ADEQ

ARKANSAS
Department of Environmental Quality

April 14, 2014

Mr. John Lester, General Manager
Clarksville Light and Water Company
P.O. Box 1807
Clarksville, AR 72830

**Re: Compliance Inspections (Johnson Co)**
**AFIN: 36-00038 NPDES Permit No. AR0022187**

Dear Mr. Lester:

On February 18 & 19, 2014, I performed a Compliance Evaluation Inspection and a Compliance Sampling 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

Bruce Kirkpatrick, P.E.
District 2 Field Inspector
Water Division

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

| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type |
|---|---|---|---|---|---|
| N | 5 | AR0022187 | 140218 | C | S | 1 |

Remarks: AFIN 36-00038

| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved |
|---|---|---|---|---|
| | 5 | 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 |
|---|---|---|
| **Clarksville Light and Water Pollution Control Facility**<br>**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** | **0624 hrs / 2-18-2014** | **April 1, 2009** |
| | Exit Time/Date<br>**1503 hrs / 2-18-2014** | Permit Expiration Date<br>**March 31, 2014** |

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
**Mr. Gregg Rainey / Pollution Control Facility Superintendent / Phone: 479-754-7929 / Fax: 479-754-6885**

Other Facility Data:

**Outfall 001 sample point located at**
**Latitude N 35-26-38.8**
**Longitude W 93-29-05.4**
**Outfall 002 sample point located at**
**Latitude N 35-26-44.3**
**Longitude W 93-28-24.8**

**PDS# 077255**

Name, Address of Responsible Official/Title/Phone and Fax Number
**Mr. John Lester, General Manager**
**Clarksville Light and Water Co.**
**P.O. Box 1807**
**Clarksville, AR 72830 / Phone 479-754-6241**

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 | 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 February 18, 2014. The facility was found to be in very good operating condition at the time of inspection Facility records were complete and very well-organized. During the course of the inspection, Discharge Monitoring Reports for the past 12 months were reviewed. Two numeric effluent limit violations were reported in the past 12 months. For May 2013 the 7-day average Total Suspended Solids concentration limit of 22.5 mg/l was exceeded (23.5 mg/l reported). For September 2013 the 15 mg/l Carbonaceous Biochemical Oxygen Demand concentration limit was exceeded (15.5 mg/l reported). 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) | Agency/Office/Telephone/Fax | Date |
|---|---|---|
| **Bruce Kirkpatrick** | **AR Dept. of Environmental Quality-Jasper**<br>**PHONE# (870) 446-6170 / FAX# (870) 446-2181** | **April 11, 2014** |
| | | |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers<br>**ADEQ / NLR / 501-682-0642** | Date<br>**April 11, 2014** |

| Kerri McCabe Kerri McCabe | | |
|---|---|---|

## 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: | ☑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: **ultrasonic meter on 001** | ☑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: | ☑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: **Huther and Associates** | |
| b. LAB ADDRESS: **1156 North Bonnie, Denton TX 76202** | |
| c. PARAMETERS PERFORMED: **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: | ☐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 | none | none | none | clear | |
| 002 | no discharge | | | | | | |
| | | | | | | | |
| | | | | | | | |

## 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: **2-18-2014** Time: **1325**

Head in Inches: **n/a** 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 15, 2013

Recorded Flow at Date & Time Listed Above: **0.769 mgd** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **n/a**

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

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

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

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

$$\% \text{ Error} = \frac{\quad}{\quad} \times 100$$

% Error = **n/a** %

Comments: **Due to type and inside-of-pipe location of flow meter, no flow calibration check was performed.**

## DMR Calculation Check

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

**Parameter Checked:** **Ammonia**

| | Loading Mass Mo. Avg. - lbs/day | Concentration Monthly Mo. Avg. - mg/l | Concentration Monthly 7-day Avg. - mg/l |
|---|---|---|---|
| **Reported Value:** | 2.06 | 0.37 | 0.49 |
| **Calculated Value:** | 2.06 | 0.37 | 0.49 |
| **Permit Value:** | 66.7 | 4.0 | 6.0 |

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

**n/a**

Receiving waters at Outfall 001

Post-aeration for Outfall 001

Outfall 002 discharge structure

Outfall 002 receiving waters