ADEQ
ARKANSAS
Department of Environmental Quality

June 4, 2008

Darrel Phillips, Chief Administrative Officer
Paragould City Light, Water and Cable
P.O. Box 9
Paragould, AR 72450

RE: Waste Water Treatment Plant

AFIN: 28-00060 NPDES Permit No.: AR0033766

Dear Mr. Phillips:

On February 29, 2008, I performed a routine compliance inspection of the waste water treatment 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. This inspection revealed that you are in compliance with the terms of your permit.

If I can be of any assistance, please contact me at walker@adeq.state.ar.us or 870-935-7221 ext.-12.

Sincerely,

Brent L Walker

Brent L. Walker
District 3 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

EPA

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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

Section A: National Data System Coding

1	Transaction Code	2	NPDES	11	12	Yr/Mo/Day	17	18	Inspec. Type	19	Inspector	20	Fac. Type
	N	5	ARG033766			080229			C		S		1

Remarks

67	Inspection Work Days	69	70	Facility Evaluation Rating	71	BI	72	QA	73	74	75	Reserved	80
				3		N		N					

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*	Entry Time/Date	Permit Effective Date
Paragould City Light, Water & Cable WWTP **401 Grant Ln.** **Paragould, AR**	**0815 2/29/2008**	**September 1, 2004**
	Exit Time/Date **1500 2/29/2008**	Permit Expiration Date **August 31, 2009**

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data
Ashley Barr/Laboratory **Steve Parker/Operator**	
Name, Address of Responsible Official/Title/Phone and Fax Number **Darrel Phillips/Chief Administrative Officer/870-239-7700** **Paragould City Light, Water & Cable** **P.O. Box 9** **Paragould, AR 72450**	Contacted Yes ☑ No ☐

Section C: Areas Evaluated During Inspection

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

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

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

At the time of the inspection, the facility was incompliance with the terms of the permit.

The existing barscreen and grit chamber are scheduled for replacement in the near future.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Brent L. Walker Brent L Walker	**AR Dept. of Environmental Quality-Jonesboro** **(870) 935-7221 ext. 12/(870) 935-4715 (Fax)**	**June 4, 2008**
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	☑Y ☐N ☐NA ☐NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	☐Y ☐N ☑NA ☐NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑Y ☐N ☐NA ☐NE
4. ALL DISCHARGES ARE PERMITTED:	☑Y ☐N ☐NA ☐NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	☑Y ☐N ☐NA ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	☑S ☐M ☐U ☐NA ☐NE
a. DATES AND TIME(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
b. EXACT LOCATION(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	☑Y ☐N ☐NA ☐NE
d. ANALYTICAL METHODS AND TECHNIQUES:	☑Y ☐N ☐NA ☐NE
e. RESULTS OF CALIBRATIONS:	☑Y ☐N ☐NA ☐NE
f. RESULTS OF ANALYSES:	☑Y ☐N ☐NA ☐NE
g. DATES AND TIMES OF ANALYSES:	☑Y ☐N ☐NA ☐NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	☑S ☐M ☐U ☐NA ☐NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	☑S ☐M ☐U ☐NA ☐NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	☑Y ☐N ☐NA ☐NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	☑S ☐M ☐U ☐NA ☐NE
2. TREATMENT UNITS PROPERLY MAINTAINED: **Clarifier weirs in need of cleaning**	☐S ☑M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	☑S ☐M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE: **Grit chamber and barscreen scheduled for replacement.**	☑S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	☑Y ☐N ☐NA ☐NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	☑Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	☑Y ☐N ☐NA ☐NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	☑Y ☐N ☐NA ☐NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	☑Y ☐N ☐NA ☐NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	☑Y ☐N ☐NA ☐NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	☐Y ☑N ☐NA ☐NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	☐Y ☐N ☑NA ☐NE

SECTION D: SAMPLING

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

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED:__ TYPE OF DEVICE: **4' Rect. Weir w/ End Contractions**	☑Y ☐N ☐NA ☐NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y ☐N ☐NA ☐NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	☑Y ☐N ☐NA ☐NE
4. CALIBRATION FREQUENCY ADEQUATE: **Permanently Calibrated**	☐Y ☐N ☑NA ☐NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☐Y ☐N ☑NA ☐NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	☑Y ☐N ☐NA ☐NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	☑Y ☐N ☐NA ☐NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☑Y ☐N ☐NA ☐NE
9. HEAD MEASURED AT PROPER LOCATION:	☑Y ☐N ☐NA ☐NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	☑Y ☐N ☐NA ☐NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☐Y ☐N ☑NA ☐NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y ☐N ☐NA ☐NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
7. COMMERCIAL LABORATORY USED:	☑Y ☐N ☐NA ☐NE
a. LAB NAME: **Arkansas State University Ecotoxicology Facility**	
b. LAB ADDRESS: **State University, AR**	
c. PARAMETERS PERFORMED: **Chronic Biomonitoring**	
8. BIOMONITORING PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. PROPER ORGANISMS USED:	☑Y ☐N ☐NA ☐NE
b. PROPER DILUTION SERIES FOLLOWED:	☑Y ☐N ☐NA ☐NE
c. PROPER TEST METHODS AND DURATION:	☑Y ☐N ☐NA ☐NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: **4th Quarter 2006**	☑Y ☐N ☐NA ☐NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY ☑S ☐M ☐U ☐NA ☐NE

