



ARKANSAS  
Department of Environmental Quality

January 29, 2008

Frank Fogleman, Mayor  
City of Marion  
P.O. Box 717  
Marion, AR 72364

RE: City of Marion Waste Water Treatment Plant

AFIN: 18-00110

NPDES Permit No.: AR0021971

Dear Mr. Fogleman:

On December 19, 2007, I performed a routine compliance inspection of the waste water treatment 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. This inspection revealed the following violations:

- 1. There was an unpermitted discharge from the primary lagoon cell into the abandoned chlorine contact chamber and thence to the receiving stream; furthermore there was evidence of a recent discharge from the abandoned chlorine contact chamber to the surface of the ground. This is a violation of the Arkansas Water and Air Pollution Control Act. Additionally, the discharge had not been reported to the department which is in violation of Part II Section D:6. of the permit.**
- 2. Inadequate record contents; this violates Part II Section C:8 of the permit. Records and monitoring information shall include:**
  - a. The date, exact place, time and methods of sampling or measurements, and preservatives used, if any;**
  - b. The individuals(s) who performed the sampling or measurements;**
  - c. The date(s) and time analyses were performed;**
  - d. The individual(s) who performed the analyses;**
  - e. The analytical techniques or methods used; and**
  - f. The measurements and results of such analyses.**
- 3. No laboratory QA/QC for self analyzed parameters; this violates Part II Section C:3. of the permit. Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals frequent enough to insure accuracy of**

**measurements and shall insure that both calibration and maintenance activities will be conducted. An adequate analytical quality control program, including the analysis of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory. At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples. Please contact Jane Hurley at [hurleyj@adeq.state.ar.us](mailto:hurleyj@adeq.state.ar.us) or 501- 682-0938 for assistance in setting up a laboratory QA/QC program.**

- 4. The name and address of the contract laboratory used for CBOD, NH<sub>3</sub>-N, TSS, FCB and Biomonitoring was not included on the DMR (Discharge Monitoring Report); this violates Part II Section C:5. of the permit.**
- 5. Not performing flow calibration checks to demonstrate continued accuracy of the flow measuring device; this violates Part II Section C:2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/- 10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.**

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Enforcement Section of this Department at the following address:

Water Division Enforcement Section  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

This response should contain detailed documentation describing the course of action taken to correct the items noted. This corrective action should be completed as soon as possible, and the written response is due by February 19, 2008.

For additional information you may contact the enforcement section by telephone at 501-682-0639 or by fax at 501-682-0910.

Frank Fogleman, Marion WWTP  
January 29, 2008  
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If I can be of any assistance, please contact me at [walker@adeq.state.ar.us](mailto:walker@adeq.state.ar.us) or 870-935-7221 ext.-12.

Sincerely,

A handwritten signature in black ink that reads "Brent L. Walker". The signature is written in a cursive style with a large, prominent "B" and "W".

Brent L. Walker  
District 3 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



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
1 <b>N</b> 2 <b>5</b> 3 <b>A R 0 0 2 1 9 7 1</b> 11 12 <b>0 7 1 2 1 9</b> 17 18 <b>C</b> 19 <b>S</b> 20 <b>1</b>	Remarks				
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67		70	<b>1</b>	71	<b>N</b>
	69			72	<b>N</b>
				73	
				74	
				75	
				80	

### Section B: Facility Data

Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> ) <b>City of Marion WWTP</b> <b>West of Highway 118</b> <b>S. of UP Railroad</b> <b>Marion, AR</b>	Entry Time/Date <b>1000 12/19/2007</b>	Permit Effective Date <b>March 1, 2007</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Jim Shempert/Water Utilities Director/870-739-5413</b> <b>Blake Ferguson/Waste Water Operator/901-490-9903</b>	Exit Time/Date <b>1255 12/19/2007</b>	Permit Expiration Date <b>February 29, 2012</b>
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Frank Fogleman/Mayor/870-739-3073</b> <b>City of Marion</b> <b>P.O. Box 717</b> <b>Marion, AR 72364</b>	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other Facility Data

### Section C: Areas Evaluated During Inspection

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

U	Permit	U	Flow Measurement	U	Operations & Maintenance	S	Sampling
U	Records/Reports	U	Self-Monitoring Program	N	Sludge Handling/Disposal	U	Pollution Prevention
U	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
U	Effluent/Receiving Waters	U	Laboratory	U	Storm Water	N	Other:

### Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

\*\*\*Multiple Violations\*\*\* See attached summary sheet and letter for a summary of findings and comments.

