EPA United States Environmental Protection Agency

Region 6 Compliance Assurance and Enforcement Division

INSPECTION REPORT

Inspection Date(s):	December 5, 2017		
Media:	Water		
Regulatory Program(s)	NPDES		
Company Name:	**City of Hope**		
Facility Name:	**City of Hope Wastewater Treatment Plant**		
Facility Physical Location:	33.646, -93.636		
Mailing address:	3307 HWY 67		
(city, state, zip code)	Hope, AR 71802		
County/Parish:	Hempstead County		
Facility Contact:	Bobby Arney	Wastewater Superintendent	
	wwlab@hopearkansas.net		
FRS Number:	110055977885		
Identification/Permit Number:	AR0038466		
Media Number:	none		
NAICS:	221320		
SIC:	4952		

Personnel participating in inspection:			
Magda Dallemagne	US EPA, 6EN-WS	Inspector	(214) 665-7396
Bobby Arney	Facility Representative	Wastewater Superintendent	(870) 703-0308
Donnie Mauser	Facility Representative	Operator	(870) 777-8644
Larry York	Facility Representative	Public Works Director	(870) 777-8644

EPA Lead Inspector Signature/Date		
	Magda Dallemagne	Date
Supervisor Signature/Date	for Esteban Hern	2/2/2018
	Robert Houston	Date

Section I – INTRODUCTION

PURPOSE OF THE INSPECTION

EPA Region 6 inspector Magda Dallemagne arrived at the City of Hope Wastewater Treatment Plant (WWTP) (the Facility) at 8:30 am on December 5, 2017, for an unannounced inspection. I met with Bobby Arney, Wastewater Superintendent, Donnie Mauser, Operator, and Larry York, Public Works Director. I presented my credentials to Mr. Arney informing them that this was an EPA inspection to determine compliance with the facility's National Pollution Discharge Elimination System (NPDES) permit, AR0038466. The scope of the inspection was to evaluate the compliance of the facility's laboratory and sampling with its NPDES operating permit.

FACILITY DESCRIPTION

The Facility laboratory is not accredited under State, National, or Private programs. There is one supervising technician who is responsible for sampling, testing, and the training of one other technician available to assist. The laboratory performs pH, dissolved oxygen (DO), 5 Day Carbonaceous Biological Oxygen Demand ($CBOD_5$), Total Suspended Solids (TSS), Ammonia, and Fecal Coliform (Fecal) testing under their NPDES operating permit. The remaining required testing is sampled on site and sent to a contract laboratory, Arkansas Analytical Inc., to satisfy the permit requirements.

Section II - OBSERVATIONS

The inspector discussed the operations and management of the laboratory and observed as the technician walked them through the processes for testing and sampling as per the NPDES permit.

The following observations were made.

1. Internal training is not formally tracked, and performance reviews are not documented.
2. The expiration dates on the reagents and standards were not clearly labeled, and did not meet the general one year after opening, or per manufacturer's expiration, rule. The working reagents were stored with chemicals which had expired as early as 2004. Several working reagents were expired, as listed below.
    a. Ammonia Standard – three (3) bottles were in use, one was not expired with an expiration date of 12/2017, two were expired with expiration dates of 9/2016 and 6/2015;
    b. Ammonia ISA solution – had expired in 6/2006;
    c. Sodium sulfate – had expired in 1/2011.
3. The weights used to calibrate the mass balance are not National Institute of Standards and Technology (NIST) certified.
4. Thermometers are not traceable to a NIST certification. They also were not correctly labeled with calibration dates, expiration dates, and correction factors.

5. A daily temperature check log is present for temperature-controlled instruments, however the actual temperatures are not recorded. Additionally, there was no thermometer present to monitor the temperature of the water bath used in Fecal testing.
6. There are no written Standard Operating Procedures (SOP), methods and testing procedures are either understood methods or personal notes recorded in an un-controlled format, such as spiral notebooks. SOPs are therefore not regularly updated, maintained, and do not reference the proper EPA method.
7. Data and other information recorded during testing procedures was not recorded on the bench sheets, but instead on an un-controlled format, such as a notepad. Data and results were also all recorded using pencil, not pen as required. It is assumed any mistakes made in recording the data would be erased and updated, not corrected using the cross out, initial, and date method.
    a. Review of the provided data demonstrates several cases of entries being erased and written over
8. The bench sheets do not reference the EPA methods, the Standard methods referenced are out of date and not appropriately referenced. Bench sheets must be updated to reference the correct methods, and must undergo regular maintenance to ensure the methods and bench sheets are up to date, similar to the SOPs. The bench sheets have data points that are regularly recorded, but not in a specified column or section. Notes, which may change from day to day, do not require a specific section. Calculations or data points that are regularly recorded as part of the testing procedures should have their own designation, represented on the bench sheet.
9. TSS requires the sample be dried and weighed repeatedly until the difference in weight is less than 0.5mg, with a minimum of two (2) repetitions. The bench sheets only represent the required two repetitions, with no room to record a possible third. There are several instances in the data provided in which the difference is close to or at 0.5mg. The bench sheets should be updated to reflect the high probability of a third repetition of drying and weighing.
10. There are several instances of data not being recorded or completed on the bench sheets. All data related to the testing procedures must be represented on the bench sheets, there are regular instances of necessary data points not being recorded. If a test is started but not completed a note must be made indicating as such.
11. The method used for calibrating the pH meter is incorrect. The method requires a three (3) point calibration, whereas the technician is only using two (2) points for calibration.
12. During Fecal testing, the technicians are not utilizing acceptable methods to sterilize the equipment used. The sample bottles used for Fecal testing are washed similar to other glass or plastic ware, and are not subject to sterilization. The very tips of the forceps used during testing are exposed to fire using the technician's personal lighter, they are not treated in an alcohol bath, and the flame treatment as described is not performed regularly between samples to maintain sterilization.
13. The glass desiccator used for TSS testing did not have an airtight seal. Cleaned filters were stored with samples, which can risk contamination of the cleaned filters.

Section III – AREAS OF CONCERN

At the conclusion of the inspection, the EPA inspector met with the representatives from the Facility for an exit interview at 2:24 pm on December 5, 2017. At that time, the inspector provided details of the inspection and reviewed areas of concern noted in the inspection that will require additional follow-up or correction. These areas of concern included:

1. Tracking of personnel training and performance reviews
2. Inadequate maintenance and/or operation of equipment and instruments
3. Inadequate temperature monitoring of equipment
4. Inadequate storage and handling of chemicals, reagents and samples
5. Improper EPA methods used
6. Maintenance of SOPs, bench sheets, and use of uncontrolled recording format

Section IV – FOLLOW UP

The inspector exited the Facility on December 5, 2017. A document request was placed during the inspection to be delivered to EPA within one week. However, the documents were received by EPA on January 25, 2018. A copy of this report will be sent to the facility.