	ap aanan nap ann an	,		,	, -			
	V DEO		WATER	DIVISION	INSP	ECTI	ON RE	PORT
	ADLQ	AF	IN: 71-00018 P	ERMIT #: AR00 4	8836		DATE:	3/4/2019
Δ	RKANSAS	CC	UNTY: 71 Van B	uren	PDS :	#: 10734 1		MEDIA: WN
Dep	partment of Environmental Quality	GF	S LAT: LO	ONG: LO	CATION	N: N/A		
	FACILITY INFORMAT	ION		ll I	NSPEC [*]	TION INF	ORMATIO	N
	: y of Clinton- East Plant			FACILITY TYPE: 1 - Municipal		ror id#: 208 S - St	ate	
CITY:				facility evaluation ration 1 - Unsatisfact	ory	S		tion System
	nton			(-)	ENTRY TIME: 09:30	13:40	PERMIT E	EFFECTIVE DATE:
	RESPONSIBLE OFFIC	CIAL		3/26/2019	03.30	13.40	12/1/2	2010 EXPIRATION DATE:
	E: / TITLE			0/20/2013)/2015
	chard McCormac / Mayor			FAYETTEVILLE	= SHAI	F RFI AT	FD: N	
	y of Clinton			FAYETTEVILLE				
	NG ADDRESS: D. Box 277						RTICIPANT	re
	STATE, ZIP:			NAME/TITLE/PHONE/FAX/EM		ION PAR	CHCIPANI	3
Cli	nton AR 72301			Phil Graham (l			erator/ 50	1-253-1365/
	NE & EXT: / FAX:			clintonfire25@	yahoo.	com		
EMAI	1-745-4320 / ::			Comusi Cobro	-/ ADE	O Inones	40"	
	ntonmayor@artelco.com			Samuel Schrat	Z/ ADE	Q inspec	tor	
CC	NTACTED DURING INSPECTION:	No						
				LUATIONS				
**	PERMIT (s=s:	atisfac	tory, M=Marginal, U=Unsat FLOW MEASUF		le/Evaluated		IWATER	
**	RECORDS/REPORTS	**	LABORATORY	VEIVIEIVI	**		Y SITE RE	=\/IF\//
**	OPERATION & MAINTENANCE	**		CEIVING WATER	2 **			NG PROGRAM
**	SAMPLING	**		I ING/DISPOSAI			FATMENT	

SUMMARY OF FINDINGS

The following item is a violation of Part III, Section B, 1.A. of the permit and violations of APC&EC Regulation 6, which has adopted the "10 States Standards" (http://10statesstandards.com/wastewaterstandards.html#40):

Simlock Lift Station

• No emergency contact info posted

U OTHER: SSO/Collection System

• Visual alarm not operational

Fairgrounds Lift Station

• One pump not in operation

Honey Hills Lift Station

- Audio and visual alarm not operational
- Solids on ground not remediated or reported

Archey Lift Station

• Visual alarm not operational

Industrial Park Lift Station

- Visual alarm not operational
- Fat accumulation and feathers observed

GENERAL COMMENTS

On March 4, 2019, an inspection was conducted of the collection system with the above mentioned inspection participants. The inspection consisted of a site assessment of five (5) lift stations and a review of the reported SSO information.

The system consists of eleven (11) lift stations with one not in operation (10 inspected on a daily basis). City has a city-owned pumper truck and jet for wet well cleaning. For electrical and pump issues, the city uses Fleming Electric, Inc. (800-748-1614; Bryant). City is responsible for mainlines, manholes, and lift stations; and residents are responsible for service lines (home to mainline). The city has a portable generator. Some wet wells do have holding capacity. For reporting requirements, the operator acknowledges that threat to public health is an overflow at a residence (close contact with people) and an overflow that reaches waters of the State is a threat to the environment.

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

COLLECTION SYSTEM INSPECTION AND OVERALL RAT		☑S □M □U □NA □NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION S	SYSTEM: System is a mix of g	gravity and pressure lines.
POPULATION SERVED/NUMBER OF RESIDENTIAL AND O	COMMERCIAL CONNECTIONS	: <u>1100</u>
FEET OF SEWER SYSTEM: 5-6 miles		
AGE OF SYSTEM: <u>Unknown</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DESCRIPTION (EXPLAIN): [&]; keep records of water usage and compare		ØY □N □NA □NE
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS		ØY □N □NA □NE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:		☑Y □N □NA □NE
HAVE SSOS REACHED "WATERS OF THE STATE" (LIST D		□Y ☑N □NA □NE
EACH): Reviewed reported SSO from Jan 1, 2017 – Marc SSO for the timeframe; with none affecting waters of the		2
PUMP STATIONS		⊠S □M □U □NA □NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>Eleven</u> (11); one (1) not in operation	NUMBER WITH BACKUP PO'	WER: None; back-up
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITO	PRED: Once/day	
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOC	SS KEPT: Yes; pump run hou	rs; alarms; overflows
ADEQUATE INVENTORY OF SPARE PARTS:		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E stations.	E. SCADA OR AUTO DIALERS)	: Auto Dialer at some lift
BRIEF SUMMARY OF EMERGENCY PROCEDURES: ID po	roblem, fix, remove solids, lim	e area, and report.
NUMBER OF PUMP STATIONS VISITED DURING INSPECT (5)	TION (SEE ATTACHED CHECK	(LISTS FOR EACH): Five
SATELLITE SYSTEMS		⊠S □M □U □NA □NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM Dept., Animal Control, Walmart, Carwash, Casey's Gas S		Van Buren Co Sheriff's
TYPE(S) OF WASTE WATER RECEIVED:_	<u> </u>	RIAL OTHER:
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Single lift	station at each of these build	lings.
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RE	SPONSIBLE FOR SATELLITE	SYSTEM:

