

# ADEQ

ARKANSAS  
Department of Environmental Quality

April 18, 2011

Mike Hughes General Manager  
Clarksville Light & Water Company  
PO Box 1807  
Clarksville, AR 72830

AFIN: 36-00038

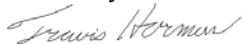
NPDES Permit No.: AR0022187

Dear Mr. Hughes

On March 16th & 17th, 2011, ADEQ Inspector Amy Beck and 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 did not reveal any violations.

If I can be of any assistance, please contact me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us) or at 479-968-7339 extension 14.

Sincerely,



Travis Harmon  
District 5 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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**Section A: National Data System Coding**

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 2 2 1 8 7</b> 11 12 <b>1 1 0 3 1 6</b> 17 18 <b>C</b> 19 <b>S</b> 20 <b>1</b>	Remarks				
Inspection Work Days: 67 <b>0 0</b> 69                      Facility Evaluation Rating: 70 <b>5</b> BI: 71 <b>N</b> QA: 72 <b>N</b> Reserved: 73 _____ 74 75 _____ 80					

**Section B: Facility Data**

Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>Clarksville Light &amp; Water Company</b> <b>1305 S Crawford, Clarksville, AR 72830</b>	Entry Time/Date <b>3/16/11/ 0920</b> <b>3/17/11/ 0930</b>	Permit Effective Date <b>4/1/09</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Gregg Rainey/ Superintendent/ 479-754-7929</b> <b>Pam Smith/ Lab Supervisor &amp; Pretreatment/ 479-754-7229</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mike Hughes/ General Manager</b> <b>PO Box 1807, Clarksville, AR 72830</b>	Not in on 3/16/11 Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**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	N Pollution Prevention
S Facility Site Review	N Compliance Schedules	S 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)**

No violations found. Some minor woody vegetation growth on pond levees at 002.

Name(s) and Signature(s) of Inspector(s) <b>Travis Harmon</b> <i>Travis Harmon</i>	Agency/Office/Telephone/Fax <b>Arkansas Department of Environmental Quality /</b> <b>Russellville / 479-968-7339 x 14 / 479-968-7321</b>	Date <b>3/28/11</b>
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:                            | <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 type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION B: RECORDKEEPING AND REPORTING EVALUATION**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

S M U NA NE

## DETAILS:

- |  |   |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:                                  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| f. RESULTS OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| g. DATES AND TIMES OF ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION C: OPERATIONS AND MAINTENANCE**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

S M U NA NE

## DETAILS:

- |  |   |
|--|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:  | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED:  | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>SSO</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                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

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

**SECTION E: FLOW MEASUREMENT**

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>001 Totalizer calibrated 8/12/10. 002 only primary (90° V-notch weir.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<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: <u>Totalizer calibrated annually.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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

S M U NA NE

## DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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: <u>EEG With samples submitted to American Interplex (Biomonitoring to Huther &amp; Associates, Inc.) All are ADEQ certified.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Enterprise Group</u>	
b. LAB ADDRESS: <u>220 N Knoxville, Russellville, AR 72801</u>	
c. PARAMETERS PERFORMED: <u>FCB, pH</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: <u>001 is approved for semi-annual monitoring. Facility is expected to request semi-annual monitoring at 002. Samplers were in place on date of inspection.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

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

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: 001 submerged.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	None	
002	None	None	Slight	None	None	Light Green	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
- SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
- FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): Agricultural

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
- TYPE OF SAMPLE: GRAB:\_\_\_ COMPOSITE:\_\_\_ METHOD:\_\_\_ FREQUENCY:\_\_\_
- SAMPLES PRESERVED: Y N NA NE
- FLOW PROPORTIONED SAMPLES OBTAINED: Y N NA NE
- SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
- SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
- SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
- CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
- 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: No exposure 7/9/09. Did not observe any violations of no exposure.

- SWPPP UPDATED AS NEEDED:\_\_\_ DATE OF LAST UPDATE:\_\_\_ Y N NA NE
- SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
- POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
- POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
- LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
- LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
- ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
- LIST OF STRUCTURAL BMPS: Y N NA NE
- LIST OF NON-STRUCTURAL BMPS: Y N NA NE
- BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
- INSPECTIONS CONDUCTED AS REQUIRED: Y N NA NE

**DMR Calculation Check**

**Reporting Period:** From 11 2 1 To 11 2 28  
Year Month Day Year Month Day

**Parameter Checked:** CBOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>29.31</u>	<u>3.85</u>	<u>5.63</u>
<b>Calculated Value:</b>	<u>29.305</u>	<u>3.845</u>	<u>5.63</u>
<b>Permit Value:</b>	<u>166.8</u>	<u>10</u>	<u>15</u>

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

Outfall 001

5.63, 2.00, 3.77, 2.33 mg/l

66.44, 13.39, 24.78, 12.61 lb/day

1.415, 0.803, 0.788, 0.649 MGD,

7.96645 + 1.606 + 2.97076 + 1.51217 = 14.05538

SUM of Flow 3.655 MGD

= 3.8455 mg/l

### DMR Calculation Check

Reporting Period: From 11 3 1 To 11 3 31  
 Year Month Day Year Month Day

Parameter Checked: FCB

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>-</u>	<u>39</u>	<u>593</u>
Calculated Value:	<u>-</u>	<u>39</u>	<u>593</u>
Permit Value:	<u>-</u>	<u>1,000</u>	<u>2,000</u>

If calculated value does not equal reported value, explain:

Outfall 002

10, 593, 10

1 + 2.773054 + 1 = 4.773054 / 3 = 1.59101

38.9

**NPDES Compliance Inspection Report  
Further Explanation**

I inspected on 3/16/11 (DMR, 001 and 002, & No exposure) and 3/17/11 (lab & PCI). ADEQ Inspector Amy Beck attended. We met with Gregg Rainey (Superintendent) and Pam Smith (Pre-treatment Coordinator). We first walked through the process at 001 from influent to effluent. We then traveled to 002 and drove pond levees from influent to effluent. We later returned to 001 to review DMR data from 2010 and 2011. We did not note any DMR exceedances.

We returned on 3/17/11 to inspect the lab. I used a lab checklist to review lab processes and equipment for pH, BOD, and FCB. We then reviewed the facility pre-treatment program and records. Later we conducted site visits at two pre-treatment facilities.

No violations were noted during the inspection. There were a few areas of woody vegetation established in the pond levees, which I mentioned to Mr. Rainey as an area of concern. Mr. Rainey reported that they would remove the vegetation as soon as possible. Also, we noted a visible color difference in the receiving stream near the outfall at 002. The effluent at the time of inspection appeared green however I did not see any distinctly visible solids leaving the weir plate. Flow at 002 was approximately 1.616 MGD (ISCO) at the time of observation.



**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	Clarksville Light & Water Company
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<b>Photographer:</b>	Travis Harmon	<b>Witness:</b>	Amy Beck
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<b>Photo #</b>	1	<b>Of</b>	2	<b>Date:</b>	3/16/11	<b>Time:</b>	1115
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<b>Description:</b>	Some woody vegetation is becoming established in the pond levees.
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<b>Photographer:</b>	Travis Harmon	<b>Witness:</b>	Amy Beck
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<b>Photo #</b>	2	<b>Of</b>	2	<b>Date:</b>	3/16/11	<b>Time:</b>	1132
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<b>Description:</b>	Near 002 outfall. Darker (greener) water is visible on outfall side of stream. Far bank is opposite side of outfall.
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