

ADEQ

A R K A N S A S
Department of Environmental Quality

September 19, 2018

Gregg Rainey, Pollution Control Superintendent
Clarksville Light and Water
P.O. Box 1807
Clarksville, AR 72830

RE: Clarksville Light and Water Inspections (Johnson Co)
AFIN: 36-00038 **NPDES Permit No.: AR0022187**
ARR00C447

Dear Mr. Rainey:

On August 9th, 2018 I performed a Compliance Evaluation Inspection, a Collection System/SSO Inspection, and an Industrial Stormwater 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 each of the inspection reports is enclosed for your records.

Please refer to the “Summary of Findings” sections of the attached inspection reports and provide a written response for each violation that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address at the bottom of this letter or e-mailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e., photos) is due by **October 3, 2018**.

If I can be of any assistance, please contact me at Dannielle.gray@adeq.state.ar.us or (479) 968-7339 extension 11.

Sincerely,



Dannielle Gray
District 4 Field Inspector
Office of Water Quality

 A R K A N S A S Department of Environmental Quality	WATER DIVISION INSPECTION REPORT		
	AFIN: 36-00038	PERMIT #: AR0022187	DATE: 8/9/2018
	COUNTY: 36 Johnson	PDS #: 104534	MEDIA: WN
	GPS LAT: 35.446591 LONG: -93.486566 LOCATION: Entrance		
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Clarksville Light and Water LOCATION: 1305 South Crawford St CITY: Clarksville		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 71330 S - State FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: Compliance Evaluation DATE(S): 8/9/2018 ENTRY TIME: 08:00 EXIT TIME: 12:00 PERMIT EFFECTIVE DATE: 10/1/2014 PERMIT EXPIRATION DATE: 9/30/2019	
RESPONSIBLE OFFICIAL		FAYETTEVILLE SHALE RELATED: N	
NAME / TITLE: Gregg Rainey / Pollution Control Superintendent COMPANY: Clarksville Light and Water MAILING ADDRESS: P.O. Box 1807 CITY, STATE, ZIP: Clarksville AR 72830 PHONE & EXT. / FAX: 479-754-7929 / EMAIL: gregg.rainey@clarksvillelightwater.com CONTACTED DURING INSPECTION: Yes		FAYETTEVILLE SHALE VIOLATIONS: N	
		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Pam Smith/Lab Superintendent & Pretreatment Coordinator/479-754-6241 extension 304/pam.smith@clarksvillelightwater.com Alan Berg/Class III Wastewater Operator/alan.berg@clarksvillelightwater.com	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	S	FLOW MEASUREMENT
S	RECORDS/REPORTS	S	LABORATORY
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
**	OTHER:	**	PRETREATMENT
SUMMARY OF FINDINGS			
No violations were noted during inspection.			

GENERAL COMMENTS

I inspected this facility with the above referenced inspection participants on August 9, 2018. The Compliance Evaluation Inspection included a facility assessment and a records audit.

Nothing of concern was noted during facility assessment. The facility treats wastewater and discharges to two separate outfalls. Outfall 001 receives effluent treated with activated sludge, clarifiers, disinfection, dechlorination, and aeration. Outfall 002 receives effluent treated in a three-cell oxidation pond system. The oxidation pond system is utilized for flow equalization for the activated sludge plant. Discharge from Outfall 002 is flow limited and occurs only once every year or two as needed.


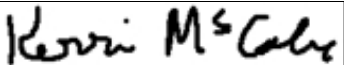
Influent includes wastewater from commercial, industrial, and residential sources. As such, the permittee has an active pretreatment program. At the time of the inspection, Ms. Smith informed that they were currently working with one of their industries (Hanes Brand) to address dye in the wastewater. Hanes Brand has a pretreatment plant, but it still struggles with colored water issues. This problem varies based on the colors of dye being used at the plant. During my inspection, I noted that the wastewater being treated in the main plant had a dark black/brown color tint. However, the discolored water was not adversely impacting treatment (i.e., biological floc was functioning properly). Further, discoloration was not observed at the outfall or in the receiving stream.

Both outfalls were inspected. As shown in Figure 1, the outfalls are not immediately accessible near the main treatment components. The operator informed that both outfalls are inspected regularly. Biomonitoring samples are collected at the outfall locations and not at the effluent chamber at the main plant. All other samples are collected as the wastewater exits final treatment for both the lagoon system and the activated sludge system.

Waste sludge is dewatered and land applied under ADEQ State No-Discharge permit 5205-W. During inspection, sludge in the digester was being decanted in preparation for an upcoming land application.