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)					
GENERAL INFORMATION AND OVERALL EVALUATION		⊠S □M □U □NA			
NAME AND/OR LOCATION OF PUMP STATION: Simlock (35)	<u>5.589127, -92.447977)</u>				
TYPE(S) OF WASTE WATER RECEIVED: MRESIDENTIAL D	□COMMERCIAL □INDUSTRIA	AL DOTHER:			
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Two	<u>o (2</u>			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		☑S □M □U □NA □NE			
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		□Y ØN □NA □NE			
GENERAL OPERATION AND MAINTENANCE		ØS □M □U □NA			
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE EQUIPMENT:	OF UNRELATED	☑S □M □U □NA □NE			
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVEN ACCESS AND/OR TAMPERING:	T UNAUTHORIZED	☑S □M □U □NA □NE			
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, OPENING PROTECTED:		⊠S □M □U □NA □NE			
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPM INSTALLED AND MAINTAINED:	ENT PROPERLY	☑S □M □U □NA □NE			
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIP DRIVESHAFTS, ETC.): Submerged	PMENT (BELTS, PULLEYS,	☑S □M □U □NA □NE			
ADEQUATE VENTILATION TO PREVENT EXCESSIVE COND GASES AND FUMES: <u>Outside</u>	DENSATION AND/OR	⊠S □M □U □NA □NE			
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTE	NANCE: <u>Outside</u>	ØS □M □U □NA □NE			
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED Submerged	O TO PREVENT LEAKS:	⊠S □M □U □NA □NE			
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WE low.	T WELLS: Solids/grease	☑S □M □U □NA □NE			
BACKUP POWER AND ALARMS		□S ØM □U □NA			
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRA generator; wet well for holding capacity.	ANSFER PUMP: Portable	□S □M □U □NA □NE			
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INI emergency contact info posted, no visual alarm.	FORMATION POSTED: No	□S ØM □U □NA □NE			
SCADA SYSTEM (LIST PARAMETERS MONITORED):		□Y ØN □NA □NE			
		ı			

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)					
GENERAL INFORMATION AND OVERALL EVALUATION		□S ☑M □U □NA			
NAME AND/OR LOCATION OF PUMP STATION: Fairgrounds (35.599860, -92.430717)					
TYPE(S) OF WASTE WATER RECEIVED: MRESIDENTIAL	□COMMERCIAL □INDUSTRIA	AL OTHER:			
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: On	<u>e (1)</u>			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: _F	Pump #2 not operational	☑S □M □U □NA □NE			
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		□Y ☑N □NA □NE			
GENERAL OPERATION AND MAINTENANCE		⊠S □M □U □NA			
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGEQUIPMENT:		ØS □M □U □NA □NE			
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		☑S □M □U □NA □NE			
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	,	⊠S □M □U □NA □NE			
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF INSTALLED AND MAINTAINED:		⊠S □M □U □NA □NE			
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQ DRIVESHAFTS, ETC.) : <u>Submerged</u>	UIPMENT (BELTS, PULLEYS,	☑S □M □U □NA □NE			
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CO GASES AND FUMES: Outside	NDENSATION AND/OR	☑S □M □U □NA □NE			
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE: <u>Outside</u>	ØS DM DU DNA DNE			
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN Submerged	ED TO PREVENT LEAKS:	ØS □M □U □NA □NE			
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	WET WELLS: Solids/grease	☑S □M □U □NA □NE			
BACKUP POWER AND ALARMS		⊠S □M □U □NA			
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T generator; wet well for holding capacity.	RANSFER PUMP: Portable	□S □M □U □NA □NE			
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT	INFORMATION POSTED:	☑S □M □U □NA □NE			
SCADA SYSTEM (LIST PARAMETERS MONITORED):		□Y ☑N □NA □NE			

