Dilution 4 7%	Dilution 5 9%
24 hrs	100	100	100	100	100	100
48 hrs	100	100	100	100	100	100
7-day	100	100	100	100	100	100
SD	0.0	0.0	0.0	0.0	0.0	0.0
CV %	0.0	0.0	0.0	0.0	0.0	0.0

REPORT OF LABORATORY ANALYSIS

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TABLE 2
SUMMARY OF TEST CONDITIONS FOR THE FATHEAD MINNOW
(*Pimephales promelas*) LARVAL SURVIVAL AND GROWTH TEST

1. Test type	Static renewal
2. Temperature	25 degrees Celsius
3. Light quality	Ambient laboratory light
4. Light intensity	Ambient laboratory levels
5. Photoperiod	16 hr light, 8 hr dark
6. Test chamber size	500 ml
7. Test solution volume	250 ml
8. Renewal of test concentrations	Daily
9. Age of test organism	< 24 hours
10. No. larvae/chamber	8
11. No. replicates/concentration	5
12. No. larvae/concentration	40
13. Feeding regime	Feed 0.1 ml newly hatched brine shrimp nauplii three times daily. Larvae are not fed 12 hours prior to termination of test.
16. Cleaning	Siphon daily, immediately before test solution renewal
16. Aeration	None

REPORT OF LABORATORY ANALYSIS

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TABLE 2 (CONT.)

16. Dilution Water	Moderately Hard Synthetic Water prepared with MILLI-Q deionized water and reagent grade chemicals
17. Effluent concentrations	0%, 3%, 4%, 5%, 7%, 9%
18. Test duration	7 days
19. Endpoints	Survival and growth
20. Test acceptability	80% or greater survival in the controls, Average dry weight in controls >0.25 mg, Coefficient of variation in the control must not exceed 40%.

**TABLE 2 (CONT.)
SUMMARY OF TEST CONDITIONS FOR THE CLADOCERAN
(Ceriodaphnia dubia) SURVIVAL AND REPRODUCTION TEST**

1. Test type	Static renewal
2. Temperature	25 degrees Celsius
3. Light quality	Ambient laboratory light
4. Light intensity	Ambient laboratory levels
5. Photoperiod	16 hr light, 8 hr dark
6. Test chamber size	30 ml
7. Test solution volume	25 ml

REPORT OF LABORATORY ANALYSIS

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TABLE 2 (CONT.)

8. Renewal of test concentrations	Daily
9. Age of test organism	< 24 hours
10. No. larvae/chamber	1
11. No. replicates/concentration	10
12. No. larvae/concentration	10
13. Feeding regime	Feed 0.1 ml YCT three times daily. Larvae are not fed 12 hours prior to termination of test.
16. Cleaning	Siphon daily, immediately before test solution renewal
16. Aeration	None
16. Dilution Water	Moderately Hard Synthetic Water prepared with MILLI-Q deionized water and reagent grade chemicals
17. Effluent concentrations	0%, 3%, 4%, 5%, 7%, 9%
18. Test duration	Until 60% or more surviving control females have three broods or a maximum of 8 days.
19. Endpoints	Survival and Reproduction
20. Test acceptability	80% or greater survival in the controls, Average reproduction rate of 16 young / adult. Coefficient of variation in the control must not exceed 40%.

REPORT OF LABORATORY ANALYSIS

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TABLE 2 (SECTION 2)

**BIOMONITORING CHRONIC TOXICITY REPORT
FATHEAD MINNOW (Pimephales promelas)
CHEMICAL PARAMETERS CHART**

Permittee: CITY OF FORT SMITH (Massard). Effluent discharge.

ANALYSTS: Pace Analytical Services, Inc.
Timothy Harrell
Mike Bollin

SAMPLE NO. 1 COLLECTED: DATE: 1-25-16

SAMPLE NO. 2 COLLECTED: DATE: 1-26-16

SAMPLE NO. 3 COLLECTED: DATE: 1-28-16

**TABLE 2 (SECTION 2)
INITIAL WATER QUALITY
EFFLUENT CONCENTRATION**

	Control	100%
PH	7.57	7.52
D.O.	8.30	8.60
Temp	25.0	25.0
Alk	62	146
Hard	98	88
Cond	338	468
Chlorine	<0.1	<0.1

- * D.O. is reported as mg/L
- Alkalinity is reported as mg/L CaCO₃
- Hardness is reported as mg/L CaCO₃
- Conductance is reported as umhos
- Chlorine is reported as mg/L

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TEST WATER QUALITY

24-Hour Water Quality Measurements

Effluent Concentration (%)	PH	D.O. (mg/l)	Temperature (C)
0% Control	7.60	7.20	25.1
3% Effluent	7.62	7.20	25.0
4% Effluent	7.63	7.20	25.0
5% Effluent	7.64	7.10	25.0
7% Effluent	7.65	7.10	25.0
9% Effluent	7.66	7.00	25.0

48-Hour Water Quality Measurements

Effluent Concentration (%)	PH	D.O. (mg/l)	Temperature (C)
0% Control	7.96	7.10	25.2
3% Effluent	7.95	7.00	25.0
4% Effluent	7.93	7.00	25.0
5% Effluent	7.91	7.00	25.0
7% Effluent	7.90	7.00	25.0
9% Effluent	7.89	7.00	25.0

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FINAL WATER QUALITY

EFFLUENT CONCENTRATION

	Control	9%
pH	7.76	7.90
D.O.	7.00	7.00
Temp	24.9	25.1
Alk	62	70
Hard	94	90
Cond	408	420

- * D.O. is reported as mg/L
- Alkalinity is reported as mg/L CaCO₃
- Hardness is reported as mg/L CaCO₃
- Conductance is reported as umhos

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TEST VALIDITY

The Pimephales promelas control survival rate was 97.5%. The mean dry weight (growth) of the Pimephales promelas was determined at 0.347 mg/organism in the controls. The percent coefficient of variation (%CV) values for the fathead minnow control for survival and growth were 4.79 and 10.16. The Ceriodaphnia dubia survival rates were 100 in the control. The Ceriodaphnia in the control produced an average of 20.3 young over the seven-day exposure period. Percent CV values for Ceriodaphnia dubia control survival and reproduction was 0.00 and 15.41. Control data met or exceeded all criteria set out by EPA 821-R-02-013 for test acceptance.

CONCLUSIONS

The No Observed Effect Concentration (NOEC) for Pimephales promelas was 9% for survival and 9% for growth. The No Observed Effect Concentration (NOEC) for Ceriodaphnia dubia was 9% for Survival and 9% for Reproduction. The tests were ran using a synthetic control against effluent concentrations of 3%, 4%, 5%, 7%, and 9%. The effluent sampled on 1-25-16, 1-27-16, and 1-29-16 exhibited acceptable chronic toxicity in Pimephales promelas and in Ceriodaphnia dubia during the exposure period as described in EPA 821-R-02-013.

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APPENDIX A STATISTICAL ANNALYSIS

REPORT OF LABORATORY ANALYSIS

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60211790 Ft Smith Massard FATHEAD SURVIVAL
File: 6211790A Transform: ARC SINE(SQUARE ROOT(Y))

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	2.010	7.260	11.460	7.260	2.010
OBSERVED	3	2	22	3	0

Calculated Chi-Square goodness of fit test statistic = 18.5021
Table Chi-Square value (alpha = 0.01) = 13.277

Data FAIL normality test. Try another transformation.

Warning - The first three homogeneity tests are sensitive to non-normal data and should not be performed.

60211790 Ft Smith Massard FATHEAD SURVIVAL
File: 6211790A Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro - Wilk's test for normality

D = 0.048

W = 0.752

Critical W (P = 0.05) (n = 30) = 0.927
Critical W (P = 0.01) (n = 30) = 0.900

Data FAIL normality test. Try another transformation.

Warning - The first three homogeneity tests are sensitive to non-normal data and should not be performed.

60211790 Ft Smith Massard FATHEAD SURVIVAL

File: C:\TOXSTAT\6211790A. Transform: ARC SINE(SQUARE ROOT(Y))

Shapiro - Wilk's test for normality

D = 0.048

W = 0.752

Critical W (P = 0.05) (n = 30) = 0.927

Critical W (P = 0.01) (n = 30) = 0.900

Data FAIL normality test. Try another transformation.

Warning - The first three homogeneity tests are sensitive to non-normal data and should not be performed.

60211790 Ft Smith Massard FATHEAD SURVIVAL

File: C:\TOXSTAT\6211790A. Transform: ARC SINE(SQUARE ROOT(Y))

Hartley's test for homogeneity of variance

Bartlett's test for homogeneity of variance

These two tests can not be performed because at least one group has zero variance.

Data FAIL to meet homogeneity of variance assumption.

Additional transformations are useless.

60211790 Ft Smith Massard FATHEAD SURVIVAL

File: 6211790A

Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	CONTROL	5	0.991	1.107	1.084
2	3%	5	1.107	1.107	1.107
3	4%	5	0.991	1.107	1.084
4	5%	5	1.107	1.107	1.107
5	7%	5	0.991	1.107	1.061
6	9%	5	0.991	1.107	1.084

60211790 Ft Smith Massard FATHEAD SURVIVAL

File: 6211790A

Transform: ARC SINE(SQUARE ROOT(Y))

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	CONTROL	0.003	0.052	0.023	4.79
2	3%	0.000	0.000	0.000	0.00
3	4%	0.003	0.052	0.023	4.79
4	5%	0.000	0.000	0.000	0.00
5	7%	0.004	0.064	0.028	5.99
6	9%	0.003	0.052	0.023	4.79

60211790 Ft Smith Massard FATHEAD SURVIVAL

File: 6211790A

Transform: ARC SINE(SQUARE ROOT(Y))

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.008	0.002	0.756
Within (Error)	24	0.048	0.002	
Total	29	0.056		

Critical F value = 2.62 (0.05,5,24)

Since $F < \text{Critical } F$ FAIL TO REJECT H_0 : All equal

60211790 Ft Smith Massard FATHEAD SURVIVAL

File: 6211790A

Transform: ARC SINE(SQUARE ROOT(Y))

STEEL'S MANY-ONE RANK TEST

- Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	RANK SUM	CRIT. VALUE	df	SIG
1	CONTROL	1.084				
2	3%	1.107	30.00	16.00	5.00	
3	4%	1.084	27.50	16.00	5.00	
4	5%	1.107	30.00	16.00	5.00	
5	7%	1.061	25.00	16.00	5.00	
6	9%	1.084	27.50	16.00	5.00	

Critical values use $k = 5$, are 1 tailed, and $\alpha = 0.05$

60211790 Ft Smith Massard FATHEAD GROWTH
File: 6211790B Transform: NO TRANSFORMATION

Shapiro - Wilk's test for normality

D = 0.026

W = 0.939

Critical W (P = 0.05) (n = 30) = 0.927

Critical W (P = 0.01) (n = 30) = 0.900

Data PASS normality test at P=0.01 level. Continue analysis.

