



ARKANSAS  
Department of Environmental Quality

May 8, 2013

Lisa Ellington, Environmental Services Manager  
Paragould Light, Water, and Cable WWTP  
P.O. Box 9  
Paragould, AR 72450

RE: NPDES Compliance Inspection; PLWC Wastewater Treatment Plant  
AFIN: 28-00470, NPDES Permit No.: AR0033766, ARR00C418

Dear Ms. Ellington:

On March 27-28, 2013, I performed a Compliance Evaluation Inspection (CEI), Sanitary Sewer Overflow (SSO) inspection, stormwater inspection, and a Pretreatment Compliance Inspection (PCI) of the above referenced permits. 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. The following items were noted:

**The March 27-28, 2013 CEI revealed the following:**

- 1. At the time of inspection, the flow meter had not been calibrated. Additionally, the facility staff did not measure head in the proper location when performing flow calibration checks. This violates Part III, Section C.2 of the Permit.**

**The March 27, 2013 SSO inspection revealed the sewer pump stations did not have an audible or visual alarm with emergency contact information posted.**

**The March 27, 2013 stormwater “no exposure exclusion” inspection revealed the following:**

- 1. There were sewage residues on the ground near the grit chamber. These residues were exposed to stormwater and therefore violate the conditions of your no exposure certification (Refer to photos 1-2 of 2 in the inspection report).**

**The March 28, 2013 PCI revealed the following:**

- 1. It appeared that the pretreatment program was in compliance with the conditions of the permit. However, there were some discrepancies noted during the Garlock Rubber Technologies IU visit concerning the destination of boiler blowdown wastewater. This IU facility obtained NPDES permit coverage (ARG250011) on April 24, 2013 to discharge boiler blowdown to waters of the State. A follow-up inspection concerning this matter will be conducted at a later date.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address below, or e-mailed to: [Water-Inspection-report@adeq.state.ar.us](mailto:Water-Inspection-report@adeq.state.ar.us). This

response 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 with all necessary documentations (i.e. photos) is due by **May 22, 2013**.

If I can be of assistance, please contact me at [greenway@adeq.state.ar.us](mailto: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



**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

S M U NA NE

## DETAILS:

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:                                  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input 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

S M U NA NE

## DETAILS:

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:   | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Flow meter has not been calibrated, overflow evidence near grit chamber.</u> | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

S M U NA 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

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>Rectangular weir with end contractions. No staff gauge.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input 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: <u>Flow meter has not been calibrated.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>Aeration prior to weir causes slight turbulence.</u>	<input type="checkbox"/> Y <input checked="" 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: <u>Flow meter is adequately positioned. However, manual flow measurements for calibration checks are taken at the top of weir.</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION F: LABORATORY**

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA 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 $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED $\geq$ 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas State University Ecotoxicology Research Facility</u>	
b. LAB ADDRESS: <u>State University, AR</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: Effluent and receiving stream appeared satisfactory.

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 the no exposure exclusion. (ARR00C418). Refer to the March 27, 2013 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 |

## FLOW CALCULATION SHEET

A flow calculation could not be performed. The facility did not have a staff gauge at the time of inspection.

Date:  Time:

Head in Inches:  Feet:

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device:

Recorded Flow at Date & Time Listed Above:  (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above:

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	Recorded Value - Calculated Value	X 100	
	Calculated Value		

% Error =	-	X 100	

% Error =		X 100	

% Error =		X 100	

% Error =		%	

Comments:

**DMR Calculation Check**

**Reporting Period:** From 2012 Oct. 01 To 2012 Oct. 31  
Year Month Day Year Month Day

**Parameter Checked:** DO

**Concentration**  
**Monthly (mg/l)**

**Reported Value:** 7.1

**Calculated Value:** 7.1

**Permit Value:** 3.0 Inst. Min.

**If calculated value does not equal reported value, explain:** Equal, Net DMR submitted



**DMR Calculation Check**

**Reporting Period:** From 2013 Jan. 01 To 2013 Jan. 31  
Year Month Day Year Month Day

**Parameter Checked:** TRC

**Concentration**  
**Monthly (mg/l)**

**Reported Value:** 0.29

**Calculated Value:** 0.29

**Permit Value:** 0.1 Inst. Max.

**If calculated value does not equal reported value, explain:** Equal, NCR was submitted

**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

May 17, 2013

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

Re: NPDES Permit # AR0033766  
March 2013 Compliance Inspection Response Report

As required, please find enclosed documentation and written response to violations found during the March 27 and 28, 2013 Compliance Evaluation, Sanitary Sewer Overflow, Stormwater "No Exposure", and Pretreatment Compliance Inspections conducted at Paragould Light, Water and Cable.

