 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT						
		AFIN: 71-00018		PERMIT #: AR0048836		DATE: 3/4/2019		
		COUNTY: 71 Van Buren			PDS #: 107340		MEDIA: WN	
		GPS LAT:		LONG:		LOCATION: General Area		
FACILITY INFORMATION				INSPECTION INFORMATION				
NAME: City of Clinton- East Plant LOCATION: Pond Rd CITY: Clinton				FACILITY TYPE: 1 - Municipal		INSPECTOR ID#: 117208 S - State		
RESPONSIBLE OFFICIAL NAME / TITLE: Richard McCormac / Mayor COMPANY: City of Clinton MAILING ADDRESS: P.O. Box 277 CITY, STATE, ZIP: Clinton AR 72301 PHONE & EXT: / FAX: 501-745-4320 / EMAIL: clintonmayor@artelco.com CONTACTED DURING INSPECTION: No				FACILITY EVALUATION RATING: 2 - Marginal		INSPECTION TYPE: Compliance Evaluation		
				DATE(S): 3/4/2019	ENTRY TIME: 09:30	EXIT TIME: 13:40	PERMIT EFFECTIVE DATE: 12/1/2010 PERMIT EXPIRATION DATE: 12/30/2015	
				FAYETTEVILLE SHALE RELATED: N				FAYETTEVILLE SHALE VIOLATIONS: N
				INSPECTION PARTICIPANTS				
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Phil Graham (Lic# 008981)/ Operator/ 501-253-1365/ clintonfire25@yahoo.com Samuel Schratz/ ADEQ Inspector				
AREA EVALUATIONS								
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)								
S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER			
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW			
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM			
M	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT			
**	OTHER:							
SUMMARY OF FINDINGS								
The following violations were noted during the inspection: 1. The records indicate no samples were obtained from Outfall 001 from January 23, 2018 to January 31, 2018 when the plant was discharging from Outfall 001. This is a violation of Part 1, Section A of the permit.								

GENERAL COMMENTS

On March 4, 2019, an inspection was conducted with the above-mentioned inspection participants. The inspection consisted of a records review and a site assessment.


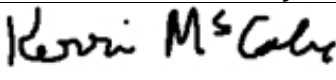
Records review:

The records from January, March, June, and October of 2018 were reviewed. There were no sampling records after January 14, 2018 found for the January sampling events. Samples are to be taken during the entire discharge period.

Site assessment:

Treatment consists of complete process (activated sludge) or partial process (irrigation). The partial process consists of a bar screen at the headworks, collection into wet well, a primary lagoon, secondary lagoon (aerated with four aerators), chlorine disinfection, and pumped to irrigation fields for land application (5130-W-2). The complete process consists of primary pond, two-cell continuous flow stirred reactors (CFSTR; ran parallel), secondary clarifier, rapid sand filter, UV disinfection, post-aeration, and discharge from Outfall 001. The mechanical portion of the plant discharges about three times per year (Jan-March; varies based on precipitation) with the bulk of the wastewater routed to the irrigation fields. Wasted sludge and leftover effluent from the clarifier are routed to the secondary lagoon; and currently, there is no need for sludge removal from the lagoons. Floatables and other trash collected from the bar screen are sent to the Van Buren Co Transfer Station (0095-STSW-B) prior to disposal at the City of Morrilton Landfill (0257-S1-R1).

At the time of inspection, effluent from the secondary clarifier was being routed to the lagoon pond because of issues with the chemical additive (see Photo 11). The polymer chemical used for settling was not monitored properly over the weekend and the chemical was not being properly administrated. New chemical was being delivered during the inspection. Chemicals are used for pH adjustment (caustic) and sludge settling (polymer/alum mix). Sludge is wasted twice per week and return activated sludge occurs continuously. The wasting of sludge occurs manually. There are 3-4 main septic tank haulers that dump into the primary lagoon pond regularly and a bar screen has been equipped at the primary lagoon for floatables.

INSPECTOR'S SIGNATURE:  Skyler Schlick	DATE: 4/4/2019
SUPERVISOR'S SIGNATURE: 	Kerri McCabe DATE: 4/5/2019

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Operating under expired permit that has been administratively extended.</u>	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Contract lab conducts all sampling.</u>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Chemical feed system was not monitored properly and wastewater was rerouted to the secondary lagoon.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: <u>One Class III</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: <u>Send from secondary clarifier to secondary lagoon.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Some sampling events did not occur.</u>	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: <u>Samples were not obtained after Jan 23, 2018 to Jan 31, 2018; sampling frequency states three/week.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>No discharge at the time of the inspection</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>6" Parshall flume</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: <u>Siemens HydroRanger 200 (totalizer)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Last calibrated May 21, 2018.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Contract lab conducts all sampling.</u>	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Services Co, Inc. (ESC)</u>	
b. LAB ADDRESS: <u>13715 W Markham, Little Rock, AR 7221</u>	
c. PARAMETERS PERFORMED: <u>CBOD5, TSS, NH3-N, DO, FCB, E. coli, TP, NO3+NO2-N, pH, and WET</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: No discharge at the time of the inspection.							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Sludge stored in lagoons.							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY:							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: Part II, Condition #6 requires BMPs for stormwater protection.							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2018 06 01 To 2018 06 30
 Year Month Day Year Month Day

Parameter Checked: CBOD5 (May-
Nov)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>28.81</u>	<u>3.6</u>	<u>3.6</u>
Calculated Value:	<u>30.22</u>	<u>3.54</u>	<u>3.53</u>
Permit Value:	<u>100.1</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:

Values are not the same, but are similar; used flow measured during sample collection (comparable to Daily Flow recorded by operator); see Table 1 for calculations.