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION		□s	⊠M □U	□NA
NAME AND/OR LOCATION OF PUMP STATION: Honey Hills (35.585741, -92.440329)				
TYPE(S) OF WASTE WATER RECEIVED: MRESIDENTIAL	. ☑COMMERCIAL □INDUSTRIA	AL OTHE	₹:	
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Tw	o <u>(2</u>		
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		⊠S □M [JU □NA	□NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	Solids not cleaned up.	ØY (□N □NA	□NE
GENERAL OPERATION AND MAINTENANCE		Øs	□M □U	□NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		⊠S □M [JU DNA	□NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		⊠S □M [⊒U □NA	□NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:		⊠S □M [⊒U □NA	□NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF INSTALLED AND MAINTAINED:		⊠s □m [JU □NA	□NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT OF THE PROPERTY OF THE PRO	UIPMENT (BELTS, PULLEYS,	⊠S □M [⊒U □NA	□NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE COL GASES AND FUMES: <u>Outside</u>	NDENSATION AND/OR	⊠s □m (⊒U □NA	□NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE: <u>Outside</u>	⊠S □M [JU □NA	□NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN Submerged		ØS □M [JU □NA	□NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS: <u>Solids/grease</u>	⊠S □M [⊒U □NA	□NE
BACKUP POWER AND ALARMS		□s	⊠M □U	□NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T generator; wet well for holding capacity.		⊠s □m (⊒U □NA	□NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT Audio/Visual alarm not operational.	INFORMATION POSTED:	□S ØM [JU □NA	□NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):		□Y [IN □NA	□NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION		⊠S □M □U □NA		
NAME AND/OR LOCATION OF PUMP STATION: <u>Archey Fork (35.607149, -92.463775)</u>				
TYPE(S) OF WASTE WATER RECEIVED: MRESIDENTIAL	. ☑COMMERCIAL □INDUSTRIA	AL OTHER:		
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Tw	<u>o (2</u>		
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		⊠S □M □U □NA □NE		
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		□Y ☑N □NA □NE		
GENERAL OPERATION AND MAINTENANCE		⊠S □M □U □NA		
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		⊠S □M □U □NA □NE		
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		⊠S □M □U □NA □NE		
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:		⊠S □M □U □NA □NE		
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF INSTALLED AND MAINTAINED:		⊠S □M □U □NA □NE		
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIDRIVESHAFTS, ETC.): Submerged	UIPMENT (BELTS, PULLEYS,	⊠S □M □U □NA □NE		
ADEQUATE VENTILATION TO PREVENT EXCESSIVE COL GASES AND FUMES: <u>Outside</u>	NDENSATION AND/OR	⊠S □M □U □NA □NE		
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE: Outside	☑S □M □U □NA □NE		
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN Submerged		ØS □M □U □NA □NE		
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS: Solids/grease	⊠S □M □U □NA □NE		
BACKUP POWER AND ALARMS		□S ☑M □U □NA		
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T generator; wet well for holding capacity.		⊠S □M □U □NA □NE		
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT Visual alarm not operational.	INFORMATION POSTED:	□S ØM □U □NA □NE		
SCADA SYSTEM (LIST PARAMETERS MONITORED):		□Y ☑N □NA □NE		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)					
GENERAL INFORMATION AND OVERALL EVALUATION		□s	⊠M □U	□NA	
NAME AND/OR LOCATION OF PUMP STATION: Industrial Park (35.565687, -92.457253)					
TYPE(S) OF WASTE WATER RECEIVED: MRESIDENTIAL	. □COMMERCIAL □INDUSTRIA	AL OTHE	R:		
NUMBER OF PUMPS: Two (2)	NUMBER OPERATIONAL: Tw	o (2)			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		⊠S □M	□U □NA	□NE	
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		□Y	⊠N □NA	□NE	
GENERAL OPERATION AND MAINTENANCE		□s	⊠M □U	□NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGEQUIPMENT:		⊠s □m	□U □NA	□NE	
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:		⊠S □M	□U □NA	□NE	
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	•	⊠S □M	□U □NA	□NE	
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIF INSTALLED AND MAINTAINED:		⊠s □m	□U □NA	□NE	
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQ DRIVESHAFTS, ETC.) : Submerged	, ,	⊠S □M	□U □NA	□NE	
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CO GASES AND FUMES: Outside	NDENSATION AND/OR	⊠S □M	□U □NA	□NE	
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE: <u>Outside</u>	⊠S □M	□U □NA	□NE	
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN Submerged		⊠S □M	□U □NA	□NE	
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	VET WELLS: Solids/grease	□S ØM	□U □NA	□NE	
BACKUP POWER AND ALARMS		□s	⊠M □U	□NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T generator; wet well for holding capacity.		⊠S □M	□U □NA	□NE	
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT Visual alarm not operational.	INFORMATION POSTED:	□S ØM	□U □NA	□NE	
SCADA SYSTEM (LIST PARAMETERS MONITORED):		□Y	⊠N □NA	□NE	
		•			



Water Division Photographic Evidence Sheet Location: City of Clinton- East Plant Photographer: Skyler Schlick Date: 3/4/2019 Time: 1140 Witness: Samuel Schratz Photo #: 3 Description: Overview of Fairgrounds lift station.



Photographer: | Skyler Schlick | Date: | 3/4/2019 | Time: | Witness: | Samuel Schratz | Photo #: | 4

Description: Fairgrounds lift station control panel.