If you have any questions or comments, please me at (870) 239-7795.

Thank you.

Sincerely,



Lisa Ellington  
Environmental Services Manager

Enclosure

**ADEQ**

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

**Response Report of**

**Paragould Light, Water and Cable**

**May 17, 2013**

## Compliance Evaluation Inspection

### Violation:

At the time of inspection, the flow meter had not been calibrated. Additionally, the facility staff did not measure the head in the proper location when performing flow calibration checks. This violates Part III, Section C.2 of the Permit.

### Response:

An outside source (Jeff Porterfield, Calibrations and Controls) was onsite April 5, 2013 to calibrate the flow meter. With the current setup, Mr. Porterfield was unable to calibrate the meter as required. PLWC is in the process of obtaining a Hydromaster 200 flow meter with transducer for flow measurement. This type of meter will allow easy annual calibration as required by NPDES permit AR0033766. See attached information of the calibration attempt and replacement meter.

In addition, it has been determined the staff is measuring the flow in the proper location, beneath the ultrasonic meter, during calibration checks.

## Sanitary Sewer Overflow Inspection

### Violation:

Inspection revealed the sewer pump stations did not have an audible or visual alarm with emergency contact information posted.

### Response:

As requested, visual alarms and emergency contact information will be posted at pumping stations inspected.

## Stormwater “No Exposure” Inspection

### Violation:

There were sewage residues on the ground near the grit chamber. These residues were exposed to stormwater and therefore violate the conditions of the no exposure certification.

### Response:

Sewage residues have been cleaned from the grit chamber area. To prevent further instances, the PLWC Engineering Department has determined there is an existing concrete pit 22 inches deep located under the present floor supporting the grit washer unit. The current six inch concrete floor will be removed to take back the original pit floor. Posts will be constructed to allow the grit classifier to sit on the floor of the pit. In addition, the drain for the area will be increased from four inches to six inches to allow for drainage. This project will commence as soon as the weather allows. See the enclosed diagrams for details of the proposed plan.

## Pretreatment Compliance Inspection

### Violation:

It appears the pretreatment program is in compliance with the conditions of the permit. However, there are some discrepancies noted during the Garlock Rubber Technologies IU visit concerning the destination of boiler blowdown wastewater. This IU facility obtained NPDES permit coverage (ARG25001) on April 24, 2013 to discharge boiler blowdown to waters of the State. A follow-up inspection concerning this matter will be conducted at a later date.

### Response:

Boiler blowdown from Garlock Rubber Technologies is discharged into waters of the State. On the east side (back) of the building, the condensation from the blowdown exits the roof and flows off the property. On the west side (front) it exits the roof through the building’s gutter system, goes into the stormwater drain, and then flows into the ditch on the south side of the property.

# Attachments

# Invoice

## Calibration & Controls, Inc.

Jeff Porterfield  
 1156 Salem Road  
 Benton, AR 72019  
 #501-316-3285 Fax #501-794-3285

DATE	INVOICE #
4/11/2013	6688

BILL TO
Paragould Light, Water & Cable 1901 Jones Road Paragould, AR. 72451

P.O. NO.	TERMS	REQUESTED BY	SERVICE DATE
	Net 10 days	Lisa	04/05/13

DESCRIPTION	QTY	RATE	AMOUNT
Paragould Waste Water Paragould, AR.  Calibrate effluent flowmeter. Flow is calculated in PLC. Unable to calibrate. Verify flow with staff gauge reading. Will send quote to customer for flowmeter.  Labor: 6 hours x \$80.00/hr.	6	80.00	480.00T

RECEIVED  
 APR 11 2013  
 ACCOUNTS PAYABLE

Service fee of 1.5% per month or the maximum allowed by law, whichever is higher, will be added to all past due invoices.	<b>Subtotal</b>	\$480.00
	<b>Sales Tax (7.5%)</b>	\$36.00
	<b>Total</b>	\$516.00
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$516.00