DMR Calculation Check

Reporting Period: From 2018 01 01 To 2018 01 30
 Year Month Day Year Month Day

Parameter Checked: NH3-N (Dec-March)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u><6.65</u>	<u>1.04</u>	<u>2.4</u>
Calculated Value:	<u><6.11</u>	<u>1.17</u>	<u>2.42</u>
Permit Value:	<u>63.1</u>	<u>6.3</u>	<u>9.5</u>

If calculated value does not equal reported value, explain:

Values are not the same, but are similar; used flow measured during sample collection (comparable to Daily Flow recorded by operator); see Table 2 for calculations. However, there should have been more samples collected during the discharge that occurred from January 23-31, 2018.

Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1005
Description:	Bar Screen.	Photo #:	1



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1006
Description:	Trash can for bar screen.	Photo #:	2



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1009
		Photo #:	3
Description:	Septic tanks clean out area.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1011
		Photo #:	4
Description:	Primary pond for lagoon system.		



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1049
		Photo #:	5
Description:	Aerated Secondary lagoon pond.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1045
		Photo #:	6
Description:	Chlorine gas used for disinfection on land applied wastewater.		



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1043
		Photo #:	7
Description:	Pumps used to send effluent from secondary lagoon pond to land application fields.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1017
		Photo #:	8
Description:	CFSTR (aeration basin).		



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1017
		Photo #:	9
Description:	Secondary clarifier.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1021
		Photo #:	10
Description:	Secondary clarifier.		



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1050
		Photo #:	11
Description:	Effluent from secondary clarifier routed back to the secondary lagoon pond.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1029
		Photo #:	12
Description:	Rapid sand filter.		



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1033
		Photo #:	13
Description:	UV disinfection.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1036
		Photo #:	14
Description:	6" Parshall flume,		



Water Division Photographic Evidence Sheet

Location:	City of Clinton- East Plant		
Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1038
		Photo #:	15
Description:	Outfall 001.		



Photographer:	Skyler Schlick	Date:	3/4/2019
Witness:	Samuel Schratz	Time:	1043
		Photo #:	16
Description:	Chemical storage for pH adjustment and polymer.		



Figure 1. General overview of the site with major components labeled (Google Earth: imagery date October 16, 2014).



Table 1 DMR calculations of City of Clinton East Plant June 2018 CBOD5.

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
3	3.52	3.54	1.08	31.71
6	1.60		1.08	14.41
7	5.50		1.00	45.87
10	3.50	3.50	0.99	28.90
Min	1.60	-	-	14.41
Max	5.50	-	-	45.87
Average	3.53	-	-	30.22

Table 2 DMR calculations of City of Clinton East Plant January 2018 NH3-N.

Date	Concentration (mg/L)	7-day Average (mg/ L)	Daily Flow (MGD)	Mass (lbs/day)
3	2.25		0.60	11.26
4	2.50		0.63	13.14
5	2.50	2.42	0.63	13.14
7	0.65		0.68	3.69
9	0.06		0.65	0.33
11	0.10	0.27	0.62	0.52
14	0.13	0.13	0.63	0.68
Min	0.06	-	-	0.33
Max	2.50	-	-	13.14
Average	1.17	-	-	6.11

McConnell, Melissa

From: CLINTON WATER DEPT. <clintonwater2@gmail.com>
Sent: Friday, August 02, 2019 12:31 PM
To: Water-Inspection-Report
Subject: REPLY TO WATER DIVISION INSPECTION REPORT
Attachments: ADEQ INSPECTION REPORT.pdf; ESC REPORTS 1-30-18 TO 1-31-18.pdf; ESC REPORTS 1-23-18 TO 1-29-18.pdf

Water Division Inspection Branch:

Attached are the Inspection Report and the response for the violation.

If you need anything else, please notify me.

Thanks,

Donna

--

Donna George

Clinton Water & Sewer Dept.

P.O. Box 277

Clinton, AR 72031

501-745-4320



WATER DIVISION INSPECTION REPORT

AR K A N S A S
Department of Environmental Quality

AFIN: 71-00018	PERMIT #: AR0048836	DATE: 3/4/2019
COUNTY: 71 Van Buren	PDS #: 107340	MEDIA: WN
GPS LAT:	LONG:	LOCATION: General Area

FACILITY INFORMATION

NAME: **City of Clinton- East Plant**
LOCATION: **Pond Rd**
CITY: **Clinton**

RESPONSIBLE OFFICIAL

NAME / TITLE: **Richard McCormac / Mayor**
COMPANY: **City of Clinton**
MAILING ADDRESS: **P.O. Box 277**
CITY, STATE, ZIP: **Clinton AR 72301**
PHONE & EXT. / FAX: **501-745-4320 /**
EMAIL: **clintonmayor@artelco.com**

CONTACTED DURING INSPECTION: **No**

INSPECTION INFORMATION

FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 117208 S - State
FACILITY EVALUATION RATING: 2 - Marginal	INSPECTION TYPE: Compliance Evaluation
DATE(S): 3/4/2019	ENTRY TIME: 09:30 EXIT TIME: 13:40
	PERMIT EFFECTIVE DATE: 12/1/2010 PERMIT EXPIRATION DATE: 12/30/2015

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Phil Graham (Lic# 008981)/ Operator/ 501-253-1365/ clintonfire25@yahoo.com

Samuel Schratz/ ADEQ Inspector

AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

S	PERMIT	S	FLOW MEASUREMENT	S	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
M	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

- The records indicate no samples were obtained from Outfall 001 from January 23, 2018 to January 31, 2018 when the plant was discharging from Outfall 001. This is a violation of Part 1, Section A of the permit.

CITY OF CLINTON
CLINTON WATER AND SEWER DEPARTMENT
P.O. BOX 277
CLINTON, AR 72031
TELEPHONE (501) 745-4320
FAX (501) 745-2164

William Hinchey, Manager

Richard McCormac, Mayor

Reply to Water Division Inspection Report

Simlock Lift Station:

- Sign is ordered and it will be installed when it comes in.
- Light Bulbs have been replaced.

Fairgrounds Lift Station:

- Pump was serviced and was put back in service.

Honey Hills Lift Station:

- Audio alarms and visual alarms are fixed.
- Solids have been removed and the area was limed.

