

# ADEQ

A R K A N S A S  
Department of Environmental Quality

June 19, 2019

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 April 23, 2019, I performed a Compliance Evaluation Inspection, SSO/Collection System 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 report is enclosed for your records.

No violations were noted at the time of the inspection. Please refer to the attached inspection report 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



**A R K A N S A S**  
Department of Environmental Quality

## WATER DIVISION INSPECTION REPORT

AFIN: <b>28-00470</b>	PERMIT #: <b>AR0033766</b>	DATE: <b>4/23/2019</b>
COUNTY: <b>28 Greene</b>	PDS #: <b>108248</b>	MEDIA: <b>WN</b>
GPS LAT: <b>36.031510</b> LONG: <b>-90.491631</b> LOCATION: <b>Entrance</b>		

FACILITY INFORMATION	INSPECTION INFORMATION
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> DATE(S): <b>4/23/2019</b> ENTRY TIME: <b>09:05</b> EXIT TIME: <b>16:00</b> PERMIT EFFECTIVE DATE: <b>8/1/2015</b> PERMIT EXPIRATION DATE: <b>7/31/2020</b>
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</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:	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: <b>Yes</b>	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Lisa Ellington, PhD/ Manager-Environmental Services</b> <b>Harry Symons/ Maintenance Operator</b>

### AREA EVALUATIONS

(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>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				

### SUMMARY OF FINDINGS



**No violations were noted at the time of the inspection.**

### GENERAL COMMENTS

**Dr. Lisa Ellington is very knowledgeable and passionate about treating wastewater for the benefit of improved water quality for the citizens of Paragould, AR. She works diligently with her staff both in the laboratory and on the grounds to operate and maintain the facility efficiently. PLWC has ongoing construction activities and plans for future improvements for the treatment of wastewater. The PLWC laboratory is clean and well-maintained with excellent recordkeeping for all analysis performed.**

**The facility is currently in an ongoing project to remodel the Biosolids operation and provide fertilizer to local farmers. Some treatment areas are in the process of being dismantled since they are no longer in operation. These include the Primary Clarifiers (Photos 8-9) and the Aerobic Digester (Photos 10-11). Future plans include the improvement and replacement of the headworks of the facility. Also, a second set of UV Disinfection lamps will be added in the future.**

**An SSO/Collection System Inspection and Industrial Stormwater Inspection were performed in conjunction with this inspection. Please view attached letter for further details.**

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 6/14/2019
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 6/19/2019

<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:	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <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
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 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: <b><u>Biosolids under construction. Sludge sent to Sludge Storage Lagoon until Biosolids is complete.</u></b>							
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):							
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: <b><u>See Industrial Stormwater Inspection report for details.</u></b>							
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: **4/23/2019** Time: **13:35**

Head in Inches:                      Feet: **0.74**

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

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

Date of last Calibration of Secondary Flow Device: **5/22/2018**

Recorded Flow at Date & Time Listed Above: **5.537** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **5.277**

(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 =	5.537	-	5.277	X 100	
	5.277				

% Error =	0.26	X 100	
	5.277		

% Error =	0.049	X 100	
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% Error =	<b>4.93</b>	%	
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Comments: **± 10 %**

**DMR Calculation Check**

Reporting Period: From 2018 02 01 To 2018 02 28  
 Year Month Day Year Month Day

Parameter Checked: FCB

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Geo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>4</u>	<u>19</u>
Calculated Value:	<u>N/A</u>	<u>4</u>	<u>19</u>
Permit Value:	<u>N/A</u>	<u>1,000</u>	<u>2,000</u>

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



**DMR Calculation Check**

Reporting Period: From 2018 11 01 To 2018 11 30  
 Year Month Day Year Month Day

Parameter Checked: Nitrite + Nitrate Total

Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
---------------------------------------	---	-------------------

Reported Value:	<u>361</u>	<u>10.3</u>	<u>13.1</u>
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Calculated Value:	<u>361</u>	<u>10.3</u>	<u>13.1</u>
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Permit Value:	<u>Report</u>	<u>Report</u>	<u>Report</u>
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If calculated value does not equal reported value, explain: Equal