**CALIBRATION & CONTROLS, INC.**

DATE: 4-5-2013

1156 Salem Road  
Benton, AR. 72019  
501 316 3285

LOCATION: Palagallo Waste Water

**Calibration & Certification Report**

CALIBRATION TECH: Jeff Porterfield

Company		Site	
Manufacturer	N/A	Tag or ID	Effluent Flow
Model Number	N/A	Serial Number	N/A

**Calibrated Range/Span**

	Span	Eng. Unit	Accuracy +/-	Tolerance +/-	Eng. Unit
Input	0	FT H <sub>2</sub> O	5% R	.045	FT H <sub>2</sub> O
Output	4/0	MADE 16PM	5% R	.347	M60
	0	6.94 M60			

**Calibration Data**

As Found				As Left		
Input	Output	Output	Output	Output	Output	
%	Actual	Desired	Actual	Error +/-	Actual	Error +/-
0.0						
25.0						
50.0	53	3.23	3.50	+.27	3.50	+.27
75.0						
100.0						
75.0						
50.0						
25.0						
0.0						

**Measuring & Test Equipment**

Type	Name	Model #	Serial #	Calb. Due Date
STAFF GAUGE				
Flow Chart				

**Special Conditions or Comments**

Verify Depth to Flow = Flow Calculations are done in PLC UNABLE to CHANGE

**Certification**

Frequency	Calibration Date	Inspector Signature
Yearly	4-5-2013	Jeff Porterfield

This document certifies the above named equipment has been inspected and tested against the listed field standards. These standards are Certified and traceable to the National Institute of Standards Technology. Copies of Field Standards Certifications will be supplied upon request.



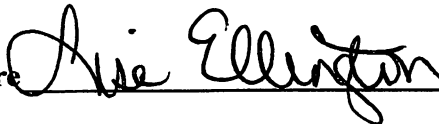
## Requisition for Supplies

<b>Mail PO</b>	<b>PO Number</b>
Fax 501-794-3285	
# 501-316-3285	<b>Vendor Number</b>
<b>D.N.S.O.</b>	

<b>Suppliers Address</b>	<b>Requisitioned By</b> Lisa Ellington
Calibration & Controls, Inc.	<b>Date Requisitioned</b> 05/17/2013
1156 Salem Road	<b>Needed Delivered</b> ASAP
Benton, AR 72019	<b>Date Ordered</b>

<b>Bid Quote</b>	<b>Ship VIA</b>	<b>Quote Specialist</b>	<b>Job Project</b>
#54105 (attached)		Jeff Porterfield	

Quantity Ordered	Stock/Item Number	Description	Unit Price	Total	Due Date
1		Hydroranger 200	\$1,436.50	\$1,436.50	
1		Transducer	\$482.37	\$482.37	
1		Keypad	\$141.31	\$141.31	
		Installation	\$640.00	\$640.00	
		*SEE ATTACHED QUOTE*			
		Tax		\$202.51	
		FREIGHT NOT INCLUDED			
		<b>TOTAL</b>		<b>\$2,902.69</b>	

**Department Manager Signature** 



Jeff Porterfield  
1156 Salem Road  
Benton, AR 72019  
#501-316-3285 Fax #501-794-3285

## Quote

4/9/2013

Estimate # 54105

TERMS Net 30 days

Paragould Light, Water & Cable  
1901 Jones Road  
Paragould, AR. 72451

COST

We are pleased to offer the following:

Provide one Hydorranger 200, one transducer & one keypad.

1 Hydorranger 200	1,436.50
1 Transducer	482.37
1 Keypad	141.31
Installation to be billed at \$80.00/hr for 8 hours.	640.00

