



**DIVISION OF
ENVIRONMENTAL QUALITY**

Sarah Huckabee Sanders
GOVERNOR

Shane E. Khoury
SECRETARY

02/09/2024

Brett Bradford, General Manager & CEO
Paragould Light, Water, & Cable
P.O. Box 9
Paragould, AR 72451
brettb@paragould.com

RE: Paragould Light Water & Cable Inspection - PDS#: 126715
AFIN: 28-00470 Permit No.: AR0033766

Dear Mr. Bradford:

On July 18, 2023, I performed a Compliance Evaluation 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 inspection report for any comments. If I can be of any assistance please contact me at Sarah.Frasher@adeq.state.ar.us or 870-935-7221 ext.-15.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Frasher'.

Sarah Frasher
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

Cc: David Romine, dromine@paragould.com

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 28-00470	PERMIT #: AR0033766	DATE: 7/18/2023
	COUNTY: 28 Greene	PDS #: 126715	MEDIA: WN
GPS LAT: 36.031510 LONG: -90.491631 LOCATION: Entrance			

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Paragould Light Water & Cable LOCATION: 401 Grant Lane CITY: Paragould	FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 112347 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 7/18/2023 ENTRY TIME: 09:35 EXIT TIME: 11:54 PERMIT EFFECTIVE DATE: 3/1/2021 PERMIT EXPIRATION DATE: 2/28/2026
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Brett Bradford / General Manager & CEO COMPANY: Paragould Light, Water, & Cable MAILING ADDRESS: P.O. Box 9 CITY, STATE, ZIP: Paragould AR 72451 PHONE & EXT: / FAX: EMAIL:	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: No	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: David Romine, P.E./ WWTP Manager-Environmental Services Harry Symons/ Chief Operator Tiffani Newsom/ Laboratory Supervisor

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	S	FLOW MEASUREMENT	N	STORMWATER
S	RECORDS/REPORTS	S	LABORATORY	S	FACILITY SITE REVIEW
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER	S	SELF-MONITORING PROGRAM
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS



No violations were noted at the time of the inspection.

GENERAL COMMENTS

An Audit Request Letter was given to the Laboratory Supervisor, Tiffani Newsom, which requested specific laboratory records be sent for evaluation. The following parameters are performed by the facility: CBOD, TSS, NH3-N, DO, FCB, TP, NO3 & NO2-N, pH, Temperature, Cyanide, Phenols, and Oil & Grease.

This facility continues to improve their system with the current construction project to expand the headworks and replace the grit chamber to increase capacity (Photos 3-6).

A future project includes excavating the sludge storage lagoons to increase storage (Photos 7-8). The facility also is planning to add a decanter and pump for the return water from the biosolids process (Photo 21).

INSPECTOR'S SIGNATURE:  Sarah Frasher	DATE: 9/8/2023
SUPERVISOR'S SIGNATURE:  Brent L. Walker	DATE: 1/17/2024

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input 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	<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
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input 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>4ft. 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>Siemens 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: <u>An Audit Request Letter was given to the Laboratory Supervisor</u>	
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>WET Testing</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						<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	None	None	Low	None	None	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: Sludge is digested and used for biosolids							
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:							
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: **7/18/2023** Time: **10:36**

Head in Inches: Feet: **0.6**

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: **7/18/2023**

Recorded Flow at Date & Time Listed Above: **4.025** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **3.88**

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

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

% Error =	4.025	-	3.881	X 100
	3.881			

% Error =	0.144	X 100
	3.881	

% Error =	0.037	X 100
-----------	-------	-------

% Error =	3.71	%
-----------	-------------	---

Comments: **Within +/- 10%**

Calibrated by company during the inspection prior to calibration check

DMR Calculation Check

Reporting Period: From 2022 10 01 To 2022 10 31
 Year Month Day Year Month Day

Parameter Checked: Total Phosphorus

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>70.7</u>	<u>2.7</u>	<u>3.0</u>
Calculated Value:	<u>70.7</u>	<u>2.8</u>	<u>3.0</u>
Permit Value:	<u>Report</u>	<u>Report</u>	<u>Report</u>

If calculated value does not equal reported value, explain: Differences due to rounding.

DMR Calculation Check

Reporting Period: From 2023 03 01 To 2023 03 31
 Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>0.03</u>	<u>1.1</u>	<u>0.04</u>
Calculated Value:	<u>0.03</u>	<u>1.1</u>	<u>0.04</u>
Permit Value:	<u>200.0</u>	<u>4.0</u>	<u>6.0</u>

