

# ADEQ

ARKANSAS  
Department of Environmental Quality

August 1, 2017

Darrell Phillips, General Manager & CEO  
Paragould Light, Water & Cable  
P.O. Box 9  
Paragould, AR 72451

RE: Paragould Light, Water & Cable Inspection  
AFIN: 28-00470 Permit No.: AR0033766

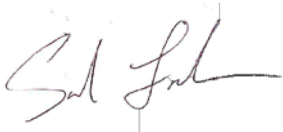
Dear Mr. Phillips:

On June 21 and 26, 2017, I performed a Compliance Evaluation Inspection, SSO/Collection System Inspection, Pretreatment Compliance Inspection, and Industrial Stormwater Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection reports are enclosed for your records.


No violations were noted at the time of the inspection. Please refer to the attached inspection reports for any comments.

If I can be of any assistance, please contact me at 870-935-7221 ext.-15 or [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division

 <b>A R K A N S A S</b> Department of Environmental Quality		<b>WATER DIVISION INSPECTION REPORT</b>				
		AFIN: <b>28-00470</b>		PERMIT #: <b>AR0033766</b>		DATE: <b>6/21/2017</b>
		COUNTY: <b>28 Greene</b>		PDS #: <b>098366</b>		MEDIA: <b>WN</b>
		GPS LAT: <b>36.031510</b> LONG: <b>-90.491631</b> LOCATION: <b>Entrance</b>				
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>			
NAME: <b>Paragould Light, Water &amp; Cable</b> LOCATION: <b>401 Grant Lane</b> CITY: <b>Paragould</b>			FACILITY TYPE: <b>1 - Municipal</b> INSPECTOR ID#: <b>112347 S - State</b> FACILITY EVALUATION RATING: <b>4 - Satisfactory</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>			DATE(S):      ENTRY TIME:      EXIT TIME:      PERMIT EFFECTIVE DATE: <b>6/21/2017      08:20      15:52      8/1/2015</b> <b>6/26/2017      09:17      16:22      PERMIT EXPIRATION DATE:</b> <b>7/31/2020</b>			
NAME / TITLE: <b>Darrell Phillips / General Manager &amp; CEO</b> COMPANY: <b>Paragould Light, Water &amp; Cable</b> MAILING ADDRESS: <b>P.O. Box 9</b> CITY, STATE, ZIP: <b>Paragould AR 72451</b> PHONE & EXT. / FAX:  EMAIL:			FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b> <b>INSPECTION PARTICIPANTS</b> NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Lisa Ellington, PhD/Manager-Environmental Services</b> <b>Brett Bradford/ Chief Operating Officer</b>			
CONTACTED DURING INSPECTION: <b>Yes</b>						
<b>AREA EVALUATIONS</b>						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER	
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW	
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM	
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT	
<b>N</b>	OTHER:					
<b>SUMMARY OF FINDINGS</b>						
No violations were noted at the time of the inspection.						

**GENERAL COMMENTS**

Dr. Lisa Ellington is very knowledgeable and passionate about Paragould Light, Water & Cable Wastewater Treatment Plant. The staff of PLWC works well together in the laboratory and on the grounds to properly operate and maintain the facility. The WWTP has plans for future improvements to the facility to better treat the wastewater to not only meet permit limits but also to improve water quality for all.



Maintenance work and future planning is being done on various portions of the Wastewater Treatment Plant. The Inlet Structure and grit chamber (Photos 1-3) is in the planning process to replace in the future. One of the Aeration Basins is currently being drained for maintenance and annual cleaning (Photos 4-8). The accumulation of grit and other solids in the drained Aeration Basin reaffirms the WWTP need to look at the headworks of the plant. The Clarifiers are scheduled for maintenance, in which the tanks will be drained and all parts removed for intense cleaning (Photos 9-11). The movable parts and weirs will be shipped to the manufacturer for cleaning and inspection as well as a guard put on the weirs to discourage algae growth.

The UV Disinfection system was just installed at the WWTP (Photos 12-14). The light panels are placed in the water at 45° angles to allow proper disinfection. The lights are closely monitored, cleaned regularly, and are sequenced to rotate on/off cycles. The WWTP is planning to build a cover on the wet well to protect the UV system from excessive algae growth and foreign matter.

The Biosolids process is no longer operational since February 2017 for land application. The treated sludge is now sent through the Gravity Table Thickener and Belt Filter Press before being hauled off to the landfill (Photos 17-22).

A SSO/Collection System Inspection, Pretreatment Compliance Inspection, and Stormwater Inspection were all performed in conjunction with this inspection.

Brent Walker, District 3 Water Inspector, and Jason Bolenbaugh, Compliance Branch Manager, also participated in this inspection.