**Sales Tax (7.5%)** \$202.51

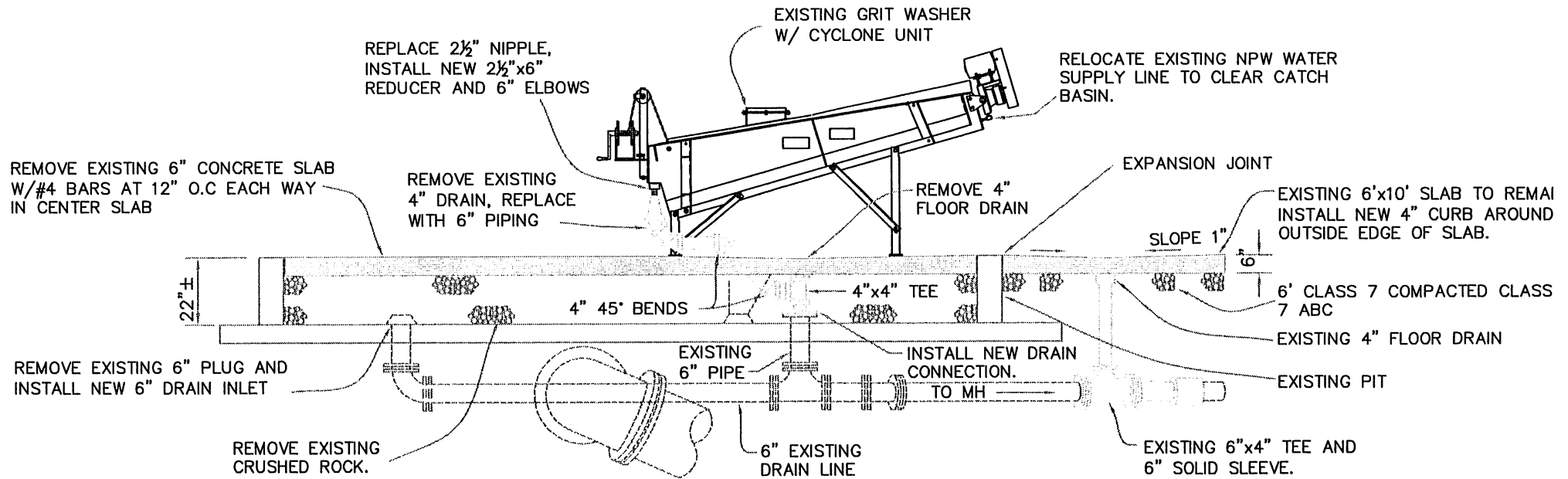
**TOTAL** \$2,902.69

Freight not included.

\*\*\*If you have any questions, please call Jeff Porterfield @ 501 539 2548. Thank you!

CONSTRUCT ADEQUATE CONCRETE BASE SUPPORTS UNDER EACH OF THE UNITS STEEL FEET. BASE TO BE 2" LARGER IN ALL HORIZONTAL DIMENSIONS WITH 45 DEGREE CHAMFER. ELEVATIONS TO MATCH EXISTING. PROVIDE ANCHOR BOLTS.

REPLACE EXISTING ELECTRICAL SERVICE TO FOLLOW EXISTING SURFACES AFTER SLAB IS REMOVED. LOCATE TO NOT BE A TRIP HAZARD. ANCHOR AS REQUIRED.



D

SECTION — GRIT CHAMBER REPLACEMENT

1/4"=1'-0"



# ADEQ

ARKANSAS  
Department of Environmental Quality

May 22, 2013

Lisa Ellington, Environmental Services Manager  
Paragould Light, Water, and Cable WWTP  
P.O. Box 9  
Paragould, AR 72450

RE: NPDES Compliance Inspection; PLWC Wastewater Treatment Plant  
AFIN: 28-00470, NPDES Permit No.: AR0033766, ARR00C418

Dear Ms. Ellington:

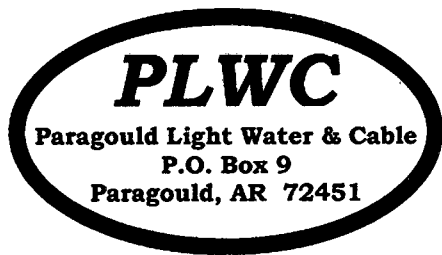
I have reviewed the response pertaining to my March 27-28, 2013 inspections of the PLWC wastewater treatment plant. The information provided sufficiently addresses the violations referenced in my inspection report. At this time the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at 870-935-7221 ext. 15, or you may e-mail me at [greenway@adeq.state.ar.us](mailto:greenway@adeq.state.ar.us).

Sincerely,



Michael Greenway  
District 3 Field Inspector  
Water Division



**"One Team. One Goal...Customer Service"**

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

May 17, 2013

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

Re: NPDES Permit # AR0033766  
March 2013 Compliance Inspection Response Report

As required, please find enclosed documentation and written response to violations found during the March 27 and 28, 2013 Compliance Evaluation, Sanitary Sewer Overflow, Stormwater "No Exposure", and Pretreatment Compliance Inspections conducted at Paragould Light, Water and Cable.

