



ARKANSAS
Department of Environmental Quality

June 1, 2012

Jim Shempert, Water Utilities Director
City of Marion WWTP
P.O. Box 717
Marion, AR 72364

RE: NPDES Compliance Inspection, Marion Wastewater Treatment Plant

AFIN: 18-00110 NPDES Permit No.: AR0021971

Dear Mr. Shempert:

On April 12, 2012, I performed a routine compliance inspection, a sanitary sewer overflow inspection, and an industrial stormwater inspection of the above referenced waste water treatment facility. These inspections were conducted 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 following violations were noted:

The compliance evaluation inspection revealed the following violations:

1. Improper operation and maintenance. This violates Part II, Section B., Item 1.a. of the permit, which requires that 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. The following items were noted:
 - a) There was excessive growth of vegetation on the lagoon levees.
 - b) Reeds were not adequately maintained in the rock reed filters.
 - c) The exhaust fan was not operational in the chlorine room.

The following violations were noted during the sanitary sewer overflow inspection:

1. Excessive grease and solids were in the wet well of the St. John pump station.
2. There was not an adequate alarm system or emergency contact information posted at many of the pump stations visited during this inspection.

The industrial stormwater inspection revealed that you meet all the conditions of your No Exposure Certification (ARR000189).

Mr. Jim Shempert, City of Marion WWTP

June 1, 2012

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The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address below, 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 June 12, 2012**.

If I can be of assistance, please contact me at greenway@adeq.state.ar.us or 870-935-7221 ext.-15.

Sincerely,



Michael B. Greenway
District 3 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



Form Approved
OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

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	1	2	0	4	1	2	17	18	C	19	S	20	1
Remarks																												
1 8 - 0 0 1 1 0 C R I T T E N D E N C O U N T Y																												
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----												
67						70						71		72		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> City of Marion WWTP West of Hwy 118, South of the UP railroad. Marion, AR Crittenden County	Entry Time/Date 10:00 / April 12, 2012	Permit Effective Date March 01, 2007
	Exit Time/Date 16:15 / April 12, 2012	Permit Expiration Date February 28, 2017
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Jim Shempert / Water Utilities Director / 870-739-5413	Other Facility Data 35.190443 -90.228506 PDS #065951	
Name, Address of Responsible Official/Title/Phone and Fax Number Jim Shempert / Water Utilities Director / 870-739-5413 City of Marion WWTP P.O. Box 717 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)

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

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

This routine compliance inspection revealed the following violations:

1. Excessively tall vegetation on the lagoon levees.
2. Reeds were not adequately maintained in the rock reed filters.
3. The exhaust fan was not operational in the chlorine room.

Refer to the attached letter and photos for more information.

Name(s) and Signature(s) of Inspector(s) Michael B. Greenway	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jonesboro (870) 935-7221 ext. 15 / (870) 935-4715 (Fax)	Date May 11, 2012
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: | <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

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: | <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 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 NE

DETAILS:

- | | |
|--|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input 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 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 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: <u>Facility is checked daily.</u> | <input type="checkbox"/> S <input checked="" 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 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: <u>The primary lagoon overflowed in December 2011.</u> | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: <u>The primary lagoon overflowed in December 2011.</u> | <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: | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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 degree 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 NE

DETAILS:

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Environmental Testing and Consulting Inc.</u>	
b. LAB ADDRESS: <u>2790 Whitten Rd., Memphis, TN, 38133</u>	
c. PARAMETERS PERFORMED: <u>CBOD, TSS, NH3-N, FCB, and Biomonitoring</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 checked="" type="checkbox"/> N <input 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	Clear/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 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 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 in compliance with the no exposure exclusion (ARR000189) evaluated separately.

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

A flow calibration check could not be performed due to the design of the weir.

Date: **04/12/2012** Time: **11:14**

Head in Inches: Feet:

Type & Size of Primary Flow Measurement Device: **90 degree v-notch weir.**

Name & Model of Secondary Flow Measurement Device:

Date of last Calibration of Secondary Flow Device: **April 20, 2011**

Recorded Flow at Date & Time Listed Above: **697.59 GPM** (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 =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =		-		X 100	

% Error =		X 100	

% Error =		X 100	

% Error =		%	

Comments:

DMR Calculation Check

Reporting Period: From 2012 01 01 To 2012 01 31
Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>116</u>	<u>8.3</u>	<u>11.5</u>
Calculated Value:	<u>115</u>	<u>8.3</u>	<u>11.5</u>
Permit Value:	<u>90</u>	<u>6.7</u>	<u>12</u>

If calculated value does not equal reported value, explain:

Slight difference in loading values, most likely due to rounding differences. A non-compliance report was submitted with the January 2012 DMR for exceeding NH3-N loading and concentration limits.