Records audit revealed four BOD5 exceedances in 2018 at Outfall 001. These occurred in May and July 2018. Ms. Smith informed that in both instances there were maintenance problems at the Hanes Brand pretreatment plant. These included a malfunctioning pump and electrical damage due to lightening. At the time of the inspection, both the pump and the electrical issues had been addressed, and the exceedances had been reported as required. The operator stated that the issue is resolved, and the plant is sufficiently removing dye at this time.

The facility was clean and well-maintained. Operators were familiar with the system and knowledgeable about treatment components. Records were well-organized and easily accessible.

INSPECTOR'S SIGNATURE:  Dannielle Gray	DATE: 8/16/2018
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 9/18/2018

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: <u>Auto dial alarm system calls on-call person immediately for main plant and lift stations; tested during inspection, call time within 1 minute.</u>	<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>Collection system overflows due to heavy rainfall.</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: <u>Increased size of main line in trouble area.</u>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>Outfall 001 totalizer calibrated annually; Outfall 002 90 degree V-notch weir with fixed staff gage.</u>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: Yes TYPE OF DEVICE: 24" pipe for Outfall 001; fixed staff gage and 90° V-notch weir at lagoon (Outfall 002).	<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: 3010 Ultrasonic flow transmitter installed this year at chlorine contact chamber for Outfall 001 (in pipe).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: Annually at minimum.	<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: Monthly checks conducted; discussed improved documentation of calibration checks.	<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:	
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 checked="" 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: Huther & Associates / EEG Consulting	
LAB ADDRESS: Huther & Associates: 1156 N. Bonnie Brae St. Denton, TX 76201 Environmental Enterprise Group (EEG); 220 N Knoxville Ave, Russellville, AR 72801	
b. PARAMETERS PERFORMED: Huther & Associates for Biomonitoring analysis; EEG for metals analysis; all other parameters analyzed at in-house lab.	
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	None	None	None	Light green/clear	--
002	**No Discharge During Inspection**						
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: <u>Thickener => Digester => land application via waste hauler (5205-W)</u>							
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): <u>Agricultural</u>							
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: <u>No samples collected during inspection.</u>							
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>IGP No-Exposure Exclusion for ARR00C447; see separate report.</u>							
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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	

DMR Calculation Check

Reporting Period: From 2017 Nov 01 To 2017 Nov 30
 Year Month Day Year Month Day

Parameter Checked: NH3-N
(Outfall 001)

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>1.45</u>	<u>0.14</u>	<u>0.2</u>
Calculated Value:	<u>1.45</u>	<u>0.14</u>	<u>0.2</u>
Permit Value:	<u>66.7</u>	<u>4.0</u>	<u>6.0</u>

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

DMR Calculation Check

Reporting Period: From 2018 Feb 01 To 2018 Feb 28
 Year Month Day Year Month Day

Parameter Checked: CBOD5
(Outfall 001)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly	
		Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>102.06</u>	<u>6.47</u>	<u>5.26</u>
Calculated Value:	<u>102.06</u>	<u>6.47</u>	<u>5.26</u>
Permit Value:	<u>166.8</u>	<u>10</u>	<u>15</u>

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

DMR Calculation Check

Reporting Period: From 2018 April 01 To 2018 April 30
 Year Month Day Year Month Day

Parameter Checked: TSS
(Outfall 002)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>26.3</u>	<u>35</u>
Calculated Value:	<u>N/A</u>	<u>26.3</u>	<u>35</u>
Permit Value:	<u>N/A</u>	<u>90.0</u>	<u>135</u>

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

Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0825
Description:	Influent tank	Photo #:	1



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0826
Description:	Grit chamber and waste bin	Photo #:	2



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0858
		Photo #:	3
Description:	Activated sludge tracks		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0827
		Photo #:	4
Description:	Close-up of activated sludge treatment track		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0858
		Photo #:	5
Description:	Secondary Clarifiers		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0838
		Photo #:	6
Description:	Close-up of clarifier skimmer and weir plate		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0839
		Photo #:	7
Description:	Chlorine contact chamber		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0842
		Photo #:	8
Description:	Aeration steps at effluent		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0845
		Photo #:	9
Description:	Fixed composite sampler and refrigerator for temperature-controlled storage during collection.		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0852
		Photo #:	10
Description:	Newly installed ultrasonic flow meter; installed at end of chlorine contact chamber (in pipe).		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0900
		Photo #:	11
Description:	Fixed generator onsite		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0940
		Photo #:	12
Description:	Outfall 001 (35.440667, -93.484722)		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0835
		Photo #:	13
Description:	Sludge handling components: thickener (photo right) and digester (photo left)		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0850
		Photo #:	14
Description:	Skimmer and WAS in thickener		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0857
		Photo #:	15
Description:	Digester decanting during inspection		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0922
		Photo #:	16
Description:	Facing north, Pond #1		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0928
		Photo #:	17
Description:	Facing southeast, Pond #2		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0932
		Photo #:	18
Description:	Facing south, Pond #3		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light and Water		
Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	None	Time:	0931
		Photo #:	19
Description:	Effluent box in south east corner of Pond #3 includes sampling location, staff gage, and weir.		



