



ARKANSAS
Department of Environmental Quality

December 29, 2009

Jim Shempert, Water Utilities Manager
Marion WWTP
P.O. Box 814
Marion, AR 72364

RE: Waste Water Treatment Plant Inspection

AFIN: 18-00110 NPDES Permit No.: AR0021971

Dear Mr. Shempert:

On October 26 and 27, 2009, I performed a routine compliance sampling 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. The analytical results from the sampling inspection revealed no violations of permitted effluent limits. However, the following permit violations were noted at the time of the inspection:

- 1. There was an unpermitted discharge from one of the lagoon cells 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. The following Effluent Limit Violations were noted:**
 - a. March 2009 DMR – exceeded Monthly Average Loading for NH₃-N and a Non-Compliance Report was not submitted.**
 - b. May 2009 DMR – exceeded Monthly Average Loading, Monthly Average Concentration and 7-Day Average Concentration for TSS.**
 - c. June 2009 DMR – exceeded Monthly Average Loading, Monthly Average Concentration and 7-Day Average Concentration for TSS. Also exceeded Monthly Average Loading for NH₃-N without a Non-Compliance Report for the NH₃-N exceedance.**
 - d. August 2009 DMR – exceeded Monthly Average Loading, Monthly Average Concentration and 7-Day Average Concentration for TSS. Also exceeded Monthly Average Loading for NH₃-N without a Non-Compliance Report for the NH₃-N exceedance.**

- e. **September 2009 DMR – exceeded Monthly Average Loading for NH₃-N without a Non-Compliance Report.**

3. **Some of the aerators were out of service; this violates Part II Section B:1.a. of the Permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit.**

4. **Inadequate records for calibration, sampling, and analysis conducted by the permittee (Dissolved Oxygen, pH, and Total Residual Chlorine); 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 individual(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.**

The above information must be recorded for each parameter measured including flow and QA/QC data must be recorded as well.

Additionally, there was not a clear Chain of Custody recorded for the samples picked up by the contract lab. Specifically, the “relinquished by” and “received by” times for each transfer must match exactly.

5. **Improper monitoring procedures; 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. The following items were noted:**
 - a. **The holding time of 6 hours was exceeded for the Fecal Coliform samples on February 16, 2009.**
 - b. **There was no QA/QC program for analysis conducted by the permittee (Dissolved Oxygen, pH, and Total Residual Chlorine).**

The above items require your immediate attention. Please submit a written response to these findings to Cindy Garner, Water Division Enforcement Branch Manager, of this Department. This response should be mailed to the address at the bottom of page 1 of this letter. This response should contain documentation describing the course of action taken to correct each item noted. This

Jim Shempert, Marion WWTP

December 23, 2009

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corrective action should be completed as soon as possible, and the written response is due by **January 10, 2010**.

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

If I can be of any assistance, please contact me at walker@adeq.state.ar.us or 870-935-7221 ext.-12.

Sincerely,



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 N 2 5 3 A R 0 0 2 1 9 7 1 11 12 0 9 1 0 2 6 17 18 S 19 S 20 1																	
Remarks																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Inspection Work Days</td> <td style="width:20%;">Facility Evaluation Rating</td> <td style="width:10%;">BI</td> <td style="width:10%;">QA</td> <td style="width:20%;">-----Reserved-----</td> <td style="width:10%;"></td> </tr> <tr> <td>67 <input type="text"/> <input type="text"/> <input type="text"/> 69</td> <td>70 1</td> <td>71 N</td> <td>72 N</td> <td>73 <input type="text"/> <input type="text"/> <input type="text"/> 74 75 <input type="text"/> <input type="text"/> <input type="text"/></td> <td>80</td> </tr> </table>						Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----		67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 1	71 N	72 N	73 <input type="text"/> <input type="text"/> <input type="text"/> 74 75 <input type="text"/> <input type="text"/> <input type="text"/>	80
Inspection Work Days	Facility Evaluation Rating	BI	QA	-----Reserved-----													
67 <input type="text"/> <input type="text"/> <input type="text"/> 69	70 1	71 N	72 N	73 <input type="text"/> <input type="text"/> <input type="text"/> 74 75 <input type="text"/> <input type="text"/> <input type="text"/>	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>) Marion WWTP W. of Hwy. 118, South of UP RR Marion, AR Crittenden Co.	Entry Time/Date 0945 10/26/2009 0900 10/27/2009	Permit Effective Date 3/1/2007
	Exit Time/Date 1645 10/26/2009 1000 10/27/2009	Permit Expiration Date 2/29/2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jim Shempert/Water Utilities Manager/870-739-5413	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Jim Shempert/Water Utilities Manager/870-739-5413 Marion WWTP P.O. Box 814 Marion, AR 72364	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection