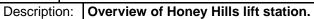
Inspection Report: City of Clinton- East Plant, AFIN: 71-00018, Permit #: AR0048836

	Water Division Photographic Evidence Sheet						
	Location:	City	of Clinton- East Plant				
	Photograp	her:	Skyler Schlick	Date:	3/4/2019	Time:	1140
ſ	Witness:	Sami	uel Schratz			Photo #:	5

Description: Fairgrounds lift station wet well.

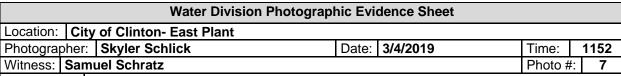


Photographer:Skyler SchlickDate:3/4/2019Time:1147Witness:Samuel SchratzPhoto #:6





Inspection Report: City of Clinton- East Plant, AFIN: 71-00018, Permit #: AR0048836



Description: Honey Hills lift station control panel.



Photographe	er: Skyler Schlick	Date:	3/4/2019	Time:	1149
Witness: Sa	muel Schratz			Photo #:	8

Description: Honey Hills lift station wet well.



Water Division Photographic Evidence Sheet Location: City of Clinton- East Plant Photographer: Skyler Schlick Date: 3/4/2019 Time: 1148 Witness: Samuel Schratz Photo #: 9

Description: Solids on the ground next to Honey Hills lift station.



Photographer:Skyler SchlickDate:3/4/2019Time:1205Witness:Samuel SchratzPhoto #:10

Description: Archey Fork Lift Station overview.



Inspection Report: City of Clinton- East Plant, AFIN: 71-00018, Permit #: AR0048836

Water Division Photographic Evidence Sheet							
Location:	Location: City of Clinton- East Plant						
Photograp	her:	Skyler Schlick		Date:	3/4/2019	Time:	1205
Witness:	Samı	uel Schratz				Photo #:	11

Description: Archey Fork lift station control panel.



Photographer: Skyler Schlick	Date:	3/4/2019	Time:	1204
Witness: Samuel Schratz			Photo #:	12

Description: Archey Fork lift station wet well.



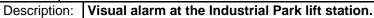
Inspection Report: City of Clinton- East Plant, AFIN: 71-00018, Permit #: AR0048836

	Water Division P	hotographic Evi	dence Sheet		
Location: City	of Clinton- East Plant				
Photographer:	Skyler Schlick	Date:	3/4/2019	Time:	1228
Witness: Sam	uel Schratz			Photo #:	13

Description: Overview of the Industrial Park lift station.

| Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the Industrial Park lift station. | Continue of the

Photographer: Skyler Schlick Date: 3/4/2019 Time: 1224
Witness: Samuel Schratz Photo #: 14





Inspection Report: City of Clinton- East Plant, AFIN: 71-00018, Permit #: AR0048836

Water Division Photographic Evidence Sheet

Location: City of Clinton- East Plant

Photographer: Skyler Schlick

Date: 3/4/2019

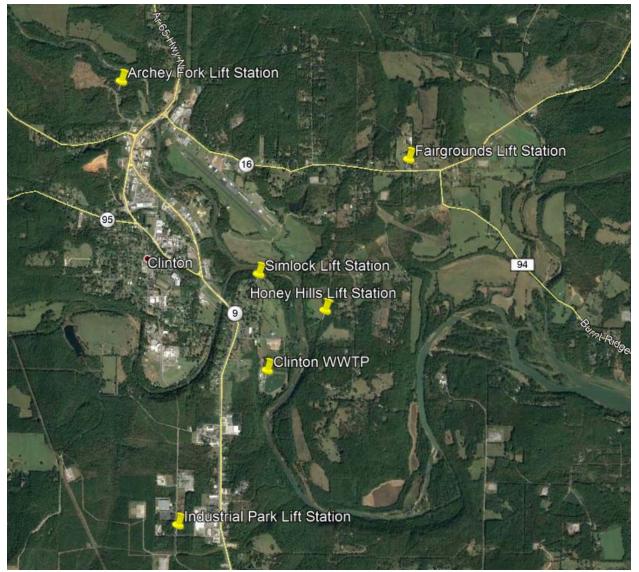
Time: 1226

Witness: Samuel Schratz

Photo #: 15

Description: Industrial Park lift station wet well.

Figure 1. Google Earth image dated Oct 16, 2014 depicting lift stations inspected in relation to City of Clinton East Plant.



McConnell, Melissa

From: CLINTON WATER DEPT. <clintonwater2@gmail.com> Sent: Friday, August 02, 2019 12:31 PM To: Water-Inspection-Report REPLY TO WATER DIVISION INSPECTION REPORT **Subject: 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