If you have any questions or comments, please me at (870) 239-7795.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lisa Ellington".

Lisa Ellington  
Environmental Services Manager

Enclosure

ADEQ

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

Response Report of

Paragould Light, Water and Cable

May 17, 2013

## Compliance Evaluation Inspection

### Violation:

At the time of inspection, the flow meter had not been calibrated. Additionally, the facility staff did not measure the head in the proper location when performing flow calibration checks. This violates Part III, Section C.2 of the Permit.

### Response:

An outside source (Jeff Porterfield, Calibrations and Controls) was onsite April 5, 2013 to calibrate the flow meter. With the current setup, Mr. Porterfield was unable to calibrate the meter as required. PLWC is in the process of obtaining a Hydroranger 200 flow meter with transducer for flow measurement. This type of meter will allow easy annual calibration as required by NPDES permit AR0033766. See attached information of the calibration attempt and replacement meter.

In addition, it has been determined the staff is measuring the flow in the proper location, beneath the ultrasonic meter, during calibration checks.

## Sanitary Sewer Overflow Inspection

### Violation:

Inspection revealed the sewer pump stations did not have an audible or visual alarm with emergency contact information posted.

### Response:

As requested, visual alarms and emergency contact information will be posted at pumping stations inspected.



## Stormwater "No Exposure" Inspection

### Violation:

There were sewage residues on the ground near the grit chamber. These residues were exposed to stormwater and therefore violate the conditions of the no exposure certification.

### Response:

Sewage residues have been cleaned from the grit chamber area. To prevent further instances, the PLWC Engineering Department has determined there is an existing concrete pit 22 inches deep located under the present floor supporting the grit washer unit. The current six inch concrete floor will be removed to take back the original pit floor. Posts will be constructed to allow the grit classifier to sit on the floor of the pit. In addition, the drain for the area will be increased from four inches to six inches to allow for drainage. This project will commence as soon as the weather allows. See the enclosed diagrams for details of the proposed plan.

## Pretreatment Compliance Inspection

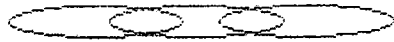
### Violation:

It appears the pretreatment program is in compliance with the conditions of the permit. However, there are some discrepancies noted during the Garlock Rubber Technologies IU visit concerning the destination of boiler blowdown wastewater. This IU facility obtained NPDES permit coverage (ARG25001) on April 24, 2013 to discharge boiler blowdown to waters of the State. A follow-up inspection concerning this matter will be conducted at a later date.

### Response:

Boiler blowdown from Garlock Rubber Technologies is discharged into waters of the State. On the east side (back) of the building, the condensation from the blowdown exits the roof and flows off the property. On the west side (front) it exits the roof through the building's gutter system, goes into the stormwater drain, and then flows into the ditch on the south side of the property.

# Attachments



# Invoice

## Calibration & Controls, Inc.

Jeff Porterfield  
 1156 Salem Road  
 Benton, AR 72019  
 #501-316-3285 Fax #501-794-3285

DATE	INVOICE #
4/11/2013	6688

BILL TO
Paragould Light, Water & Cable 1901 Jones Road Paragould, AR. 72451

P.O. NO.	TERMS	REQUESTED BY	SERVICE DATE
	Net 10 days	Lisa	04/05/13

DESCRIPTION	QTY	RATE	AMOUNT
Paragould Waste Water Paragould, AR.  Calibrate effluent flowmeter. Flow is calculated in PLC. Unable to calibrate. Verify flow with staff gauge reading. Will send quote to customer for flowmeter.  Labor: 6 hours x \$80.00/hr.	6	80.00	480.00T

RECEIVED  
 APR 22 2013  
 ACCOUNTS PAYABLE

Service fee of 1.5% per month or the maximum allowed by law, whichever is higher, will be added to all past due invoices.	<b>Subtotal</b>	\$480.00
	<b>Sales Tax (7.5%)</b>	\$36.00
	<b>Total</b>	\$516.00
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$516.00

1156 Salem Road  
Benton, AR. 72019  
501 316 3285

LOCATION: Palago LD Waste Water

**Calibration & Certification Report**

CALIBRATION TECH: Jeff Porterfield

Company		Site	
Manufacturer	N/A	Tag or ID	EFF-Work Flow
Model Number	N/A	Serial Number	N/A