60211790 Ft Smith Massard FATHEAD GROWTH
File: 6211790B Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance

Calculated B1 statistic = 2.68

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)

Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

60211790 Ft Smith Massard FATHEAD GROWTH
 File: 6211790B Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	Control	5	0.301	0.387	0.347
2	3%	5	0.306	0.374	0.349
3	4%	5	0.306	0.357	0.334
4	5%	5	0.306	0.392	0.345
5	7%	5	0.301	0.374	0.335
6	9%	5	0.307	0.398	0.346

60211790 Ft Smith Massard FATHEAD GROWTH
 File: 6211790B Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	Control	0.001	0.035	0.016	10.16
2	3%	0.001	0.027	0.012	7.74
3	4%	0.000	0.019	0.008	5.61
4	5%	0.002	0.043	0.019	12.43
5	7%	0.001	0.032	0.014	9.64
6	9%	0.001	0.037	0.017	10.79

60211790 Ft Smith Massard FATHEAD GROWTH
 File: 6211790B Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	0.001	0.000	0.186
Within (Error)	24	0.026	0.001	
Total	29	0.027		

Critical F value = 2.62 (0.05,5,24)
 Since $F < \text{Critical } F$ FAIL TO REJECT H_0 : All equal

60211790 Ft Smith Massard FATHEAD GROWTH
 File: 6211790B Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	Control	0.347	0.347		
2	3%	0.349	0.349	-0.076	
3	4%	0.334	0.334	0.629	
4	5%	0.345	0.345	0.095	
5	7%	0.335	0.335	0.563	
6	9%	0.346	0.346	0.048	

Dunnnett table value = 2.36 (1 Tailed Value, P=0.05, df=24,5)

60211790 Ft Smith Massard FATHEAD GROWTH

File: 6211790B

Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 2 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	Control	5			
2	3%	5	0.049	14.3	-0.002
3	4%	5	0.049	14.3	0.013
4	5%	5	0.049	14.3	0.002
5	7%	5	0.049	14.3	0.012
6	9%	5	0.049	14.3	0.001

FISHER'S EXACT TEST

=====			
NUMBER OF			
IDENTIFICATION	ALIVE	DEAD	TOTAL ANIMALS

CONTROL	10	0	10
3%	10	0	10

TOTAL	20	0	20
=====			

CRITICAL FISHER'S VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
 Since b is greater than 6 there is no significant difference
 between CONTROL and TREATMENT at the 0.05 level.

FISHER'S EXACT TEST

=====			
NUMBER OF			
IDENTIFICATION	ALIVE	DEAD	TOTAL ANIMALS

CONTROL	10	0	10
4%	10	0	10

TOTAL	20	0	20
=====			

CRITICAL FISHER'S VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
 Since b is greater than 6 there is no significant difference
 between CONTROL and TREATMENT at the 0.05 level.

FISHER'S EXACT TEST

=====			
NUMBER OF			
IDENTIFICATION	ALIVE	DEAD	TOTAL ANIMALS

CONTROL	10	0	10
5%	10	0	10

TOTAL 20 0 20

CRITICAL FISHER'S VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
 Since b is greater than 6 there is no significant difference
 between CONTROL and TREATMENT at the 0.05 level.

FISHER'S EXACT TEST

IDENTIFICATION	NUMBER OF		
	ALIVE	DEAD	TOTAL ANIMALS
CONTROL	10	0	10
7%	10	0	10
TOTAL	20	0	20

CRITICAL FISHER'S VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
 Since b is greater than 6 there is no significant difference
 between CONTROL and TREATMENT at the 0.05 level.

FISHER'S EXACT TEST

IDENTIFICATION	NUMBER OF		
	ALIVE	DEAD	TOTAL ANIMALS
CONTROL	10	0	10
9%	10	0	10
TOTAL	20	0	20

CRITICAL FISHER'S VALUE (10,10,10) (p=0.05) IS 6. b VALUE IS 10.
 Since b is greater than 6 there is no significant difference
 between CONTROL and TREATMENT at the 0.05 level.

SUMMARY OF FISHER'S EXACT TESTS

NUMBER	NUMBER	SIG
--------	--------	-----

GROUP	IDENTIFICATION	EXPOSED	DEAD	(P=.05)
	CONTROL	10	0	
1	3%	10	0	
2	4%	10	0	
3	5%	10	0	
4	7%	10	0	
5	9%	10	0	

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
File: 6211790E Transform: NO TRANSFORMATION

Chi-square test for normality: actual and expected frequencies

INTERVAL	<-1.5	-1.5 to <-0.5	-0.5 to 0.5	>0.5 to 1.5	>1.5
EXPECTED	4.020	14.520	22.920	14.520	4.020
OBSERVED	5	13	22	17	3

Calculated Chi-Square goodness of fit test statistic = 1.1173
Table Chi-Square value (alpha = 0.01) = 13.277

Data PASS normality test. Continue analysis.

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
File: 6211790E Transform: NO TRANSFORMATION

Bartlett's test for homogeneity of variance
Calculated B1 statistic = 0.54

Table Chi-square value = 15.09 (alpha = 0.01, df = 5)
Table Chi-square value = 11.07 (alpha = 0.05, df = 5)

Data PASS B1 homogeneity test at 0.01 level. Continue analysis.

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
 File: 6211790E Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 1 of 2

GRP	IDENTIFICATION	N	MIN	MAX	MEAN
1	CONTROL	10	16.000	25.000	20.300
2	3%	10	16.000	25.000	21.400
3	4%	10	17.000	25.000	21.900
4	5%	10	18.000	26.000	22.000
5	7%	10	17.000	25.000	21.000
6	9%	10	18.000	27.000	22.800

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
 File: 6211790E Transform: NO TRANSFORMATION

SUMMARY STATISTICS ON TRANSFORMED DATA TABLE 2 of 2

GRP	IDENTIFICATION	VARIANCE	SD	SEM	C.V. %
1	CONTROL	9.789	3.129	0.989	15.41
2	3%	6.933	2.633	0.833	12.30
3	4%	6.544	2.558	0.809	11.68
4	5%	6.889	2.625	0.830	11.93
5	7%	8.444	2.906	0.919	13.84
6	9%	7.067	2.658	0.841	11.66

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
 File: 6211790E Transform: NO TRANSFORMATION

ANOVA TABLE

SOURCE	DF	SS	MS	F
Between	5	37.733	7.547	0.992
Within (Error)	54	411.000	7.611	
Total	59	448.733		

Critical F value = 2.45 (0.05,5,40)
 Since $F < \text{Critical } F$ FAIL TO REJECT H_0 : All equal

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
 File: 6211790E Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 1 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	TRANSFORMED MEAN	MEAN CALCULATED IN ORIGINAL UNITS	T STAT	SIG
1	CONTROL	20.300	20.300		
2	3%	21.400	21.400	-0.892	
3	4%	21.900	21.900	-1.297	
4	5%	22.000	22.000	-1.378	
5	7%	21.000	21.000	-0.567	
6	9%	22.800	22.800	-2.026	

Dunnett table value = 2.31 (1 Tailed Value, P=0.05, df=40,5)

60211790 Ft Smith Massard CERIODAPHNIA DUBIA REPRODU
 File: 6211790E Transform: NO TRANSFORMATION

DUNNETT'S TEST - TABLE 2 OF 2

Ho:Control<Treatment

GROUP	IDENTIFICATION	NUM OF REPS	Minimum Sig Diff (IN ORIG. UNITS)	% of CONTROL	DIFFERENCE FROM CONTROL
1	CONTROL	10			
2	3%	10	2.850	14.0	-1.100
3	4%	10	2.850	14.0	-1.600
4	5%	10	2.850	14.0	-1.700
5	7%	10	2.850	14.0	-0.700
6	9%	10	2.850	14.0	-2.500

Conc. ID	1	2	3	4	5	6
Conc. Tested	0	3	4	5	7	9
Response 1	.321	.362	.335	.392	.309	.347
Response 2	.357	.339	.357	.306	.301	.314
Response 3	.369	.362	.306	.332	.363	.307
Response 4	.301	.306	.329	.306	.329	.398
Response 5	.387	.374	.342	.389	.374	.364

*** Inhibition Concentration Percentage Estimate ***

Toxicant/Effluent: Ft Smith Massard

Test Start Date: 1/26/16 Test Ending Date: 2/2/16

Test Species: Fathead

Test Duration: 7 Day

DATA FILE:

Conc. ID	Number Replicates	Concentration	Response Means	Std. Dev.	Pooled Response Means
1	5	0.000	0.347	0.035	0.348
2	5	3.000	0.349	0.027	0.348
3	5	4.000	0.334	0.019	0.340
4	5	5.000	0.345	0.043	0.340
5	5	7.000	0.335	0.032	0.340
6	5	9.000	0.346	0.037	0.340

*** No Linear Interpolation Estimate can be calculated from the input data since none of the (possibly pooled) group response means were less than 75% of the control response mean.