	ADFO		WATER	DIVISION I	INS	PECTIC	N PF	POPT
1	コレヒソ	Α	4F1N: 71-00018 P	PERMIT#: AR004	8836	LUIN		3/4/2019
£	ARKANSAS	C	COUNTY: 71 Van E	Buren		S #: 107340		~
D	Department of Environmental Quality	G	GPS LAT: L		1	ON: General	A	MEDIA: WN
	FACILITY INFORMAT							
	City of Clinton- East Plant			FACILITY TYPE:	15PEL	CTION INFO	RMATIO	N
LC	OCATION:			1 - Municipal		::ciorib#: 7208 S - Sta	fa	
	Pond Rd			FACILITY EVALUATION RATING	lG:		CTION TYPE:	····
	пу:			2 - Marginal		Co		Evaluation
	Clinton				NTRY TIME:	EXIT TIME:		FFECTIVE DATE:
	RESPONSIBLE OFFIC	CIA	.I	3/4/2019 0	9:30	13:40	12/1/2	2010 DATE:
	AME: / TITLE			-			PERMIT EX	XPIRATION DATE:
CO	Richard McCormac / Mayor		7					/2015
Ci	ity of Clinton		1	FAYETTEVILLE	SHAL	LE RELATE		
MAII	AILING ADDRESS:		ſ	FAYETTEVILLE				
Ρ.	.O. Box 277)					
	ry, state, zip: linton AR 72301		}	1 MOULT OF CENTURE PRANTEMAIL	IL/EIC ·	TION PART		
PHC	ONE & EXT: / FAX:		J	Phil Graham (Lie	c# 008	8981)/ Oper	rator/ 501	-253-1365/
	01-745-4320 /		J	clintonfire25@ya	ahoo.	.com		
EMA	AlL:		Ţ					
CII	intonmayor@artelco.com			Samuel Schratz/	/ ADE	:Q Inspecto	r	
CC	ONTACTED DURING INSPECTION: I	No	,	ı				
		- N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	AREA EVAL	LUATIONS	· · · · · · · · · · · · · · · · · · ·			
S		S	ctory, M=Marginal, U=Unsatis FLOW MEASURI	factory, N=Not Applicable/E				
S	RECORDS/REPORTS		LABORATORY	ENENI	S	STORMW		
M	OPERATION & MAINTENANCE		EFFLUENT/REC	TRANCO MATERIA	S	FACILITY	SITE REV	√IEW
М	SAMPLING		SLUDGE HANDL	EIVING WATER	<u> S </u>	SELF-MON	VITORIN(G PROGRAM
**	OTHER:	<u> </u>	OLODOL INTINDE	-ING/DISHOSAL	N	PRETREA	TMENT	
		2-4-4	SUMMARY OF	EEMDINGS				
The	e following violations were noted d	luri	ing the inspectio	r FINDINGS				
1.7	The records indicate no samples w	'Orc	a abtained from C					
wh	The records indicate no samples we sen the plant was discharging from	Ωι -		Juttall 001 from J	anuar	ry 23, 2018 i	to Janua	ry 31, 2018
	Present trace and order of the first		trail out. This is	a violation of Par	rt 1, S	Section A of	the pern	nit.

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.

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

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

ustomer Name : CLINTON, EAST 001
ustomer/Permit No. : 495 / AR0048836 001
eport Date : 02/07/18 ontrol Number: 1801010337

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

Sample From : FINAL EFFLUENT

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

* QA data sho		Analysis ate Time By 1/29 1104 TMO 1/30 0930 TCF 1/29 1104 TMO 1/31 0730 DWC 1/29 1440 TMO
QA data shown is from a different sampl	Flow	Parameter Dissolved Oxygen Ammonia Nitrogen pH Solids, Total Suspended E. Coliforms Fecal Coliform BOD, Carbonaceous
different sample or standard on the same date.	W 1.060000 MGD	Result Notes
date.		Quantity 98.93 #/day 1.33 #/day 8.83 #/day
		Method SM 2001 4500-0 G HACH 10205 SM 2000 4500-H+B SM 1997 2540 D 06/2012 Colilert18 06/2012 Colilert18 SM 2001 5210 B
		Quality Precision % RPD 0.90 2.52 1.23 7.41 0.00 0.00
¥		Quality Assurance eccision Accuracy % RPD % Recovery 0.90 N/A 2.52 98.7 * 1.23 N/A 7.41 N/A * 0.00 N/A 0.00 N/A 0.00 91.8

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. A minimum of 10% spiked and duplicate samples is run on each parameter All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. Signature Environmental Services

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

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

Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

	liont Information						; 									
	Cilette information				Fig	Project Informa	rmation				Zee	Requested Parameters	d P	aram	eters	
Client:	Clinton, East 001			Permit/Project #:	ect#:		AR0048836	36								
Address:	P.O. Box 277			Purchase Order #:)rder#:							3.IE)		····		
	Clinton, AR 72031			Work Order#	T#							oli(4:		~~~~		*
Phone:	501-745-4320			Sampler Name(s):	ame(s):	1.1	brek	r.				E. C				
Fax:	501-745-2164					17/M:	no the) Neu/		8.)		.lF),				
Contact:	Mr. Phil Graham			and Signature(s):	ле(s):	Pho	12			L SS(2		1 (43				
ESC Client Number:	495 (3X per week)					() Januar	7			<u></u> .), T:	.A)	iforn			~~~	
Sample Identification	ntification		Sample	Collection			imple	Containers		D(70	N(15	l Col		· · · · · · · · · · · · · · · · · · ·		
Identification	ESC Control #	Date	Time	Туре	Matrix	agy"	Volume	Preservative	è #	l	VH3-	Feca				
Final Effluent	19010 D.337	1.2875	941	24Hr. Comp	Wwater	Plastic	~~~~	Caol ≤ 6° C	_		7			+		
	,			24Hr. Comp	Wwater	Plastic	8 oz	Cool ≤ 6° C. H2SO4 to pH <2			×			\dashv		
		1-29-18	1100	Grab	Wwater	Whirlpak	4 oz	Cool ≤ 6 °C	2			×	\dashv	_		
													-	\dagger		
									-	\vdash			+	1	-	<u></u>
										 						