**Calibrated Range/Span**

	Span	Eng. Unit	Accuracy +/-	Tolerance +/-	Eng. Unit
Input	0	FT H <sub>2</sub> O	5%	2	FT H <sub>2</sub> O
Output	4/0	MADC 16 Pt	5%	2	M6D
	0	6.94 M6D			

**Calibration Data**

As Found				As Left		
Input	Output	Output	Output	Output	Output	
%	Actual	Desired	Actual	Error +/-	Actual	Error +/-
0.0						
25.0						
50.0	53	3.23	3.50	1.27	3.50	1.27
75.0						
100.0						
75.0						
50.0						
25.0						
0.0						

**Measuring & Test Equipment**

Type	Name	Model #	Serial #	Calb. Due Date
STAFF GAUGE				
Flow Chart				

**Special Conditions or Comments**

Verify Depth to Flow = Flow Calculations are done in PLC UNABLE TO CHANGE

**Certification**

Frequency	Calibration Date	Inspector Signature
Yearly	4-5-2013	Jeff Porterfield

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<b>D.N.S.O.</b>	

<b>Suppliers Address</b>	<b>Requisitioned By</b> Lisa Ellington
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<b>Bid Quote</b>	<b>Ship VIA</b>	<b>Quote Specialist</b>	<b>Job Project</b>
#54105 (attached)		Jeff Porterfield	

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		Installation	\$640.00	\$640.00	
		*SEE ATTACHED QUOTE*			
		Tax		\$202.51	
		FREIGHT NOT INCLUDED			
		<b>TOTAL</b>		<b>\$2,902.69</b>	

Department Manager Signature *Lisa Ellington*



Jeff Porterfield  
1156 Salem Road  
Benton, AR 72019  
#501-316-3285 Fax #501-794-3285

## Quote

4/9/2013

Estimate # 54105

TERMS Net 30 days

Paragould Light, Water & Cable  
1901 Jones Road  
Paragould, AR. 72451

COST

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1 Hydroranger 200	1,436.50
1 Transducer	482.37
1 Keypad	141.31
Installation to be billed at \$80.00/hr for 8 hours.	640.00

Sales Tax (7.5%) \$202.51

**TOTAL**

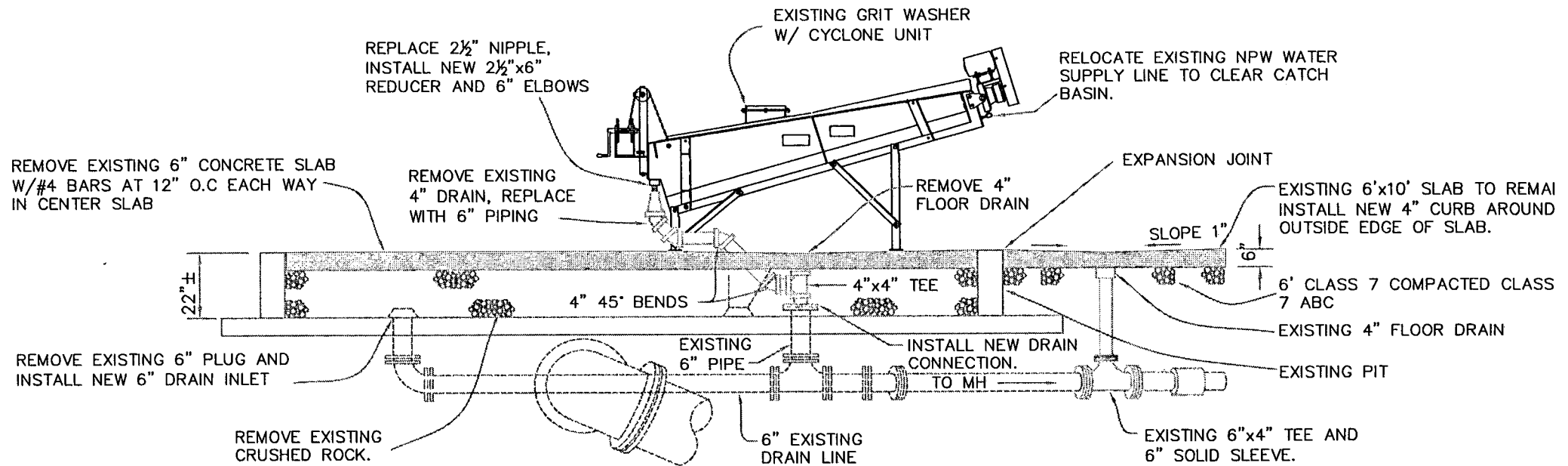
\$2,902.69

Freight not included.

