



ARKANSAS
Department of Environmental Quality

June 24, 2011

Darrell Phillips, Assistant General Manager
Paragould Light, Water, and Cable
P.O. Box 9
Paragould, AR 72450

RE: Paragould Light, Water, and Cable -WWTP and Collection system

AFIN: 28-00470

NPDES Permit No.: AR0033766

Dear Mr. Phillips:

On May 18-19, 2011, Brent Walker and I performed routine compliance, stormwater, and sanitary sewer overflow inspections of the above referenced facility. These inspections were conducted in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. These inspections revealed the following violations:

The following items were noted during the May 18, 2011 sanitary sewer overflow inspection:

- 1) Station B did not have the drive shaft guards properly installed.**
- 2) There were excessive solids and grease in the wet well of the Burger King station.**

The following item was noted during the May 19, 2011 compliance evaluation inspection:

- 1) The facility was reporting a flow weighted monthly average value for CBOD, TSS, and NH₃-N parameters as required by a previous permit. However, the current permit specifies a non-flow weighted value to be reported for these effluent characteristics.**

The following items were noted during the May 19, 2011 stormwater “no exposure” (ARR00C418) inspection:

- 1) Dried bio-solids were on the ground outside of the covered loading area of the bio-solids building.**
- 2) The dumpster did not have a lid to prevent exposure of wastes to precipitation.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Branch of this Department. This response should be mailed to the address below and should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response is due by **July 4, 2011**.

Darrell Phillips, Paragould Light, Water, and Cable

June 24, 2011

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For additional information you may contact the Enforcement Branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of assistance, please contact me at greenway@adeq.state.ar.us or 870-935-7221 ext.-15.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael B. Greenway".

Michael B. Greenway
District 3 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 N 2 5 3 A R 0 0 3 3 7 6 6 11 12 1 1 0 5 1 9 17 18 C 19 S 20 1					
Remarks					
2 8 - 0 0 4 7 0 G R E E N E					
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67 69		70 2		71 N 72 N 73 74 75 80	

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Paragould Light, Water, and Cable WWTP 401 Grant Ln. Paragould, AR Greene Co.	Entry Time/Date 09:30 / 05-19-2011	Permit Effective Date February 1, 2010
	Exit Time/Date 17:05 / 05-19-2011	Permit Expiration Date January 31, 2015
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Lisa Ellington / Manager –Environmental Services / 870-239-7795, fax: 870-239-7791		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Darrell Phillips / Chief Operations Officer Paragould Light, Water, and Cable P.O. Box 9 Paragould, AR 72450		
Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The facility was reporting a flow weighted monthly average value for CBOD, TSS, and NH3-N parameters required by a previous permit. However, the current permit specifies a non-flow weighted value to be reported. Corrections for the month of February 2009 showed no significant differences in these values and no permit violations resulted after the values were corrected for that month.

Name(s) and Signature(s) of Inspector(s) Michael B. Greenway Brent L. Walker 	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 15 / (870) 935-4715 (Fax)	Date June 1, 2011
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: Facility was reporting flow weighted values for TSS, CBOD, and NH3-N. Permit requires non-flow weighted values for these parameters.	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:___ TYPE OF DEVICE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: Arkansas State University Ecotoxicology Research Facility	
b. LAB ADDRESS: State University, AR	
c. PARAMETERS PERFORMED: Biomonitoring	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS:

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Low	None	None	Clear/green	--

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): <u>Agriculture</u>	

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___	
3. SAMPLES PRESERVED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **Facility is operating under a no exposure exclusion. (ARR00C418). Refer to the May 19, 2011 stormwater inspection report for more details.**

1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. POLLUTION PREVENTION TEAM IDENTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. LIST OF POTENTIAL POLLUTANT SOURCES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. LIST OF STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
9. LIST OF NON-STRUCTURAL BMPS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
10. BMPS PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. INSPECTIONS CONDUCTED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

DMR Calculation Check

Reporting Period: From 2011 April 01 To 2011 April 30
Year Month Day Year Month Day

Parameter Checked: FCB

Concentration Monthly

Mo. Avg. - mg/l 7-day Avg. - mg/l

Reported Value: 37 64

Calculated Value: 37 64

Permit Value: 1000 2000

If calculated value does not equal reported value, explain: Equal

DMR Calculation Check

Reporting Period: From 2010 Dec. 01 To 2010 Dec. 31
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>80</u>	<u>5.2</u>	<u>23.2</u>
Calculated Value:	<u>79.4</u>	<u>4.9</u>	<u>23.2</u>
Permit Value:	<u>750</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Not Equal due to rounding differences.

A non-compliance report was submitted with the DMR for exceeding the TSS 7-day average concentration in December 2010.