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

U	Permit	S	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	N	Storm Water	N	Other:

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

The sampling portion of the inspection revealed no effluent limit violations.

The compliance evaluation portion of the inspection revealed multiple permit violations.

See the attached letter, inspection report and attachment for further explanation.

Name(s) and Signature(s) of Inspector(s) Brent L. Walker <i>Brent L. Walker</i>	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 12/(870) 935-4715 (Fax)	Date December 23, 2009
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NEDETAILS: **Unpermitted discharge from old chlorine contact structure**

- | | |
|--|--|
| 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 checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <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 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: Records incomplete for self monitored parameters | <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 type="checkbox"/> Y <input checked="" 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 checked="" 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

S M U NA NEDETAILS: **Multiple aerators out of service**

- | | |
|---|---|
| 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 type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input type="checkbox"/> S <input checked="" 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 type="checkbox"/> S <input checked="" 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: Overflow at time of inspection | <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 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

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:	<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

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:	<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

S M U NA NEDETAILS: Inadequate records to determine compliance for self measured parameters

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 type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input type="checkbox"/> Y <input checked="" 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>ETC</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>Biomonitoring, CBOD, FCB, TSS, NH3-N,</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	None	None	Lt. Green	--
Unpermitted	None	Small grease balls	Low	None	Plastics & rags	Lt. Green	--

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TYPE OF SAMPLE: <input checked="" type="checkbox"/> GRAB: <u>DO, PH, TRC, FCB</u> <input checked="" type="checkbox"/> COMPOSITE: <u>TSS, CBOD, NH3-N</u> METHOD: <u>Autosampler</u> FREQUENCY: <u>1/hr for 6 hrs</u>	
3. SAMPLES PRESERVED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. FLOW PROPORTIONED SAMPLES OBTAINED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: <u>ADEQ autosampler used</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SAMPLE SPLIT WITH PERMITTEE:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 has a No-Exposure Exclusion-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 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

FLOW CALCULATION SHEET

Due to the design of the weir, a flow calibration check could not be performed during the inspection.

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-5th Edition)

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

% Error =	$\frac{\quad}{\quad}$	X 100	
-----------	-----------------------	-------	--

% Error =	$\frac{\quad}{\quad}$	X 100	
-----------	-----------------------	-------	--

% Error =	$\frac{\quad}{\quad}$	%	
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Comments:

NPDES Compliance Inspection Report Further Explanation

1. There was an unpermitted discharge from one of the lagoon cells 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. The following Effluent Limit Violations were noted:
 - a. March 2009 DMR – exceeded Monthly Average Loading for NH₃-N and a Non-Compliance Report was not submitted.
 - b. May 2009 DMR – exceeded Monthly Average Loading, Monthly Average Concentration and 7-Day Average Concentration for TSS.
 - c. June 2009 DMR – exceeded Monthly Average Loading, Monthly Average Concentration and 7-Day Average Concentration for TSS. Also exceeded Monthly Average Loading for NH₃-N without a Non-Compliance Report for the NH₃-N exceedance.
 - d. August 2009 DMR – exceeded Monthly Average Loading, Monthly Average Concentration and 7-Day Average Concentration for TSS. Also exceeded Monthly Average Loading for NH₃-N without a Non-Compliance Report for the NH₃-N exceedance.
 - e. September 2009 DMR – exceeded Monthly Average Loading for NH₃-N without a Non-Compliance Report.
3. Some of the aerators were out of service; this violates Part II Section B:1.a. of the permit. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit.
4. Inadequate records for calibration, sampling, and analysis conducted by the permittee (Dissolved Oxygen, pH, and Total Residual Chlorine); 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.The above information must be recorded for each parameter measured including flow and QA/QC data must be recorded as well.

