



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

June 11, 2020

Mr. **Gregg Rainey**, Pollution and Control Facility Manager  
Clarksville Connected Utilities  
PO Box 187  
Clarksville, AR 72830

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

Dear Mr. Rainey:

On May 21, 2020, I performed a Pretreatment Compliance Inspection and an Industrial User 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.

**No violations were noted at the time of the inspections. Please refer to each of the attached inspection reports for any comments.**

If I can be of any assistance, please contact me at [harmont@adeq.state.ar.us](mailto:harmont@adeq.state.ar.us) or (501) 837-2070.

Sincerely,

Travis Harmon  
District 5 Inspector  
Office of Water Quality



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

## OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: <b>36-00038</b>	PERMIT #: <b>AR0022187</b>	DATE: <b>5/21/2020</b>
COUNTY: <b>36 Johnson</b>	PDS #: <b>112176</b>	MEDIA: <b>WN</b>
GPS LAT: <b>35.445598</b> LONG: <b>-93.485147</b> LOCATION: <b>General Area</b>		

### FACILITY INFORMATION

NAME:  
**Clarksville Light & Water POTW**

LOCATION:  
**1305 South Crawford**

CITY:  
**Clarksville, AR 72830**

### INSPECTION INFORMATION

FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>34689 S - State</b>		
FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>	INSPECTION TYPE: <b>Pretreatment Compliance</b>		
DATE(S): <b>5/21/2020</b>	ENTRY TIME: <b>09:00</b>	EXIT TIME: <b>12:00</b>	PERMIT EFFECTIVE DATE: <b>10/1/2014</b>
			PERMIT EXPIRATION DATE: <b>9/30/2019</b>

### RESPONSIBLE OFFICIAL

NAME / TITLE:  
**Mr. Gregg Rainey / Pollution and Control Facility Manager**

COMPANY:  
**Clarksville Connected Utilities**

MAILING ADDRESS:  
**PO Box 187**

CITY, STATE, ZIP:  
**Clarksville AR 72830**

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

EMAIL:  
**Gregg.Rainey@clarksvilleconnected.net**  
**Pam.Smith@clarksvilleconnected.net**

CONTACTED DURING INSPECTION: **Yes**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

### INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:  
**Pam Smith/Pretreatment Coordinator and Lab Supervisor/ 479-754-6241**

### AREA EVALUATIONS

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

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

### SUMMARY OF FINDINGS

**I found no violations concerning the Pretreatment Program at the time of inspection.**

### GENERAL COMMENTS

**See pretreatment form included with this report.**

INSPECTOR'S SIGNATURE:	Travis Harmon	DATE: <b>6/5/2020</b>
SUPERVISOR'S SIGNATURE:	Kerri McCabe	DATE: <b>6/10/2020</b>

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
PRETREATMENT COMPLIANCE INSPECTION (PCI) REPORT**

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Name of Municipality: Clarksville Pollution and Control Facility

AFIN Number: 36-00038

NPDES Permit Number(s): AR0022187

Program Tracked under NPDES Permit Number: AR0022187

Fact Sheet Preparation Date: N/A

Date of Last PCI/Audit: November 19-21, 2013

Date of Last Annual Report: February 2020

Name of Inspector: Travis Harmon

Date PCI Performed: May 21, 2020

Name, Title, and Telephone Number of Facility Representative:

**Pam Smith, Pretreatment Coordinator and Lab Supervisor**

Name and Title of Other Participants: N/A

Number of IUs Visited: 1

Name(s) of IUs Visited: Greenville Tube

AN IU SITE VISIT FORM SHOULD BE COMPLETED FOR EACH IU VISITED

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**NOTE: ANY QUESTION PRINTED IN ALL CAPS AND BOLD PRINT INDICATED A REGULATORY REQUIREMENT AND MUST BE ANSWERED FOR THE PCI REPORT TO BE COMPLETE. A NO ANSWER TO ONE OF THESE QUESTIONS SHOULD RESULT IN AN UNSATISFACTORY RATING.**