Conc. ID	1	2	3	4	5	6
Conc. Tested	0	3	4	5	7	9
Response 1	17	21	21	20	22	21
Response 2	19	16	24	23	24	24
Response 3	25	22	24	26	20	23
Response 4	23	23	17	22	19	21
Response 5	17	25	20	24	19	23
Response 6	16	18	21	24	17	24
Response 7	22	23	25	18	18	18
Response 8	20	22	21	18	25	21
Response 9	24	21	21	22	25	27
Response 10	20	23	25	23	21	26

*** Inhibition Concentration Percentage Estimate ***

Toxicant/Effluent: Ft Smith Massard

Test Start Date: 1/26/16 Test Ending Date: 2/2/16

Test Species: Dubia

Test Duration: 7 Day

DATA FILE:

Conc. ID	Number Replicates	Concentration	Response Means	Std. Dev.	Pooled Response Means
1	10	0.000	20.300	3.129	21.567
2	10	3.000	21.400	2.633	21.567
3	10	4.000	21.900	2.558	21.567
4	10	5.000	22.000	2.625	21.567
5	10	7.000	21.000	2.906	21.567
6	10	9.000	22.800	2.658	21.567

*** No Linear Interpolation Estimate can be calculated from the input data since none of the (possibly pooled) group response means were less than 75% of the control response mean.

APPENDIX B
CHAIN OF CUSTODY FORMS

REPORT OF LABORATORY ANALYSIS

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Sample Condition Upon Receipt

Client Name: FT. Smith Massard

Courier: FedEx UPS VIA Clay PEX ECI Pace Other Client

Capital Express

Optional
Proj Due Date:
Proj Name:

Tracking #: _____ Pace Shipping Label Used? Yes No

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

Packing Material: Bubble Wrap Bubble Bags Foam None Other

Thermometer Used: T-111

Type of Ice: Wet Blue None Samples received on ice, cooling process has begun.
(circle one)

Cooler Temperature: _____

Date and initials of person examining contents:
1/28/16
EO 15:15

Temperature should be above freezing to 6°C

Chain of Custody present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody filled out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody relinquished:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler name & signature on COC:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples arrived within holding time:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time analyses (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct containers used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace containers used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
Containers intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Unpreserved 5035A soils frozen w/in 48hrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Filtered volume received for dissolved tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Includes date/time/ID/analyses Matrix: <u>WT</u>		13.
All containers needing preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
All containers needing preservation are found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Exceptions: VOA, Coliform, O&G, WI-DRO (water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial when completed
Trip Blank present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Lot # of added preservative
Pace Trip Blank lot # (if purchased):		15.
Headspace in VOA vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Project sampled in USDA Regulated Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17. List State:
Additional labels attached to 5035A vials in the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	18.

Client Notification/ Resolution: Copy COC to Client? Y / N Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Page: 1 of 1

1820634

REGULATORY AGENCY

NPDES GROUND-WATER DRINKING WATER
 UST RCRA OTHER _____

Site Location: AR
 STATE: AR

Section A Required Client Information:		Section B Required Project Information:		Section C Invoice Information:	
Company: <u>City of Fort Smith</u>		Report To: <u>Lance McAvey</u>		Attention: <u>Lance McAvey</u>	
Address: <u>3900 Kelley Hwy</u>		Copy To:		Company Name: <u>City of Fort Smith</u>	
<u>Fort Smith, AR 72904</u>		Purchase Order No.:		Address: <u>3900 Kelley Hwy, Ft. Smith, AR</u>	
Email To:		Project Name: <u>Massard Bioremediation</u>		Pace Quote Reference:	
Phone: <u>479 784 2337</u> Fax:		Project Number:		Pace Project Manager:	
Requested Due Date/TAT:		Pace Profile #:		Pace Profile #:	

ITEM #	SAMPLE ID (A-Z, 0-9, (-)) Sample IDs MUST BE UNIQUE	Matrix Codes MATRIX / CODE	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives								Analysis Test	Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)	Pace Project No. / Lab I.D.								
			DATE	TIME	DATE	TIME			Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₃	Methanol	Other / CR					Chronic Minnow	Chronic Ceriodaphnia						
																							COMPOSITE START		COMPOSITE END/GRAB		Analysis Test ↓	Residual Chlorine (Y/N)
																							MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	Y/N	Y/N		
1	Massard effluent	WW	C	1/28/16	0800	1/29/16	0800	1														X	X			1500-001		
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
11																												
12																												

ADDITIONAL COMMENTS		RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
F Cl ₂ = 0.02 mg/L T Cl ₂ = 0.00 mg/L		Chris Cooper / City of Ft. Smith	1/29/16	1000	Chris Cooper / Pace	1/30/16	2:00	2.0	Y	Y	Y

SAMPLER NAME AND SIGNATURE		Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
PRINT Name of SAMPLER: <u>Chris Cooper</u>					
SIGNATURE of SAMPLER: <u>[Signature]</u>					
DATE Signed (MM/DD/YY): <u>1/29/16</u>					



Sample Condition Upon Receipt

Client Name: Fort smith

Courier: FedEx UPS VIA Clay PEX ECI Pace Other Client

Tracking #: _____ Pace Shipping Label Used? Yes No

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No

Packing Material: Bubble Wrap Bubble Bags Foam None Other

Thermometer Used: T-111

Type of Ice: Wet Blue None Samples received on ice, cooling process has begun. (circle one)

Cooler Temperature: 2.0

Temperature should be above freezing to 6°C

Optional
Proj Due Date:
Proj Name:

Date and initials of person examining contents: 1/28/16
EC 30/2:00

Chain of Custody present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody filled out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler name & signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples arrived within holding time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time analyses (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct containers used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace containers used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
Containers intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Unpreserved 5035A soils frozen w/in 48hrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Filtered volume received for dissolved tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	12.
Sample labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Includes date/time/ID/analyses Matrix: <u>wt</u>		13.
All containers needing preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
All containers needing preservation are found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Exceptions: VOA, Coliform, O&G, WI-DRO (water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial when completed
Trip Blank present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Lot # of added preservative
Pace Trip Blank lot # (if purchased):		15.
Headspace in VOA vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Project sampled in USDA Regulated Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	17. List State:
Additional labels attached to 5035A vials in the field?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	18.

Client Notification/ Resolution: Copy COC to Client? Y / N Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

APPENDIX C

REFERENCE TOXICANTS SUMMARY

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

The absence of significant control mortality during this test indicated the health of the organisms and indicated that any significant mortality in the test concentrations was not due to contaminants or variations in testing conditions.

Reference toxicity testing is routinely performed by staff members in our biomonitoring - bioassay laboratory.

Start: 1/12/16 10:45 End: 1/19/16 11:30

Reference Toxicant (NaCl) Pimephales promelas

Concentration of Toxicant	Avg. # of Live Organisms/replicate			
	0 hrs	24 hrs	48 hrs	7 days
10 g/l	40	7	2	0
8 g/l	40	37	27	5
6 g/l	40	38	33	25
4 g/l	40	40	40	40
2 g/l	40	40	40	39

IC25 (5.04 g/l Sodium Chloride)

Survival NOEC: 4.0 g/l

Reference Toxicant (NaCl) Ceriodaphnia Dubia

Concentration of Toxicant	Avg. # of Live Organisms/replicate			
	0 hrs	24 hrs	48 hrs	7 days
2.5 g/l	10	5	0	0
2.0 g/l	10	10	7	1
1.5 g/l	10	10	10	10
1.0 g/l	10	10	10	10
0.5 g/l	10	10	10	10

IC25 (1.13 g/l Sodium Chloride)

Survival NOEC: 1.5 g/l

Submitted By: 
Timothy Harrell, Technical Director

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc.

APPENDIX D
STATE AGENCY FORMS

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

**Biomonitoring Form
Chronic Toxicity Summary Form
Ceriodaphnia dubia
Chemical Parameters Chart**

Permittee: City of Fort Smith
NPDES No.: AR 0021750
Contact: Lance McAvoy
Analyst: Tim Harrell
Mike Bollin

Sample No. 1 Collected: Date: 1/25/2016 Time: 8:00
Sample No. 2 Collected: Date: 1/27/2016 Time: 8:00
Sample No. 3 Collected: Date: 1/29/2016 Time: 8:00
Test Begin: Date: 1/26/2016 Time: 14:30
Test End: Date: 2/2/2016 Time: 14:00

Dilution: 0									Dilution: 5								
Day:									Day:								
	1	2	3	4	5	6	7	Comments		1	2	3	4	5	6	7	Comments
Temp (C)	25.1	25.2	25.1	25	25.1	24.9	24.9		Temp (C)	25	25	24.9	25	25	25.1	25.1	
DO Initial	8.3	8.2	8.1	7.9	8	8.2	8		DO Initial		8.1	8.2	7.9	8	8.2	8	
DO Final	7.2	7.1	7.3	7.4	7	7.2	7		DO Final	7.1	7	7.3	7.4	7	7.1	7	
pH Initial	7.57	7.4	7.51	7.44	7.49	7.54	7.58		pH Initial		7.45	7.71	7.63	7.61	7.57	7.63	
pH Final	7.6	7.96	7.69	7.62	7.6	7.82	7.76		pH Final	7.64	7.91	7.79	7.67	7.7	7.85	7.85	
Alkalinity	62								Alkalinity								
Hardness	98								Hardness								
Conductivity	338								Conductivity								
Chlorine	<.1						<.1		Chlorine								

Dilution: 3									Dilution: 7								
Day:									Day:								
	1	2	3	4	5	6	7	Comments		1	2	3	4	5	6	7	Comments
Temp (C)	25	25	24.9	25	25	25.1	25.1		Temp (C)	25	25	24.9	25	25	25.1	25.1	
DO Initial		8.2	8.2	7.9	8	8.2	8		DO Initial		8.1	8.3	8	7.9	8.1	8	
DO Final	7.2	7	7.3	7.4	7	7.2	7		DO Final	7.1	7	7.3	7.4	7	7.1	7	
pH Initial		7.42	7.59	7.5	7.52	7.56	7.59		pH Initial		7.46	7.77	7.71	7.69	7.6	7.65	
pH Final	7.62	7.95	7.74	7.63	7.63	7.84	7.82		pH Final	7.65	7.9	7.82	7.68	7.73	7.89	7.87	
Alkalinity									Alkalinity								
Hardness									Hardness								
Conductivity									Conductivity								
Chlorine									Chlorine								

