

Gage, Hannah

From: Gilliam, Allen
Sent: Tuesday, February 16, 2016 12:16 PM
To: 'Pam Smith'
Cc: Gage, Hannah; Barber, Kyle; Ramsey, David; Kaelin, Cynthia
Subject: AR0022187_Clarksville Feb 2016 annual Pretreatment Program report_20160216
Attachments: Clarksville Feb 2016 annual report.pdf

Pam,

Clarksville's February 2016 annual Pretreatment Program report was electronically received, reviewed, deemed complete and compliant with the reporting requirements in 40 CFR 403.12(i).

There are no further actions deemed necessary at this time.

Thank you for your timely report.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

E/NPDES/NPDES/Pretreatment/Reports

From: Pam Smith [<mailto:pam.smith@clarksvillelightwater.com>]
Sent: Wednesday, February 10, 2016 1:11 PM
To: Gilliam, Allen
Subject: Annual Pretreatment Report

A29M75



P.O. Box 1807 • Phone (479) 754-3148 • Clarksville, Arkansas 72830

RECEIVED
FEB 16 2016
15709TW

Complete/compliant
no further action
deemed necessary
AF

February 10, 2016

Mr. Gilliam

RE: Annual Report

Dear Mr. Gilliam

Please find enclosed our 10th annual list – violator's industrial users as required by our permit. Please note the violations on attachment A. I have included our MAHL as required. If you have any questions please feel free to give us a call 479-754-6241 ext 304.

Sincerely

Gregg Rainey
Superintendent

Pam Smith
Pretreatment Coordinator

ATTACHMENT A
PRETREATMENT PROGRAM STATUS REPORT
UPDATED SIGNIFICANT INDUSTRIAL USERS LIST

Industrial User Name	SIC/NAICS Code	40 CFR XXX or N/A	Control Document		New User	Times Inspected	Times Sampled	Compliance Status (N/A, C, NC, or SNC)				Permit Limits (denote parameter violated & number of times)
			Y/N	Last Action				Reports				
								BMR	90-day Compliance	Semi Annual	Self Monitoring	
Greenville Tube	3356/3317 331491/331210	433.17	Y	2-1-14	N	1	2	N/A	N/A	C	N/C	pH 1
Hanesbrand Inc.	2251/ 313310	403	Y	9-1-11	N	1	2	N/A	N/A	C	N/C	pH 2
Bright Harvest	2037/3114 11	403	Y	6-1-13	N	1	1	N/A	N/A	C	N/C	BOD 3 pH 1

Include NAICS code(s)
3rd column - include the CFR # only if the Category has Pretreatment Standards (numeric or narrative)
Please footnote N/A reason

MONITORING RESULTS (1) FOR THE ANNUAL PRETREATMENT REPORT
 REPORTING YEAR: Jan-15 TO Dec-15
 TREATMENT PLANT: CITY OF CLARKSVILLE NPDES PERMIT #AR0022187
 AVERAGE POTW FLOW: 1.212 % IU FLOW 11.27

METALS CYANIDE and PHENOLS (Total)	MAHC ug/l	Influent Dates Sampled (ug/l) Once/Quarter				WQ level/ limit ug/l	Effluent Dates Sampled (ug/l) Once/Quarter				Laboratory Analysis (See Attachment PPS)	
		1/26/2015	4/30/2015	8/25/2015	10/27/2015		1/27/2015	5/1/2015	8/26/2015	10/28/2015	EPA Method Used	Detection Level Achieved (ug/l)
		Antimony	N/A	0	0		0	0	N/A	0	0	0
Cadmium	5.35	0	0	0	0	5.29	0	0	0	0	200.8	0.5
Copper	134	29	22	25	23	45.75	12	14	7.9	10	200.8	0.5
Lead	55.3	0.76	1.9	1.1	0.81	20.04	0	0.93	0	0	200.8	0.5
Mercury	0.27	0.02	0.04	0.018	0.042	0.013	0.0079	0.014	0.0052	0.0068	1631E	0.005
Nickel	49.2	4.1	4.8	4.4	3.8	514	3.7	4.7	4.3	2.7	200.8	0.5
Selenium	8.43	0	0	0	0	5.58	0	0	0	0	200.8	5
Silver	36.1	0	0	0	0	14.44	0	0	0	0	200.8	0.5
Zinc	500	69	170	92	73	444	48	84	38	29	200.8	20
Chromium	154	16	12	14	21	1192	0	0	0	15	200.8	10
Cyanide	18.7	0	0	0	0	5.8	0	0	0	0	SM4500	10
Arsenic	5.45	0	1.1	0.95	2.4	411.00000	0	0.59	0.68	1.1	200.8	0.5
Molybdenum	8.1	0	0	13	0	N/A	0	0	0	0	200.8	8
Phenols	N/A	44	39	120	0.024	N/A	20	0.031	21	0.0063	420.1	5
Beryllium	11.8	0	0	0	0	5.91000	0	0	0	0	200.8	0.5
Thallium	N/A	0	0	0	0	N/A	0	0	0	0	200.8	0.5
Flow, MGD	N/A	1.093	0.785	1.161	0.787	N/A	1.008	0.624	1.31	1.04		