Religquished By: (Signature and Printed Name)	Name)	Date	Time	Reserved By: (Signat	Tree and Print	Inted Name)		Date	Time -	Cust	Custody Seals:	ais	-			
Relinquished By: (Signature and Printed Name)	Name)	Date 7 / 5	Time	Received By- (Signalure and Printed Name)	ature and Printed	Name) [) New /	1-2848 1	Time O	Used?	Jsed?		int	Intact?		<u></u>
Retifiquished By: (Signature and Printer	ed Name)									Regular	E C	7	Spg	Special		
# 17 May	Nimo the D'Weal	1-28-18	14/15	Receiving for Lab By Joignature and Printed Name >	Coccy 1	cinted Name	1 lozest	1-22-10	孙	Were	Yes Yes	Were samples properly preserved Yes No	rly pres	Nerved:] [
Commoden	,				Flow Data		Field Test	Time Ar	Analyst	Result		Result	1	Units	-	
Confliction.		1 1			Analyst: M O		Grab pH: Grab DO:	11241-	NO THIS) 	N)), X	S.U.			Ш
	, Y ,	MON	173		Reading: /, Units: // 0) 	E Coli Start	- Cmrt	76%	1			+			
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GAWP50 DRMSCHAINXLS

Environmental Services Company, Inc.

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

Tel.

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

Report Date: 02/05/18 Customer Name : Control Number: 1801010294 Customer/Permit No. : 495 / AR0048836 001 CLINTON, EAST 001 Sample From : FINAL EFFLUENT Sample Type : Sample Time : 1030-1030/1040(1-26) Composite Date: 01/25/18 COMP/GRAB WWATER -01/26/18

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

* QA data shown		Analysis e <u>Time</u> <u>By</u> 26 1043 JGK 30 0930 TCF 26 1043 JGK 31 0730 DWC 26 1245 JGK 26 1245 JGK 26 1700 DWC	1
QA data shown is from a different sample or standard on	71	Parameter Dissolved Oxygen Ammonia Nitrogen pH Solids, Total Suspended E. Coliforms Fecal Coliform	
the	Flow 1.100000 MGD	Laboratory Analysis Result 11.60 mg/L 1.68 mg/L 7.6 S.U. < 1.00 mg/L 2.0 /100ml 2.0 /100ml < 2.00 mg/L	
same date.		Quantity 106.33 #/day SI 15.40 #/day SI 9.17 #/day SI 0.18.33 #/day SI	
		Method SM 2001 4500-O G HACH 10205 SM 2000 4500-H+B SM 1997 2540 D 06/2012 Colilert18 06/2012 Colilert18 SM 2001 5210 B	
		Quality Precision % RPD 0.00 0.92 0.00 7.41 0.00 0.00 0.00 0.00	
		Assurance Accuracy % Recovery N/A * 97.8 * N/A * N/A * N/A 91.8 *	

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 All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. the start of the analytical batch in which the specific sample was included.

Signature

Environmental Services

Inc

Environmental Services Company, Inc.
Corporate Office
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Little Rock, AR 72211 Little Rock, AR 72215
website: www.esclabs.com

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

Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

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×			2	Cool s 6 °C	4 oz	Whirlpak	Wwater	Grab	30,000	1/26118		
	X			H2SO4 to pH <2	8 02	Plastic	Wwater	24Hr. Comp	10.150	11/2/18/18		
		×		Cool ≤ 6° C	1/2 Gal	Plastic	Wwater	24Hr. Comp	405.01	125-18	180101078	Final Effluent
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ec		1	five #	Dresevative	Volume	Type	Matrix	Type	Time	Date	ESC Control #	Identification
al C		D(7	U	le Containers	Sample			Collection	Sample		ntification	Sample Identification
olifor	5.A)	0.), T		مىلياليا	ಧಿಸಿತಲ್ಲಿನ್ನ	(د)					495 (3X per week)	ESC Client Number:
m (4		rss(}	Bucker	B	ure(s): 🍃	and Signature(s):			Mr. Phil Graham	Contact
3.IF)		28.)				0					501-745-2164	Fax:
, E. (l		200	brak	This!	ame(s):	Sampler Name(s):			501-745-4320	Phone:
Coli(4		i					#	Work Order#			Clinton, AR 72031	
13.IE		l					Order#:	Purchase Order #.			P.O. Box 277	Address:
)	******	<u> </u>)48836	AR0048		ect#:	Permit/Project #:			Clinton, East 001	Client:
Requested Parameters	Requ	-			ormation	Project Informati	Pr				Client Information	
		1										

Environmental Services Company, Inc.

