

# ADEQ

ARKANSAS  
Department of Environmental Quality

April 7, 2016

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

RE: City of Marion Inspection  
AFIN: 18-00110 Permit No.: AR0021971 and ARR000189

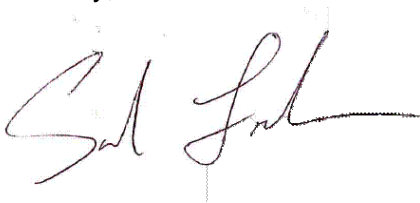
Dear Mayor Fogleman:

On March 14 and 15 2016, I performed a Compliance Evaluation Inspection, Collection System/SSO Inspection, and a No-Exposure Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection reports are enclosed for your records.


**Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto: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 **April 21, 2016**.

If I can be of any assistance, please contact me at 870-935-7221 ext.-15 or [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division

		<b>WATER DIVISION INSPECTION REPORT</b>					
		AFIN: 18-00110		PERMIT #: AR0021971		DATE: 3/14/2016	
		COUNTY: 18 Crittenden		PDS #: 090109		MEDIA: WN	
		GPS LAT: 35.190278 LONG: -90.228333 LOCATION: Entrance					
<b>FACILITY INFORMATION</b>			<b>INSPECTION INFORMATION</b>				
NAME: <b>City of Marion</b> LOCATION: <b>5054 Hardin Road</b> CITY: <b>Marion</b>			FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>112347 S - State</b>			
			FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>		
			DATE(S): <b>3/14/2016</b>	ENTRY TIME: <b>11:00</b>	EXIT TIME: <b>16:16</b>	PERMIT EFFECTIVE DATE: <b>7/1/2012</b>	
			<b>3/15/2016</b>	<b>11:10</b>	<b>12:50</b>	PERMIT EXPIRATION DATE: <b>06/30/2017</b>	
			FAYETTEVILLE SHALE RELATED: <b>N</b>				
FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>							
<b>RESPONSIBLE OFFICIAL</b>			<b>INSPECTION PARTICIPANTS</b>				
NAME / TITLE: <b>Frank Fogleman / Mayor</b> COMPANY: <b>City of Marion</b> MAILING ADDRESS: <b>P.O. Box 717</b> CITY, STATE, ZIP: <b>Marion AR 72364</b> PHONE & EXT. / FAX: <b>870-739-3073 /</b> EMAIL:			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jim Shempert/Water Utilities Director/870-739-3073</b>				
CONTACTED DURING INSPECTION: <b>No</b>							
<b>AREA EVALUATIONS</b>							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)							
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER		
<b>U</b>	RECORDS/REPORTS	<b>U</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW		
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>U</b>	SELF-MONITORING PROGRAM		
<b>U</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT		
<b>N</b>	OTHER:						
<b>SUMMARY OF FINDINGS</b>							
<p>The following violations were noted at the time of the inspection:</p> <ol style="list-style-type: none"> <li>1. Stabilization is needed in areas where newly placed pipes have been laid due to construction (Photo 1).</li> <li>2. Facility uses a faucet with aerator for grab sample collection (Photo 2). This method of sample collection can increase the dissolved oxygen. This is a violation of Part III, Section C.1 of the permit for Representative Sampling. The dissolved oxygen should be monitored in several locations at the facility to determine the best sample collection procedure.</li> <li>3. Improper Monitoring Procedures and Inadequate Records; this violates Part III, Section C, Items 3, 7, and 8 of the permit.                         <ol style="list-style-type: none"> <li>a. Thermometer and temperature log were missing at the time of the inspection. Automatic sampler fridge must be kept at 0-6°C during sample collection with temperature logs kept. Additionally, the thermometer used must be calibrated yearly for accurate measurements.</li> <li>b. Dissolved oxygen was not calibrated prior to taking measurements. Additionally, calibration records were not available. The permittee must retain records of all monitoring information including all calibrations for up to three years.</li> <li>c. Inadequate pH calibration was determined from records available at the time of the inspection.</li> </ol> </li> </ol>							

**GENERAL COMMENTS**

**Brent Walker, District 3 Water Inspector, also participated in this inspection.**

**At the time of the inspection, freeboard was observed as less than 6 inches in the north side of cell 1 due to heavy rainfall. The facility should continue to monitor and improve areas with high I&I to meet the 2 ft. freeboard required by 10 States Standards.**

