

ADEQ

ARKANSAS
Department of Environmental Quality

January 17, 2020

Gregg Rainey, Pollution and Control Facility Manager
Clarksville Light & Water
PO Box 1807
Clarksville, AR 72830

RE: Clarksville Light & Water POTW Inspections (Johnson Co)
AFIN: 36-00038 NPDES Permit No.: AR0022187


Dear Mr. Rainey:

On December 5 and 6, 2019, I performed a Compliance Evaluation Inspection and an SSO/Collection System 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 inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of each 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 **January 31, 2020**.

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

Sincerely,



Travis Harmon
District 5 Field Inspector
Office of Water Quality



ARKANSAS
Department of Environmental Quality

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: 36-00038	PERMIT #: AR0022187	DATE: 12/5/2019
COUNTY: 36 Johnson	PDS #: 110655	MEDIA: WN
GPS LAT: 35.445598 LONG: -93.485147 LOCATION: General Area		

FACILITY INFORMATION

NAME:
Clarksville Light & Water POTW

LOCATION:
1305 South Crawford

CITY:
Clarksville, AR 72830

INSPECTION INFORMATION

FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 34689 S - State		
FACILITY EVALUATION RATING: 4 - Satisfactory	INSPECTION TYPE: Compliance Evaluation		
DATE(S): 12/5/2019	ENTRY TIME: 09:00	EXIT TIME: 12:00	PERMIT EFFECTIVE DATE: 10/1/2014
			PERMIT EXPIRATION DATE: 9/30/2019

RESPONSIBLE OFFICIAL

NAME / TITLE:
Gregg Rainey / Pollution and Control Facility Manager

COMPANY:
Clarksville Light & Water

MAILING ADDRESS:
PO Box 1807

CITY, STATE, ZIP:
Clarksville AR 72830

PHONE & EXT: / FAX:
479-754-6241 /

EMAIL:
Gregg.Rainey@clarksvilleconnected.net

CONTACTED DURING INSPECTION: **Yes**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Gregg Rainey/ Pollution Control Facility Manager/ 479-754-6241

Alan Berg/ Chief Maintenance

AREA EVALUATIONS

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

S PERMIT	S FLOW MEASUREMENT	N STORMWATER
S RECORDS/REPORTS	M LABORATORY	S FACILITY SITE REVIEW
S OPERATION & MAINTENANCE	S EFFLUENT/RECEIVING WATER	S SELF-MONITORING PROGRAM
N SAMPLING	S SLUDGE HANDLING/DISPOSAL	N PRETREATMENT
N OTHER:		

SUMMARY OF FINDINGS

The following violations were noted during the inspection:

1. The facility reported a CBOD5 7-Day Average exceedance in October 2019. This is a violation of Part I.A of the permit. The facility reported a maximum 7-Day Average of 15.32 mg/l for CBOD5. The facility properly reported this exceedance in monthly DMR and no inspection response is required for this item.
2. The facility must obtain a NIST certified thermometer for lab use. The lab must also establish duplicate control limits. This is required as part of Part III.C.3 of the permit. The facility must obtain a NIST certified thermometer, which can be used to verify the various thermometers used in the lab.

GENERAL COMMENTS

Introduction

I inspected on December 5, 2019. The inspection was scheduled. Mr. Gregg Rainey, Pollution Control Facility Manager, represented the facility during the inspection. Clarksville operates a POTW consisting of a treatment plant for Outfall 001 and a lagoon system for Outfall 002.

Treatment System Inspection

First, I inspected the treatment plant for Outfall 001. The treatment plant is designed to treat 2.0 MGD. Mr. Rainey demonstrated all components of the treatment system and answered all questions regarding operation. The treatment plant consists of a bar screen with influent well. Influent is then pumped to grit removal. Wastewater is then treated in two oxidation ditches and two clarifiers. Clarifier effluent is treated with chlorine gas and polymer at the contact basin and then de-chlorinated using sulfur dioxide. Effluent is then post-aerated using a stair cascade prior to discharge. Sludge is treated in the thickener unit and then in a digester with composted sludge land applied. I found no operational concerns regarding the treatment plant. All components appeared well-maintained and properly operated. Mr. Rainey and I also conducted a flowmeter check. I viewed final treated effluent at the stair cascade and by viewing effluent collected by the composite sampler.


