 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>					
		AFIN: 71-00018		PERMIT #: AR0048836		DATE: 3/4/2019	
		COUNTY: 71 Van Buren			PDS #: 107341		MEDIA: WN
		GPS LAT:		LONG:		LOCATION: N/A	
<b>FACILITY INFORMATION</b>				<b>INSPECTION INFORMATION</b>			
NAME: <b>City of Clinton- East Plant</b> LOCATION:  CITY: <b>Clinton</b>				FACILITY TYPE: <b>1 - Municipal</b>		INSPECTOR ID#: <b>117208 S - State</b>	
				FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b>		INSPECTION TYPE: <b>SSO/Collection System</b>	
				DATE(S): <b>3/4/2019</b> <b>3/26/2019</b>		ENTRY TIME: <b>09:30</b> EXIT TIME: <b>13:40</b>	
						PERMIT EFFECTIVE DATE: <b>12/1/2010</b> PERMIT EXPIRATION DATE: <b>12/30/2015</b>	
<b>RESPONSIBLE OFFICIAL</b>							
NAME / TITLE: <b>Richard McCormac / Mayor</b> COMPANY: <b>City of Clinton</b> MAILING ADDRESS: <b>P.O. Box 277</b> CITY, STATE, ZIP: <b>Clinton AR 72301</b> PHONE & EXT. / FAX: <b>501-745-4320 /</b> EMAIL: <b>clintonmayor@artelco.com</b>				FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>				<b>INSPECTION PARTICIPANTS</b>			
				NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Phil Graham (Lic# 008981)/ Operator/ 501-253-1365/ clintonfire25@yahoo.com</b>  <b>Samuel Schratz/ ADEQ Inspector</b>			
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER	**	
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW	**	
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM	**	
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT	**	
<b>U</b>	<b>OTHER: SSO/Collection System</b>						
<b>SUMMARY OF FINDINGS</b>							
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" ( <a href="http://10statesstandards.com/wastewaterstandards.html#40">http://10statesstandards.com/wastewaterstandards.html#40</a> ):							
<p><b><u>Simlock Lift Station</u></b></p> <ul style="list-style-type: none"> <li>• No emergency contact info posted</li> <li>• Visual alarm not operational</li> </ul> <p><b><u>Fairgrounds Lift Station</u></b></p> <ul style="list-style-type: none"> <li>• One pump not in operation</li> </ul> <p><b><u>Honey Hills Lift Station</u></b></p> <ul style="list-style-type: none"> <li>• Audio and visual alarm not operational</li> <li>• Solids on ground not remediated or reported</li> </ul> <p><b><u>Archey Lift Station</u></b></p> <ul style="list-style-type: none"> <li>• Visual alarm not operational</li> </ul> <p><b><u>Industrial Park Lift Station</u></b></p> <ul style="list-style-type: none"> <li>• Visual alarm not operational</li> <li>• Fat accumulation and feathers observed</li> </ul>							

**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: <i>Skyler Schlick</i> Skyler Schlick	DATE: 4/4/2019
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i> Kerri McCabe	DATE: 4/5/2019