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 7/26/2017
SUPERVISOR'S SIGNATURE:  JasoBolenbaugh	DATE: 7/31/2017

<b>SECTION A: PERMIT VERIFICATION</b>	
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 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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
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 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: <u>Overflow reported at plant on 6/23/2017. See SSO/Collection System report for details.</u>	<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

<b>SECTION D: SAMPLING</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION E: FLOW MEASUREMENT</b>	
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: <u>Yes</u> TYPE OF DEVICE: <u>4 ft. Rectangular weir with end contractions</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: <u>Simmons Hydrometer</u>	<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
<b>SECTION F: LABORATORY</b>	
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 Analytical, Inc.</u>	
b. LAB ADDRESS: <u>Little Rock, 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 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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N/A	N/A	Low	N/A	N/A	clear	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL 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: <u>Biosolids process not operational</u>							
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>Sludge hauled to landfill</u>							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>See Industrial Stormwater Inspection report for details.</u>							
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**

Date: **6/26/2017** Time: **14:12**

Head in Inches:                      Feet: **0.58**

Type & Size of Primary Flow Measurement Device: 4ft Rectangular weir with end contractions

Name & Model of Secondary Flow Measurement Device: **Simmons Hydrometer**

Date of last Calibration of Secondary Flow Device: **10/27/2016**

Recorded Flow at Date & Time Listed Above: **3.927** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.692**

(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 =	3.927	-	3.692	X 100	
	3.692				

% Error =	0.235	X 100	
	3.692		

% Error =	0.0637	X 100	
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% Error =	<b>6.37</b>	%	
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Comments: **Within ±10 % requirements**

**DMR Calculation Check**

Reporting Period: From 2016 08 01 To 2016 08 31  
 Year Month Day Year Month Day

Parameter Checked: TP

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>66</u>	<u>2.6</u>	<u>3.8</u>
Calculated Value:	<u>66</u>	<u>2.6</u>	<u>3.8</u>
Permit Value:	<u>Report</u>	<u>Report</u>	<u>Report</u>

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



**DMR Calculation Check**

Reporting Period: From 2017 02 01 To 2017 02 28  
 Year Month Day Year Month Day

Parameter Checked: CBOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>109</u>	<u>3.4</u>	<u>3.9</u>
Calculated Value:	<u>109</u>	<u>3.4</u>	<u>3.9</u>
Permit Value:	<u>500</u>	<u>10</u>	<u>15</u>

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

**DMR Calculation Check**

Reporting Period: From 2017 02 01 To 2017 02 28  
 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>187</u>	<u>5.5</u>	<u>8.6</u>
Calculated Value:	<u>187</u>	<u>5.5</u>	<u>8.6</u>
Permit Value:	<u>750</u>	<u>15</u>	<u>22.5</u>