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CONSTRUCT ADEQUATE CONCRETE BASE SUPPORTS UNDER EACH OF THE UNITS STEEL FEET. BASE TO BE 2" LARGER IN ALL HORIZONTAL DIMENSIONS WITH 45 DEGREE CHAMFER. ELEVATIONS TO MATCH EXISTING. PROVIDE ANCHOR BOLTS.

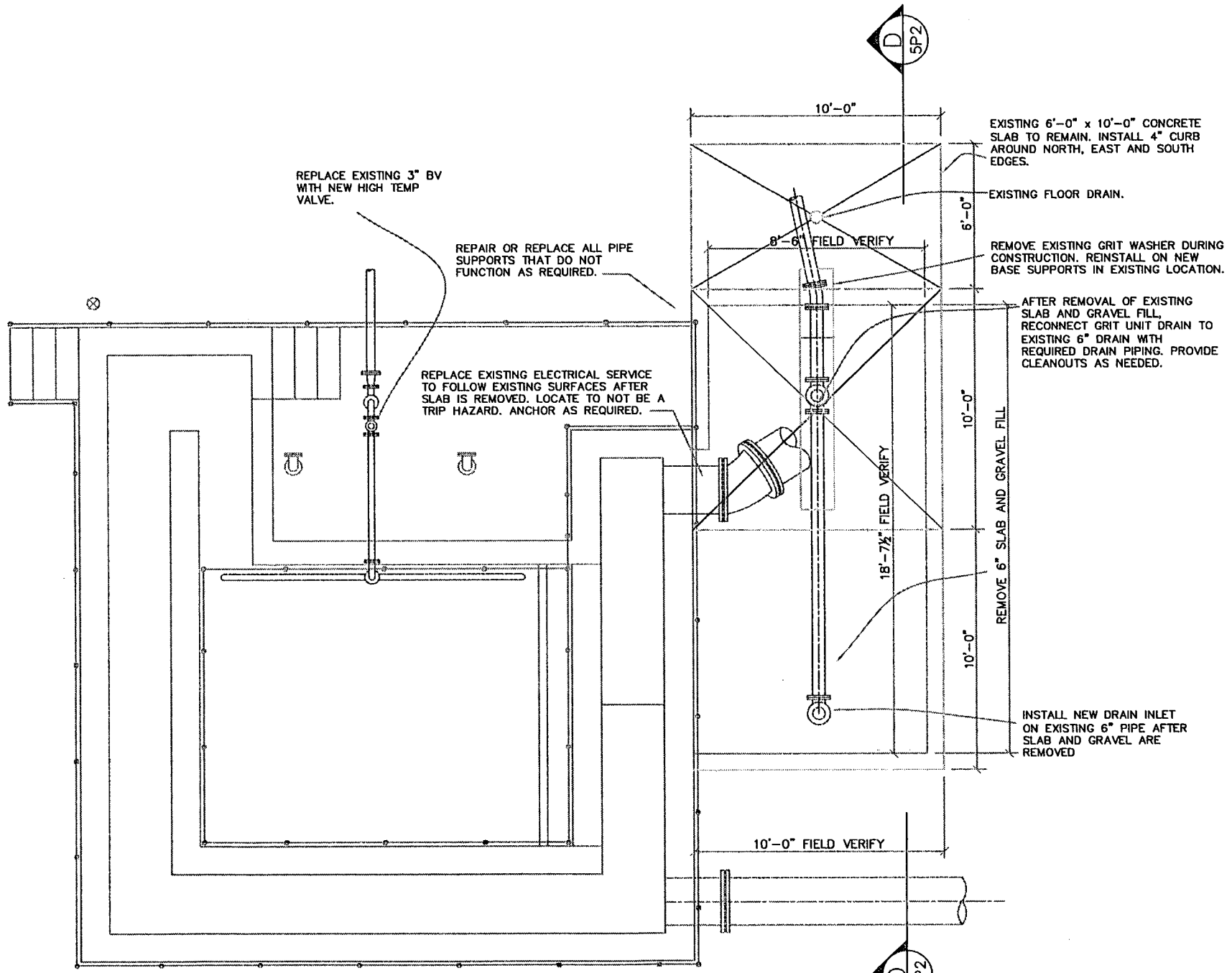
REPLACE EXISTING ELECTRICAL SERVICE TO FOLLOW EXISTING SURFACES AFTER SLAB IS REMOVED. LOCATE TO NOT BE A TRIP HAZARD. ANCHOR AS REQUIRED.