Archey Lift Station:

- Changed light Bulb

Industrial Park Lift Station:

- Alarm was fixed and light was changed and new wiring was installed.

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1801010337
 Customer Name : CLINTON, EAST 001
 Customer/Permit No. : 495 / AR0048836 001
 Report Date : 02/07/18

Composite Date: 01/28/18 -01/29/18
 Sample Time : 0900-0900/1105(1-29)
 Sample Type : COMP/GRAB
 Sample From : FINAL EFFLUENT

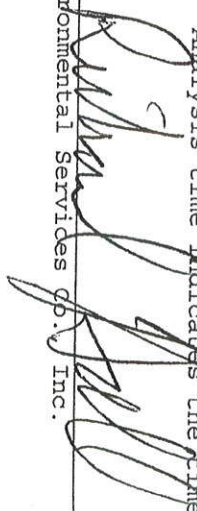
Collected By: PG/TWO
 Delivery By : TMO
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Quality Assurance Accuracy % Recovery
1/29	1104	TMO	Dissolved Oxygen	11.20 mg/L		98.93 #/day	SM 2001 4500-O G	0.90	N/A
1/30	0930	TCF	Ammonia Nitrogen	0.15 mg/L		1.33 #/day	HACH 10205	2.52	98.7 *
1/29	1104	TMO	pH	8.2 S.U.			SM 2000 4500-H+B	1.23	N/A
1/31	0730	DWC	Solids, Total Suspended	1.00 mg/L		8.83 #/day	SM 1997 2540 D	7.41	N/A *
1/29	1440	TMO	E. Coliforms	< 1.0 /100ml			06/2012 Colilert18	0.00	N/A
1/29	1440	TMO	Fecal Coliform	< 1.0 /100ml			06/2012 Colilert18	0.00	N/A
1/31	0700	TCF	BOD, Carbonaceous	< 2.00 mg/L		17.67 #/day	SM 2001 5210 B	0.00	91.8
				Flow	1.060000 MGD				

* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature 
 Environmental Services Co., Inc.

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
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Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 1801010294
 Customer Name : CLINTON, EAST 001
 Customer/Permit No. : 495 / AR0048836 001
 Report Date : 02/05/18

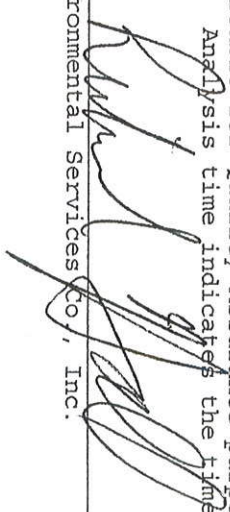
Composite Date: 01/25/18 -01/26/18
 Sample Time : 1030-1030/1040(1-26)
 Sample Type : COMP/GRAB WWATER
 Sample From : FINAL EFFLUENT

Collected By: PG/JGK
 Delivery By : JGK
 Work Order :
 Purchase Order :

Analysis			Laboratory Analysis			Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
01/26	1043	JGK	Dissolved Oxygen	11.60 mg/L		106.33 #/day	SM 2001 4500-O G	0.00	N/A *
01/30	0930	TCF	Ammonia Nitrogen	1.68 mg/L		15.40 #/day	HACH 10205	0.92	97.8 *
01/26	1043	JGK	pH	7.6 S.U.			SM 2000 4500-H+B	0.00	N/A
01/31	0730	DMC	Solids, Total Suspended	< 1.00 mg/L		9.17 #/day	SM 1997 2540 D	7.41	N/A *
01/26	1245	JGK	E. Coliforms	2.0 /100ml			06/2012 Colilert18	0.00	N/A
01/26	1245	JGK	Fecal Coliform	2.0 /100ml			06/2012 Colilert18	0.00	N/A
01/26	1700	DMC	BOD, Carbonaceous	< 2.00 mg/L		18.33 #/day	SM 2001 5210 B	0.00	91.8 *
			Flow	1.100000	MGD				

* QA data shown is from a different sample or standard on the same date.

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Signature 
 Environmental Services Co., Inc.

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 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Springdale, Arkansas
 479-750-1170
 Carlisbad, New Mexico
 575-887-1ESCC

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters				
Client:	Clinton, East 001	Permit/Project #:	AR0048836									
Address:	P.O. Box 277 Clinton, AR 72031	Purchase Order #:										
Phone:	501-745-4320	Work Order #:										
Fax:	501-745-2164	Sampler Name(s):	Phil Graham									
Contact:	Mr. Phil Graham	and Signature(s):	<i>Phil Graham</i>									
ESC Client Number:	495 (3X per week)		<i>Phil Graham</i>									
Sample Identification				Sample Collection				Sample Containers				
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#			
Final Effluent	1801010294	1-25-18	10:50 AM	24hr. Comp	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X	CBOD(70.), TSS(28.)	
		1/26/18	10:30 AM	24hr. Comp	Wwater	Plastic	8 oz	Cool ≤ 6° C H2SO4 to pH < 2	1	X	NH3-N(15.A)	
		1/26/18	8:45 AM	Grab	Wwater	Whirlpak	4 oz	Cool ≤ 6° C	2	X	Fecal Coliform (43.IF), E. Coli(43.IE)	
Relinquished By: (Signature and Printed Name) <i>Phil Graham</i>				Received By: (Signature and Printed Name) <i>Phil Graham</i>				Custody Seals: Used? <input type="checkbox"/> Intact? <input type="checkbox"/>				
Relinquished By: (Signature and Printed Name) <i>Phil Graham</i>				Received By: (Signature and Printed Name) <i>Phil Graham</i>				Regular Turnaround: <input checked="" type="checkbox"/> Special <input type="checkbox"/>				
Relinquished By: (Signature and Printed Name) <i>Phil Graham</i>				Received By: (Signature and Printed Name) <i>Phil Graham</i>				Were samples properly preserved: <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Comments: obtained flow at meter.				Flow Data				Units				
				Analyst:	SW	Grab pH:	7.6	Result:	7.6	S.U.		
				Time:	12:30	Grab DO:	11.6	Result:	11.6	mg/L		
				Reading:	1.1							
				Units:	MGD							
				E Coil Start	1245							
				Fecal Start	1245							



Environmental Services Company, Inc.

