

# ADEQ

ARKANSAS  
Department of Environmental Quality

June 4, 2013

Ms. Jeanette Small, General Manager  
Clarksville Light and Water Company  
P.O. Box 1807  
Clarksville, AR 72830

Re: Clarksville Light and Water Pollution Control Facility  
AFIN: 36-00038; NPDES Permit No. AR0022187

Dear Ms. Small:

On May 10, 2013, I performed a compliance evaluation inspection and a sanitary sewer overflow inspection of your facility in accordance with the provisions of the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act and the regulations promulgated there under. These two inspections revealed that you are in compliance with the terms of your permit.

If I can be of any assistance, please contact me at 870-446-6170.

Sincerely,



Bruce Kirkpatrick, P.E.  
District Field Inspector  
Water Division



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

Form Approved  
OMB No. 2040-0003

## NPDES Compliance Inspection Report

### 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 3 0 5 1 0</b> 17	18 <b>C</b>	19 <b>S</b> 20 <b>1</b>																						
Remarks																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>A</b></td><td style="width:10%;"><b>F</b></td><td style="width:10%;"><b>I</b></td><td style="width:10%;"><b>N</b></td><td style="width:10%;"><b>3</b></td><td style="width:10%;"><b>6</b></td><td style="width:10%;"><b>-</b></td><td style="width:10%;"><b>0</b></td><td style="width:10%;"><b>0</b></td><td style="width:10%;"><b>0</b></td><td style="width:10%;"><b>3</b></td><td style="width:10%;"><b>8</b></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						<b>A</b>	<b>F</b>	<b>I</b>	<b>N</b>	<b>3</b>	<b>6</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>8</b>								
<b>A</b>	<b>F</b>	<b>I</b>	<b>N</b>	<b>3</b>	<b>6</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>8</b>														
Inspection Work Days		Facility Evaluation Rating		BI	QA	Reserved																			
67 <input type="text"/> <input type="text"/> 69		70 <b>5</b>		71 <b>N</b>	72 <b>N</b>	73 <input type="text"/>	74 <input type="text"/>	75 <input type="text"/>			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 and Water Pollution Control Facility</b> Located on South Crawford Highway one mile South of Interstate 40 Exit 57 in Sections 7 & 8, Township 9 North, Range 23 West, in Johnson County, Arkansas	Entry Time/Date <b>0724 hrs / May 10, 2013</b>	Permit Effective Date <b>April 1, 2009</b>
	Exit Time/Date <b>1220 hrs / May 10, 2013</b>	Permit Expiration Date <b>March 31, 2014</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mr. Gregg Rainey / Pollution Control Facility Superintendent / Phone: 479-754-7929 / Fax: 479-754-6885</b> <b>Ms. Pam Smith / Pretreatment Coordinator</b>		Other Facility Data: <b>Outfall 001 sample point located at Latitude N 35-26-38.8 Longitude W 93-29-05.4</b> <b>Outfall 002 sample point located at Latitude N 35-26-44.3 Longitude W 93-28-24.8</b>
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Ms. Jeanette Small, General Manager</b> <b>Clarksville Light and Water Co.</b> <b>P.O. Box 1807</b> <b>Clarksville, AR 72830 / Phone 479-754-6241</b>		Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>MAJOR MUNICIPAL</b>		

### 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	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

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

**A Compliance Evaluation Inspection was performed on May 10, 2013. The facility was found to be in very good operating condition at the time of inspection. There had been no discharge of wastewater at Outfall 002 (pond system) in the 12 months prior to this inspection. The wastewater being discharged at Outfall 001 appeared to be of very high quality based on visual observation. Facility records were found to be complete and very well organized. A review of Discharge Monitoring Reports for the 12 months prior to this inspection revealed that the facility had discharged an effluent which consistently met, and often far exceeded, the permitted numeric effluent pollutant limitations. No effluent limit violations occurred in the past 12 months. Based upon the inspection findings, the facility is given an Evaluation Rating of 5 (on a scale of 1 to 5) with 5 representing a very reliable self-monitoring program.**

Name(s) and Signature(s) of Inspector(s) <b>Bruce Kirkpatrick</b> 	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jasper</b> <b>PHONE# (870) 446-6170 / FAX# (870) 446-2181</b>	Date <b>May 30, 2013</b>
Signature of Reviewer <b>Jason Bolenbaugh</b>	Agency/Office/Phone and Fax Numbers <b>ADEQ</b>	Date <b>June 3, 2013</b>

**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: 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: 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:	<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

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <u>ultrasonic meter on 001</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:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 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>Huther and Associates</u>	
b. LAB ADDRESS: <u>1156 North Bonnie, Denton TX 76202</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 S M U NA NE

DETAILS: **No discharge at Outfall 002 in past 12 months.**

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	none	none	none	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):

**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:

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:	<b>5-10-2013</b>	Time:	<b>0926</b>		
Head in Inches:	<b>n/a</b>	Feet:			
Type & Size of Primary Flow Measurement Device:		ultrasonic meter in 24 inch pipe			
Name & Model of Secondary Flow Measurement Device:		BIF Model 0259-21			
Date of last Calibration of Secondary Flow Device: May 12, 2012					
Recorded Flow at Date & Time Listed Above:		<b>0.78 mgd</b>		(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:		<b>n/a</b>			
<small>(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)</small>					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =		-		X 100	
% Error =			X 100		
% Error =			X 100		
% Error =	<b>n/a</b>		%		
Comments:	<b><u>Due to type and inside-of-pipe location of flow meter, no flow calibration check was performed.</u></b>				

**DMR Calculation Check**

**Reporting Period:** From 13 03 01 To 13 03 31  
Year Month Day Year Month Day

**Parameter Checked:** Ammonia

	<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>1.03</u>	<u>0.16</u>	<u>0.38</u>
<b>Calculated Value:</b>	<u>1.03</u>	<u>0.14</u>	<u>0.38</u>
<b>Permit Value:</b>	<u>66.7</u>	<u>4.0</u>	<u>6.0</u>

**If calculated value does not equal reported value, explain:** Small difference in Monthly Average Concentration due to rounding.



Receiving waters at Outfall 001



Post aeration for Outfall 001





Outfall 002 discharge structure



Outfall 002 receiving waters