Form approved July 1989





C. INDUSTRIAL USER CONTROL MECHANISM

1. Is the POTW using the type of control mechanism (permit, agreement, etc.) required by the approved program? Yes
2. How many IU permits (or other control documents) have been issued? 3
3. **DO ALL SIGNIFICANT IUS HAVE CURRENT (UNEXPIRED) CONTROL DOCUMENTS? IF NOT, LIST ALL UNPERMITTED SIUS, THE DATE OF EXPIRATION OF THEIR PREVIOUS PERMIT (IF APPLICABLE), AND THE REASON FOR DELAY IN ISSUING THE REQUIRED DOCUMENT.**  
Yes
4. Does the control document contain the following items?
- An expiration date: Yes
- Discharge limitations: Yes
- If the program requires self-monitoring by the IUs, do the Permits contain:
- IU self-monitoring requirements: Yes
- IU reporting requirements: Yes
5. Indicate which of the following recommended standard conditions are contained in the control documents:
- Sample location: Yes
- Type of sample: Yes
- Monitoring frequency: Yes
- Bypass prohibition: Yes
- Right of entry: Yes
- Nontransferability: Yes
- Revocation clause: Yes
- Penalty Provisions: Yes
- Slug load notification: Yes
- Notification of process change: Yes

D. MONITORING OF IUS BY POTW

1. Indicate current inspection and sampling frequency and program requirement below:

	Current frequency:	Program Requirement:
Sampling:		
categorical IUs	<u>Bi-Annually</u>	<u>Annually</u>
other SIUs	<u>Bi-Annually</u>	<u>Annually</u>
Inspection:		
categorical IUs	<u>Annually</u>	<u>Annually</u>
other SIUs	<u>Annually</u>	<u>Annually</u>

2. **HAS EACH SIU BEEN INSPECTED AND SAMPLED AT THE FREQUENCY REQUIRED BY THE APPROVED PROGRAM?** Yes

3. Are inspections announced or unannounced? Unannounced

4. Are records kept of each inspection? Yes

5. Does the inspection report contain an adequate description of the following:

Date and time of inspection: Yes

Officials present: Yes

Inspection of chemical storage areas: Yes

Description of regulated processes, categorical waste streams, and discharge location of these waste streams: Yes

Inspection of the pretreatment facilities: Yes

Review of self-monitoring records: Yes

Observation of IU self-monitoring procedures: Yes

Verification that approved analytical techniques are used: Yes

Verification of IU flow measurement (where required): Yes

6. Overall adequacy of inspection documentation: Inspection reports contain all information in #5.

7. **DOES THE POTW SAMPLE IUS FOR ALL POLLUTANTS REGULATED IN THEIR PERMITS? (IT IS NOT NECESSARY TO SAMPLE FOR ALL**

**POLLUTANTS EVERY TIME, BUT IT MUST BE DONE PERIODICALLY).**  
**Yes; sampled annually.**

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8. Are analyses performed in accordance with EPA-approved methods (40 CFR 136)? **Yes (EEG - contract lab)**

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9. Are sampling and flow monitoring equipment properly maintained? **Yes**

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10. Is the POTW keeping proper field notes and chain of custody forms? **Yes**

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11. Is the sampling location representative of the discharge to the collection system? **Yes**

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12. Are sampling locations identified in POTW records? **Yes**

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13. Are sampling services available in an emergency? **Yes**

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14. What are the POTW's procedures for tracking receipt and review of IU reports, such as BMR's, semi-annual reports, progress reports, bypass reports, and self-monitoring reports? **Receives monthly report from each IU.**

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15. **ARE SELF-MONITORING REPORTS REVIEWED TO VERIFY THAT ANALYSES WERE PERFORMED FOR ALL REGULATED PARAMETERS, AND TO EVALUATE COMPLIANCE WITH EFFLUENT LIMITS?** **Yes**

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16. **IF VIOLATIONS ARE FOUND IN REPORTS, DOES THE POTW RESPOND TO ALL VIOLATIONS?** **Yes**

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17. What are the POTW's procedures for following up violations?