DETAILS:

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

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS ☑S ☐M ☐U ☐NA ☐NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☑S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☑S ☐M ☐U ☐NA ☐NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): **Sold to area farmers**

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS ☐S ☐M ☐U ☑NA ☐NE

DETAILS:

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

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **Facility has a No Exposure Exclusion (Tracking # ARR00C418)**

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

FLOW CALCULATION SHEET

Date: **2/6/2008** Time: **0910**

Head in Inches: **9.3** Feet: **0.78**

Type & Size of Primary Flow Measurement Device:

4' rectangular weir with end contractions

Name & Model of Secondary Flow Measurement Device: **Mag Meter**

Date of last Calibration of Secondary Flow Device: **Permanently Calibrated**

Recorded Flow at Date & Time Listed Above: **5.219** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **5.699**

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

$$\% \text{ Error} = \frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}} \times 100$$

$$\% \text{ Error} = \frac{5.219 - 5.699}{5.699} \times 100$$

$$\% \text{ Error} = \frac{-0.48}{5.699} \times 100$$

$$\% \text{ Error} = -0.0842 \times 100$$

% Error = **-8.42** %

Comments: **Used facility's calibration check from 2/6/2008 since it is difficult to safely access weir.**

DMR Calculation Check

Reporting Period: **From** 07 (Year) 12 (Month) 01 (Day) **To** 07 (Year) 12 (Month) 31 (Day)

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Concentration Monthly 7-day Avg. - mg/l
Reported Value:	282	10	12.3
Calculated Value:	282	10	12.3
Permit Value:	750	15	22.5

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

DMR Calculation Check

Reporting Period: **From** 07 (Year) 12 (Month) 01 (Day) **To** 07 (Year) 12 (Month) 31 (Day)

Parameter Checked: pH

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Min (S.U.)	Concentration Monthly Max (S.U.)
Reported Value:	N/A	6.9	7.3
Calculated Value:	N/A	6.9	7.3
Permit Value:	N/A	6	9

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

503 SLUDGE INSPECTION CHECKLIST - LAND APPLICATION

FACILITY: Paragould Light Water and Cable
PERMIT #: ARR0033766
INSPECTION DATE: February 29, 2008

1. What is the quantity of sludge land applied per year (dry weight basis)
   260 Metric Tons – Annual year 2005

2. What is the required frequency of monitoring for pollutants, pathogen densities, and vector attraction reduction? (See table 2-7, p. 43)
   4/yr

3. Is monitoring being conducted at the required frequency? **Yes**

4. Which set of metals limits is being met? (pollutant concentration limits or ceiling concentration limits - See Table 2-1, p. 29) **Pollutant Concentration Limits**

5. Which Pathogen Reduction Requirement alternative is being used? (See Table 2-5., p. 37)
   Alternative 1, thermally treated biosolids
   Are the requirements for the alternative being met? **Yes**

6. Which Vector Attraction Reduction option is being used? (See Table 2-6, p. 37)
   Option 8: Total Solids of at least 90%
   Are the requirements for the selected option being met? **Yes**

GO TO FLOW CHART, DETERMINE SLUDGE TYPE, RESULTING REQUIREMENTS

7. What is the sludge type? (EQ, PC, CPLR, or APLR) **EQ**

8. Are site restrictions required? **No**
   Are they being met? (See Fig. 2-4, p. 38) **NA**

9. Are management practices required? **No**
   Are they being met? (See Fig. 2-9, p. 45) **NA**

10. Do the general requirements apply? **No**
    Are they being met? (See Fig. 2-8, p. 44) **NA**

11. Is the facility subject to loading rate limits? **No**
    Are they being met? (See Table 2-1, p. 29) **NA**

NOTE: TABLES AND PAGE NUMBERS REFERENCED ABOVE ARE FROM EPA'S A PLAIN ENGLISH GUIDE TO THE EPA PART 503 BIOSOLIDS RULE, September 1994.