Dilution: 4									Dilution: 9								
Day:									Day:								
	1	2	3	4	5	6	7	Comments		1	2	3	4	5	6	7	Comments
Temp (C)	25	25	24.9	25	25	25.1	25.1		Temp (C)	25	25	24.9	25	25	25.1	25.1	Init. 100%
DO Initial		8.1	8.2	7.9	8	8.2	8		DO Initial		8.1	8.3	8	7.9	8.1	8	8.6
DO Final	7.2	7	7.3	7.4	7	7.2	7		DO Final	7	7	7.3	7.5	7.1	7.1	7	
pH Initial		7.43	7.66	7.58	7.57	7.57	7.61		pH Initial		7.47	7.8	7.79	7.76	7.64	7.66	7.52
pH Final	7.63	7.93	7.76	7.66	7.65	7.85	7.84		pH Final	7.66	7.89	7.86	7.68	7.76	7.89	7.9	
Alkalinity									Alkalinity								146
Hardness									Hardness								88
Conductivity									Conductivity								468
Chlorine									Chlorine							<.1	<.1

**Summary Reporting Forms
Chronic Biomonitoring**

Ceriodaphnia dubia Survival and Reproduction

Permittee: City of Fort Smith

NPDES No.:

AR 0021750

		Time:	Date:		Time:	Date:
Composite 1 Collected	From	8:00	1/24/2016	To	8:00	1/25/2016

Composite 2 Collected	From	8:00	1/26/2016	To	8:00	1/27/2016
-----------------------	------	------	-----------	----	------	-----------

Composite 3 Collected	From	8:00	1/28/2016	To	8:00	1/29/2016
-----------------------	------	------	-----------	----	------	-----------

Test initiated: am/pm 14:30

date 1/26/2016

Test terminated: am/pm 14:00

date 2/2/2016

Dilution water used: Receiving Reconstituted X

Percent Survival

Time of Reading	Percent Effluent					
	0	3	4	5	7	9
24h	100	100	100	100	100	100
48h	100	100	100	100	100	100
End of test	100	100	100	100	100	100

Number of Young Produced per Female @ End of Test

Rep	0	3	4	5	7	9
A	17	21	21	20	22	21
B	19	16	24	23	24	24
C	25	22	24	26	20	23
D	23	23	17	22	19	21
E	17	25	20	24	19	23
F	16	18	21	24	17	24
G	22	23	25	18	18	18
H	20	22	21	18	25	21
I	24	21	21	22	25	27
J	20	23	25	23	21	26
Mean	20.3	21.4	21.9	22	21	22.8
CV%*	15.41	12.3	11.68	11.93	13.84	11.66

*coefficient of variation = standard deviation x 100/mean.

Ceriodaphnia dubia
Survival and Reproduction (cont)

1. Fisher's Exact Test:

Is the mean survival at the end of the test significantly different ($p=.05$) than the control survival for the % effluent corresponding to (lethality):

a) Low Flow or Critical Dilution	(	7 %):	Yes:	No: X
b) ½ Low Flow Dilution	(	%):	Yes:	No:

2. Dunnett's Procedure or Steel's Many-One Rank Test as appropriate:

Is the mean number of young produced per female significantly different ($p=.05$) than the control's number of young per female for the % effluent corresponding to (significant non-lethal effects):

a) Low Flow or Critical Dilution	(	7 %):	Yes:	No: X
b) ½ Low Flow Dilution	(	%):	Yes:	No:

3. If you answered NO to 1. a) and 2. a) enter (0) otherwise enter (1): 0

4. If you answered NO to 1. b) and 2. b) enter (0) otherwise enter (1):

5. Enter response to item 3 on DMR Form, parameter #TEP3B.

6. Enter response to item 4 on DMR Form, parameter #TFP3B.

7. Enter percent effluent corresponding to each NOEC below and circle lowest number:

a) NOEC survival:	9 % effluent
b) NOEC reproduction:	9 % effluent

Biomonitoring Form
Chronic Toxicity Summary Form
Pimephales promelas
Chemical Parameters Chart

Permittee: City of Fort Smith
 NPDES No.: AR 0021750
 Contact: Lance McAvoy
 Analyst: Tim Harrell
 Mike Bollin

Sample No. 1 Collected: Date: 1/25/2016 Time: 8:00
 Sample No. 2 Collected: Date: 1/27/2016 Time: 8:00
 Sample No. 3 Collected: Date: 1/29/2016 Time: 8:00
 Test Begin: Date: 1/26/2016 Time: 14:30
 Test End: Date: 2/2/2016 Time: 14:00

Dilution: 0									Dilution: 5								
Day:									Day:								
	1	2	3	4	5	6	7	Comments		1	2	3	4	5	6	7	Comments
Temp (C)	25.1	25.2	25.1	25	25.1	24.9	24.9		Temp (C)	25	25	24.9	25	25	25.1	25.1	
DO Initial	8.3	8.2	8.1	7.9	8	8.2	8		DO Initial		8.1	8.2	7.9	8	8.2	8	
DO Final	7.2	7.1	7.3	7.4	7	7.2	7		DO Final	7.1	7	7.3	7.4	7	7.1	7	
pH Initial	7.57	7.4	7.51	7.44	7.49	7.54	7.58		pH Initial		7.45	7.71	7.63	7.61	7.57	7.63	
pH Final	7.6	7.96	7.69	7.62	7.6	7.82	7.76		pH Final	7.64	7.91	7.79	7.67	7.7	7.85	7.85	
Alkalinity	62								Alkalinity								
Hardness	98								Hardness								
Conductivity	338								Conductivity								
Chlorine	<.1						<.1		Chlorine								

Dilution: 3									Dilution: 7								
Day:									Day:								
	1	2	3	4	5	6	7	Comments		1	2	3	4	5	6	7	Comments
Temp (C)	25	25	24.9	25	25	25.1	25.1		Temp (C)	25	25	24.9	25	25	25.1	25.1	
DO Initial		8.2	8.2	7.9	8	8.2	8		DO Initial		8.1	8.3	8	7.9	8.1	8	
DO Final	7.2	7	7.3	7.4	7	7.2	7		DO Final	7.1	7	7.3	7.4	7	7.1	7	
pH Initial		7.42	7.59	7.5	7.52	7.56	7.59		pH Initial		7.46	7.77	7.71	7.69	7.6	7.65	
pH Final	7.62	7.95	7.74	7.63	7.63	7.84	7.82		pH Final	7.65	7.9	7.82	7.68	7.73	7.89	7.87	
Alkalinity									Alkalinity								
Hardness									Hardness								
Conductivity									Conductivity								
Chlorine									Chlorine								

Dilution: 4									Dilution: 9								
Day:									Day:								
	1	2	3	4	5	6	7	Comments		1	2	3	4	5	6	7	Comments
Temp (C)	25	25	24.9	25	25	25.1	25.1		Temp (C)	25	25	24.9	25	25	25.1	25.1	Init. 100%
DO Initial		8.1	8.2	7.9	8	8.2	8		DO Initial		8.1	8.3	8	7.9	8.1	8	8.6
DO Final	7.2	7	7.3	7.4	7	7.2	7		DO Final	7	7	7.3	7.5	7.1	7.1	7	
pH Initial		7.43	7.66	7.58	7.57	7.57	7.61		pH Initial		7.47	7.8	7.79	7.76	7.64	7.66	7.55
pH Final	7.63	7.93	7.76	7.66	7.65	7.85	7.84		pH Final	7.66	7.89	7.86	7.68	7.76	7.89	7.9	
Alkalinity									Alkalinity								146
Hardness									Hardness								88
Conductivity									Conductivity								468
Chlorine									Chlorine							<.1	<.1

**Summary Reporting Forms Chronic Biomonitoring
Fathead Minnow Larvae Growth and Survival
(Pimephales promelas)**

Permittee: City of Fort Smith

NPDES No.:

AR 0021750

Composite 1 Collected		Time:	Date:		Time:	Date:
	From	8:00	1/24/2016	To	8:00	1/25/2016

Composite 2 Collected	From	8:00	1/26/2016	To	8:00	1/27/2016
-----------------------	-------------	------	-----------	-----------	------	-----------

Composite 3 Collected	From	8:00	1/28/2016	To	8:00	1/29/2016
-----------------------	-------------	------	-----------	-----------	------	-----------

Test initiated: am/pm 14:30 date 1/26/2016

Test terminated: am/pm 14:00 date 2/2/2016

Dilution water used: Receiving Reconstituted X

Data Table for Survival

Effluent Conc. %	Percent Survival in Replicate Chambers					Mean Percent Survival			CV%*
	A	B	C	D	E	24h	48h	7 days	
0%	100	100	100	87.5	100	100	100	97.5	4.79
3%	100	100	100	100	100	100	100	100	0
4%	100	100	87.5	100	100	100	100	97.5	4.79
5%	100	100	100	100	100	100	100	100	0
7%	87.5	87.5	100	100	100	100	100	95	5.99
9%	100	100	87.5	100	100	100	100	97.5	4.79

Data Table for Survival

Effluent Conc. %	Average Dry Weight in milligrams in Replicate Chambers					Mean Dry Weight mg	CV%*
	A	B	C	D	E		
0%	0.321	0.357	0.369	0.301	0.387	0.347	10.16
3%	0.362	0.339	0.362	0.306	0.374	0.349	7.74
4%	0.335	0.357	0.306	0.329	0.342	0.334	5.61
5%	0.392	0.306	0.332	0.306	0.389	0.345	12.43
7%	0.309	0.301	0.363	0.329	0.374	0.335	9.64
9%	0.347	0.314	0.307	0.398	0.364	0.346	10.79

*coefficient of variation = standard deviation x 100/mean.