Corporate Office 13715 West Markham Little Rock, AR 72211 (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: 1801010330
Customer Name: CLINTON, EAST 001
Customer/Permit No.: 495 / AR0048836 001
Report Date: 02/01/18

Sample Time: 0900-0900/0935(1-24)
Sample Type: 24 HR COMP/GRAB WW
Sample From: FINAL EFFLUENT

Composite Date: 01/23/18

-01/24/18

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

* QA data shown is			01/24 1530 JK 01/26 0700 DWC	1300 1530	01/30 0930 TCF 01/24 0940 JGK	1400	Analysis
m is from a different san			Fecal Coliform BOD, Carbonaceous	Solids, Total Suspended E. Coliforms	Ammonia Nitrogen pH	Dissolved Oxygen	7 7 7 7
from a different sample or standard on the sam		Flow 1.080000 MGD	< 1.0 /100ml 2.00 mg/L	2.00 mg/L < 1.0 /100ml	0.73 mg/L 7.7 S.U.	11.50 mg/L	alysis
same date.			18.00 #/day	18.00 #/day	6.57 #/day	103.50	
			06/2012 Colilert18 SM 2001 5210 B	SM 1997 2540 D 06/2012 Colilert18	HACH 10205	Method SM 2001 4500-0 G	
			0.00	4.44	2.52	% RPD	Quality Precision
TEN .			91.8 *	N/A *	98.7 *	% Recovery	Quality Assurance ecision Accuracy

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

Signature

Environmental Services of.

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

Phone: 501-221-2565

Fax: 501-221-1341

Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

Environmental Services Company, Inc.

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

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

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

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

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

* QA data shown is		Analysis Date Time By 01/25 1000 TMO 01/25 1000 TMO 01/25 1000 TMO 01/25 1000 DWC 01/25 1650 TMO 01/25 1650 TMO 01/25 1650 TMO 01/26 0700 DWC
wn is from a different sample or standard on the		Parameter Dissolved Oxygen Ammonia Nitrogen pH Solids, Total Suspended E. Coliforms Fecal Coliform BOD, Carbonaceous
mple or	Flow	Labora
standard on the same	1.170000 MGD	Result 11.90 mg/L 11.10 mg/L 7.9 s.U. < 1.00 mg/L < 1.0 /100ml < 1.0 /100ml < 2.00 mg/L
same date.		Quantity 116.03 #/day 10.73 #/day 9.75 #/day
		Method SM 2001 4500-0 G HACH 10205 SM 2000 4500-H+B SM 1997 2540 D 06/2012 Colilert18 06/2012 Colilert18 SM 2001 5210 B
		Quality Precision % RPD 0.84 2.52 1.27 4.44 0.00 0.00 0.00
		Quality Assurance eccision Accuracy % RPD % 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 *

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

Signature

Environmental Services 40., Inc

Environmental Services Company, Inc.
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Little Rock, AR 72211 Little Rock, AR 72215

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Phone: 501-221-2565

Fax: 501-221-1341







Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

				Comments:	The Man Wall of the	The signature and the	ic.	Relinquished By. (Signature and Printed Name)	(It Booking 11	Relinquished By: (Signature and Printed Name)							Final Effluent	Identification	Sample Id	ESC Client Number:	Contact:	Fax:	Phone:		Address:	Client	
					ms Ten O New	`		ned Name)	hil braham	ited Name)		····					1801010 333	ESC Control #	Sample Identification	495 (3X per week)	Mr. Phil Graham	501-745-2164	501-745-4320	Clinton, AR 72031	P.O. Box 277	Clinton, East 001	Client Information
					1-25-18	Date // /O		Date	1-24-18	Date					1-25-18		1-24-18	Date									
			153		1022	Time 7	<u> </u>	Time	10 1/2	Time					000		10 Fm	Time	Sample								
		M M X			. Thinting	Received for Lab-8		Received By/(Sig	Throng the	Received By: (Signal					Grab	24Hr, Comp	24Hr. Comp	Type	Collection		and Signature(s):		Sampler Name(s):	Work Order#	Purchase Order #:	Permit/Project #:	
	ک	Reading: / ı	Analyst: ///	DIOW Data		Received for Lab-By- (Signature and Printed Name)		(Signature and Printed Name)	100	ure and Prin					Wwater	Wwater	Wwater	Matrix			ure(s):		ame(s):	#	Order#:	ject #:	Pr
1	⊕ 00	70	30		no since	Printed Name)		Name)	(motal	ed Name					Whirlpak	Plastic	Plastic	Туре	,	Maria	Mil 1	Timo	th:1				Project Inform
Fecal Start:	E Coli Start	100	Grab pH:	Field Test	100 mg)		_) N/W//						4 02	8 oz	1/2 Gal	Volume	Sample C	J. D.	Dollar	4	braha			AR0048836	rmation
下57年	╁	1 000	11	Time Analyst	20	Date Ti	······.	-	4255100						Cool ≤ 6 °C	H2SO4 to pH <2	Cool ≤ 6° C	Preservative	mple Containers	But) : N/ea/	}			36	
140	出り	PM/)			<u> </u>	Time W	Pen				1				2	>		#									
his Do		1,9	7,9	Result	Yes	lere sam	Regular	Turnaround:	- 7	_	-	\dashv	~~~~			×	×	CBC NH3			SS(2	!8.)	·····				پې
cumen		1	7,8	Result	3	ples prof	Ţ	2	è dis						×			Fec	al Co	liforr	n (43	.lF),	E. C	oli(4	3.IE)		ques
This Document is Page		₹ mg/L	`l I	_	z	Were samples properly preserved	/ Special) maci.	1			_															ted Para
/ of _/				Units	<u>\$</u>	ed .]		-	-															Requested Parameters