Name(s) and Signature(s) of Inspector(s) <b>Brent L. Walker</b> <i>Brent L. Walker</i>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 12/(870) 935-4715 (Fax)</b>	Date <b>January 29, 2008</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA 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: <u>Overflow from primary lagoon cell</u> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: <u>Overflow from primary lagoon cell</u>                                   | <input type="checkbox"/> Y <input checked="" 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

S M U NA NEDETAILS: Incomplete records for pH, DO, TRC, Flow

- |  |   |
|--|---|
| 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 type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING:  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| b. EXACT LOCATION(S) OF SAMPLING:  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING:   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| d. ANALYTICAL METHODS AND TECHNIQUES:  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| e. RESULTS OF CALIBRATIONS:  | <input type="checkbox"/> Y <input checked="" 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| h. NAME OF PERSON(S) PERFORMING ANALYSES:  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:                | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:       | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" 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

S M U NA NEDETAILS: Primary lagoon cell was overflowing through the old outfall – had not been reported

- |   |   |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED:   | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED:   | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:  | <input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" 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 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:           | <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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:                            | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: <u>Unpermitted discharge from primary lagoon cell</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE                            |

**SECTION D: SAMPLING**

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA 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: <u>Demonstrate &lt;10% variation in flow during sample collection</u>	<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

S M U NA NE

## DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>90° V-notch 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:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<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: <u>No provisions for calibration checks to be performed</u>	<input type="checkbox"/> Y <input checked="" 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

S M U NA NEDETAILS: Facility performs pH, DO, TRC – other parameters go to contract lab.

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: <u>No record of pH, DO, TRC</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE: <u>No record of pH, DO, TRC</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME: <u>No record of pH, DO, TRC</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED ≥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: <u>Environmental Testing and Consulting</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, NH3, FCB, Chronic Toxicity</u>	
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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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	Low	Slight	None	Lt. Green	--
Unpermitted	None	None	Moderate	Slight	Numerous	Green	Solids on stream bank

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: **Sludge remains in lagoons**

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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:	<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 S M U NA NE

DETAILS: **Facility was not meeting the conditions of the no exposure exclusion – This has been addressed in a separate inspection (ARR000189).**

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 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

## FLOW CALCULATION SHEET

**A flow calibration check could not be conducted due to the effluent weir being too far below the grating to reach with the available equipment.**

Date:  Time:

Head in Inches:  Feet:

Type & Size of Primary Flow Measurement Device:

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device:

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

Calculated Flow at Date & Time Listed Above:   
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

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

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

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

$\% \text{ Error} =$		$\%$	
----------------------	--	------	--

Comments:



**DMR Calculation Check**

**Reporting Period:** From 07 10 01 To 07 10 31  
Year Month Day Year Month Day

**Parameter Checked:** Cl<sub>2</sub>

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l      Inst. Max. - mg/l</b>
<b>Reported Value:</b>	<u>--</u>	<u>--</u> <u>1.2</u>
<b>Calculated Value:</b>	<u>--</u>	<u>--</u> <u>1.2</u>
<b>Permit Value:</b>	<u>N/A</u>	<u>N/A</u> <u>Report</u>

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

**DMR Calculation Check**

**Reporting Period:** From   07     10     01   To   07     10     31    
Year Month Day Year Month Day

**Parameter Checked:**     pH    

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Inst. Min.	Inst. Max.
<b>Reported Value:</b>	<u>    --    </u>	<u>    7.3    </u>	<u>    7.5    </u>
<b>Calculated Value:</b>	<u>    --    </u>	<u>    7.3    </u>	<u>    7.5    </u>
<b>Permit Value:</b>	<u>    N/A    </u>	<u>    6    </u>	<u>    9    </u>

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

## NPDES Compliance Inspection Report Further Explanation

The following violations were noted:

1. There was an unpermitted discharge from the primary lagoon cell into the abandoned chlorine contact chamber and thence to the receiving stream; furthermore there was evidence of a recent discharge from the abandoned chlorine contact chamber to the surface of the ground. This is a violation of the Arkansas Water and Air Pollution Control Act. Additionally, the discharge had not been reported to the department which is in violation of Part II Section D:6. of the permit.
2. Inadequate record contents; this violates Part II Section C:8 of the permit. Records and monitoring information shall include:
  - a. The date, exact place, time and methods of sampling or measurements, and preservatives used, if any;
  - b. The individuals(s) who performed the sampling or measurements;
  - c. The date(s) and time analyses were performed;
  - d. The individual(s) who performed the analyses;
  - e. The analytical techniques or methods used; and
  - f. The measurements and results of such analyses.
3. No laboratory QA/QC for self analyzed parameters; this violates Part II Section C:3. of the permit. Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit. The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instrumentation at intervals frequent enough to insure accuracy of measurements and shall insure that both calibration and maintenance activities will be conducted. An adequate analytical quality control program, including the analysis of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the permittee or designated commercial laboratory. At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples.
4. The name and address of the contract laboratory used for CBOD, NH<sub>3</sub>-N, TSS, FCB and Biomonitoring was not included on the DMR (Discharge Monitoring Report); this violates Part II Section C:5. of the permit.
5. Not performing flow calibration checks to demonstrate continued accuracy of the flow measuring device; this violates Part II Section C:2. of the permit. Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to insure the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than +/- 10% from true discharge rates throughout the range of expected discharge volumes and shall be installed at the monitoring point of the discharge.