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

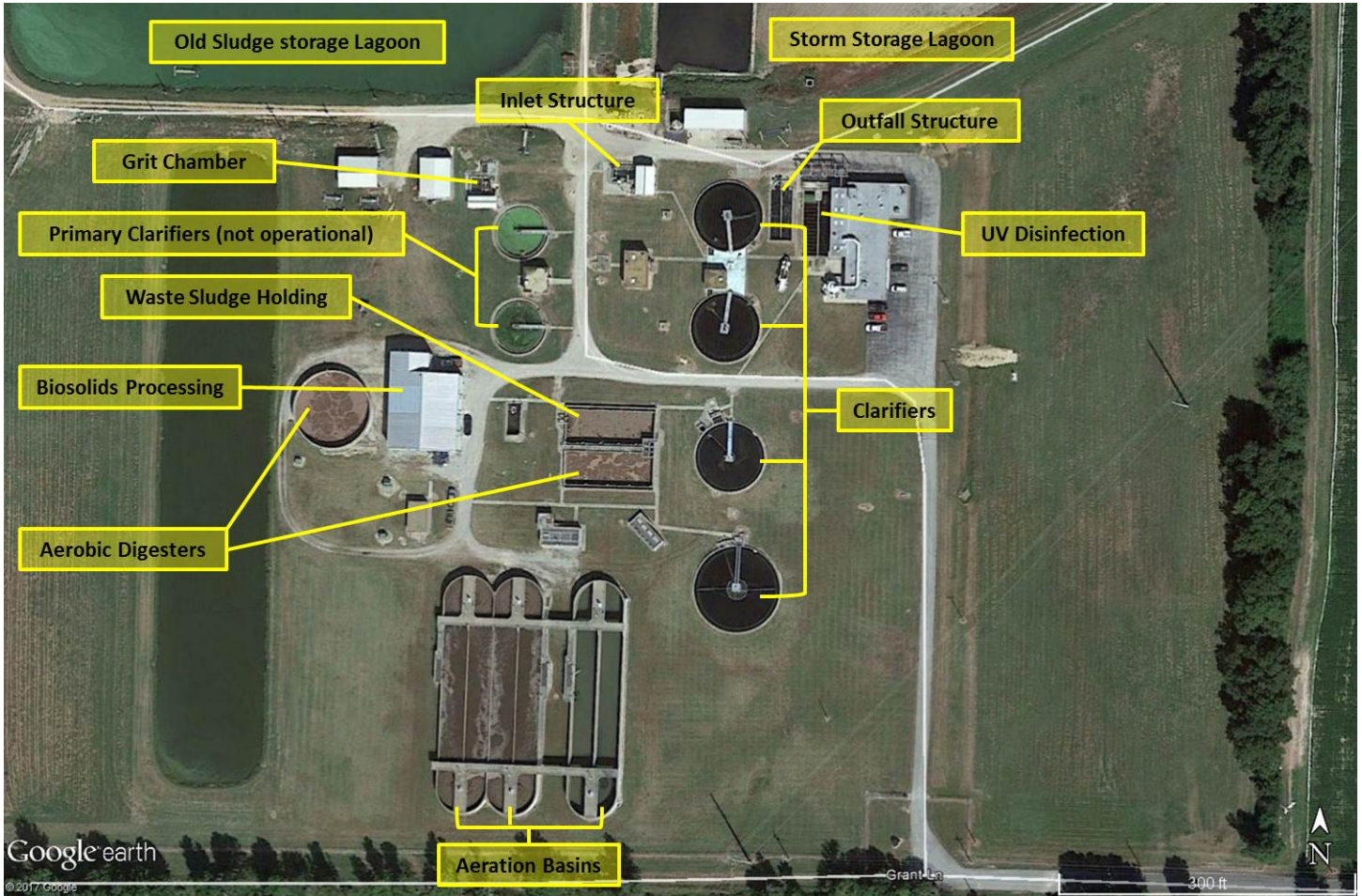


Figure 1. Google Earth image of Paragould Light, Water and Cable Wastewater Treatment Plant with labels.

**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/26/2017</b>
Witness:	<b>Brent Walker</b>	Time:	<b>11:15</b>
		Photo #:	<b>1</b>
Description:	<b>View of the Inlet Structure.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/26/2017</b>
Witness:	<b>Brent Walker</b>	Time:	<b>11:16</b>
		Photo #:	<b>2</b>
Description:	<b>Overview of the Grit Chamber</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/26/2017</b>
Witness:	<b>Brent Walker</b>	Time:	<b>11:16</b>
		Photo #:	<b>3</b>
Description:	<b>View of one of the Primary Clarifiers that is no longer in operation.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:37</b>
		Photo #:	<b>4</b>
Description:	<b>Overview of the Aeration Basins.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/21/2017</b>
Witness:	<b>None</b>	Time:	<b>9:38</b>
		Photo #:	<b>5</b>
Description:	<b>Close-up view of one of the Aeration Basins.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/21/2017</b>
Witness:	<b>None</b>	Time:	<b>9:38</b>
		Photo #:	<b>6</b>
Description:	<b>View of the paddle used to aerate the water.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/21/2017</b>
Witness:	<b>None</b>	Time:	<b>9:39</b>
		Photo #:	<b>7</b>
Description:	<b>View of an empty Aeration Basin drained for maintenance. Note the accumulation of grit at the bottom.</b>		



Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/21/2017</b>
Witness:	<b>None</b>	Time:	<b>9:39</b>
		Photo #:	<b>8</b>
Description:	<b>View of the empty Aeration Basin with paddle.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Jason Bolenbaugh</b>	Date:	<b>6/21/2017</b>
Witness:	<b>None</b>	Time:	<b>9:40</b>
		Photo #:	<b>9</b>
Description:	<b>View of the Clarifier near the south side of the facility.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>8:44</b>
		Photo #:	<b>10</b>
Description:	<b>Close-up view of weirs for the Clarifier. Note the accumulation of algae.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:42</b>
		Photo #:	<b>11</b>
Description:	<b>View of the Clarifier located near the parking area north of the facility.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:09</b>
		Photo #:	<b>12</b>
Description:	<b>View of the wet well prior to UV Disinfection.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>8:58</b>
		Photo #:	<b>13</b>
Description:	<b>View of the newly installed UV Disinfection system. Note the angle of the panels.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:03</b>
		Photo #:	<b>14</b>
Description:	<b>View of the finger weirs after UV Disinfection that control the water flow to the Outfall Structure.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:18</b>
		Photo #:	<b>15</b>
Description:	<b>View of the Outfall Structure with aeration. Note the staff gauge.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:18</b>
		Photo #:	<b>16</b>
Description:	<b>View of the water from the Outfall Structure before final discharge.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:37</b>
		Photo #:	<b>17</b>
Description:	<b>View of the holding tank for the digested waste sludge.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:35</b>
		Photo #:	<b>18</b>
Description:	<b>View of the Aerobic Digester for waste sludge.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>			
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>	
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:26</b>	
Description:	<b>View of the Gravity Table Thickener.</b>		Photo #:	<b>19</b>



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>	
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:27</b>	
Description:	<b>View of the Belt Filter Press.</b>		Photo #:	<b>20</b>



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:28</b>
		Photo #:	<b>21</b>
Description:	<b>View of the Dryer no longer used for the Biosolids process.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:31</b>
		Photo #:	<b>22</b>
Description:	<b>View of the truck used to haul off the sludge to the landfill.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:48</b>
Description:	<b>View of the Flow Diagram for the PLWC Wastewater Treatment Plant.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>6/21/2017</b>
Witness:	<b>Brent Walker, Jason Bolenbaugh</b>	Time:	<b>9:49</b>
Description:	<b>PLWC Wastewater Treatment Plant diagram displaying the flow of water and locations of the different parts.</b>		