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Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 1801010330
 Customer Name: CLINTON, EAST 001
 Customer/Permit No.: 495 / AR0048836 001
 Report Date: 02/01/18
 Composite Date: 01/23/18 -01/24/18
 Sample Time: 0900-0900/0935(1-24)
 Sample Type: 24 HR COMP/GRAB WW
 Sample From: FINAL EFFLUENT
 Collected By: PG/JGK
 Delivery By: JGK
 Work Order:
 Purchase Order:

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Assurance % Recovery
01/24	1400	Dissolved Oxygen	11.50 mg/L		103.50 #/day	SM 2001 4500-O G	0.00	N/A
01/30	0930	Ammonia Nitrogen	0.73 mg/L		6.57 #/day	HACH 10205	2.52	98.7 *
01/24	0940	pH	7.7	S.U.		SM 2000 4500-H+B	0.00	N/A *
01/26	1300	Solids, Total Suspended	2.00 mg/L		18.00 #/day	SM 1997 2540 D	4.44	N/A *
01/24	1530	E. Coliforms	< 1.0	/100ml		06/2012 Coli1ert18		
01/24	1530	Fecal Coliform	< 1.0	/100ml		06/2012 Coli1ert18		
01/26	0700	BOD, Carbonaceous	2.00 mg/L		18.00 #/day	SM 2001 5210 B	0.00	91.8 *
		Flow	1.080000	MGD				

* QA data shown is from a different sample or standard on the same date.

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Signature
 Environmental Services Co., Inc.

Environmental Services Company, Inc.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Springdale, Arkansas
 479-750-1170
 Carlsbad, New Mexico
 575-887-1ESCC

Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

Client Information

Project Information

Requested Parameters

Client: Clinton, East 001
 Address: P.O. Box 277
 Clinton, AR 72031
 Phone: 501-745-4320
 Fax: 501-745-2164
 Contact: Mr. Phil Graham
 ESC Client Number: 495 (3X per week)

Permit/Project #: AR0048836
 Purchase Order #:
 Work Order #:
 Sampler Name(s): Phil Graham
 and Signature(s): Phil Graham

Requested Parameters:
 CBOD(70.), TSS(28.)
 NH3-N(15.A)
 Fecal Coliform (43.IF), E. Coli(43.IE)

Sample Identification

Sample Collection

Sample Containers

Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Requested Parameters
Final Effluent	18010330	1-23-18	9:45	24-Hr. Comp	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X
		1-24-18	0900	24-Hr. Comp	Wwater	Plastic	8 oz	Cool ≤ 6° C H2SO4 to pH < 2	1	X
		1/24/18	0935	Grab	Wwater	Whirpak	4 oz	Cool ≤ 6° C	2	X

Relinquished By: (Signature and Printed Name)
 Phil Graham

Date: 1-23-18
 Time: 9:45

Received By: (Signature and Printed Name)
 Phil Graham

Date: 1/24/18

Time: 09:00

Used? Intact?

Relinquished By: (Signature and Printed Name)
 Phil Graham

Date: 1/24/18
 Time: 1445

Received By: (Signature and Printed Name)
 Christina Brown

Date: 1/24/18

Time: 1445

Used? Intact?

Comments: Obtained flow at meter

Flow Data

Field Test: Grab pH: 0.90 SU
 Grab DO: 0.90 SU
 Reading: 1.08
 Units: mL/D
 E Coli Start: 1:530 SU
 Fecal Start: 1530 SU



Environmental Services Company, Inc.

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 13715 West Markham
 Little Rock, AR 72211
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Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1801010333
 Customer Name : CLINTON, EAST 001
 Customer/Permit No. : 495 / AR0048836 001
 Report Date : 02/01/18

Composite Date: 01/24/18 -01/25/18
 Sample Time : 1000-1000/1000(1-25)
 Sample Type : 24 HR COMP/GRAB WW
 Sample From : FINAL EFFLUENT

Collected By: PG/TMO
 Delivery By : TMO
 Work Order :
 Purchase Order :

Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method
01/25	1000	TMO	Dissolved Oxygen	11.90 mg/L		116.03 #/day	SM 2001 4500-O G
01/30	0930	TCF	Ammonia Nitrogen	1.10 mg/L		10.73 #/day	HACH 10205
01/25	1000	TMO	pH	7.9 S.U.			SM 2000 4500-H+B
01/26	1300	DWC	Solids, Total Suspended	< 1.00 mg/L		9.75 #/day	SM 1997 2540 D
01/25	1650	TMO	E. Coliforms	< 1.0 /100ml			06/2012 Colilert18
01/25	1650	TMO	Fecal Coliform	< 1.0 /100ml			06/2012 Colilert18
01/26	0700	DWC	BOD, Carbonaceous	< 2.00 mg/L		19.50 #/day	SM 2001 5210 B

Laboratory Analysis

Flow 1.170000 MGD

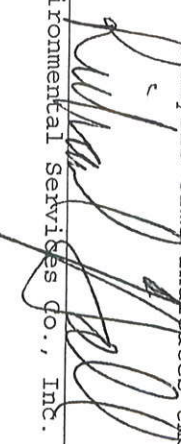
Quality Assurance
 Precision % RPD
 Accuracy % Recovery

0.84	N/A
2.52	98.7 *
1.27	N/A
4.44	N/A *
0.00	N/A
0.00	N/A *
0.00	91.8 *

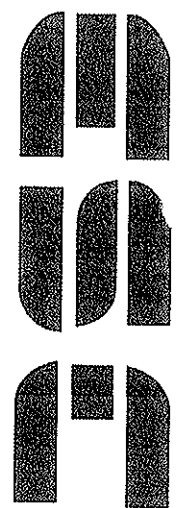
* QA data shown is from a different sample or standard on the same date.