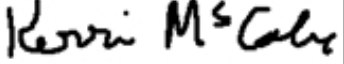
Mr. Rainey then escorted me to the lagoons for Outfall 002. The city operates three lagoons, which can discharge up to 13% of the receiving stream flow. The lagoons are typically used as equalization for the treatment plant. Effluent is stored in the lagoons and pumped to the treatment plant for treatment. Outfall 002 discharges during winter months or early spring. I did not observe excessive woody vegetation along lagoon levees. Levee mowing frequency was slowed by poor access due to Arkansas River flooding and frequent rainfall. A trapper was present and has been trapping burrowing animals. There was no discharge at Outfall 002 at the time of inspection.

Lab Inspection

I reviewed pH sample collection and analysis. I reviewed lab analysis and calibration sheets as well as buffer solutions. The lab will need to obtain a NIST certified thermometer and establish duplicate control limits.

Records Review

I reviewed DMR from November 2018 through October 2019 prior to the inspection. The facility reported one exceedance during this period. Mr. Rainey provided the recent bio-monitoring report for review as well as all monitoring data for October 2019.

INSPECTOR'S SIGNATURE: 	Travis Harmon	DATE: 12/31/2019
SUPERVISOR'S SIGNATURE: 	Kerri McCabe	DATE: 1/16/2020

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:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>Rectangular 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: <u>ISCO 3010</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>May 7, 2019</u>	<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 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>Lab needs certified NIST thermometer to verify used thermometers.</u>	
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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME:	
b. LAB ADDRESS:	
c. PARAMETERS PERFORMED:	
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: <u>Viewed at cascade and at composite sample collection.</u>							
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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Land applied under SND permit 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:							
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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **12/5/2019** Time: **0949**

Head in Inches: **3.5** Feet: **0.2916**

Type & Size of Primary Flow Measurement Device: **5 ft rectangular weir w/ contractions**

Name & Model of Secondary Flow Measurement Device: **ISCO 3010**

Date of last Calibration of Secondary Flow Device: **5/7/2019**

Recorded Flow at Date & Time Listed Above: **1.949** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1.997**

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

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	1.949	-	1.997	X 100
	1.997			

% Error =	-0.048	X 100
	1.997	

% Error =	-0.024	X 100
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% Error =	-2.4	%
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Comments:

DMR Calculation Check

Reporting Period: From 2019 10 01 To 2019 10 31
 Year Month Day Year Month Day

Parameter Checked: CBOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>89.36</u>	<u>8.03</u>	<u>15.32</u>
Calculated Value:	<u>89.36</u>	<u>8.03</u>	<u>15.32</u>
Permit Value:	<u>166.8</u>	<u>10.0</u>	<u>15.0</u>

If calculated value does not equal reported value, explain:

Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW				
Photographer:	Travis Harmon	Date:	12/5/2019	Time:	0923
Witness:	None			Photo #:	1
Description:	Grit removal.				



Photographer:	Travis Harmon	Date:	12/5/2019	Time:	0924
Witness:	None			Photo #:	2
Description:	First of two oxidation ditches.				



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW		
Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	0924
		Photo #:	3
Description:	Second of two oxidation ditches.		



Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	0927
		Photo #:	4
Description:	Effluent at first of two clarifiers.		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW		
Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	0928
		Photo #:	5
Description:	Effluent at second of two clarifiers.		



Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	0934
		Photo #:	6
Description:	Chlorine contact. Gas Cl₂ with polymer then de-chlorination with SO₂.		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW		
Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	0935
		Photo #:	7
Description:	Effluent weir and flowmeter.		



Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	0942
		Photo #:	8
Description:	Stair cascade for post-aeration.		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW				
Photographer:	Travis Harmon	Date:	12/5/2019	Time:	0943
Witness:	None	Photo #:	9		
Description:	Composite sample collection.				



Photographer:	Travis Harmon	Date:	12/5/2019	Time:	0945
Witness:	None	Photo #:	10		
Description:	View of final treated effluent.				



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW				
Photographer:	Travis Harmon	Date:	12/5/2019	Time:	0952
Witness:	None			Photo #:	11
Description:	View of thickener.				



Photographer:	Travis Harmon	Date:	12/5/2019	Time:	0956
Witness:	None			Photo #:	12
Description:	View of digester.				



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW		
Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	1007
		Photo #:	13
Description:	Influent bar screen with pump well to grit removal.		



Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	1019
		Photo #:	14
Description:	One of three lagoons at Outfall 002. Treatment with discharge as well as EQ to plant for Outfall 001.		



Office of Water Quality Photographic Evidence Sheet

Location:	Clarksville Light & Water POTW		
Photographer:	Travis Harmon	Date:	12/5/2019
Witness:	None	Time:	1025
		Photo #:	15
Description:	Lagoons system for Outfall 002 effluent weir. Only wet season discharges.		