Additionally, there was not a clear Chain of Custody recorded for the samples picked up by the contract lab. Specifically, the “relinquished by” and “received by” times for each transfer must match exactly.
5. Improper monitoring procedures; 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. The following items were noted:
 - a. The holding time of 6 hours was exceeded for the Fecal Coliform samples on February 16, 2009.
 - b. There was no QA/QC program for analysis conducted by the permittee (Dissolved Oxygen, pH, and Total Residual Chlorine).

Summary of Sampling Inspection Results		
Parameter	Measured Value	Permit Limit
CBOD5	10.24 mg/l	15 mg/l
FCB	135 CFU/100 ml	1000 CFU/100 ml
TSS	11.5 mg/l	20 mg/l
NH3-N	2.28 mg/l	5 mg/l
DO	4.64 mg/l	4.0 mg/l (min.)
pH	7.19 SU	6.0 – 9.0 SU

Water Division NPDES Photographic Evidence Sheet

Location: Marion WWTP

Photographer: Brent Walker **Witness:** None

Photo # 1 **Of** 4 **Date:** 10/26/2009 **Time:** 1115

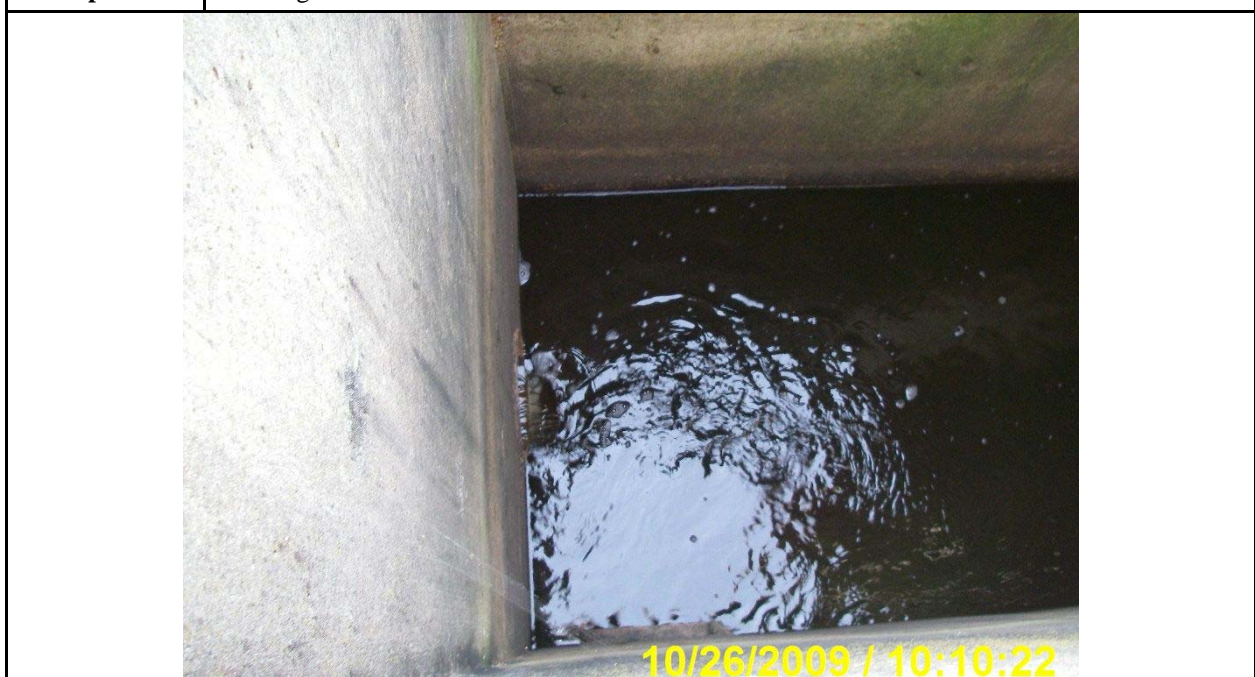
Description: Unpermitted discharge from old outfall structure.