**Requires 24 hour notice and 5 Day follow-up written report.**

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18. **HAS THE POTW REVIEWED BMRS FOR COMPLIANCE WITH 40 CFR 403.12(b)?:** **Yes**

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Review a Baseline Monitoring Report from the POTW's file, and indicate which of the following items can be identified in the BMR:

Name and address: **Yes**

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Other environmental permits held: **Yes**

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Description of operations: **Yes**

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Process flow diagrams: **Yes**

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Flow measurements: **Yes**

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Measurements of regulated pollutants: **Yes**

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Certification of compliance by the IU: **Yes**

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Compliance schedule (if needed): **N/A**

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19. Additional comments on the POTW's inspection and sampling procedures: **Satisfactory. BMR reviewed contained all information required in #18 and appears sufficient.**

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5. Comments on the POTW's enforcement procedures:  
**Enforcement procedures appear satisfactory.**
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**F. POTW'S PRETREATMENT ORGANIZATION STRUCTURE**

1. Is the program structure essentially the same as that presented in the approved pretreatment program? **Yes**
- 
2. Are staffing levels adequate? **Yes**
- 
3. Are the responsible officials familiar with the approved program? **Yes**
- 

**G. MULTIJURISDICTIONAL ISSUES**

1. List any IUs which are located outside of the jurisdictional area of the POTW:  
**None**
- 
2. Does the POTW have adequate procedures for controlling IUs located outside its jurisdictional area? **N/A**
- 
3. Does the POTW have copies of permits for IUs in other cities? **N/A**
- 
4. Have any of these IUs met the criteria for Significant Violator? If so, have they been published by the POTW in its annual list of Significant Violators? **N/A**
- 
5. Comments on multijurisdictional issues:  
**No IUs located outside jurisdiction**
-

H. EVALUATION AND COMMENTS

N/A

## PRETREATMENT COMPLIANCE INSPECTION

## IU SITE VISIT FORM

Name of Industry: **Greenville Tube**

POTW Name: **Clarksville Pollution Control Facility (POTW)**

Industry Contacts: **Jim Roberts, Plant Engineer and John Kidd, EH&S Manager**

Date and Time of Visit: **May 21, 2020, 1100-1130**

Description of Manufacturing Process:

**Metal Finishing; stainless steel and nickel tubing reducer; custom orders**

Sources of Process Wastewater:

**Citric acid passivation of tubing.**

Categorical Industry? **Yes**

Basis for Limits: **40 CFR 403.8**

Point of Application: **Soda ash for acid neutralization**

Description of Pretreatment Equipment and Procedures:

**Acid wash and rinse tank with vacuum and filter; soda ash added to neutralize acidity; pH is continuously monitored**

Spill Prevention and Solvent Management Procedures:

**Spill kits**

Sampling Location and Equipment:

**Samples are collected at end of rinse tank prior to discharge to POTW**

## PPETS CODE SHEET

## PRETREATMENT COMPLIANCE INSPECTION (PCI)

		CODE
INSPECTOR'S NAME:	<u>Travis Harmon</u>	
NAME OF FACILITY:	<u>Clarksville Connected Utilities</u>	
PERMIT NUMBER USED TO TRACK PROGRAM:	<u>AR0022187</u>	NPID
DATE OF PCI:	<u>May 21, 2020</u>	DTIA

## PPETS WENDB DATA ELEMENTS

NUMBER OF SIGNIFICANT IUS (SIUS):	<u>2</u>	SIUS
NUMBER OF CATEGORICAL IUS:	<u>1</u>	CIUS
SIUS NOT SAMPLED OR INSPECTED BY POTW:	<u>0</u>	NOIN
SIUS WITHOUT CONTROL MECHANISM:	<u>0</u>	NOCM
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH STANDARDS OR REPORTING:	<u>0</u>	PSNC
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING REQUIREMENTS:	<u>0</u>	MSN C
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING AND NOT INSPECTED OR SAMPLED BY POTW:	<u>0</u>	SNIN