Figure 1. Google Earth image of WWTP for 001 and Lagoons for 002.



From: [Harmon, Travis](#)
To: [McConnell, Melissa](#)
Subject: FW: Inspection violation letter
Date: Wednesday, March 4, 2020 9:27:08 AM
Attachments: [HACHOMSS_201887692_1.PDF](#)
[Duplicate data 2019.xlsx](#)
[image001.png](#)

Melissa,

Could you attach the two response attachments to PDS 110655. Clarksville POTW.

Thanks,

Travis Harmon | Inspector
Energy & Environment | Office of Water Quality
Compliance Branch

1220 West 2nd Street | Russellville, AR 72801

t: 479.968.7339 ext. 14 | c: 501.837.2070 | e: harmont@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Rainey, Gregg [mailto:Gregg.Rainey@clarksvilleconnected.net]
Sent: Tuesday, January 28, 2020 1:58 PM
To: Harmon, Travis
Subject: FW: Inspection violation letter

From: Rainey, Gregg
Sent: Tuesday, January 28, 2020 11:24 AM
To: 'Water-Inspection-Report@adeq.ar.us' <Water-Inspection-Report@adeq.ar.us>
Cc: 'harmont@aded.ar.us' <harmont@aded.ar.us>
Subject: FW: Inspection violation letter

From: PCF <PCF@clarksvilleconnected.net>
Sent: Tuesday, January 28, 2020 10:44 AM
To: Rainey, Gregg <Gregg.Rainey@clarksvilleconnected.net>
Subject:

Dear Mr. Harmon

These are the corrective actions we have taken if any further action is needed please advise .

Shipment Notification

(This is not an Invoice)

Page: Page 1 of 2
Date : 01/27/2020

HACH COMPANY



Be Right™

Headquarters
P. O. Box 389
5600 Lindbergh Drive
Loveland, CO 80539-0389

Purchase Orders
PO Box 608
Loveland, CO 80539-0608
Web Site: www.hach.com

U.S.A.
Phone: 800-227-4224
Fax: 970-669-2932
Email: orders@hach.com
quotes@hach.com
techhelp@hach.com

Export
Phone: 970-669-3050
Fax: 970-461-3939
Email: intl@hach.com

Remittance
2207 Collections Center Drive
Chicago, IL 60693

Wire Transfers
Bank of America
231 S. LaSalle St.
Chicago, IL 60604
Account: 8765602385
Routing (ABA): 026009593
Swift Code: BOFAUS3N

P.O. Number 0000015580
Order Number 315858389
Payment Terms Net 30
Currency USD
Freight Terms
Ship Method RPS-RPS**FedEx- -Ground
Total Cartons Shipped 3
Shipment Date 01/27/2020 Inv/Del# / 31894288 Tracking# 151220038071 Carton 1
01/23/2020 11806088 / 31866789 151219988868 1
151219988879 2

Customer Number 084635
Order Contact BRYAN COOPER
Phone 4797546241
Fax 4797544742
E-Mail Bryan.Cooper@clarksvilleconnected.net

Bill-To	Ship-To	Deliver-To
-----	-----	-----
252167 CLARKSVILLE LIGHT & WTR CO PO BOX 1807 CLARKSVILLE,AR,72830-1807 /United States	845790 POLLUTION CONTROL FACILITY 1305 S CRAWFORD ST CLARKSVILLE,AR,72830 /United States	

Ln#	Item No	Description	Shipped Quantity	Out Of Stock	Requested Date	Expected Ship Date	Unit Price	Extended Amount
1.1	94399	BROMCRESOL GR-METH RED PP PK/100 Lot Number: Lot 9344 Quantity 1	1	0	01/21/2020	01/22/2020	19.95	19.95
2.1	2507200	KTO: PH BUFFER SOLUTION KIT 4L	1	0	01/21/2020	01/22/2020	117.00	117.00
3.1	1406499	DPD TOT CHLORINE PP 25ML PK/100 Lot Number: Lot 9346 Quantity 2	2	0	01/21/2020	01/22/2020	26.15	52.30
4.1	2282415	EC MEDIUM/MUG TUBES PK/15 Lot Number: Lot 9354 Quantity 2	2	0	01/21/2020	01/22/2020	33.20	66.40
6.1	2373250	M-FC, PLASTIC 2ML PK/50 Lot Number: Lot 0020 Quantity 2	2	0	01/21/2020	01/22/2020	83.29	166.58
7.1	2119432	rr NESSLER RGT EX ALK, 100TESTS MDB Lot Number: Lot 9337 Quantity 1	1	0	01/21/2020	01/22/2020	29.85	29.85
8.1	1407899	NITRIVER 3 PWD PLWS 5ML PK/100 Lot Number: Lot 9338 Quantity 1	1	0	01/21/2020	01/22/2020	29.89	29.89
9.1	2093635	PIPET, MOHR MEAS 1.0X.01ML YLW	2	0	01/21/2020	01/22/2020	11.55	23.10
10.1	2551500	THERMOMETER, NIST CERTIFIED	1	0	01/21/2020	02/14/2020	1,186.00	1,186.00