<b>COLLECTION SYSTEM INSPECTION AND OVERALL RATING</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <b><u>System is a mix of gravity and pressure lines.</u></b>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <b><u>1100</u></b>		
FEET OF SEWER SYSTEM: <b><u>5-6 miles</u></b>		
AGE OF SYSTEM: <b><u>Unknown</u></b>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR <b><u>WET</u></b> WEATHER (EXPLAIN): <b><u>I&amp;I; keep records of water usage and compare with wastewater treated.</u></b>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE):		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST DATE AND LOCATION OF EACH): <b><u>Reviewed reported SSO from Jan 1, 2017 – March 1, 2019: city is reporting five SSO for the timeframe; with none affecting waters of the State.</u></b>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>PUMP STATIONS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <b><u>Eleven (11); one (1) not in operation</u></b>	NUMBER WITH BACKUP POWER: <b><u>None; back-up generator</u></b>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <b><u>Once/day</u></b>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <b><u>Yes; pump run hours; alarms; overflows</u></b>		
ADEQUATE INVENTORY OF SPARE PARTS:		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <b><u>Auto Dialer at some lift stations.</u></b>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <b><u>ID problem, fix, remove solids, lime area, and report.</u></b>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <b><u>Five (5)</u></b>		
<b>SATELLITE SYSTEMS</b>		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <b><u>Yes; Van Buren Co Sheriff's Dept., Animal Control, Walmart, Carwash, Casey's Gas Station, and Motel.</u></b>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: <b><u>Single lift station at each of these buildings.</u></b>		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Simlock (35.589127, -92.447977)</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>Two (2)</u>	NUMBER OPERATIONAL: <u>Two (2)</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <u>Submerged</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <u>Outside</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <u>Outside</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <u>Submerged</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <u>Solids/grease low.</u>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <u>Portable generator; wet well for holding capacity.</u>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <u>No emergency contact info posted, no visual alarm.</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Fairgrounds (35.599860, -92.430717)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>One (1)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE: <b>Pump #2 not operational</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <b>Solids/grease low.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Portable generator; wet well for holding capacity.</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Honey Hills (35.585741, -92.440329)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>Two (2)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS: <b>Solids not cleaned up.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <b>Solids/grease low.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Portable generator; wet well for holding capacity.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <b>Audio/Visual alarm not operational.</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Archev Fork (35.607149, -92.463775)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>Two (2)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <b>Solids/grease low.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Portable generator; wet well for holding capacity.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <b>Visual alarm not operational.</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

<b>PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)</b>	
<b>GENERAL INFORMATION AND OVERALL EVALUATION</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <b>Industrial Park (35.565687, -92.457253)</b>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <b>Two (2)</b>	NUMBER OPERATIONAL: <b>Two (2)</b>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>GENERAL OPERATION AND MAINTENANCE</b>	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.) : <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE: <b>Outside</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS: <b>Submerged</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS: <b>Solids/grease high.</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>BACKUP POWER AND ALARMS</b>	
<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA	
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP: <b>Portable generator; wet well for holding capacity.</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED: <b>Visual alarm not operational.</b>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1110</b>
Description:	<b>Overview of Simlock lift station</b>		Photo #:
			<b>1</b>



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1109</b>
Description:	<b>Simlock lift station wet well.</b>		Photo #:
			<b>2</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1140</b>
		Photo #:	<b>3</b>
Description:	<b>Overview of Fairgrounds lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	
		Photo #:	<b>4</b>
Description:	<b>Fairgrounds lift station control panel.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1140</b>
		Photo #:	<b>5</b>
Description:	<b>Fairgrounds lift station wet well.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1147</b>
		Photo #:	<b>6</b>
Description:	<b>Overview of Honey Hills lift station.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>			
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>	
Witness:	<b>Samuel Schratz</b>	Time:	<b>1152</b>	
Description:	<b>Honey Hills lift station control panel.</b>		Photo #:	<b>7</b>



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>	
Witness:	<b>Samuel Schratz</b>	Time:	<b>1149</b>	
Description:	<b>Honey Hills lift station wet well.</b>		Photo #:	<b>8</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1148</b>
		Photo #:	<b>9</b>
Description:	<b>Solids on the ground next to Honey Hills lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1205</b>
		Photo #:	<b>10</b>
Description:	<b>Archey Fork Lift Station overview.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1205</b>
Description:	<b>Archey Fork lift station control panel.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1204</b>
Description:	<b>Archey Fork lift station wet well.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1228</b>
		Photo #:	<b>13</b>
Description:	<b>Overview of the Industrial Park lift station.</b>		



Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1224</b>
		Photo #:	<b>14</b>
Description:	<b>Visual alarm at the Industrial Park lift station.</b>		