**The new Outfall 002 was added and the facility began discharging in September 2015. No discharge was observed from Outfall 001 at the time of the inspection. The facility is communicating with Permits Branch about questions concerning design flow and mass loading limits.**

**A Collection System/SSO Inspection was performed in conjunction with this inspection.**

INSPECTOR'S SIGNATURE:



**Sarah Frasher**

DATE: **4/5/2016**

SUPERVISOR'S SIGNATURE:



**Jason Bolenbaugh**

DATE: **4/7/2016**

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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: <u>DO calibration records missing</u>	<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 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: <u>DO calibration records missing</u>	<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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED: <u>Stabilization needed with areas of newly laid pipe</u>	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: <u>Generator</u>	<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:	<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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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 type="checkbox"/> Y <input checked="" 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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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

<b>SECTION D: SAMPLING</b>	
<b>PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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: <u>Faucet with aerator used for grab sample collection</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING: <u>Thermometer missing</u>	<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
<b>SECTION E: FLOW MEASUREMENT</b>	
<b>PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS</b>	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Yes</u> TYPE OF DEVICE: <u>Badger Meter M-Series M2000</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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Installed recently</u>	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>DETAILS:</b>	
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>Inadequate pH calibration. DO not calibrated prior to measurement.</u>	<input type="checkbox"/> Y <input checked="" 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 ≥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 ≥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>Waypoint</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>BOD5, TSS, FCB, TP, NO3+NO2-N, and Acute WET Testing</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

<b>SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS</b>							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Moderate	None	None	greenish-brown	--
<b>SECTION H: SLUDGE DISPOSAL</b>							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Sludge stays in lagoon</u>							
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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
<b>SECTION I: SAMPLING INSPECTION PROCEDURES</b>							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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	
<b>SECTION J: STORM WATER POLLUTION PREVENTION PLAN</b>							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
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	

**DMR Calculation Check**

Reporting Period: From 2015 11 01 To 2015 11 30  
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>463</u>	<u>24</u>	<u>46</u>
Calculated Value:	<u>463</u>	<u>24</u>	<u>46</u>
Permit Value:	<u>1200</u>	<u>90</u>	<u>135</u>

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

**DMR Calculation Check**

Reporting Period: From 2015 12 01 To 2015 12 31  
 Year Month Day Year Month Day

Parameter Checked: BOD5

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
Reported Value:	<u>412</u>	<u>23</u>	<u>47</u>
Calculated Value:	<u>412</u>	<u>23</u>	<u>47</u>
Permit Value:	<u>400</u>	<u>30</u>	<u>45</u>

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



**Water Division Photographic Evidence Sheet**

Location:	<b>City of Marion</b>				
Photographer:	<b>Brent Walker</b>	Date:	<b>3/14/2016</b>	Time:	<b>11:46</b>
Witness:	<b>Sarah Frasher</b>	Photo #:	<b>1</b>		
Description:	<b>Stabilization needed in areas of newly placed pipe during construction.</b>				



Photographer:	<b>Brent Walker</b>	Date:	<b>3/14/2016</b>	Time:	<b>15:49</b>
Witness:	<b>Sarah Frasher</b>	Photo #:	<b>2</b>		
Description:	<b>Faucet used for grab sample collection. Note aerator attached to faucet.</b>				



# ADEQ

ARKANSAS  
Department of Environmental Quality

April 7, 2016

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

RE: City of Marion Inspection  
AFIN: 18-00110

Permit No.: AR0021971 and ARR000189

Dear Mayor Fogleman:

On March 14 and 15 2016, I performed a Compliance Evaluation Inspection, Collection System/SSO Inspection, and a No-Exposure Inspection of the above referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection reports are enclosed for your records.

**Please refer to the "Summary of Findings" section of the attached inspection report and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto: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 **April 21, 2016**.

If I can be of any assistance, please contact me at 870-935-7221 ext.-15 or [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division