Merchandise Total: \$1,691.07
Shipping and Handling: \$73.94
Tax: \$55.03
Total : \$1,820.04

Shipment Notification

(This is not an Invoice)

Page: Page 2 of 2
Date : 01/27/2020**Notes:**

PURCHASE AND ACCEPTANCE OF PRODUCT(S) SUBJECT TO HACH COMPANY'S TERMS & CONDITIONS OF SALE, PUBLISHED ON HACH COMPANY'S WEBSITE AT www.hach.com/terms.

Shipping and/or handling charges are applicable only if routed through carriers and/or forwarders selected by Hach Company. Additional charges may be added for certain heavy/large items shipping to US Destinations. Some States require tax to be applied to freight charges. The freight tax will be added at time of invoice.

Hach Hydromet 800-949-3766 Fax: 970-461-3921	Hach Flow Products & Services 800-368-2723 Fax: 970-619-5150	Environmental Test Systems (ETS) 800-548-4381 Fax: 970-619-5025	Other Hach Brands 800-454-0263 Fax: 970-461-3919
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Duplicate data 2019

Fecal 5mL

	dup1	dup2	Diff	RPD
Jan	23	24	-1	4.17
	TNTC		#VALUE!	
Feb	0	0	0	
	1	0	1	200
Mar	1	4	-3	120
	2	5	-3	85.7
Apr	2	1	1	66.7
	0	1	-1	200
May	10	8	2	22
	0	1	-1	200
June	4	5	-1	22
	4	5	-1	22
July	0	0	0	
	0	0	0	
Aug	3	4	-1	28.6
	2	3	-1	40
Sept	0	3	-3	200
	17	12	5	34.5
Oct	2	3	-1	40
	9	7	2	25
Nov	1	4	-3	120
	6	7	-1	15.4
Dec	53	60	-7	12.4
	27	27	0	0

Fecal 10mL

	dup1	dup2	Diff	RPD
	48	44	4	8.7
	TNTC		#VALUE!	
	0	0	0	
	1	0	1	200
	4	6	-2	40
	5	8	-3	46
	10	8	2	22
	0	1	-1	200
	16	20	-4	22
	3	2	1	40
	7	6	1	15.4
	4	5	-1	22
	6	3	3	66.7
	0	0	0	
	5	6	-1	18
	5	6	-1	18
	5	7	-2	33.3
	18	21	-3	15.4
	4	5	-1	22
	6	8	-2	28.6
	2	6	-4	100
	8	10	-2	22
	tntc		#VALUE!	
	36	35	1	2.82

73.24442
std dev %

56.59775
Std dev %

Fecal 15mL

dup1	dup2	Diff	RPD
	67	69	-2 2.94
TNTC		#VALUE!	
	0	0	0
	2	3	-1 40
	10	12	-2 18
	10	15	-5 40
	10	14	-4 33.3
	0	1	-1 200
	30	27	3 10.5
	4	5	-1 22
	10	12	-2 18
	6	5	1 18
	4	1	3 120
	0	0	0
	7	7	0 0
	8	7	1 13
	6	9	-3 40
	40	32	8 25
	9	6	3 40
	17	20	-3 16.2
	7	5	2 33.3
	14	16	-2 13.3
tntc		#VALUE!	
	45	55	-10 20

45.9121

Std dev %



ARKANSAS
Department of Environmental Quality

March 9, 2020

Gregg Rainey, Pollution and Control Facility Manager
Clarksville Light & Water
PO Box 1807
Clarksville, AR 72830

RE: Clarksville Light & Water POTW - Response to Inspection (Johnson Co)
AFIN: 36-00038 **NPDES Permit No.: AR0022187**

Dear Mr. Rainey:

I have reviewed the response pertaining to my December 5, 2019 inspection of the Clarksville Light & Water Wastewater Treatment Plant. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (479) 968-7339 extension 14 or you may e-mail me at harmont@adeq.state.ar.us.

Sincerely,

A handwritten signature in cursive script that reads "Travis Harmon".

Travis Harmon
District 5 Inspector
Office of Water Quality