17 17 17

Environmental Services Company, Inc.

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

Tel.

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

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

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

Delivery By : JJM Purchase Order : Work Order : Collected By: PG, MLL

* QA data shown is from a different sample or standard on the same date.	Flow 1.060000 MGD	02/02 0700 DWC BOD, Carbonaceous 2.00 mg/L 17.67 #/day SM 2001	1340 JJM E. Coliforms 1.0 /100ml	0800 CLB Solids, Total Suspended < 1.00 mg/L 8.83 #/day	0959 JJM PH 7.3 S.U.	1130 PDH Ammonia Nitrogen 0.84 mg/L 7.42 #/day	31 0959 JJM Dissolved Oxygen 12.00 mg/L 106.00 #/day	Time By Parameter Result Notes Quantity	Analysis	Laboratory Analysis
		2012 Colilert18 2001 5210 B	2012 Colilert18	SM 1997 2540 D	2000 4500-H+B	HACH 10205	SM 2001 4500-0 G	Method		
		0.00	0.00	5.71	0.00	2.96	0.00	% RPD	Precision	Quality i
		N/A 91.4 ;	N/A	N/A ,	N/A ,	100.0	N/A	% Recovery	Accuracy	Quality Assurance

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

Quality Assurance Plan on file with Arkansas Department of Environmental Quality. the start of the analytical batch in which the specific sample was included. where applicable for Quality Assurance purposes. I Quality. /Analysis time indicates the time of

Signature

Environmental Services /co.,

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Environmental Services Company, Inc.
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Little Rock, AR 72211 Little Rock, AR 72215

Phone: 501-221-2565 website: www.esclabs.com Fax: 501-221-1341









Springdale, Arkansas 479-750-1170

Carlsbad, New Mexico 575-887-1ESC

CHAIN OF CUSTODY

			.7	Comments:				Reynquisting By: (Signature and Price)	-	Relinquished By: (Signature and Printed Name)	Religiushed By: (Signature and Printed									Final Effluent	Identification	Sample Identification	ESC Client Number:	Contact:	Fax:	Phone:		Address:	Client:	
			iow ied from			4 7 4 100	202	ectName) AAII		6/4/6/m	ed Name)						f		211	1901010-747	ESC Control #	entification	495 (3X per week)	Mr. Phil Graham	501-745-2164	501-745-4320	Clinton, AR 72031	P.O. Box 277	Clinton, East 001	Client Information
			meter			-			}	1-3-18 9:56		-					1/31168 U	+		1-31/8-	Date									
				2						12/25	Time F						KGYU	(S)		2.6/2	Time	Sample (
11.24.71				ood .		ANY O V	New Private and Printed Name)	Paramadka tan 0	Specifical chi. (Sign		received by: /84						Grab	24Hr. Comp	- 11 11 000117	24Hr. Comp	Type	Collection		and Signature(s):		Sampler Name(s):	Work Order#	Purchase Order #:	Permit/Project #:	
	Units: /\\(\f\)	Reading: \ (Time: [00]	Analyst: ひと	(Fight D	1	y, (signature and	T Company	Conduction of the state of the	The D	naturaland Printer						Wwater	Wwater		Wwater	Matrix			ure(s): <		ame(s):	# #	Order #:	ject#:	Pr
	3	Š		Š	Data		Printed Name)		(Name)	orgh / Iti	LName) //						Whirlpak	Plastic	10310		Туре		bun	101.0	180g/2	Sh.)				Project Inform
Fecal Start:	E Coli Start		Grab DO:	Grab pH:	Field Test		h 0			llen							4 oz	8 oz	125 721	1/2 Cal	emu	Sample (Middler	Inhan	Miller	Grahan			AR0048836	ormation
) DNC)	(3/6)		049	0050	Time	7115-1			Date	113116	, iDate						Cool ≤ 6 °C	H2SO4 to pH <2	COOLY	ر عام ح ود ل	Preservative	Containers			`	the contract of the contract o			336	
35M	NYES		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	77	Analyst	1510	Time		ime	1000	e e		-				2		-		ive #									
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This Document is Page			177	+	Result	'S /	Were samples properly preserved:	9	und:	N.	Seals			$\frac{1}{1}$			×	×				N(1		n (43	3.IF),	E, C	ofi(4	3.IE)		Requested Parameters
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