PLWC

Paragould Light Water & Cable
P.O. Box 9
Paragould, AR 72451

"One Team, One Goal...Customer Service"

870-239-7700
Fax: 870-239-7798
www.paragould.com

June 30, 2011

Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: NPDES Permit # AR0033766
May 2011 Inspection Response Report

As required, please find enclosed documentation and written response to violations found during the May 18 and 19, 2011 Sanitary Sewer Overflow, Compliance Evaluation and Stormwater "No Exposure" Inspections conducted at Paragould Light, Water and Cable.

If you have any questions or comments, please call Lisa Ellington, Manager of Environmental Services, at (870) 239-7795.

Thank you.

Sincerely,



Darrell Phillips
Assistant General Manager

Enclosure

ADEQ

**Sanitary Sewer Overflow Inspection
Compliance Evaluation Inspection
Stormwater “No Exposure” Inspection**

Response Report of

Paragould Light, Water and Cable

June 30, 2011

Sanitary Sewer Overflow Inspection

Violation 1:

Station B did not have the drive shaft guards properly installed.

Response:

Pump guards were installed at Station B on May 19, 2011. Refer to photographs below.



Pump Guards at Station B

Violation 2:

There were excessive solids and great in the wet well of the Burger King station.

Response:

Burger King's lift station was pumped out June 29, 2011. See photograph below.



Burger King Wet Well

Compliance Evaluation Inspection

Violation 1:

The facility was reporting a flow weighted average value for CBOD₅, TSS and NH₃-N parameters as required by a previous permit. However, the current permit specifies a non-flow weighted value to be reported for these effluent characteristics.

Response:

Immediate action was taken to correct the spreadsheet used for calculating DMR values. As of May 2011, averages are reported on DMR as non-flow weighted values for CBOD₅, TSS and NH₃-N. The May 2011 spreadsheet has been attached for your review.

Paragould City Light and Water
Wastewater Treatment Plant Effluent
DMR Calculations

May 2011

Date	Flow (MGD) Effluent	pH (S.U.) Effluent	CBOD (mg/l) Effluent	CBOD (lbs/day) Effluent	CBOD (mg/l) Effluent Weekly	TSS (mg/l) Effluent	TSS (lbs/day) Effluent	TSS (mg/l) Effluent Weekly	NH ₄ -N (mg/l) Effluent	NH ₄ -N (lbs/day) Effluent	NH ₄ -N (mg/l) Effluent Weekly	T. PHOS. (mg/l) Effluent	T. PHOS. (lbs/day) Effluent	T. PHOS. (mg/l) Effluent Weekly	NO ₃ /NO ₂ (mg/l) Effluent	NO ₃ /NO ₂ (lbs/day) Effluent	NO ₃ /NO ₂ (mg/l) Effluent Weekly	D.O. (mg/l) Effluent	Fecal CFU Effluent	Fecal CFU Effluent Weekly	Total Cl ₂ Residual (mg/l) Effluent	
1	5.850																					
2	5.921	7.16	5.9	291		6.0	296		0.3	15		1.1	54		3.4	168		9.16	39		0.05	
3	6.066	7.10	7.7	390		4.8	243		0.3	15		1.1	56		4.8	243		8.67	27		0.04	
4	5.083	7.11	7.3	309		3.6	153		0.6	25		1.3	55		7.2	305		8.37	22		0.06	
5	4.963	7.14	2.8	116		4.0	166		0.4	17		1.5	62		7.8	323		8.98	24		0.03	
6	5.008	7.21	3.2	134	5.4	2.8	117	4.2	0.5	21	0.4	1.7	71	1.3	9.6	401	6.6	7.71	31	28	0.05	
7	4.705																					
8	4.662																					
9	4.822	7.23	8.6	346		8.8	354		0.5	20		1.5	60		7.4	298		8.12	26		0.05	
10	4.758	7.14	10.3	409		6.0	238		0.7	28		1.8	71		9.0	357		7.32	55		0.05	
11	4.776	7.14	8.8	351		5.0	199		0.3	12		2.1	84		11.0	438		8.28	22		0.03	
12	4.724	7.18	4.8	189		5.0	197		0.3	12		2.0	79		9.8	386		7.63	11		0.04	
13	5.373	7.13	3.1	139	7.1	4.4	197	5.8	0.3	13	0.4	2.0	90	1.9	9.8	439	9.4	6.75	57	29	0.04	
14	4.674																					
15	4.358																					
16	4.482	7.11	3.9	146		5.4	202		0.5	19		1.9	71		8.2	307		8.42	5		0.05	
17	4.701	7.13	4.1	161		3.8	149		0.4	16		1.7	67		8.0	314		8.07	37		0.05	
18	4.718	7.09	8.1	319		5.6	220		0.6	24		1.7	67		6.7	264		7.15	28		0.04	
19	4.743	7.13	7.8	309		6.6	261		0.6	24		1.5	59		7.0	277		7.96	57		0.04	
20	5.174	7.13	5.0	216	5.8	8.4	362	6.0	0.5	22	0.5	0.1	5	1.4	8.1	350	7.6	10.76	240	37	0.03	
21	5.612																					
22	4.877																					
23	6.226	7.15	3.2	166		5.4	280		0.7	36		1.6	83		7.1	369		7.72	33		0.04	
24	6.103	7.02	6.6	336		2.6	132		0.9	46		1.3	66		5.9	300		7.60	48		0.05	
25	5.341	7.08	7.5	334		2.4	107		0.6	27		1.4	62		7.3	325		8.10	22		0.05	
26	4.982	7.26	4.4	183		4.0	166		0.5	21		1.6	66		8.7	361		9.10	39		0.07	
27	4.756	7.09	4.7	186	5.3	4.4	175	3.8	0.3	12	0.6	1.8	71	1.5	9.1	361	7.6	8.80	31	33	0.05	
28	4.432																					
29	4.456																					
30	4.633	7.30	14.9	576		14.2	549		0.5	19		2.2	85		8.6	332		8.73	32		0.05	
31	4.440	7.14	12.1	448		13.8	511		0.6	22		2.1	78		9.2	341		7.68	40		0.05	
Max	6.226	7.30	14.9	576	7.1	14.2	549	6.0	0.9	46	0.6	2.2	90	1.9	11.0	439	9.4	10.76	240	37	0.07	
Min	4.358	7.02	2.8	116	5.3	2.4	107	3.8	0.3	12	0.4	0.1	5	1.3	3.4	168	6.6	6.75	5	28	0.03	
Avg	5.014	7.14	6.6	275	5.9	5.8	240	5.0	0.5	21	0.5	1.6	66	1.5	7.9	330	7.8	8.23	32	32	0.05	