Photographer:	Dannielle Gray	Date:	8/9/2018
Witness:	none	Time:	0933
		Photo #:	20
Description:	Outfall 002 (submerged; 35.445556, -93.473472)		



Figure 1. Google Earth image dated Oct 13, 2015 showing treatment plant overview and outfall locations. Note: round oxidation ditch and two drying beds shown in photo below are part of another facilities treatment plant and not AR0022187.

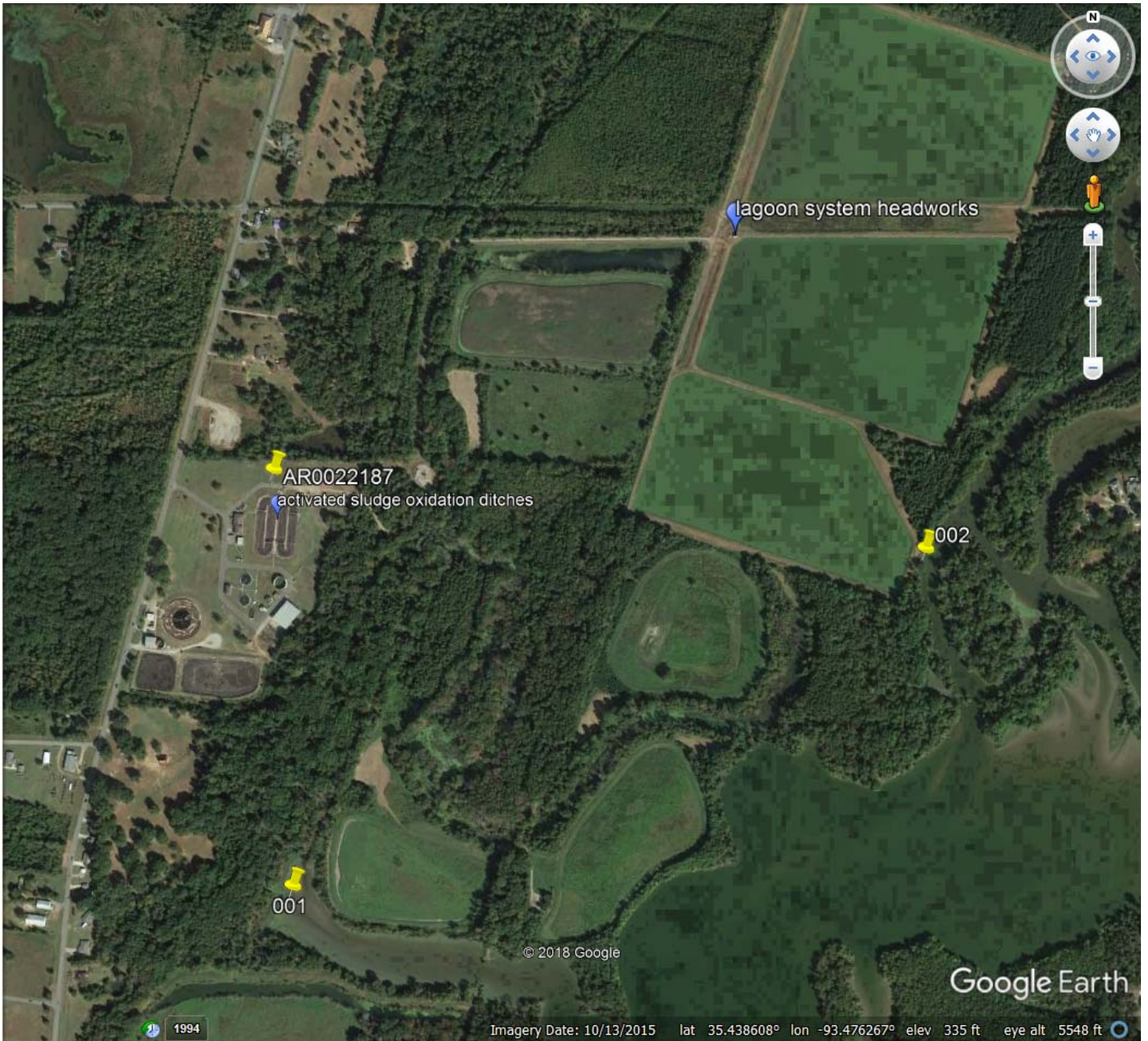


Figure 2. Google Earth image dated Oct 13, 2015 showing activated sludge (main) treatment plant and components.



Figure 3. Google Earth image dated Oct 13, 2015 showing three-cell oxidation pond system.