Photographer: Brent Walker **Witness:** None

Photo # 2 **Of** 4 **Date:** 10/26/2009 **Time:** 1010

Description: Discharge into old chlorine contact structure.



Water Division NPDES Photographic Evidence Sheet

Location:	Marion WWTP						
Photographer:	Brent Walker			Witness:	None		
Photo #	3	Of	4	Date:	10/26/2009	Time:	1011
Description:	Discharge from old chlorine contact structure.						



Photographer:	Brent Walker			Witness:	None		
Photo #	4	Of	4	Date:	10/26/2009	Time:	1019
Description:	Evidence of recent overflow from old chlorine contact structure to the surface of the ground. Note solids in ditch.						



Marion Water Department

31 MILITARY ROAD

P.O. BOX 814

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MAYOR
FRANK A. FOGLEMAN

WATER UTILITIES MANAGER
JIM SHERPERT

WATER & SEWER COMMITTEE

JIM SPENCE, CHAIRMAN
SANDERS CARTER
CLIFF WOOD

JANUARY 6, 2010

CINDY GARNER
WATER DIVISION ENFORCEMENT
BRANCH MANAGER
ADEQ
5301 NORTHSORE DRIVE
NORTH LITTLE ROCK, AR. 72118-5317

RE: Waste Water Treatment Plant Inspection

AFIN: 18-00110


NPDES Permit No.: AR0021971

Dear Ms. Garner:

1. On October 26, 2009, Mr. Walker informed me about an unpermitted discharge. The City of Marion was unaware of this discharge. We immediately plugged this outlet (The same day Mr. Walker was there) with a mechanical plug. Also I consulted our engineer on the design of this contact chamber, with no real explanation of this problem. We tightened the valves in this contact chamber area. We have had no additional discharge since Mr. Walker's inspection.
2. Effluent Violations:
 - A. According to our lab. Environmental Testing & Consulting item #12 of DMR instructions monthly average for NH-3-N does not have to be reported.
 - B. Non compliance report submitted for TSS.
 - C. Submitted non-compliance report for TSS, NH3-N not a violation.
 - D. Non-compliance submitted for TSS.NH3-N not a violation.
 - E. NH3-N not a violation.
3. At the time of Mr. Walker's inspection we had one aerator with mechanical failure the other one(s) were turned off because of load capacities. I was informed by Mr. Walker that if we have equipment at the facility it must be operational. We will make repairs or remove the aerators.
4. On October 26, 2009, Mr. Walker came to my office & did check our records that we send to our lab (ETC). I informed Mr. Walker that our calibration records were with my employee, who was taking a vacation day. The following day October 27 Mr. Walker was back to pick up samples, and talked to my employee and did not ask to see the records. I have instructed my employee to call Mr. Walker and discuss what inadequacies we are experiencing currently. I will get with my employee and we will implement what ever procedures that is necessary to correct this issue. I have contacted our lab on our chain of custody issues and it will be corrected.

5. In the future we will educate ourselves in proper monitoring procedures either with help from Mr. Walker or state offered classes to ensure our permit allowances.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim Shempert".

Jim Shempert
Water Utilities Manager
City Of Marion

Marion Water Dept.

P.O. Box 814

Marion, Arkansas 72364



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Cindy Garner
Water Division
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