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

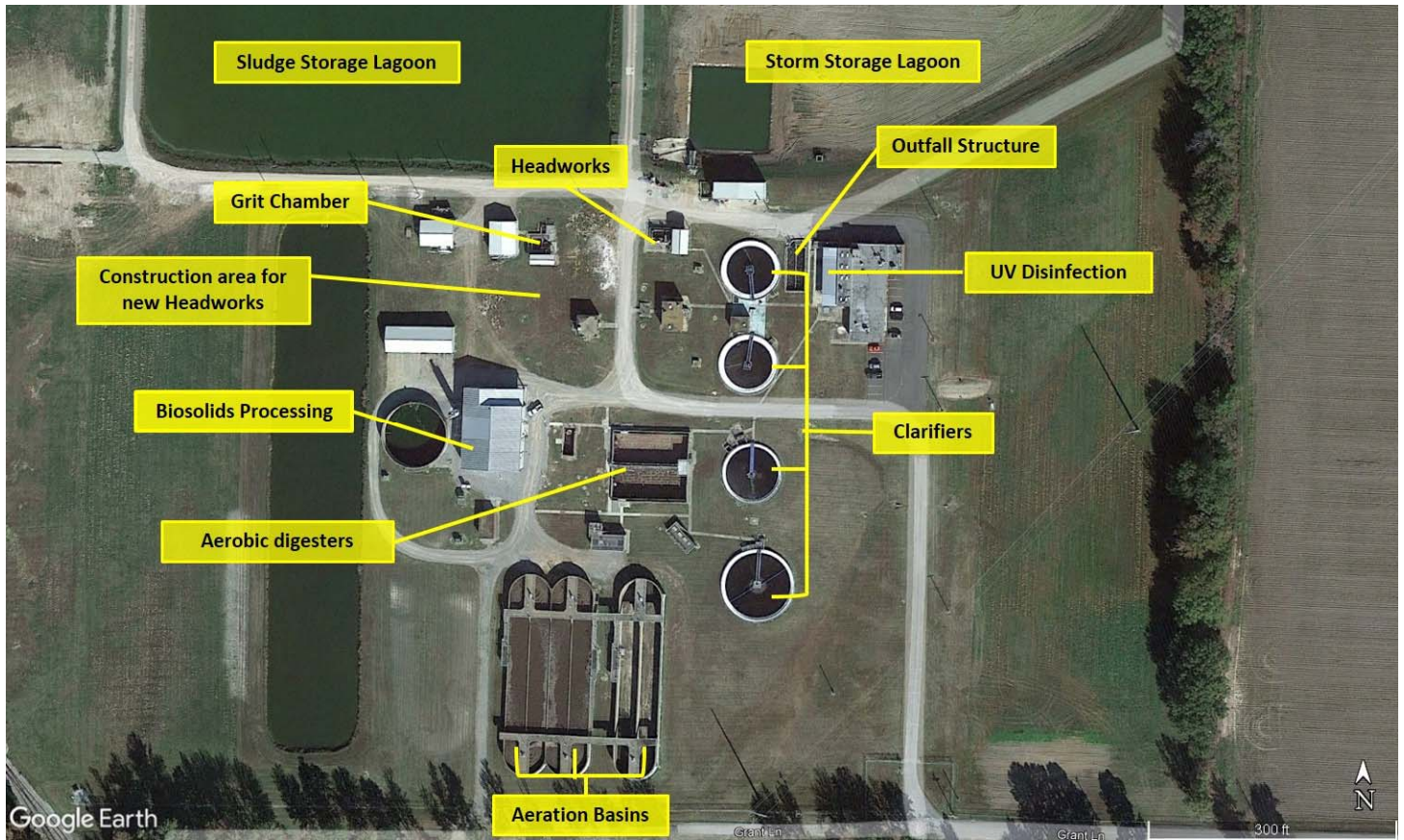


Figure 1. Google Earth image of the PLWC WWTP for the different areas of treatment.

Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable			
Photographer:	Sarah Frasher	Date:	7/18/2023	
Witness:	None	Time:	9:44	
Description:	View of the headworks.		Photo #:	1



Photographer:	Sarah Frasher	Date:	7/18/2023	
Witness:	None	Time:	9:45	
Description:	View of the bar screen.		Photo #:	2



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	9:44
		Photo #:	3
Description:	Overview of the grit chamber and construction area.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	9:49
		Photo #:	4
Description:	View of the grit chamber.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable				
Photographer:	Sarah Frasher	Date:	7/18/2023	Time:	9:53
Witness:	None			Photo #:	5
Description:	View of the construction area for the new headworks.				



Photographer:	Sarah Frasher	Date:	7/18/2023	Time:	9:53
Witness:	None			Photo #:	6
Description:	View of the construction area.				



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	9:45
		Photo #:	7
Description:	View of the sludge storage lagoon.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:27
		Photo #:	8
Description:	View of the other sludge storage lagoon.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	9:59
		Photo #:	9
Description:	View of the aeration basin.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:00
		Photo #:	10
Description:	View of the mixer for the aeration basin.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable				
Photographer:	Sarah Frasher	Date:	7/18/2023	Time:	9:58
Witness:	None			Photo #:	11
Description:	View of mixer in the empty aeration basin.				



Photographer:	Sarah Frasher	Date:	7/18/2023	Time:	10:03
Witness:	None			Photo #:	12
Description:	View of the clarifier scum trough.				



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:05
		Photo #:	13
Description:	View of the skimmer arm in one of the clarifiers.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:06
		Photo #:	14
Description:	View of the inside of the launder cover.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:11
		Photo #:	15
Description:	View of the clarifier and skimmer arm.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:12
		Photo #:	16
Description:	Close-up view of the UV disinfection system.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:14
		Photo #:	17
Description:	View of the finger weirs that control the flow of water.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:28
		Photo #:	18
Description:	View of the inside of the sampler.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:33
		Photo #:	19
Description:	View of the Outfall 001 structure with staff gauge to help measure flow.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:18
		Photo #:	20
Description:	View of the aerobic digester.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:20
		Photo #:	21
Description:	View of return water and waste sludge from the biosolids process.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:21
		Photo #:	22
Description:	View of the inside of the biosolids building.		



Office of Water Quality Photographic Evidence Sheet

Location:	Paragould Light Water & Cable		
Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:23
		Photo #:	23
Description:	View of the biosolids treatment.		



Photographer:	Sarah Frasher	Date:	7/18/2023
Witness:	None	Time:	10:24
		Photo #:	24
Description:	View of the truck refilling with biosolids for the local farmers.		