Fathead Minnow Larvae Growth and Survival (cont)
(Pimephales promelas)

1. Dunnett's Procedure or Steels Many-One Rank Test as appropriate:

Is the mean survival at 7 days significantly different ($p=.05$) than the control survival for the % effluent corresponding to:

a) Low Flow or Critical Dilution	(	7 %):	Yes:	No: X
b) ½ Low Flow Dilution	(	%):	Yes:	No:

2. Dunnett's Procedure (or appropriate test):

Is the mean dry weight (growth) of the effluent at 7 days significantly different ($p=0.05$) than the control's dry weight for the % effluent corresponding to (significant non-lethal effects):

a) Low Flow or Critical Dilution	(	7 %):	Yes:	No: X
b) ½ Low Flow Dilution	(	%):	Yes:	No:

3. If you answered NO to 1. a) and 2. a) enter (0) otherwise enter (1): 0

4. If you answered NO to 1. b) and 2. b) enter (0) otherwise enter (1):

5. Enter response to item 3 on DMR Form, parameter #TEP6C.

6. Enter response to item 4 on DMR Form, parameter #TFP6C.

7. Enter percent effluent corresponding to each NOEC below and circle lowest number:

a) NOEC survival:	9 % effluent
b) NOEC reproduction:	9 % effluent

1ST QTR 2016

AR 0021750



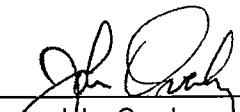
February 8, 2016
Control No. 198729
Page 1 of 9

City of Fort Smith
ATTN: Mr. Lance McAvoy
3900 Kelley Highway
Fort Smith, AR 72904

This report contains the analytical results and supporting information for samples submitted on January 28, 2016. Attached please find a copy of the Chain of Custody and/or other documents received. Note that any remaining sample will be discarded two weeks from the original report date unless other arrangements are made.

This report is intended for the sole use of the client listed above. Assessment of the data requires access to the entire document.

This report has been reviewed by the Chief Operating Officer or a qualified designee.



John Overbey
Chief Operating Officer

This document has been distributed to the following:

PDF cc: City of Fort Smith
ATTN: Mr. Lance McAvoy
lmcavoy@fortsmithar.gov

City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

SAMPLE INFORMATION

Project Description:

Ten (10) water and one (1) sludge sample(s) received on January 28, 2016
Massard Table III Priority Pollutants

Receipt Details:

A Chain of Custody was provided. The samples were delivered in one (1) ice chest.
Ice chest #1 was delivered with a custody seal intact and signed with shipping documentation.

Each sample container was checked for proper labeling, including date and time sampled. Sample containers were reviewed for proper type, adequate volume, integrity, temperature, preservation, and holding times. Any exceptions are noted below:

Sample Identification:

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
198729-1	Massard Influent	26-Jan-2016 1758	
198729-2	Massard Influent	26-Jan-2016 2209	
198729-3	Massard Effluent	26-Jan-2016 1804	
198729-4	Massard Effluent	26-Jan-2016 0800	
198729-5	Massard Raw Biosolid	26-Jan-2016 1145	

Qualifiers:

W Result is presented on a Wet Weight Basis

Case Narrative:

Equivalent composite of four (4) was prepared for Control Nos. 198729-1 and 198729-3.

Analysis of soils/sludges are reported on a dry-weight basis unless specified.

References:

"Methods for Chemical Analysis of Water and Wastes", EPA/600/4-79-020 (Mar 1983) with updates and supplements
EPA/600/5-91-010 (Jun 1991), EPA/600/R-92-129 (Aug 1992) and EPA/600/R-93-100 (Aug 1993).
"Test Methods for Evaluating Solid Waste Physical/Chemical Methods (SW846)", Third Edition.
"Standard Methods for the Examination of Water and Wastewaters", (SM).
"American Society for Testing and Materials" (ASTM).
"Association of Analytical Chemists" (AOAC).



City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

ANALYTICAL RESULTS

AIC No. 198729-1

Sample Identification: Massard Influent 26-Jan-2016 1758

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Recoverable Phenolics EPA 420.1	60 Prep: 02-Feb-2016 0756 by 308	5 Analyzed: 02-Feb-2016 1005 by 308	ug/l Batch: W54761	
Total Cyanide SM 4500-CN C,E 1999	< 10 Prep: 02-Feb-2016 0914 by 319	10 Analyzed: 02-Feb-2016 1307 by 308	ug/l Batch: W54764	

AIC No. 198729-2

Sample Identification: Massard Influent 26-Jan-2016 2209

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Molybdenum EPA 200.8	< 8 Prep: 01-Feb-2016 1236 by 317	8 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Mercury, low level EPA 245.7	0.057 Prep: 03-Feb-2016 1045 by 308	0.0050 Analyzed: 03-Feb-2016 1214 by 308	ug/l Batch: S40557	
Total Recoverable Antimony EPA 200.8	< 60 Prep: 01-Feb-2016 1236 by 317	60 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Arsenic EPA 200.8	2.5 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Beryllium EPA 200.8	< 0.5 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Cadmium EPA 200.8	< 0.5 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Chromium EPA 200.8	< 10 Prep: 01-Feb-2016 1236 by 317	10 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Copper EPA 200.8	22 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Lead EPA 200.8	2.8 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Nickel EPA 200.8	7.3 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Selenium EPA 200.8	< 5 Prep: 01-Feb-2016 1236 by 317	5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Silver EPA 200.8	< 0.5 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Thallium EPA 200.8	< 0.5 Prep: 01-Feb-2016 1236 by 317	0.5 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	
Total Recoverable Zinc EPA 200.8	340 Prep: 01-Feb-2016 1236 by 317	20 Analyzed: 02-Feb-2016 1436 by 317	ug/l Batch: S40540	

AIC No. 198729-3

Sample Identification: Massard Effluent 26-Jan-2016 1804

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Recoverable Phenolics EPA 420.1	6.6 Prep: 02-Feb-2016 0756 by 308	5 Analyzed: 02-Feb-2016 1006 by 308	ug/l Batch: W54761	

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ANALYTICAL RESULTS
AIC No. 198729-3 (Continued)
Sample Identification: Massard Effluent 26-Jan-2016 1804

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Cyanide SM 4500-CN C,E 1999	< 10	10	ug/l	
Prep: 02-Feb-2016 0914 by 319	Analyzed: 02-Feb-2016 1309 by 308		Batch: W54764	

AIC No. 198729-4
Sample Identification: Massard Effluent 26-Jan-2016 0800

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Molybdenum EPA 200.8	< 8	8	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Mercury, low level EPA 245.7	0.0072	0.0050	ug/l	
Prep: 03-Feb-2016 1045 by 308	Analyzed: 03-Feb-2016 1150 by 308		Batch: S40557	
Total Recoverable Antimony EPA 200.8	< 60	60	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Arsenic EPA 200.8	0.73	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Beryllium EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Cadmium EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Chromium EPA 200.8	< 10	10	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Copper EPA 200.8	5.3	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Lead EPA 200.8	0.52	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Nickel EPA 200.8	3.4	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Selenium EPA 200.8	< 5	5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Silver EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Thallium EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	
Total Recoverable Zinc EPA 200.8	31	20	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1442 by 317		Batch: S40540	

AIC No. 198729-5
Sample Identification: Massard Raw Biosolid 26-Jan-2016 1145

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Cyanide EPA 9010C, 9014	< 0.1	0.1	mg/Kg	W
Prep: 01-Feb-2016 0842 by 319	Analyzed: 01-Feb-2016 1354 by 308		Batch: W54743	

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ANALYTICAL RESULTS
AIC No. 198729-5 (Continued)
Sample Identification: Massard Raw Biosolid 26-Jan-2016 1145

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Recoverable Phenolics	3.1	0.5	mg/Kg	W
EPA 9065 Prep: 01-Feb-2016 0758 by 308	Analyzed: 01-Feb-2016 1044 by 308		Batch: W54737	
Total Solids	2.0	0.01	wt %	
SM 2540 G 1997 Prep: 28-Jan-2016 1406 by 100	Analyzed: 29-Jan-2016 1046 by 100		Batch: W54708	
Antimony	< 3	3	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Arsenic	< 5	5	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Beryllium	0.45	0.03	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Cadmium	3.5	0.4	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Chromium	25	0.7	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Copper	610	0.6	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Lead	150	4	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Molybdenum	5.7	0.8	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Nickel	1200	1	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Selenium	< 7	7	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Silver	5.1	0.7	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Thallium	< 4	4	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1602 by 317		Batch: S40572	
Zinc	3200	20	mg/Kg	
EPA 3051A, 6010C Prep: 05-Feb-2016 0838 by 313	Analyzed: 06-Feb-2016 1141 by 317		Batch: S40572	
Mercury	1.2	0.1	mg/Kg	
EPA 7471B Prep: 02-Feb-2016 0921 by 313	Analyzed: 02-Feb-2016 1202 by 313		Batch: S40545	



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DUPLICATE RESULTS

Analyte	AIC No.	Result	RPD		Preparation Date	Analysis Date	Dil	Qual
			RPD	Limit				
Total Solids	198731-1	80 wt %			28Jan16 1406 by 100	29Jan16 1046 by 100		
	Batch: W54708 Duplicate	80 wt %	0.142	10.0	28Jan16 1406 by 100	29Jan16 1046 by 100		

LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Recoverable Phenolics	0.1 mg/l	90.0	85.0-115			W54761	02Feb16 0757 by 308	02Feb16 1001 by 308		
Total Cyanide	0.1 mg/l	93.8	85.0-115			W54764	02Feb16 0914 by 319	02Feb16 1259 by 308		
Molybdenum	0.05 mg/l	101	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Mercury, low level	0.01 ug/l	104	76.0-113			S40557	03Feb16 1045 by 308	03Feb16 1125 by 308		
Total Recoverable Antimony	0.05 mg/l	93.8	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Arsenic	0.05 mg/l	101	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Beryllium	0.05 mg/l	99.7	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Cadmium	0.05 mg/l	104	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Chromium	0.05 mg/l	102	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Copper	0.05 mg/l	102	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Lead	0.05 mg/l	101	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Nickel	0.05 mg/l	100	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Selenium	0.05 mg/l	102	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Silver	0.02 mg/l	99.3	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Thallium	0.05 mg/l	105	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Zinc	0.05 mg/l	104	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Cyanide	0.500 mg/Kg	89.1	85.0-115			W54743	01Feb16 0843 by 319	01Feb16 1347 by 308		
Total Recoverable Phenolics	10.0 mg/Kg	89.5	85.0-115			W54737	01Feb16 0758 by 308	01Feb16 1041 by 308		
Antimony	500 mg/Kg	97.0	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Arsenic	500 mg/Kg	93.6	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Beryllium	50.0 mg/Kg	94.9	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Cadmium	500 mg/Kg	94.9	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Chromium	50.0 mg/Kg	97.2	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Copper	50.0 mg/Kg	95.5	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Lead	500 mg/Kg	97.3	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Molybdenum	50.0 mg/Kg	95.3	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Nickel	50.0 mg/Kg	96.8	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Selenium	500 mg/Kg	91.0	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Silver	10.0 mg/Kg	104	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Thallium	500 mg/Kg	92.2	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Zinc	50.0 mg/Kg	94.3	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Mercury	1.25 mg/Kg	102	85.0-115			S40545	02Feb16 0922 by 313	02Feb16 1134 by 313		