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Signature


 Environmental Services Co., Inc.

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 website: www.esclabs.com



Springdale, Arkansas
 479-750-1170
 Carlisbad, New Mexico
 575-887-1EESC

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters							
Client:	Clinton, East 001	Permit/Project #:	AR0048836												
Address:	P.O. Box 277 Clinton, AR 72031	Purchase Order #:													
Phone:	501-745-4320	Work Order #:													
Fax:	501-745-2164	Sampler Name(s):	Phil Graham Timothy O'Neal												
Contact:	Mr. Phil Graham	and Signature(s):	<i>Phil Graham</i> <i>Timothy O'Neal</i>												
ESC Client Number:	495 (3X per week)														
Sample Identification				Sample Collection				Sample Containers							
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
Final Effluent	1801010333	1-24-18	10:4a	24Hr. Comp	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X	CBOD(70.), TSS(28.)				
		1-25-18	1000	Grab	Wwater	Plastic	8 oz	H2SO4 to pH=2 Cool ≤ 6° C	1	X	NH3-N(15.A)				
						Whitpak	4 oz	Cool ≤ 6° C	2	X	Fecal Coliform (43.IF), E. Coli(43.IE)				
Relinquished By: (Signature and Printed Name) <i>Phil Graham</i> Phil Graham				Date	1-24-18	Time	10 AM	Received By: (Signature and Printed Name) <i>Timothy O'Neal</i> Timothy O'Neal		Date	1-25-18	Time	1000	Custody Seals: Used? <input checked="" type="checkbox"/> Intact? <input type="checkbox"/>	
Relinquished By: (Signature and Printed Name) <i>Timothy O'Neal</i> Timothy O'Neal				Date	1-25-18	Time	1525	Received By: (Signature and Printed Name) <i>Timothy O'Neal</i> Timothy O'Neal		Date	1-25-18	Time	1525	Regular Turnaround: <input checked="" type="checkbox"/> Special: <input type="checkbox"/>	
Comments:				Flow Data				Field Test							
				Analyst:	Time:	Grab pH:	Time:	Analyst:	Time:	Result:	Result:	Result:	Units:		
				Reading:	1:17	Grab DO:	1200	Time:	1:17	7.9	7.8	7.8	S.U.		
				Units:	MGD	E Coil Start:	1250	Time:	1250	11.8	11.8	mg/L			
				Fecal Start:	1650										



PH

CLB
CLB

Environmental Services Company, Inc.

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 13715 West Markham
 Little Rock, AR 72211
 Tel. (501) 221-2565 Fax (501) 221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479) 750-1170 Fax (479) 750-1172

Control Number: 1801010347
 Customer Name : CLINTON, EAST 001
 Customer/Permit No. : 495 / AR0048836 001
 Report Date : 02/08/18

Composite Date: 01/30/18 -01/31/18
 Sample Time : 0930-0930/0958(1-31)
 Sample Type : 24 HR COMP/GRAB WW
 Sample From : FINAL EFFLUENT

Collected By: PG, JUM
 Delivery By : JUM
 Work Order :
 Purchase Order :

Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method
01/31	0959	JJM	Dissolved Oxygen	12.00 mg/L		106.00 #/day	SM 2001 4500-O G
02/07	1130	PDH	Ammonia Nitrogen	0.84 mg/L		7.42 #/day	HACH 10205
01/31	0959	JJM	pH	7.3 S.U.			SM 2000 4500-H+B
02/05	0800	CLB	Solids, Total Suspended	< 1.00 mg/L		8.83 #/day	SM 1997 2540 D
01/31	1340	JJM	E. Coliforms	1.0 /100ml			06/2012 Coli18
01/31	1340	JJM	Fecal Coliform	< 1.0 /100ml			06/2012 Coli18
02/02	0700	DWC	BOD, Carbonaceous	2.00 mg/L		17.67 #/day	SM 2001 5210 B

Laboratory Analysis

Flow 1.060000 MGD

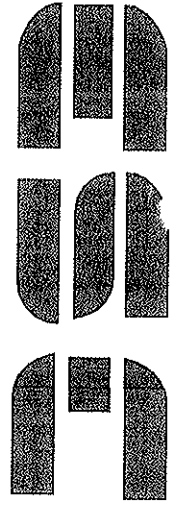
Quality Assurance	Accuracy
Precision % RPD	% Recover
0.00	N/A
2.96	100.0
0.00	N/A
5.71	N/A
0.00	N/A
0.00	N/A
33.33	91.4

* QA data shown is from a different sample or standard on the same date.

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Signature _____
 Environmental Services Co., Inc

Environmental Services Company, Inc.
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 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Springdale, Arkansas
 479-750-1170
 Carlisbad, New Mexico
 575-887-1ESCC

Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters					
Client:	Clinton, East 001	Permit/Project #:	AR0048836										
Address:	P.O. Box 277 Clinton, AR 72031	Purchase Order #:											
Phone:	501-745-4320	Work Order #:											
Fax:	501-745-2164	Sampler Name(s):	Phil Graham John Miller										
Contact:	Mr. Phil Graham	and Signature(s):	<i>Phil Graham</i> <i>John Miller</i>										
ESC Client Number:	495 (3X per week)												
Sample Identification				Sample Collection				Sample Containers					
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#				
Final Effluent	190100317	1-31-18	9:30 AM	24Hr. Comp	Wwater	Plastic	1/2 Gal	Cool < 6 °C	1	X	CBOD(70.), TSS(28.)		
		1/31/18	9:30	24Hr. Comp	Wwater	Plastic	8 oz	Cool < 6 °C, HSCCL to pH < 2	1	X	NH3-N(15.A)		
		1/31/18	09:58	Grab	Wwater	Whirlpak	4 oz	Cool < 6 °C	2	X	Fecal Coliform (43.IF), E. Coli(43.IE)		
Requisitioned By: (Signature and Printed Name) <i>Phil Graham</i> Date: 1-31-18 Time: 9:30 AM Received By: (Signature and Printed Name) <i>John Miller</i> Date: 1-31-18 Time: 10:00 AM Requisitioned By: (Signature and Printed Name) <i>John Miller</i> Date: 1-31-18 Time: 1:30 PM Received By: (Signature and Printed Name) <i>Christina Brown</i> Date: 1-31-18 Time: 1:30 PM													
Comments: Flow read from meter 													
Flow Data				Field Test				Custody Seals:					
Analyst:	SSM	Grab pH:	0.99	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Used?	<input checked="" type="checkbox"/>	Intact?	<input type="checkbox"/>
Time:	1:00	Grab DO:	0.99	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Turnaround:	NR	Special	<input type="checkbox"/>
Reading:	1.08	E. Coli Start:	1310	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Were samples properly preserved:	<input checked="" type="checkbox"/>	Special	<input type="checkbox"/>
Units:	MGD	Fecal Start:	1310	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Result:	7.3	Special	<input type="checkbox"/>
				Date:	1-31-18	Time:	1:30	Analyst:	SSM	Result:	120	Special	<input type="checkbox"/>
				Date:	1-31-18	Time:	1:30	Analyst:	SSM	Result:	120	Special	<input type="checkbox"/>
				Date:	1-31-18	Time:	1:30	Analyst:	SSM	Result:	120	Special	<input type="checkbox"/>
This Document is Page 1 of 1													



ARKANSAS
Department of Environmental Quality

September 4, 2019

Richard McCormac, Mayor
City of Clinton
P.O. Box 277
Clinton, AR 72301

RE: City of Clinton – East Plant - Response to Inspection (Van Buren Co)
AFIN: 71-00018 **Permit No.: AR0048836**
71-00172 **5130-W-2**

Dear Mayor McCormac:

I have reviewed the responses pertaining to my March 4, 2019 inspections of the above-referenced facility and the March 26, 2019 inspection of the city's Industrial User Natural State Processing. The information provided sufficiently addresses the violations referenced in my inspection reports. At this time, the Department has no further comment concerning these particular inspections. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (870) 424-3322 ext. 2 or you may e-mail me at schlicks@adeq.state.ar.us.

Sincerely,

Skyler Schlick
District 2 Field Inspector
Office of Water Quality

From: [Schlick, Skyler](#)
To: [McConnell, Melissa](#)
Cc: [McCabe, Kerri](#)
Subject: FW: GLOBAL LAB RESULTS AND VIOLATION RESPONSE
Date: Tuesday, November 26, 2019 11:51:45 AM
Attachments: [ADEQ INSPECTION FORM.pdf](#)
[RESPONSE TO ADEQ INSPECTION FORM.pdf](#)
[EMAIL SENT CONFIRMATION 2017 ANNUAL REPORT.pdf](#)
[Clinton 5130-WR-2 Permit Inspection Response 2019.pdf](#)
[ADEQ INSPECTION REPORT.pdf](#)
[ADEQ INSPECTION REPORTS.pdf](#)
[ESC REPORTS 1-30-18 TO 1-31-18.pdf](#)
[ESC REPORTS 1-23-18 TO 1-29-18.pdf](#)
[RESPONSE TO ADEQ INSPECTION REPORTS.pdf](#)
[GLOBAL ESC REPORTS.pdf](#)
[image003.png](#)

00740 AR0048836. The email and the last pdf named GLOBAL ESC REPORTS are the only things that need to be attached. Also My adequate response letter is not attached.

Skyler Schlick | Inspector
Office of Water Quality | Compliance Branch
Arkansas Energy and Environment | [Environmental Quality](#)
Mountain Home Field Office
t: 870.424.3322 ext. 2 | e: schlicks@adeq.state.ar.us



From: CLINTON WATER DEPT. [<mailto:clintonwater2@gmail.com>]
Sent: Friday, August 2, 2019 3:30 PM
To: Schlick, Skyler
Subject: GLOBAL LAB RESULTS AND VIOLATION RESPONSE

We sent the following violation responses to the Water-Inspection-Report@adeq.state.ar.us.

I am also attaching the ESC lab results for testing at Global.

If you need any more information, please let me know.

Thanks,

Donna

--

Donna George

Clinton Water & Sewer Dept.

P.O. Box 277

Clinton, AR 72031

501-745-4320

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1906010542
 Customer Name: CLINTON (SPECIAL)
 Customer Number: 561
 Report Date: 07/11/19
 Composite Date: 06/26/19 -06/27/19
 Sample Time: 0900-0900/0910(6-27)
 Sample Type: 24 HR COMP/GRAB WW
 Sample From: NATURAL STATE PROC
 Collected By: JGK
 Delivery By: JGK
 Work Order:
 Purchase Order:

Laboratory Analysis

Analysis		Notes		Quantity		Method		Quality Assurance	
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/27	0915	JGK	Dissolved Oxygen	8.10 mg/L			SM 2001 4500-O G	0.00	N/A *
07/03	0900	JJM	Ammonia as N, (HACH/SM)	1.46 mg/L			H/SM 11 10205/4500	3.04	100.2 *
06/27	0915	JGK	pH	7.1 S.U.			SM 2011 4500-H+B	0.00	N/A *
06/28	1100	PJC	Phosphorous, Total (as P)	2.250 mg/L			HACH 10209	4.53	103.2 *
07/02	1100	PJC	Solids, Total Suspended	98.0 mg/L			SM 2011 2540 D	0.75	N/A *
06/27	1545	PJC	E. Coliforms	8841.0 /100ml			06/2012 Colilert18	0.00	N/A *
06/27	1545	PJC	Fecal Coliform	9063.0 /100ml			06/2012 Colilert18	0.00	N/A *
06/28	1700	PJC	Cadmium	< 0.0040 mg/L			EPA 200.8	3.39	110.7 *
07/05	1400	PJC	Mercury	< 0.0010 mg/L			EPA 245.1	9.54	101.1 *
06/28	0700	DWC	BOD, Carbonaceous	99.00 mg/L			SM 2011 5210 B	0.00	95.1 *
07/05	1030	PJC	Nitrate + Nitrite	1.12 mg/L			HACH 10206	3.24	98.9 *

* QA data shown is from a different sample or standard on the same date.