DMR Calculation Check

Reporting Period: From 2012 02 01 To 2012 02 29
 Year Month Day Year Month Day

Parameter Checked: Dissolved
 Oxygen

Concentration Monthly

Mo. Avg. - mg/l

Reported Value:		8.4	
Calculated Value:		8.4	
Permit Value:		6.0	

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

Water Division NPDES Photographic Evidence Sheet

Location:	City of Marion WWTP		
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Photographer:	Michael Greenway	Witness:	None
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Photo #	1	Of	4	Date:	04/12/2012	Time:	10:14
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Description:	Excessive growth of vegetation on the lagoon levees.
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Photographer:	Michael Greenway	Witness:	None
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Photo #	2	Of	4	Date:	04/12/2012	Time:	10:15
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Description:	Excessive growth of vegetation on the lagoon levees.
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Water Division NPDES Photographic Evidence Sheet

Location:	«Facility_Name»
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Photographer:	Michael Greenway	Witness:	None
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Photo #	3	Of	4	Date:	10:45	Time:	10:45
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Description:	Reeds were not adequately maintained in the rock reed filter system.
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Photographer:	Michael Greenway	Witness:	None
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Photo #	4	Of	4	Date:	04/12/2012	Time:	10:46
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Description:	Reeds were not adequately maintained in the rock reed filter system.
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Marion Water Department

MAYOR
FRANK A FOGLEMAN

WATER UTILITIES MANAGER
JIM SHERPERT

31 MILITARY ROAD
P.O. BOX 814
MARION, ARKANSAS 72364
PHONE: 870-739-3073
FAX: 870-739-5415

WATER & SEWER COMMITTEE

JIM SPENCE, CHAIRMAN
OAKLEA PHILLIPS
RICHARD COCKRILL

June 11, 2012

Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR. 72118-5317

RE: NPDES Compliance Inspection, Marion Wastewater Treatment Plant

AFIN: 18-00110

NPDES Permit No: AR002171

Violation Response:

1. Operation and Maintenance.

a) The City of Marion purchased a new tractor and bushhog mower the week following this recent inspection, and has made great strides in removing the excessive vegetation on the levees, with some additional work still to be done.

b) In response to the Reed situation on the rock beds, we are currently accessing the effectiveness of the Rock Reed Filters on our final effluent, in collaboration with our engineers on our recent (CAO).

c) A new exhaust fan will be purchased and installed in our chlorine room in a timely fashion.

Sanitary sewer overflow:

1. Grease and solids have been removed from this lift station. (St. John)

2. We have received two quotes from electricians for these alarms; these too will be installed in a timely fashion.

Jim Shempert, Water Utilities Manager



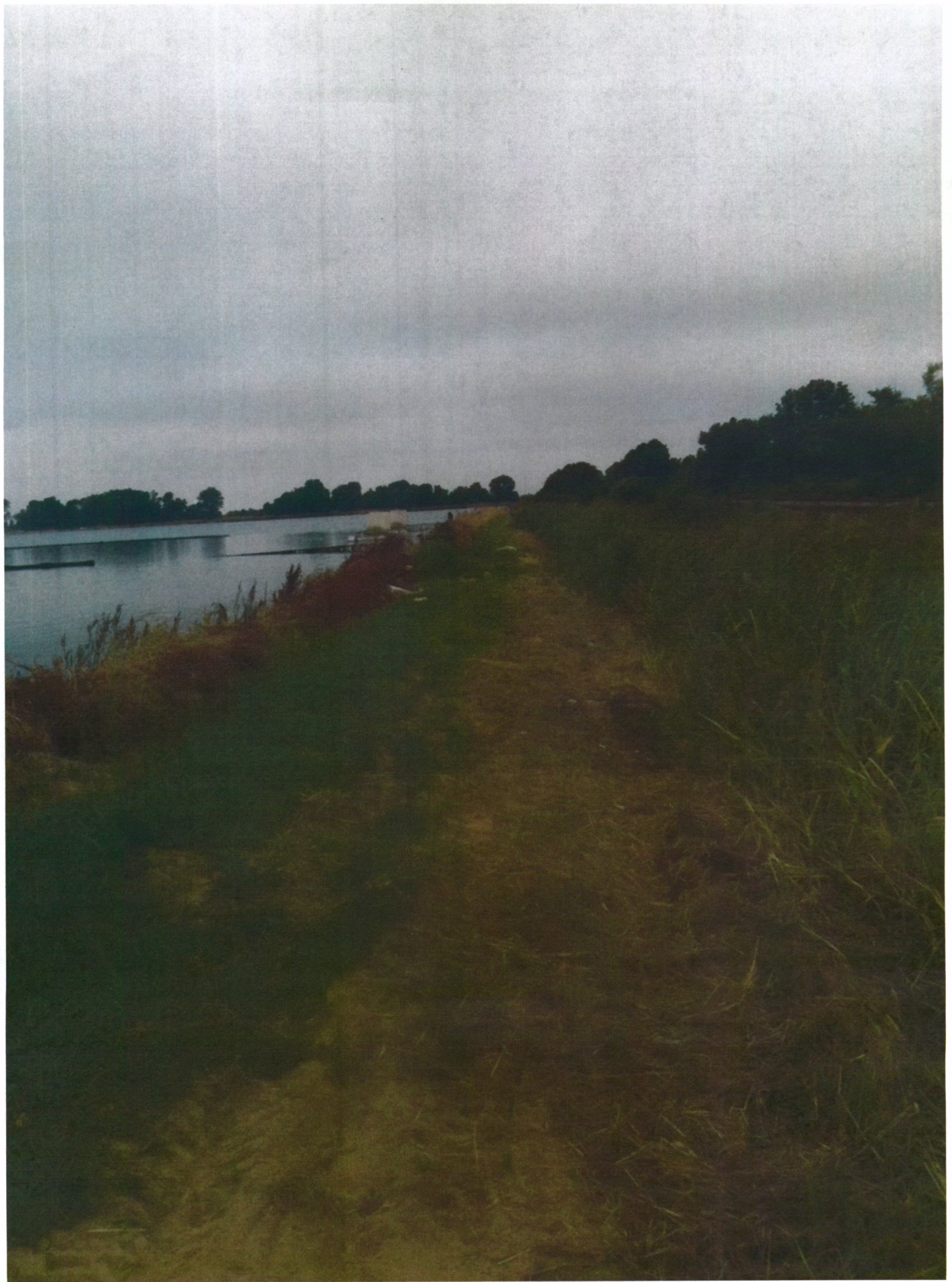
City of Marion WWTP
P.O. Box 814
Marion, AR. 72364