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MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Recoverable Phenolics	198702-1	0.1 mg/l	93.3	80.0-120	W54761	02Feb16 0757 by 308	02Feb16 1003 by 308		
	198702-1	0.1 mg/l	85.9	80.0-120	W54761	02Feb16 0757 by 308	02Feb16 1004 by 308		
		Relative Percent Difference:	7.94	10.0	W54761				
Total Cyanide	198741-3	0.1 mg/l	76.9	75.0-125	W54764	02Feb16 0914 by 319	02Feb16 1303 by 308		
	198741-3	0.1 mg/l	88.0	75.0-125	W54764	02Feb16 0914 by 319	02Feb16 1305 by 308		
		Relative Percent Difference:	13.5	20.0	W54764				
Molybdenum	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	0.112	20.0	S40540				
Mercury, low level	198803-1	0.01 ug/l	108	63.0-111	S40557	03Feb16 1045 by 308	03Feb16 1140 by 308		
	198803-1	0.01 ug/l	109	63.0-111	S40557	03Feb16 1045 by 308	03Feb16 1145 by 308		
		Relative Percent Difference:	0.733	18.0	S40557				
Total Recoverable Antimony	198803-1	0.05 mg/l	95.0	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	95.8	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	0.814	20.0	S40540				
Total Recoverable Arsenic	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	105	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	2.96	20.0	S40540				
Total Recoverable Beryllium	198803-1	0.05 mg/l	98.9	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	100	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	1.14	20.0	S40540				
Total Recoverable Cadmium	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	106	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	2.05	20.0	S40540				
Total Recoverable Chromium	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	103	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	1.08	20.0	S40540				
Total Recoverable Copper	198803-1	0.05 mg/l	100	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	99.6	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	0.757	20.0	S40540				
Total Recoverable Lead	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	0.297	20.0	S40540				
Total Recoverable Nickel	198803-1	0.05 mg/l	99.4	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	98.4	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	1.00	20.0	S40540				
Total Recoverable Selenium	198803-1	0.05 mg/l	101	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	103	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	2.15	20.0	S40540				
Total Recoverable Silver	198803-1	0.02 mg/l	97.7	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.02 mg/l	101	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	2.88	20.0	S40540				
Total Recoverable Thallium	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	105	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	0.979	20.0	S40540				
Total Recoverable Zinc	198803-1	0.05 mg/l	103	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	101	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
		Relative Percent Difference:	2.17	20.0	S40540				
Total Cyanide	198741-5	0.997 mg/Kg	83.6	75.0-125	W54743	01Feb16 0843 by 319	01Feb16 1350 by 308		
	198741-5	0.987 mg/Kg	83.7	75.0-125	W54743	01Feb16 0843 by 319	01Feb16 1352 by 308		
		Relative Percent Difference:	0.320	20.0	W54743				

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MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Recoverable Phenolics	198741-5	9.09 mg/Kg	81.2	80.0-120	W54737	01Feb16 0758 by 308	01Feb16 1043 by 308		
	198741-5	9.93 mg/Kg	83.8	80.0-120	W54737	01Feb16 0758 by 308	01Feb16 1043 by 308		
	Relative Percent Difference:		1.22	10.0		W54737			
Antimony	198731-2	492 mg/Kg	95.1	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	95.0	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0857	20.0		S40572			
Arsenic	198731-2	492 mg/Kg	92.9	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	92.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.300	20.0		S40572			
Beryllium	198731-2	49.2 mg/Kg	96.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	96.4	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.245	20.0		S40572			
Cadmium	198731-2	492 mg/Kg	102	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1504 by 317		
	198731-2	491 mg/Kg	101	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1509 by 317		
	Relative Percent Difference:		1.18	20.0		S40572			
Chromium	198731-2	49.2 mg/Kg	94.7	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	94.4	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.226	20.0		S40572			
Copper	198731-2	49.2 mg/Kg	91.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	91.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0393	20.0		S40572			
Lead	198731-2	492 mg/Kg	94.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	94.7	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.175	20.0		S40572			
Molybdenum	198731-2	49.2 mg/Kg	93.3	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	93.2	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0455	20.0		S40572			
Nickel	198731-2	49.2 mg/Kg	90.1	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	90.1	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0174	20.0		S40572			
Selenium	198731-2	492 mg/Kg	91.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	91.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.135	20.0		S40572			
Silver	198731-2	9.85 mg/Kg	105	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	9.83 mg/Kg	105	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.172	20.0		S40572			
Thallium	198731-2	492 mg/Kg	88.3	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	88.3	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0297	20.0		S40572			
Zinc	198731-2	49.2 mg/Kg	85.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	84.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.375	20.0		S40572			
Mercury	198731-1	2.44 mg/Kg	114	70.0-130	S40545	02Feb16 0922 by 313	02Feb16 1138 by 313		
	198731-1	2.38 mg/Kg	106	70.0-130	S40545	02Feb16 0922 by 313	02Feb16 1142 by 313		
	Relative Percent Difference:		6.49	20.0		S40545			



City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

LABORATORY BLANK RESULTS

Analyte	Result	RL	PQL	QC		Qual
				Sample	Preparation Date	
Total Recoverable Phenolics	< 0.005 mg/l	0.005	0.005	W54761-1	02Feb16 0757 by 308	02Feb16 1000 by 308
Total Cyanide	< 0.01 mg/l	0.01	0.01	W54764-1	02Feb16 0914 by 319	02Feb16 1257 by 308
Molybdenum	< 0.008 mg/l	0.008	0.008	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Mercury, low level	< 0.0050 ug/l	0.0050	0.0050	S40557-1	03Feb16 1045 by 308	03Feb16 1120 by 308
Total Recoverable Antimony	< 0.03 mg/l	0.03	0.03	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Arsenic	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Beryllium	< 0.0003 mg/l	0.0003	0.0003	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Cadmium	< 0.0002 mg/l	0.0002	0.0002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Chromium	< 0.007 mg/l	0.007	0.007	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Copper	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Lead	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Nickel	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Selenium	< 0.002 mg/l	0.002	0.002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Silver	< 0.0002 mg/l	0.0002	0.0002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Thallium	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Recoverable Zinc	< 0.002 mg/l	0.002	0.002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317
Total Cyanide	< 0.1 mg/Kg	0.1	0.1	W54743-1	01Feb16 0843 by 319	01Feb16 1346 by 308
Total Recoverable Phenolics	< 0.5 mg/Kg	0.5	0.5	W54737-1	01Feb16 0758 by 308	01Feb16 1040 by 308
Total Solids	< 0.01 wt %	0.01	0.01	W54708-1	28Jan16 1406 by 100	29Jan16 1046 by 100
Antimony	< 3 mg/Kg	3	3	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Arsenic	< 5 mg/Kg	5	5	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Beryllium	< 0.03 mg/Kg	0.03	0.03	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Cadmium	< 0.4 mg/Kg	0.4	0.4	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Chromium	< 0.7 mg/Kg	0.7	0.7	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Copper	< 0.6 mg/Kg	0.6	0.6	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Lead	< 4 mg/Kg	4	4	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Molybdenum	< 0.8 mg/Kg	0.8	0.8	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Nickel	< 1 mg/Kg	1	1	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Selenium	< 7 mg/Kg	7	7	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Silver	< 0.7 mg/Kg	0.7	0.7	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Thallium	< 4 mg/Kg	4	4	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Zinc	< 0.2 mg/Kg	0.2	0.2	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317
Mercury	< 0.1 mg/Kg	0.1	0.1	S40545-1	02Feb16 0922 by 313	02Feb16 1130 by 313



LABORATORIES CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

PAGE 1 OF 1

Client: City of Fort Smith				PO No.		Analysis Requested										AIC CONTROL NO: 98729										
Project Reference: Massard Table III Priority Pollutants																AIC PROPOSAL NO:										
Project Manager: Lance McAvoy																Carrier:										
Sampled By: <i>[Signature]</i> Rachel J. Sharp				Sample Type		Sample Matrix												Received Temperature C: 0.1 CS								
AIC No.	Sample Identification	Date(s) Collected	Time(s) Collected	GRAB	COMP	WATER	SOIL	NO. OF BOTTLES	T. Cyanide	Phenolics	PP Metals + MO	HG.LL (245.7)	Table III: 13 PP Metals, CN.T, Phenolics, T.Solids	MO											Remarks	
1	Massard Influent	1/26/16	0001	X		X		2	X	X																
1	Massard Influent	1/26/16	1154	X		X		2	X	X																
1	Massard Influent	1/26/16	0555	X		X		2	X	X																
1	Massard Influent	1/26/16	1738	X		X		2	X	X																
2	Massard Influent	1/26/16	0010-2209		X	X		2			X	X														
3	Massard Effluent	1/26/16	0004	X		X		2	X	X																
3	Massard Effluent	1/26/16	0601	X		X		2	X	X																
3	Massard Effluent	1/26/16	1158	X		X		2	X	X																
3	Massard Effluent	1/26/16	1804	X		X		2	X	X																
4	Massard Effluent	1/26-27/16	0800-0800		X	X		2			X	X														
5	Massard Raw Biosolid	1/26/16	1145	X		X		1					X	X												
									Container Type			P	G	P	G	G										
									Preservative			B	S	N	No	No										
Turnaround Time Requested: (Please Circle) NORMAL or EXPEDITED IN ____ DAYS									G = Glass P = Plastic V = VOA vials H = HCL to pH2 T = Sodium Thiosulfate NO = none S = Sulfuric acid pH2 N = Nitric acid pH2 B = NaOH to pH12 Z = Zinc acetate																	
Expedited results requested by: _____									Field pH calibration on ____ @ ____																	
Who should AIC contact with questions: Lance McAvoy									Relinquished By:			Date/Time			Received By:											
Phone: 479-784-2337 Fax: _____									<i>[Signature]</i>			1/27/16 1430			<i>[Signature]</i>											
Report Attention to: Lance McAvoy									Relinquished By:			Date/Time			Received By:											
Report Address to:															<i>[Signature]</i>											
City of Fort Smith															1/28/16 / 0925											
3900 Kelley Hwy.									Comments: Fed Ex Tracking #: 4088 8472 3155																	
Fort Smith, AR 72904																										

1ST QTR 2016

AR 0033278

February 8, 2016
Control No. 198741
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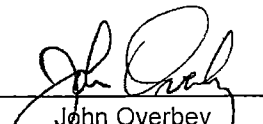


City of Fort Smith
ATTN: Mr. Lance McAvoy
3900 Kelley Highway
Fort Smith, AR 72904

This report contains the analytical results and supporting information for samples submitted on January 28, 2016. Attached please find a copy of the Chain of Custody and/or other documents received. Note that any remaining sample will be discarded two weeks from the original report date unless other arrangements are made.