<h1 style="margin:0;">ADEQ</h1> <p style="margin:0;">ARKANSAS Department of Environmental Quality</p>		<b>WATER DIVISION INSPECTION REPORT</b>			
		AFIN: 18-00110	PERMIT #: AR0021971	DATE: 3/14/2016	
		COUNTY: 18 Crittenden	PDS #: 090109	MEDIA: WN	
GPS LAT: 35.190278 LONG: -90.228333 LOCATION: Entrance					
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>City of Marion</b> LOCATION: <b>5054 Hardin Road</b> CITY: <b>Marion</b>		FACILITY TYPE: <b>1 - Municipal</b>	INSPECTOR ID#: <b>112347 S - State</b>		
		FACILITY EVALUATION RATING: <b>1 - Unsatisfactory</b>	INSPECTION TYPE: <b>Compliance Evaluation</b>		
		DATE(S): <b>3/14/2016</b>	ENTRY TIME: <b>11:00</b>	EXIT TIME: <b>16:16</b>	
		DATE(S): <b>3/15/2016</b>	ENTRY TIME: <b>11:10</b>	EXIT TIME: <b>12:50</b>	
		PERMIT EFFECTIVE DATE: <b>7/1/2012</b>			
		PERMIT EXPIRATION DATE: <b>06/30/2017</b>			
<b>RESPONSIBLE OFFICIAL</b>					
NAME / TITLE <b>Frank Fogleman / Mayor</b> COMPANY: <b>City of Marion</b> MAILING ADDRESS: <b>P.O. Box 717</b> CITY, STATE, ZIP: <b>Marion AR 72364</b> PHONE & EXT: / FAX: <b>870-739-3073</b> / EMAIL:					
FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N					
<b>INSPECTION PARTICIPANTS</b>					
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jim Shempert/Water Utilities Director/870-739-3073</b>					
CONTACTED DURING INSPECTION: No					
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>N</b>	STORMWATER
<b>U</b>	RECORDS/REPORTS	<b>U</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>U</b>	SELF-MONITORING PROGRAM
<b>U</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>N</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<p>The following violations were noted at the time of the inspection:</p> <ol style="list-style-type: none"> <li>1. Stabilization is needed in areas where newly placed pipes have been laid due to construction (Photo 1).</li> <li>2. Facility uses a faucet with aerator for grab sample collection (Photo 2). This method of sample collection can increase the dissolved oxygen. This is a violation of Part III, Section C.1 of the permit for Representative Sampling. The dissolved oxygen should be monitored in several locations at the facility to determine the best sample collection procedure.</li> <li>3. Improper Monitoring Procedures and Inadequate Records; this violates Part III, Section C, Items 3, 7, and 8 of the permit.                         <ol style="list-style-type: none"> <li>a. Thermometer and temperature log were missing at the time of the inspection. Automatic sampler fridge must be kept at 0-6°C during sample collection with temperature logs kept. Additionally, the thermometer used must be calibrated yearly for accurate measurements.</li> <li>b. Dissolved oxygen was not calibrated prior to taking measurements. Additionally, calibration records were not available. The permittee must retain records of all monitoring information including all calibrations for up to three years.</li> <li>c. Inadequate pH calibration was determined from records available at the time of the inspection.</li> </ol> </li> </ol>					