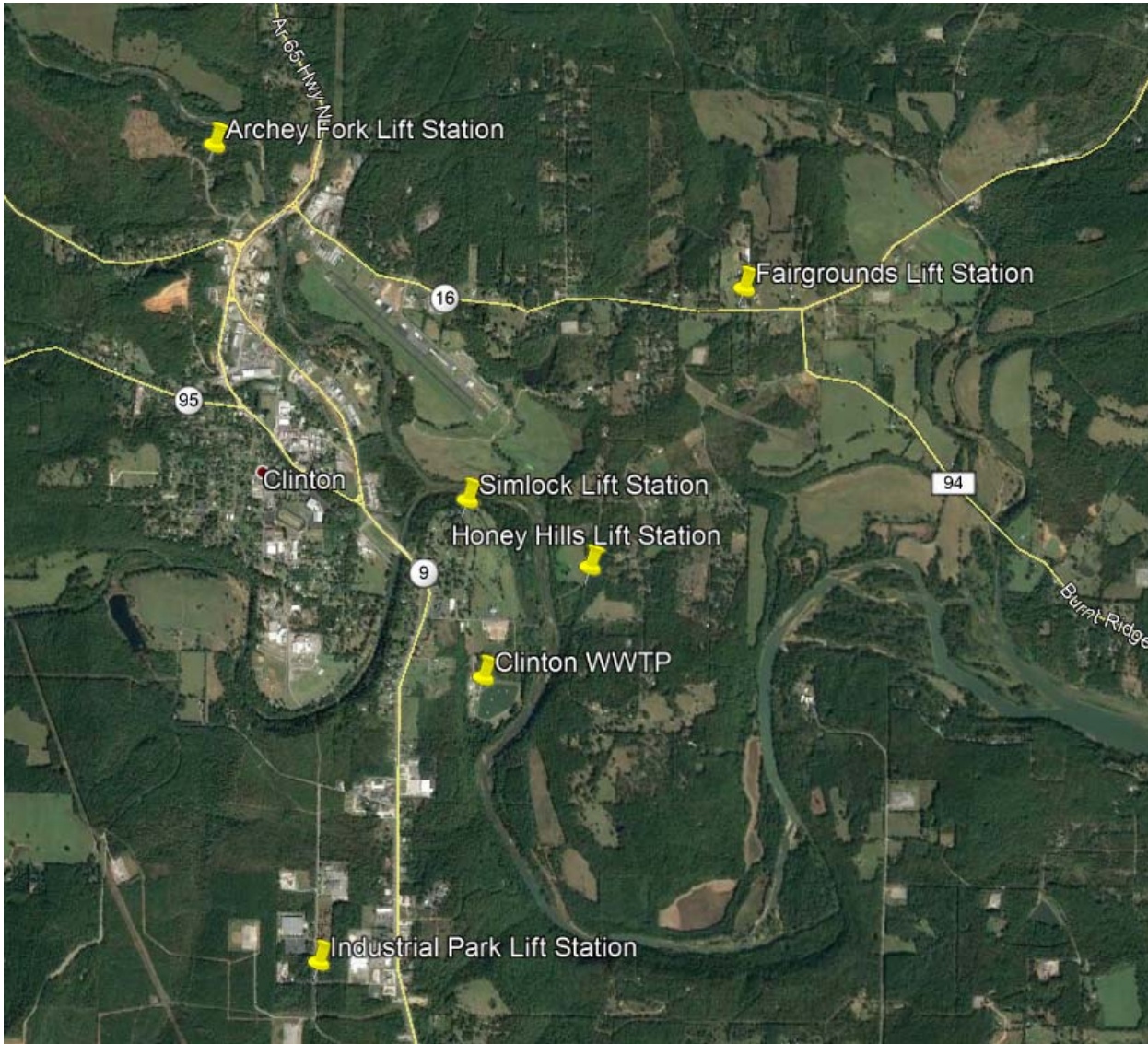
**Water Division Photographic Evidence Sheet**

Location:	<b>City of Clinton- East Plant</b>		
Photographer:	<b>Skyler Schlick</b>	Date:	<b>3/4/2019</b>
Witness:	<b>Samuel Schratz</b>	Time:	<b>1226</b>
		Photo #:	<b>15</b>
Description:	<b>Industrial Park lift station wet well.</b>		





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

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)

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

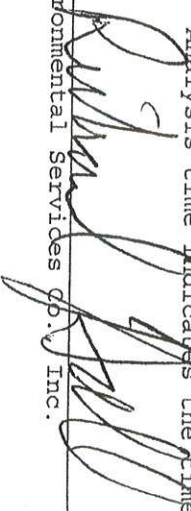
Collected By: PG/TWO  
 Delivery By : TMO  
 Work Order :  
 Purchase Order :

### 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.

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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: 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.