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 Signature
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CHAIN OF CUSTODY

Springdale, Arkansas
 479-750-1170
 Carlsbad, New Mexico
 575-887-1ESC

Client Information				Project Information				Requested Parameters			
Client: Clinton, East 001 - Special				Permit/Project #: AR0048836				NH3-N(15.A), NO3+NO2(91), TotalP(25)			
Address: P.O. Box 277				Purchase Order #: [Blank]				CBOD(70), TSS(28)			
Phone: Clinton, AR 72031				Work Order #: [Blank]				Fecal Coliform (43.1F), E. Coli(43.1E)			
Fax: 501-745-4320				Sampler Name(s): J. Kuewark				Cd(48.HW), Hg(50.15)			
Contact: Mr. Phil Graham				and Signature(s): [Signature]							
ESC Client Number: 561											
Sample Identification		Sample Collection		Sample Containers		Custody Seals:		Used?		Intact?	
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Used?	Intact?
Natural State Processing	1906010542	6/27/19	0900	24Hr. Comp	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X	
		6/27/19	0900	24Hr. Comp	Wwater	Plastic	8 oz	Cool ≤ 6° C, H2SO4 to pH < 2	1	X	
		6/27/19	0900	Grab	Wwater	Plastic	100mls	Cool < 10° C, Na2S2O3	1	X	
		6/27/19	0900	Grab	Wwater	Plastic	1 liter	HNO3	1	X	
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Date		Time	
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Date		Time	
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Date		Time	
Comments:				Flow Data				Field Test		Result	
[Signature]				[Signature]				Grab pH: 8.1		7.1	
				Grab DO: 8.1				8.1		mg/L	
				E Coli Start: 1545				1545			
				Fecal Start: 1545				1545			
This Document is Page 1 of 1											

Environmental Services Company, Inc.

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Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1906010539
 Customer Name : CLINTON (SPECIAL)
 Customer Number : 561
 Report Date : 07/09/19

Composite Date: 06/25/19 -06/26/19
 Sample Time : 0845-0845/0849(6-26)
 Sample Type : 24 HR COMP/GRAB WW
 Sample From : NATURAL STATE PROCES

Collected By: NTR
 Delivery By : NTR
 Work Order :
 Purchase Order :

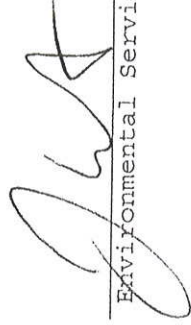
Laboratory Analysis

Analysis		Laboratory Analysis		Quality Assurance				
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
06/26	0851 NTR	Dissolved Oxygen	7.80 mg/L			SM 2001 4500-O G	0.00	N/A
07/03	0900 JJM	Ammonia as N, (HACH/SM)	1.45 mg/L			H/SM 11 10205/4500	3.04	100.2 *
06/26	0851 NTR	pH	5.9 S.U.			SM 2011 4500-H+B	0.00	N/A *
06/28	1100 PJC	Phosphorous, Total (as P)	2.280 mg/L			HACH 10209	4.53	103.2 *
07/02	1100 PJC	Solids, Total Suspended	108.0 mg/L			SM 2011 2540 D	0.75	N/A *
06/26	1400 PJC	E. Coliforms	> 60490.0 /100ml			06/2012 Colilert18	0.00	N/A
06/26	1400 NTR	Fecal Coliform	> 60490.0 /100ml			06/2012 Colilert18	0.00	N/A
06/28	1700 PJC	Cadmium	< 0.0040 mg/L			EPA 200.8	3.39	110.7 *
07/05	1400 PJC	Mercury	< 0.0010 mg/L			EPA 245.1	9.54	101.1 *
06/26	1600 DWC	BOD, Carbonaceous	113.00 mg/L			SM 2011 5210 B	0.00	108.5 *
07/05	1030 PJC	Nitrate + Nitrite	0.80 mg/L			HACH 10206	3.24	98.9 *

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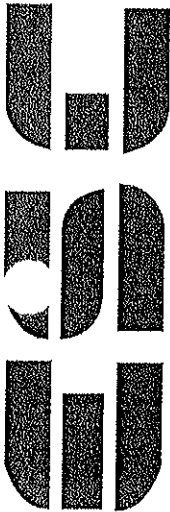
Signature



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Phone: 501-221-2565 Fax: 501-221-1341



CHAIN OF CUSTODY

Springdale, Arkansas
 479-750-1170
 Carlsbad, New Mexico
 575-887-1ESC

Client Information				Project Information				Requested Parameters					
Client: Clinton, East 001 - Special				Permit/Project #: AR0048836				Cd(48.HW), Hg(50.15)					
Address: P.O. Box 277				Purchase Order #:				Fecal Coliform (43.IF), E. Coli(43.IE)					
Clinton, AR 72031				Work Order #:				NH3-N(15.A), NO3+NO2(91), TotalP(25)					
Phone: 501-745-4320				Sampler Name(s): Ned Ryerson				CBOD(70.), TSS(28.)					
Fax: 501-745-2164				and Signature(s): Ned Ryerson									
Contact: Mr. Phil Graham													
ESC Client Number: 561													
Sample Identification		Sample Collection		Sample Containers		Custody Seals:		Used?		Intact?			
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	Result	Units		
Natural State Processing	1906010539	6-25-19	0845	24Hr. Comp	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X			
		6-26-19	0545	24Hr. Comp	Wwater	Plastic	8 oz	H2SO4 to pH=2	1	X			
		6-26-19	0849	Grab	Wwater	Plastic	100mls	Cool <10° C, Na2S2O3	1	X			
		6-26-19	1300	Grab	Wwater	Plastic	1 liter	HNO3	1	X			
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Date		Time		Custody Seals:	
Relinquished By: Ned Ryerson				Received By: Ned Ryerson				6-26-19		1300		Used? <input checked="" type="checkbox"/> Intact? <input checked="" type="checkbox"/>	
Relinquished By: (Signature and Printed Name)				Received By: (Signature and Printed Name)				Date		Time		Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>	
Relinquished By: Ned Ryerson				Received By: Ned Ryerson				6-26-19		1300		Were samples properly preserved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Comments:				Flow Data				Field Test		Analyst		Result	
				Analyst: Ned Ryerson				Grab pH: 6.85		NTR		5.9	
				Time: 1300				Grab DO: 0.85		NTR		7.8	
				Reading:				E Coli Start: 1400		NTR			
				Units:				Fecal Start: 1400		NTR			
				QR Code								This Document is Page 1 of 1	