**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	City of Marion WWTP		
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<b>Photographer:</b>	Brent Walker	<b>Witness:</b>	None
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<b>Photo #</b>	1	<b>Of</b>	4	<b>Date:</b>	12/19/2007	<b>Time:</b>	1026
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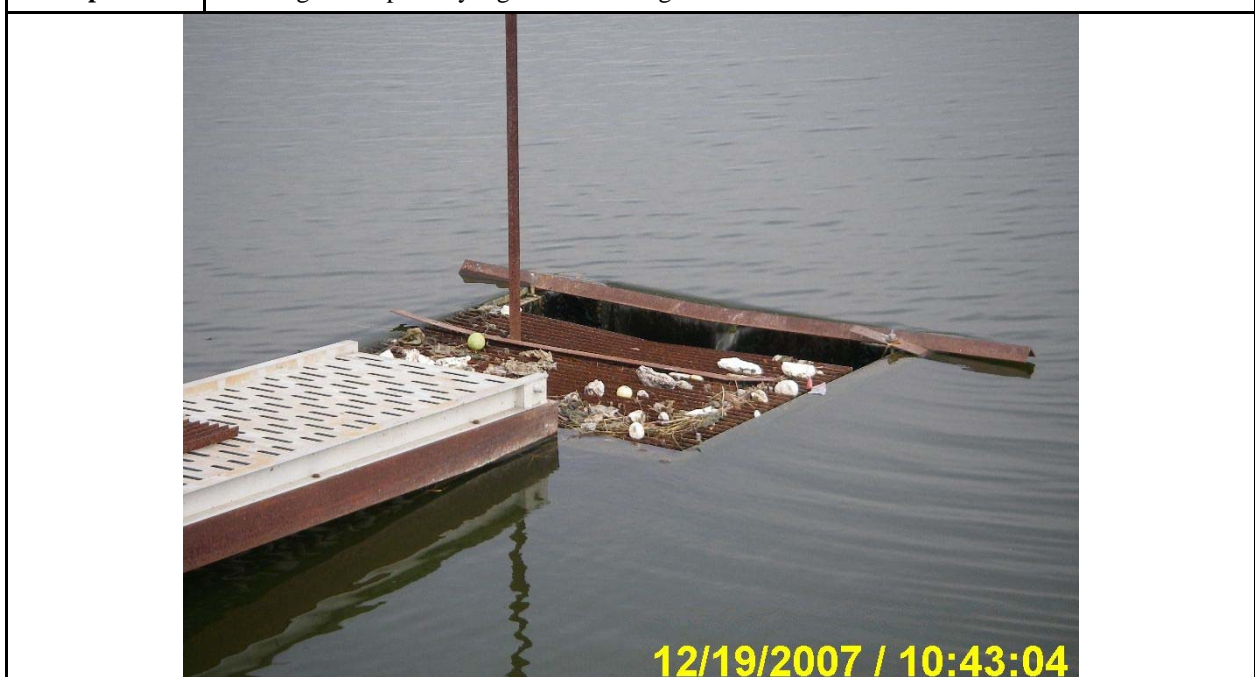
<b>Description:</b>	Unpermitted discharge into the receiving stream.		
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<b>Photographer:</b>	Brent Walker	<b>Witness:</b>	None
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<b>Photo #</b>	2	<b>Of</b>	4	<b>Date:</b>	12/19/2007	<b>Time:</b>	1043
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<b>Description:</b>	Discharge from primary lagoon cell through old outfall structure.		
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**Water Division NPDES Photographic Evidence Sheet**

<b>Location:</b>	City of Marion WWTP		
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<b>Photographer:</b>	Brent Walker	<b>Witness:</b>	None
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<b>Photo #</b>	3	<b>Of</b>	4	<b>Date:</b>	12/19/2007	<b>Time:</b>	1052
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<b>Description:</b>	Discharge into abandoned chlorine contact chamber.		
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<b>Photographer:</b>	Brent Walker	<b>Witness:</b>	None
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<b>Photo #</b>	4	<b>Of</b>	4	<b>Date:</b>	12/19/2007	<b>Time:</b>	1053
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<b>Description:</b>	Evidence of discharge from abandoned chlorine contact chamber to the surface of the ground.		
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