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 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

**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	10:45 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	Field Test:	7.6	Result:	7.6	S.U.
				Time:	12:30	Grab DO:	11.6	Field Test:	11.6	Result:	11.6	mg/L
				Reading:	1.1							
				Units:	MGD							
				E Coil Start	1245							
				Fecal Start	1245							





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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:

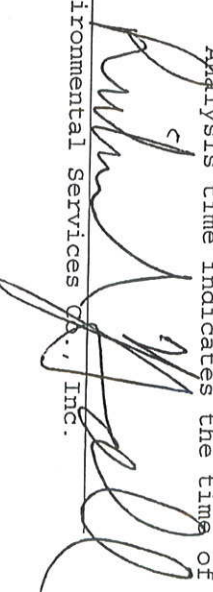
### Laboratory Analysis

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

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 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: 0930

Used?  Intact?

Relinquished By: (Signature and Printed Name)  
 J. Knoenschick

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

Time: 0940

Result: 7.7  
 Result: 7.7  
 Units: S.U.  
 mg/L



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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

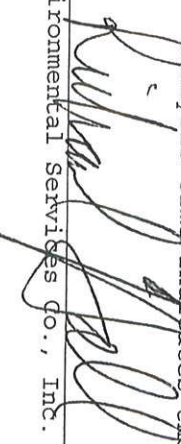
Quality Assurance  
 Precision % RPD  
 Accuracy % Recovery

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 *

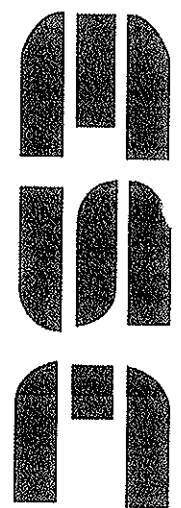
\* QA data shown is from a different sample or standard on the same date.

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 P.O. Box 55146  
 Little Rock, AR 72211 Little Rock, AR 72215  
 website: [www.esclabs.com](http://www.esclabs.com)



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

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 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:	Grab DO:	Time:	Result:	Result:	Units:	
				Reading:	1.17	1000	1200	11.8	11.8	7.9	7.8	S.U.	
				Units:	MGD		MGD						
				E Coil Start:	1650	Fecal Start:	1650						



*PH*

*CLB*  
*CLB*

# 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: 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

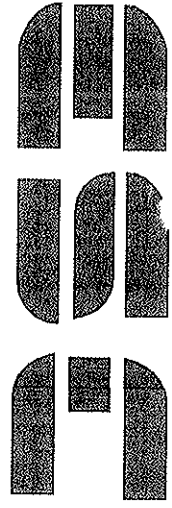
Quality Assurance	Accuracy
Precision % RPD	% Recover
0.00	N/A
2.96	100.0
0.00	N/A
5.71	N/A
0.00	N/A
0.00	N/A
33.33	91.4

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

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 \_\_\_\_\_  
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Client Information				Project Information				Requested Parameters			
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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"/>
Time:	1:00	Grab DO:	0.99	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Intact?	<input type="checkbox"/>
Reading:	1.08	E. Coli Start:	1310	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Regular	<input checked="" type="checkbox"/>
Units:	MGD	Fecal Start:	1310	Date:	1-31-18	Time:	1:30	Analyst:	SSM	Were samples properly preserved:	<input checked="" type="checkbox"/>
								Special			
								Infect?			
								No			
								Units			
								Result			
								Result			
								Units			
								mg/L			
This Document is Page 1 of 1											