This report is intended for the sole use of the client listed above. Assessment of the data requires access to the entire document.

This report has been reviewed by the Chief Operating Officer or a qualified designee.



John Overbey
Chief Operating Officer

This document has been distributed to the following:

PDF cc: City of Fort Smith
ATTN: Mr. Lance McAvoy
lmcavoy@fortsmithar.gov



City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

SAMPLE INFORMATION

Project Description:

Four (4) water and one (1) sludge sample(s) received on January 28, 2016
P Street Table III Priority Pollutants

Receipt Details:

A Chain of Custody was provided. The samples were delivered in one (1) ice chest.
Ice chest #1 was delivered with a custody seal intact and signed with shipping documentation.

Each sample container was checked for proper labeling, including date and time sampled. Sample containers were reviewed for proper type, adequate volume, integrity, temperature, preservation, and holding times. Any exceptions are noted below:

Sample Identification:

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
198741-1	P Street Influent	26-Jan-2016 1836	
198741-2	P Street Influent	26-Jan-2016 2329	
198741-3	P Street Effluent	26-Jan-2016 1841	
198741-4	P Street Effluent	27-Jan-2016 0800	
198741-5	P Street Raw Biosolid	26-Jan-2016 1224	

Case Narrative:

Equivalent composite of four (4) was prepared for Control Nos. 198741-1 and 198741-3.

Analysis of soils/sludges are reported on a dry-weight basis unless specified.

References:

- "Methods for Chemical Analysis of Water and Wastes", EPA/600/4-79-020 (Mar 1983) with updates and supplements EPA/600/5-91-010 (Jun 1991), EPA/600/R-92-129 (Aug 1992) and EPA/600/R-93-100 (Aug 1993).
- "Test Methods for Evaluating Solid Waste Physical/Chemical Methods (SW846)", Third Edition.
- "Standard Methods for the Examination of Water and Wastewaters", (SM).
- "American Society for Testing and Materials" (ASTM).
- "Association of Analytical Chemists" (AOAC).



City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

ANALYTICAL RESULTS

AIC No. 198741-1

Sample Identification: P Street Influent 26-Jan-2016 1836

Analyte	Result	RL	Units	Qualifier
Total Recoverable Phenolics EPA 420.1	37	5	ug/l	
Prep: 02-Feb-2016 0756 by 308	Analyzed: 02-Feb-2016 1007 by 308		Batch: W54761	
Total Cyanide SM 4500-CN C,E 1999	< 10	10	ug/l	
Prep: 02-Feb-2016 0914 by 319	Analyzed: 02-Feb-2016 1311 by 308		Batch: W54764	

AIC No. 198741-2

Sample Identification: P Street Influent 26-Jan-2016 2329

Analyte	Result	RL	Units	Qualifier
Mercury, low level EPA 245.7	0.089	0.0050	ug/l	
Prep: 03-Feb-2016 1045 by 308	Analyzed: 03-Feb-2016 1220 by 308		Batch: S40557	
Total Recoverable Antimony EPA 200.8	< 60	60	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Arsenic EPA 200.8	1.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Beryllium EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Cadmium EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Chromium EPA 200.8	< 10	10	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Copper EPA 200.8	16	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Lead EPA 200.8	4.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Molybdenum EPA 200.8	< 8	8	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Nickel EPA 200.8	8.6	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Selenium EPA 200.8	< 5	5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Silver EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Thallium EPA 200.8	< 0.5	0.5	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	
Total Recoverable Zinc EPA 200.8	170	20	ug/l	
Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1505 by 317		Batch: S40540	

AIC No. 198741-3

Sample Identification: P Street Effluent 26-Jan-2016 1841

Analyte	Result	RL	Units	Qualifier
Total Recoverable Phenolics EPA 420.1	8.5	5	ug/l	
Prep: 02-Feb-2016 0756 by 308	Analyzed: 02-Feb-2016 1007 by 308		Batch: W54761	

City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

ANALYTICAL RESULTS

AIC No. 198741-3 (Continued)

Sample Identification: P Street Effluent 26-Jan-2016 1841

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Cyanide SM 4500-CN C,E 1999	< 10	10	ug/l	
	Prep: 02-Feb-2016 0914 by 319	Analyzed: 02-Feb-2016 1301 by 308	Batch: W54764	

AIC No. 198741-4

Sample Identification: P Street Effluent 27-Jan-2016 0800

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Mercury, low level EPA 245.7	< 0.0050	0.0050	ug/l	
	Prep: 03-Feb-2016 1045 by 308	Analyzed: 03-Feb-2016 1155 by 308	Batch: S40557	
Total Recoverable Antimony EPA 200.8	< 60	60	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Arsenic EPA 200.8	1.0	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Beryllium EPA 200.8	< 0.5	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Cadmium EPA 200.8	< 0.5	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Chromium EPA 200.8	< 10	10	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Copper EPA 200.8	3.1	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Lead EPA 200.8	0.75	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Molybdenum EPA 200.8	< 8	8	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Nickel EPA 200.8	8.3	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Selenium EPA 200.8	< 5	5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Silver EPA 200.8	< 0.5	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Thallium EPA 200.8	< 0.5	0.5	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	
Total Recoverable Zinc EPA 200.8	75	20	ug/l	
	Prep: 01-Feb-2016 1236 by 317	Analyzed: 02-Feb-2016 1511 by 317	Batch: S40540	

AIC No. 198741-5

Sample Identification: P Street Raw Biosolid 26-Jan-2016 1224

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Cyanide EPA 9010C, 9014	< 7	7	mg/Kg	
	Prep: 01-Feb-2016 0842 by 319	Analyzed: 01-Feb-2016 1349 by 308	Batch: W54743	

City of Fort Smith
 3900 Kelley Highway
 Fort Smith, AR 72904

ANALYTICAL RESULTS
AIC No. 198741-5 (Continued)

Sample Identification: P Street Raw Biosolid 26-Jan-2016 1224

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
Total Recoverable Phenolics	35	35	mg/Kg	
EPA 9065	Prep: 01-Feb-2016 0758 by 308	Analyzed: 01-Feb-2016 1042 by 308	Batch: W54737	
Total Solids	1.4	0.01	wt %	
SM 2540 G 1997	Prep: 28-Jan-2016 1420 by 100	Analyzed: 29-Jan-2016 1046 by 100	Batch: W54708	
Antimony	< 3	3	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Arsenic	5.0	5	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Beryllium	0.57	0.03	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Cadmium	2.3	0.4	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Chromium	46	0.7	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Copper	200	0.6	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Lead	50	4	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Molybdenum	5.5	0.8	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Nickel	32	1	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Selenium	< 7	7	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Silver	2.8	0.7	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Thallium	< 4	4	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 05-Feb-2016 1617 by 317	Batch: S40572	
Zinc	770	0.2	mg/Kg	
EPA 3051A, 6010C	Prep: 05-Feb-2016 0838 by 313	Analyzed: 06-Feb-2016 1248 by 317	Batch: S40572	
Mercury	0.76	0.1	mg/Kg	
EPA 7471B	Prep: 02-Feb-2016 0921 by 313	Analyzed: 02-Feb-2016 1206 by 313	Batch: S40545	



City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

DUPLICATE RESULTS

Analyte	AIC No.	Result	RPD		Preparation Date	Analysis Date	Dil	Qual
			RPD	Limit				
Total Solids	198731-1	80 wt %			28Jan16 1406 by 100	29Jan16 1046 by 100		
	Batch: W54708 Duplicate	80 wt %	0.142	10.0	28Jan16 1406 by 100	29Jan16 1046 by 100		

LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Recoverable Phenolics	0.1 mg/l	90.0	85.0-115			W54761	02Feb16 0757 by 308	02Feb16 1001 by 308		
Total Cyanide	0.1 mg/l	93.8	85.0-115			W54764	02Feb16 0914 by 319	02Feb16 1259 by 308		
Mercury, low level	0.01 ug/l	104	76.0-113			S40557	03Feb16 1045 by 308	03Feb16 1125 by 308		
Total Recoverable Antimony	0.05 mg/l	93.8	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Arsenic	0.05 mg/l	101	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Beryllium	0.05 mg/l	99.7	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Cadmium	0.05 mg/l	104	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Chromium	0.05 mg/l	102	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Copper	0.05 mg/l	102	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Lead	0.05 mg/l	101	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Molybdenum	0.05 mg/l	101	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Nickel	0.05 mg/l	100	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Selenium	0.05 mg/l	102	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Silver	0.02 mg/l	99.3	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Thallium	0.05 mg/l	105	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Recoverable Zinc	0.05 mg/l	104	85.0-115			S40540	01Feb16 1236 by 317	02Feb16 1402 by 317		
Total Cyanide	0.500 mg/Kg	89.1	85.0-115			W54743	01Feb16 0843 by 319	01Feb16 1347 by 308		
Total Recoverable Phenolics	10.0 mg/Kg	89.5	85.0-115			W54737	01Feb16 0758 by 308	01Feb16 1041 by 308		
Antimony	500 mg/Kg	97.0	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Arsenic	500 mg/Kg	93.6	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Beryllium	50.0 mg/Kg	94.9	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Cadmium	500 mg/Kg	94.9	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Chromium	50.0 mg/Kg	97.2	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Copper	50.0 mg/Kg	95.5	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Lead	500 mg/Kg	97.3	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Molybdenum	50.0 mg/Kg	95.3	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Nickel	50.0 mg/Kg	96.8	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Selenium	500 mg/Kg	91.0	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Silver	10.0 mg/Kg	104	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Thallium	500 mg/Kg	92.2	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Zinc	50.0 mg/Kg	94.3	85.0-115			S40572	05Feb16 0838 by 313	05Feb16 1434 by 317		
Mercury	1.25 mg/Kg	102	85.0-115			S40545	02Feb16 0922 by 313	02Feb16 1134 by 313		