D.O.	(mg/l)	Monthly Min	6.75
pH	(S.U.)	Min	7.02
	(S.U.)	Max	7.30
TSS	(lb/day)	Monthly Avg	240
	(mg/l)	Monthly Avg	5.8
	(mg/l)	Weekly Max	6.0
NH ₄ -N	(lb/day)	Monthly Avg	21
	(mg/l)	Monthly Avg	0.5
	(mg/l)	Weekly Max	0.6
T. Phos	(lb/day)	Monthly Avg	66
	(mg/l)	Monthly Avg	1.6
	(mg/l)	Weekly Max	1.9
NO ₃ /NO ₂	(lb/day)	Monthly Avg	330
	(mg/l)	Monthly Avg	7.9
	(mg/l)	Weekly Max	9.4
Flow	(MGD)	Avg	5.014
	(MGD)	Max	6.226
T. Cl ₂ Residual	(mg/l)	Max	0.07
Fecal	CFU/100 mL	Avg	32
	CFU/100 mL	Weekly Max	37
CBOD	(lb/day)	Monthly Avg	275
	(mg/l)	Monthly Avg	6.6
	(mg/l)	Weekly Max	7.1

Stormwater “No Exposure” Inspection

Violation 1:

Dried bio-solids were on the ground outside of the covered loading area of the bio-solids building.

Response:

Dried bio-solids have been cleaned from the ground outside of the covered loading area of the bio-solids facility. See photograph below.

In addition, plans have been made to enclose the loading area of the bio-solids facility to keep bio-solids produced within the confines of the building. PLWC plans to have this completed by the end of 2011.



Cleaned loading area of bio-solids building

Violation 2:

The dumpster did not have a lid to prevent exposure of wastes to precipitation.

Response:

The dumpster has been removed from the grounds of the WWTP. See photograph below.

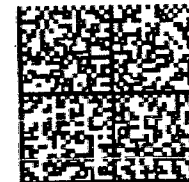


Former dumpster area

CERTIFIED MAIL™



7003 3110 0006 3718 6316



016H26506815

\$06.20⁰

06/30/2011

Mailed From 72450

US POSTAGE

Hasler

CPU U.S. POSTAGE

PB 1P 000
3657257
FCMF

\$ 0.03⁰

MAILED JUN 30 2011
72450



Paragould Light, Water & Cable
Attention Lisa Ellington
PO Box 9
Paragould, AR 72450

Water Division Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

ADEQ

ARKANSAS
Department of Environmental Quality

August 5, 2011

Darrell Phillips, Assistant General Manager
Paragould Light, Water, and Cable
P.O. Box 9
Paragould, AR 72450

Re: NPDES Permit No.: AR0033766, AFIN: 28-00470, Response to Inspections

Dear Mr. Phillips:

The Department has reviewed the response to the compliance inspections conducted on May 18-19, 2011 by District Field Inspector Michael Greenway. The Department has deemed the response satisfactory and has no further comment regarding these particular inspections.

The Department will keep the inspections and response on file. If future violations occur that require enforcement action, the Department will consider the inspections and response as required by the Pollution Control and Ecology Commission Regulation No. 7, Civil Penalties. This regulation requires the Department to consider the past history of your facility and how expeditiously the violations were addressed in determining any civil penalty that may be necessary for any future violations.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 501-682-0635 or you may e-mail me at anderson@adeq.state.ar.us.

Sincerely,



Alan Anderson
Enforcement Analyst
Water Division Enforcement Branch