ESCLABS
 JEFFREY@ESCLABS.COM

Environmental Services Company, Inc.

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 Little Rock, AR 72211
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Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1906010543
 Customer Name : CLINTON (SPECIAL)
 Customer Number : 561
 Report Date : 07/10/19
 Composite Date: 06/27/19 -06/28/19
 Sample Time : 0900-0900/0925(6-28)
 Sample Type : 24HRC/GRAB WWATER
 Sample From : NATURAL STATE PROCES
 Collected By: PHIL GRAHAM
 Delivery By : TMO
 Work Order :
 Purchase Order :

Laboratory Analysis

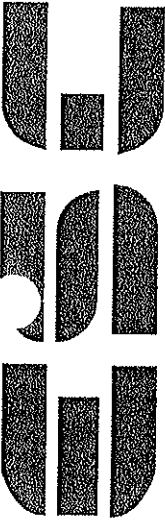
Analysis		Notes		Quantity		Method		Quality Assurance	
Date	Time By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery	
06/28	0929 TMO	Dissolved Oxygen	8.20 mg/L			SM 2001 4500-O G	0.00	N/A *	
07/03	0900 JJM	Ammonia as N, (HACH/SM)	1.44 mg/L			H/SM 11 10205/4500	3.04	100.2 *	
06/28	0929 TMO	pH	11.4 S.U.			SM 2011 4500-H+B	0.00	N/A *	
07/08	1500 PJC	Phosphorous, Total (as P)	1.270 mg/L			HACH 10209	2.55	101.2	
07/02	1100 PJC	Solids, Total Suspended	50.0 mg/L			SM 2011 2540 D	2.02	N/A *	
06/28	1600 DWC	E. Coliforms	< 1.0 /100ml			06/2012 Colilert18	0.00	N/A	
06/28	1600 DWC	Fecal Coliform	< 1.0 /100ml			06/2012 Colilert18	0.00	N/A	
07/08	1700 PJC	Cadmium	< 0.0040 mg/L			EPA 200.8	0.18	98.5	
07/05	1400 PJC	Mercury	< 0.0010 mg/L			EPA 245.1	9.54	101.1 *	
06/28	1545 DWC	BOD, Carbonaceous	34.00 mg/L			SM 2011 5210 B	0.00	95.1 *	
07/05	1030 PJC	Nitrate + Nitrite	1.33 mg/L			HACH 10206	3.24	98.9 *	

* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

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Springdale, Arkansas
 479-750-1170
 Carlsbad, New Mexico
 575-887-1ESC

CHAIN OF CUSTODY

Client Information				Project Information				Requested Parameters							
Client:		Clinton, East 001 - Special		Permit/Project #:		AR0048836									
Address:		P.O. Box 277		Purchase Order #:											
Phone:		Clinton, AR 72031		Work Order #											
Fax:		501-745-4320		Sampler Name(s):		Phil Graham									
Contact:		501-745-2164		and Signature(s):		<i>Timothy O'Neal</i>									
ESC Client Number:		Mr. Phil Graham													
ESC Client Number:		561													
Sample Identification				Sample Collection				Sample Containers							
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#	CBOD(70), TSS(28)	NH3-N(15.A), NO3+NO2(91), TotalP(25)	Fecal Coliform (43.F), E. Coli(43.IE)	Cd(48.HW), Hg(50.15)		
Natural State Processing	1901010543	6-27-19	09:00	24Hr. Comp	Wwater	Plastic	1/2 Gal	Cool ≤ 6° C	1	X					
		6-28-19	05:00	24Hr. Comp	Wwater	Plastic	8 oz	Cool ≤ 6° C, H2SO4 to pH < 2	1		X				
				Grab	Wwater	Plastic	100mls	Cool < 10° C, Na2S2O3	1			X			
		6-28-19	04:25	Grab	Wwater	Plastic	1 liter	HNO3	1				X		
Requested By: (Signature and Printed Name) <i>Phil Graham</i>				Received By: (Signature and Printed Name) <i>Timothy O'Neal</i>				Date 6-27-19 05:00				Date 6-28-19 09:25			
Relinquished By: (Signature and Printed Name) <i>Timothy O'Neal</i>				Received By: (Signature and Printed Name) <i>Daddeant Paul</i>				Date 6-28-19 15:40				Date 6-28-19 15:40			
Comments:				Flow Data				Field Test				Custody Seals:			
				Analyst: TMO				Grab pH: 0929				Used? <input checked="" type="checkbox"/>			
				Time: 0929				Grab DO: 0929				Turnaround: <input checked="" type="checkbox"/>			
				Reading:				E Coli Start: 1600				Regular <input checked="" type="checkbox"/>			
				Units:				Fecal Start: 1600				Were samples properly preserved: <input checked="" type="checkbox"/>			
												Result: 11.4 S.U.			
												Result: 8.2 S.U.			
												Special <input type="checkbox"/>			
												No <input type="checkbox"/>			
												This Document is Page 1 of 1			

AW