ATTACHMENT C
PRETREATMENT PERFORMANCE SUMMARY (PPS)

NOTE: ALL QUESTIONS REFER TO THE INDUSTRIAL PRETREATMENT PROGRAM AS APPROVED BY ADEQ. THE PERMITTEE SHOULD NOT ANSWER THE QUESTIONS BASED ON CHANGES MADE TO THE APPROVED PROGRAM WITHOUT DEPARTMENT AUTHORIZATION.

I. General Information

Control Authority Name Clarksville Light & Water

Address P.O. Box 1807

City Clarksville State/Zip AR 72830

Contact Person Pam Smith Position Pretreatment Coordinator

Contact Telephone 479-754-6241 ext. 304 NPDES Permit Nos. AR0022187

Reporting Period January 1, 2015 December 31, 2015

(Beginning Month, day and Year) (Ending Month, day and Year)

Total Number of Categorical IUs 1

Total Number of Significant Noncategorical IUs 2

Total Number of Non-Significant (yet permitted) IUs 0

II. Significant Industrial User Compliance

	<u>SIGNIFICANT INDUSTRIAL USERS</u>	
	<u>Categorical</u>	<u>NonCategorical</u>
1) No. of SIUs Submitting BMRs/Total No. Required.	<u>0/0</u>	<u>N/A*</u>
2) No. of SIUs Submitting 90-Day Compliance Reports / No. Required.	<u>0/0</u>	<u>N/A*</u>
3) No. of SIUs Submitting Semiannual Reports / Total No. Required.	<u>1/1</u>	<u>2/2</u>
4) No. of SIUs Meeting Compliance Schedule / Total No. Required to Meet Schedule	<u>0/0</u>	<u>0/0</u>
5) No. of SIUs in Significant Noncompliance / Total No. of SIUs	<u>0/0</u>	<u>0/0</u>
6) Rate (%) of Significant Noncompliance for all SIUs (categorical and noncategorical) . .	<u>0</u>	

III. Compliance Monitoring Program

	<u>SIGNIFICANT INDUSTRIAL USERS</u>	
	<u>Categorical</u>	<u>NonCategorical</u>
1) No. of Control Documents Issued / Total No. Required.	<u>1/1</u>	<u>2/2</u>
2) No. of Non-sampling Inspections Conducted.	<u>1</u>	<u>2</u>
3) No. of Sampling Visits Conducted	<u>2</u>	<u>3</u>
4) No. of Facilities Inspected (nonsampling)	<u>0</u>	<u>0</u>
5) No. of Facilities Sampled	<u>1</u>	<u>2</u>

IV. Enforcement Actions

	<u>SIGNIFICANT INDUSTRIAL USERS</u>	
	<u>Categorical</u>	<u>NonCategorical</u>
1) No. of Compliance Schedules Issued/No. of Schedules Required	<u>0/ 0</u>	<u>0 /0</u>
2) No. of Notices of Violations Issued to SIUs	<u>1</u>	<u>4</u>
3) No. of Administrative Orders Issued to SIUs	<u>0</u>	<u>0</u>
4) No. of Civil Suits Filed.	<u>0</u>	<u>0</u>
5) No. of Criminal Suits Filed	<u>0</u>	<u>0</u>
6) No. of Significant Violators (attach newspaper publication).	<u>0</u>	<u>0</u>
7) Amount of Penalties (not surcharges) Collected (total dollars/IUs assessed) . . .	<u>0/0</u>	<u>0/0</u>
8) Other Actions (sewer bans, etc.).	<u>0</u>	<u>0</u>

The following certification must be signed in order for this form to be considered complete:

I certify that the information contained herein is complete and accurate to the best of my knowledge.

Juan Rios
 Authorized Representative Date 2-9-2016