# 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  
KELLY O'NEAL  
CLIFF WOOD

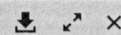
APRIL 19, 2016

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

RE: WRITTEN RESPONSE TO SUMMARY OF FINDINGS  
AFIN: 18-00110, PERMIT # AR0021971

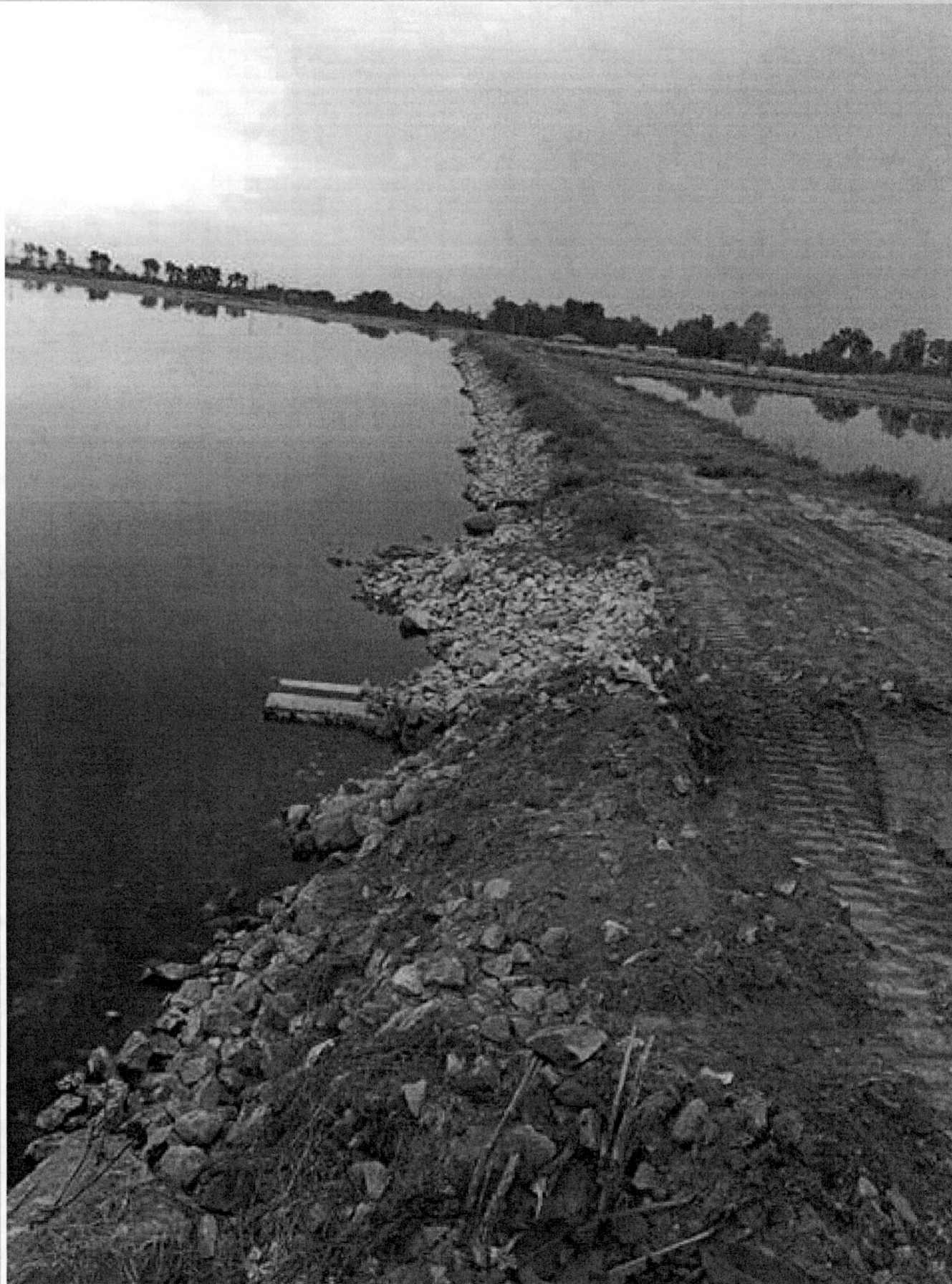
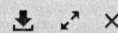
1. Stabilization has been added to the newly installed pipes between lagoon cells.(photo attached)
2. Aerator has been removed from grab sample collection faucet.(photo attached)
3. The employee performing monitoring procedures and record keeping is no longer working for Marion Water Department: A. We will either calibrate our thermometer with another certified lab (West Memphis) or we will send it back to Accurate Environmental Laboratories. B., C. We asked Rodney Baldwin with Arkansas Rural Water Association to come today (April 19, 2016) and help us with our PH and DO calibrations. We are making arrangements to be more diligent with our record keeping and our monitoring information.