City of Fort Smith
 3900 Kelley Highway
 Fort Smith, AR 72904

MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Recoverable Phenolics	198702-1	0.1 mg/l	93.3	80.0-120	W54761	02Feb16 0757 by 308	02Feb16 1003 by 308		
	198702-1	0.1 mg/l	85.9	80.0-120	W54761	02Feb16 0757 by 308	02Feb16 1004 by 308		
	Relative Percent Difference:		7.94	10.0	W54761				
Total Cyanide	198741-3	0.1 mg/l	76.9	75.0-125	W54764	02Feb16 0914 by 319	02Feb16 1303 by 308		
	198741-3	0.1 mg/l	88.0	75.0-125	W54764	02Feb16 0914 by 319	02Feb16 1305 by 308		
	Relative Percent Difference:		13.5	20.0	W54764				
Mercury, low level	198803-1	0.01 ug/l	108	63.0-111	S40557	03Feb16 1045 by 308	03Feb16 1140 by 308		
	198803-1	0.01 ug/l	109	63.0-111	S40557	03Feb16 1045 by 308	03Feb16 1145 by 308		
	Relative Percent Difference:		0.733	18.0	S40557				
Total Recoverable Antimony	198803-1	0.05 mg/l	95.0	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	95.8	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		0.814	20.0	S40540				
Total Recoverable Arsenic	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	105	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		2.96	20.0	S40540				
Total Recoverable Beryllium	198803-1	0.05 mg/l	98.9	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	100	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		1.14	20.0	S40540				
Total Recoverable Cadmium	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	106	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		2.05	20.0	S40540				
Total Recoverable Chromium	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	103	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		1.08	20.0	S40540				
Total Recoverable Copper	198803-1	0.05 mg/l	100	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	99.6	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		0.757	20.0	S40540				
Total Recoverable Lead	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	102	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		0.297	20.0	S40540				
Total Recoverable Molybdenum	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		0.112	20.0	S40540				
Total Recoverable Nickel	198803-1	0.05 mg/l	99.4	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	98.4	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		1.00	20.0	S40540				
Total Recoverable Selenium	198803-1	0.05 mg/l	101	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	103	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		2.15	20.0	S40540				
Total Recoverable Silver	198803-1	0.02 mg/l	97.7	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.02 mg/l	101	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		2.88	20.0	S40540				
Total Recoverable Thallium	198803-1	0.05 mg/l	104	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	105	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		0.979	20.0	S40540				
Total Recoverable Zinc	198803-1	0.05 mg/l	103	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1408 by 317		
	198803-1	0.05 mg/l	101	75.0-125	S40540	01Feb16 1236 by 317	02Feb16 1413 by 317		
	Relative Percent Difference:		2.17	20.0	S40540				
Total Cyanide	198741-5	0.997 mg/Kg	83.6	75.0-125	W54743	01Feb16 0843 by 319	01Feb16 1350 by 308		
	198741-5	0.987 mg/Kg	83.7	75.0-125	W54743	01Feb16 0843 by 319	01Feb16 1352 by 308		
	Relative Percent Difference:		0.320	20.0	W54743				

City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Recoverable Phenolics	198741-5	9.09 mg/Kg	81.2	80.0-120	W54737	01Feb16 0758 by 308	01Feb16 1043 by 308		
	198741-5	9.93 mg/Kg	83.8	80.0-120	W54737	01Feb16 0758 by 308	01Feb16 1043 by 308		
	Relative Percent Difference:		1.22	10.0		W54737			
Antimony	198731-2	492 mg/Kg	95.1	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	95.0	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0857	20.0		S40572			
Arsenic	198731-2	492 mg/Kg	92.9	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	92.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.300	20.0		S40572			
Beryllium	198731-2	49.2 mg/Kg	96.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	96.4	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.245	20.0		S40572			
Cadmium	198731-2	492 mg/Kg	102	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1504 by 317		
	198731-2	491 mg/Kg	101	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1509 by 317		
	Relative Percent Difference:		1.18	20.0		S40572			
Chromium	198731-2	49.2 mg/Kg	94.7	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	94.4	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.226	20.0		S40572			
Copper	198731-2	49.2 mg/Kg	91.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	91.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0393	20.0		S40572			
Lead	198731-2	492 mg/Kg	94.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	94.7	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.175	20.0		S40572			
Molybdenum	198731-2	49.2 mg/Kg	93.3	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	93.2	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0455	20.0		S40572			
Nickel	198731-2	49.2 mg/Kg	90.1	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	90.1	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0174	20.0		S40572			
Selenium	198731-2	492 mg/Kg	91.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	91.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.135	20.0		S40572			
Silver	198731-2	9.85 mg/Kg	105	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	9.83 mg/Kg	105	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.172	20.0		S40572			
Thallium	198731-2	492 mg/Kg	88.3	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	491 mg/Kg	88.3	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.0297	20.0		S40572			
Zinc	198731-2	49.2 mg/Kg	85.5	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1441 by 317		
	198731-2	49.1 mg/Kg	84.6	75.0-125	S40572	05Feb16 0838 by 313	05Feb16 1447 by 317		
	Relative Percent Difference:		0.375	20.0		S40572			
Mercury	198731-1	2.44 mg/Kg	114	70.0-130	S40545	02Feb16 0922 by 313	02Feb16 1138 by 313		
	198731-1	2.38 mg/Kg	106	70.0-130	S40545	02Feb16 0922 by 313	02Feb16 1142 by 313		
	Relative Percent Difference:		6.49	20.0		S40545			

City of Fort Smith
3900 Kelley Highway
Fort Smith, AR 72904

LABORATORY BLANK RESULTS

Analyte	Result	RL	PQL	QC Sample	Preparation Date	Analysis Date	Qual
Total Recoverable Phenolics	< 0.005 mg/l	0.005	0.005	W54761-1	02Feb16 0757 by 308	02Feb16 1000 by 308	
Total Cyanide	< 0.01 mg/l	0.01	0.01	W54764-1	02Feb16 0914 by 319	02Feb16 1257 by 308	
Mercury, low level	< 0.0050 ug/l	0.0050	0.0050	S40557-1	03Feb16 1045 by 308	03Feb16 1120 by 308	
Total Recoverable Antimony	< 0.03 mg/l	0.03	0.03	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Arsenic	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Beryllium	< 0.0003 mg/l	0.0003	0.0003	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Cadmium	< 0.0002 mg/l	0.0002	0.0002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Chromium	< 0.007 mg/l	0.007	0.007	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Copper	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Lead	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Molybdenum	< 0.008 mg/l	0.008	0.008	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Nickel	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Selenium	< 0.002 mg/l	0.002	0.002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Silver	< 0.0002 mg/l	0.0002	0.0002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Thallium	< 0.0005 mg/l	0.0005	0.0005	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Recoverable Zinc	< 0.002 mg/l	0.002	0.002	S40540-1	01Feb16 1236 by 317	02Feb16 1356 by 317	
Total Cyanide	< 0.1 mg/Kg	0.1	0.1	W54743-1	01Feb16 0843 by 319	01Feb16 1346 by 308	
Total Recoverable Phenolics	< 0.5 mg/Kg	0.5	0.5	W54737-1	01Feb16 0758 by 308	01Feb16 1040 by 308	
Total Solids	< 0.01 wt %	0.01	0.01	W54708-1	28Jan16 1406 by 100	29Jan16 1046 by 100	
Antimony	< 3 mg/Kg	3	3	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Arsenic	< 5 mg/Kg	5	5	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Beryllium	< 0.03 mg/Kg	0.03	0.03	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Cadmium	< 0.4 mg/Kg	0.4	0.4	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Chromium	< 0.7 mg/Kg	0.7	0.7	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Copper	< 0.6 mg/Kg	0.6	0.6	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Lead	< 4 mg/Kg	4	4	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Molybdenum	< 0.8 mg/Kg	0.8	0.8	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Nickel	< 1 mg/Kg	1	1	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Selenium	< 7 mg/Kg	7	7	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Silver	< 0.7 mg/Kg	0.7	0.7	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Thallium	< 4 mg/Kg	4	4	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Zinc	< 0.2 mg/Kg	0.2	0.2	S40572-1	05Feb16 0838 by 313	05Feb16 1430 by 317	
Mercury	< 0.1 mg/Kg	0.1	0.1	S40545-1	02Feb16 0922 by 313	02Feb16 1130 by 313	

ORIGIN ID:FSMA (479) 494-3903
LANCE MCAVOY

3900 KELLEY HIGHWAY

FORT SMITH, AR 72904
UNITED STATES US

SHIP DATE: 20APR16
ACTWGT: 1.00 LB
CAD: 109098163/NET3730

BILL SENDER

TO **NPDES ENFORCEMENT SECTION WATER
ADEQ
5301 NORTSHORE DRIVE**

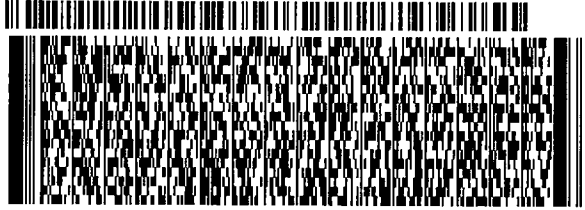
NORTH LITTLE ROCK AR 72118

(501) 682-0638

REF: ADEQ DMR APRIL 2016

INV:
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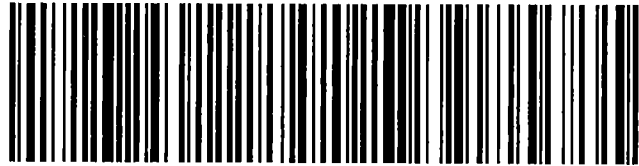
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