D

SECTION - GRIT CHAMBER REPLACEMENT

1/4"=1'-0"



PLAN — EXISTING GRIT CHAMBER  
 1/4"=1'-0"

REPLACE EXISTING 3" BV WITH NEW HIGH TEMP VALVE.

REPAIR OR REPLACE ALL PIPE SUPPORTS THAT DO NOT FUNCTION AS REQUIRED.

REPLACE EXISTING ELECTRICAL SERVICE TO FOLLOW EXISTING SURFACES AFTER SLAB IS REMOVED. LOCATE TO NOT BE A TRIP HAZARD. ANCHOR AS REQUIRED.

10'-0"

EXISTING 6'-0" x 10'-0" CONCRETE SLAB TO REMAIN. INSTALL 4" CURB AROUND NORTH, EAST AND SOUTH EDGES.

EXISTING FLOOR DRAIN.

8'-6" FIELD VERIFY

REMOVE EXISTING GRIT WASHER DURING CONSTRUCTION. REINSTALL ON NEW BASE SUPPORTS IN EXISTING LOCATION.

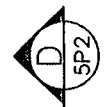
AFTER REMOVAL OF EXISTING SLAB AND GRAVEL FILL, RECONNECT GRIT UNIT DRAIN TO EXISTING 6" DRAIN WITH REQUIRED DRAIN PIPING. PROVIDE CLEANOUTS AS NEEDED.

18'-7 1/2" FIELD VERIFY

REMOVE 6" SLAB AND GRAVEL FILL

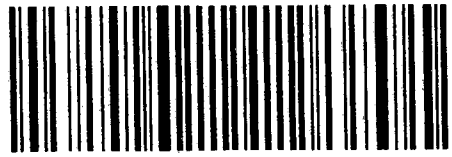
INSTALL NEW DRAIN INLET ON EXISTING 6" PIPE AFTER SLAB AND GRAVEL ARE REMOVED

10'-0" FIELD VERIFY

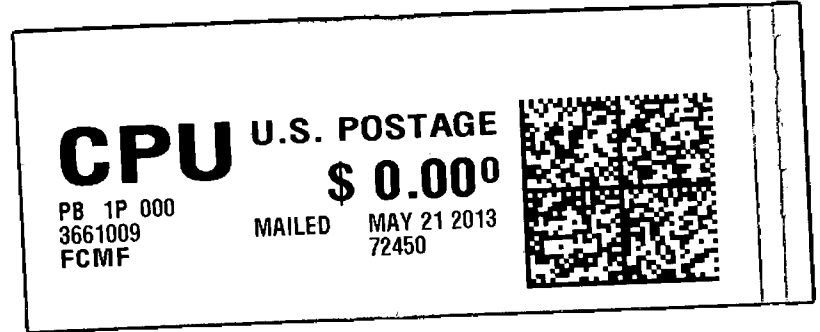
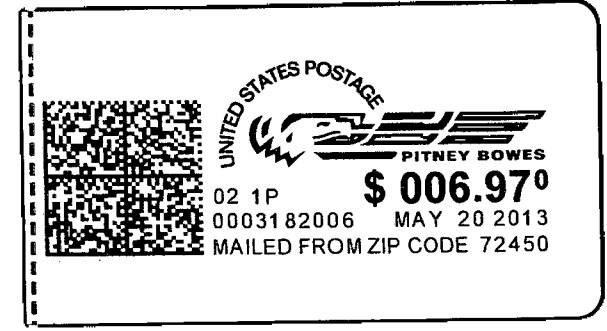




**CERTIFIED MAIL™**



7007 2680 0001 1501 6336



Lisa Ellington  
PLWC  
P.O. Box 9  
Paragould, AR 72450

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