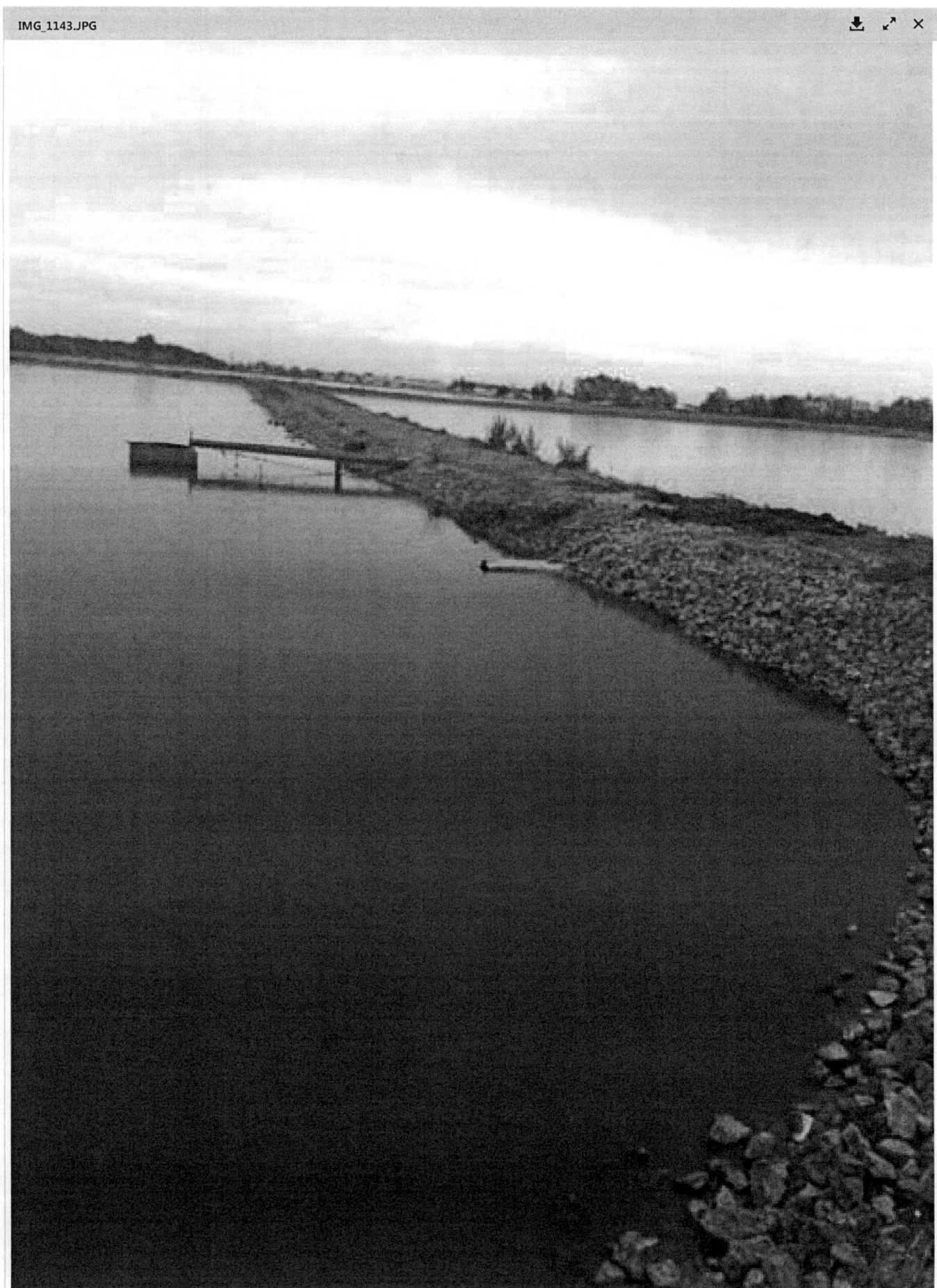
IMG\_1142.JPG



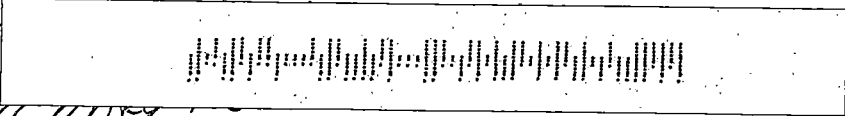


IMG\_1144.JPG



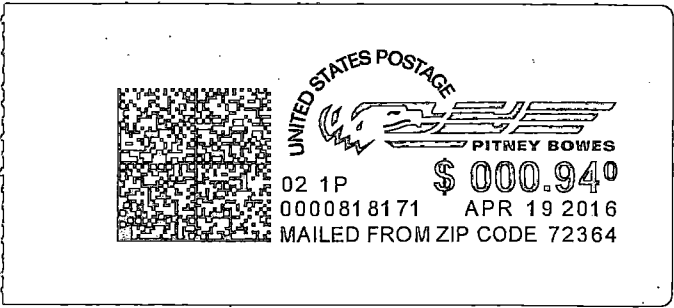


MAR



31 MICHIGAN

MARION, AR. 72364



ADEQ  
WATER DIVISION INSPECTION BRANCH  
5301 NORTH SHORE DRIVE  
NORTH LITTLE ROCK, AR. 72118-5317



# ADEQ

ARKANSAS  
Department of Environmental Quality

May 23, 2016

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

RE: City of Marion Inspection Response

Permit No.: AR0021971 and ARR000189

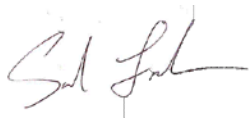
AFIN: 18-00110

Dear Mayor FoglemanA:

I have reviewed the response pertaining to my March 14 and 15, 2016 inspections of the City of Marion. 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 [frasher@adeq.state.ar.us](mailto:frasher@adeq.state.ar.us).

Sincerely,



Sarah Frasher  
District 3 Field Inspector  
Water Division