ACE Rewinding

113 S. 23rd

West Memphis, AR 72301

Estimate

Date	Estimate #
6/7/2012	57

Name / Address
CITY OF MARION P.O. BOX 717 MARION, AR 72364

			Project
Description	Qty	Rate	Total
LABOR AND MATERIAL TO INSTALL HIGH LEVEL EXTERIOR ALARM LIGHT ON SEWER LIFT STATION	1	525.00	525.00
		Subtotal	\$525.00
		Sales Tax (9.75%)	\$51.19
		Total	\$576.19

QUOTATION

DATE: 06/07/12

DYNAMIC ELECTRIC

INCORPORATED
P.O. Box 40011
Memphis, Tennessee 38174
Office: 901-363-5300 Fax: 901-726-0266

PROJECT REFERENCE:

PREPARED FOR
Marion Water Department

ATTN: Jim Shepard

PROJECT DESCRIPTION

Labor and material to install 25 warning lights on front of pump houses

For a sum of \$275.00 each

PRICING NOTES:

- 1) There are no light, gas and water charges or fees included in the above price quote. No engineering included.
- 2) This quote is subject to a price increase on the materials for 30 days from the above date.
- 3) No Concrete work included.

LIC. NO. 48369
LIC. Expiration: 02/28/13
LIC. Class: CE

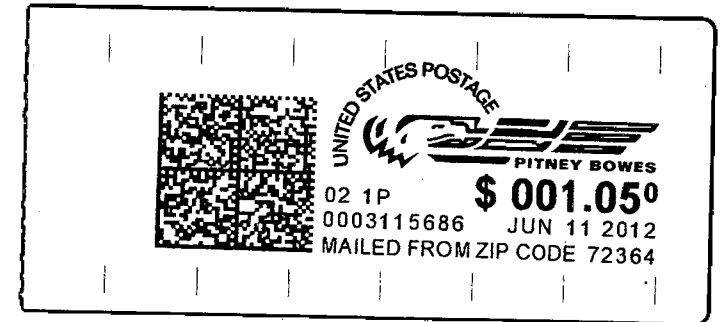
SUBMITTED BY: William Moore

TITLE: _____ President _____

DATE: _____ 06/07/12 _____

SIGNATURE: _____

MARION WATER
3 MILITARY
MARION, AR
72364



ADEQ
5301 NORTH SHORE DRIVE
NORTH LITTLE ROCK, AR.

72118-5317

ADEQ

ARKANSAS
Department of Environmental Quality

June 21, 2012

Jim Shempert, Water Utilities Director
City of Marion WWTP
P.O. Box 717
Marion, AR 72364

Permit No.: AR0021971 AFIN: 18-00110

Dear Mr. Shempert:

I have reviewed the response pertaining to my April 12, 2012 inspection of the Marion Wastewater Treatment Facility. 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 870-935-7221 ext. 15, or you may e-mail me at greenway@adeq.state.ar.us.

Sincerely,



Michael B. Greenway
District 3 Field Inspector
Water Division

cc: Water Division Enforcement Branch
 Water Division Permits Branch