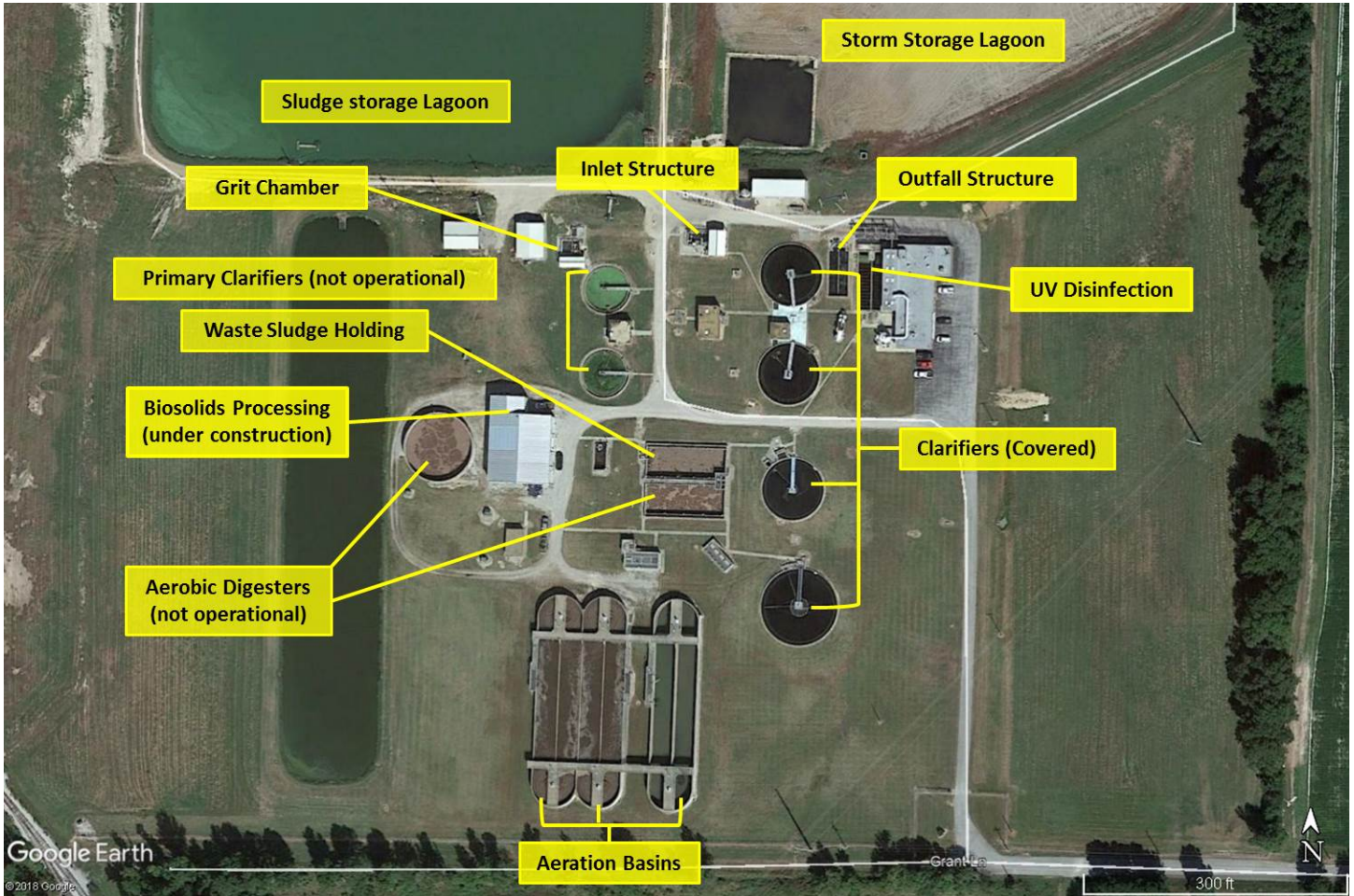


Figure 1. Google Earth image of the PLWC WWTP with labels for the different areas of wastewater treatment. Note that not all parts are operational and some areas are in the process of being dismantled. The Biosolids Processing is under construction.

**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:24</b>
Description:	<b>Overview of the Headworks.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:24</b>
Description:	<b>View of the conveyor bar screen.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:20</b>
		Photo #:	<b>3</b>
Description:	<b>View of the bar screen.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:26</b>
		Photo #:	<b>4</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>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:26</b>
		Photo #:	<b>5</b>
Description:	<b>Close-up view of the grit chamber.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:25</b>
		Photo #:	<b>6</b>
Description:	<b>View of the Sludge Storage Lagoon.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:45</b>
		Photo #:	<b>7</b>
Description:	<b>View of the Storm Storage Lagoon.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:27</b>
		Photo #:	<b>8</b>
Description:	<b>View of the Primary Clarifier. Note that it is non-operational.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:27</b>
		Photo #:	<b>9</b>
Description:	<b>View of the Primary Clarifier. Note that it is in the process of being dismantled.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:33</b>
		Photo #:	<b>10</b>
Description:	<b>View of the Aerobic Digester.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:32</b>
		Photo #:	<b>11</b>
Description:	<b>View of the inside of the Aerobic Digester. Note that it is not operational.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:35</b>
		Photo #:	<b>12</b>
Description:	<b>View of the Aeration Basins.</b>		





**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:37</b>
		Photo #:	<b>13</b>
Description:	<b>View of the Aeration Basins.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:35</b>
		Photo #:	<b>14</b>
Description:	<b>View of the Aeration Basin paddle wheel mixer.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:36</b>
		Photo #:	<b>15</b>
Description:	<b>Overview of the Clarifiers.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:39</b>
		Photo #:	<b>16</b>
Description:	<b>Close-up view of the Clarifier. Note the cover.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:40</b>
		Photo #:	<b>17</b>

Description: **View of the inside of the cover from the Clarifier. Note the low accumulation of algae and color of the water.**



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:44</b>
		Photo #:	<b>18</b>

Description: **View of another covered Clarifier.**



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:17</b>
		Photo #:	<b>19</b>
Description:	<b>View of the UV Disinfection System.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:49</b>
		Photo #:	<b>20</b>
Description:	<b>Close-up view of the UV Disinfection system.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:50</b>
		Photo #:	<b>21</b>
Description:	<b>View of the finger weirs that control the flow of water.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:46</b>
		Photo #:	<b>22</b>
Description:	<b>View of the Outfall Structure. Note the staff gauge in the correct location.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:45</b>
		Photo #:	<b>23</b>
Description:	<b>View of the Rectangular Weir with end contractions.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:46</b>
		Photo #:	<b>24</b>
Description:	<b>View of the automatic sampler.</b>		



**Water Division Photographic Evidence Sheet**

Location:	<b>Paragould Light, Water &amp; Cable</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:46</b>
		Photo #:	<b>25</b>
Description:	<b>View of the inside of the sampler.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>4/23/2019</b>
Witness:	<b>None</b>	Time:	<b>10:46</b>
		Photo #:	<b>26</b>
Description:	<b>Close-up view of the thermometer used in the automatic sampler. Note the temperature reading of 3°C.</b>		

