



# ARKANSAS

## ENERGY & ENVIRONMENT

December 30, 2022

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 September 8, 2022, I performed a Compliance Evaluation Inspection, SSO/Collection System Inspection and Industrial Stormwater 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 report is enclosed for your records.


**Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted.** This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed 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. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e. photos) is due by **January 20, 2023**.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Frasher'.

Sarah Frasher  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118

 <p><b>ENVIRONMENTAL QUALITY</b></p>	<b>OFFICE OF WATER QUALITY</b>				
	<b>INSPECTION REPORT</b>				
	AFIN: 18-00110	PERMIT #: AR0021971	DATE: 9/8/2022		
	COUNTY: 18 Crittenden	PDS #: 124015	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>2 - Marginal</b> INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		DATE(S): <b>9/8/2022</b> ENTRY TIME: <b>10:13</b> EXIT TIME: <b>14:22</b> PERMIT EFFECTIVE DATE: <b>10/1/2017</b> PERMIT EXPIRATION DATE: <b>9/30/2022</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:  EMAIL:		FAYETTEVILLE SHALE RELATED: <b>N</b> FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CONTACTED DURING INSPECTION: <b>No</b>		<b>INSPECTION PARTICIPANTS</b>			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: <b>Jerry Kelley/ Water Utilities Director</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>M</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>M</b>	FACILITY SITE REVIEW
<b>M</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>M</b>	SELF-MONITORING PROGRAM
<b>S</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 during the inspection:</p> <ol style="list-style-type: none"> <li>1) The percent removal conducted on September 1, 2021 had an 84% for BOD in violation of Part II, Item 2 of the permit. The facility must not have a 30-day average percent removal less than 85%.</li> <li>2) A dark influent discharge was observed at the influent pipe of the plant (Photos 1-2). This discharge is not allowed since it could affect the health of the plant and the source must be discovered in violation of Part II, Item 7 of the permit. Please provide any information on this discharge including but not limited to the source, how it was ceased, and any possible affects to the POTW.</li> <li>3) The following are in violation of Part III, Section B.1.a of the permit for Improper Operation and Maintenance:                         <ol style="list-style-type: none"> <li>(1) Deposited sediment was observed near the aeration wheel (Photo 3)</li> <li>(2) High vegetation was observed on lagoon levees (Photos 4-6).</li> <li>(3) Algae was observed in the chlorine contact chamber (Photo 12)</li> </ol> </li> <li>4) The facility reported on the July 2022 DMR 456 col/100 mL instead of 43 col/100 mL and 1,676 col/100 mL instead of 1,034 col/100 mL for the 7-day average due to not using the geometric mean for calculations. The facility should examine past DMRs and make proper corrections.</li> <li>5) The facility reported a 60.5 mg/L for the May 2022 BOD 7-day average instead of 47.67 mg/L. The facility should ensure that all values are reported correctly on the DMR.</li> </ol>					

**GENERAL COMMENTS**

**This inspection was performed in conjunction with a SSO/Collection System Inspection and a No Exposure Industrial Stormwater Inspection, ARR000189. Please view reports for details.**

INSPECTOR'S SIGNATURE:



**Sarah Frasher**

DATE: **12/28/2022**

SUPERVISOR'S SIGNATURE:



**Jason Bolenbaugh**

DATE: **12/29/2022**

<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 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
<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 type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>Misreporting for May 2022 BOD. Not using the geometric mean for FCB.</u></b>	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input type="checkbox"/> Y <input 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 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 type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input 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 type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <b><u>High accumulation of vegetation on lagoon levees. Large deposit of sediment near aeration wheel.</u></b>	
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: <b><u>High vegetation. Algae buildup in contact chamber. Large deposit of sediment.</u></b>	<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:	<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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> S <input type="checkbox"/> M <input 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:	<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
<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:	<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 checked="" 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
<b>SECTION F: LABORATORY</b>	
<b>PERMITTEE LABORATORY PROCEDURES MEET 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. 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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>Waypoint Analytical</u>	
b. LAB ADDRESS: <u>Memphis, TN</u>	
c. PARAMETERS PERFORMED: <u>BOD, TSS, FCB, TRC, 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
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	Medium	None	None	Green	--
SECTION H: SLUDGE DISPOSAL							
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 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						<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	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
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: <u>See Industrial Stormwater Inspection for No Exposure Permit ARR000189</u>							
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 2022 07 01 To 2022 07 31  
 Year Month Day Year Month Day

Parameter Checked: FCB

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - FCB</b>	<b>7-day Avg. - FCB</b>
Reported Value:	<u>N/A</u>	<u>456</u>	<u>1676</u>
Calculated Value:	<u>N/A</u>	<u>43</u>	<u>1034</u>
Permit Value:	<u>N/A</u>	<u>200</u>	<u>400</u>

If calculated value does not equal reported value, explain: Facility not calculating FCB using the geometric mean.

**DMR Calculation Check**

Reporting Period: From 2022 05 01 To 2022 05 31  
 Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>N/A</u>	<u>34</u>	<u>60.5</u>
Calculated Value:	<u>N/A</u>	<u>34</u>	<u>47.67</u>
Permit Value:	<u>N/A</u>	<u>30</u>	<u>45</u>

If calculated value does not equal reported value, explain: Difference due to a misreporting mistake.





Figure 1. Google Earth image of the City of Marion POTW with labels for the different areas of treatment.

**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>11:12</b>
		Photo #:	<b>1</b>
Description:	<b>View of the influent pipes. Note the discharges into the lagoon. Note the dark discharge.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>None</b>
Witness:	<b>None</b>	Time:	<b>11:17</b>
		Photo #:	<b>2</b>
Description:	<b>View of the influent pipe. Note the dark discharge and discolored water.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>11:13</b>
		Photo #:	<b>3</b>
Description:	<b>View of the aerator wheel. Note the deposited sediment near the wheel.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>11:14</b>
		Photo #:	<b>4</b>
Description:	<b>View of Cell 1. Note the high vegetation.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>11:10</b>
		Photo #:	<b>5</b>
Description:	<b>View of the aerator wheel. Note the vegetation.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>11:09</b>
		Photo #:	<b>6</b>
Description:	<b>View of the baffle curtain dividing the cells. Note the vegetation.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:24</b>
		Photo #:	<b>7</b>
Description:	<b>View of Cell 1. Note the algae accumulation.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:58</b>
		Photo #:	<b>8</b>
Description:	<b>Overview of the chlorine contact chamber and pump house.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:52</b>
		Photo #:	<b>9</b>
Description:	<b>View of Cell 4.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:37</b>
		Photo #:	<b>10</b>
Description:	<b>View of the chlorine contact chamber.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:39</b>
		Photo #:	<b>11</b>
Description:	<b>View of the bar screen to the chlorine contact chamber.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:38</b>
		Photo #:	<b>12</b>
Description:	<b>View inside the chlorine contact chamber. Note the algae.</b>		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:59</b>
		Photo #:	<b>13</b>
Description:	<b>View of the sampling building.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:17</b>
		Photo #:	<b>14</b>
Description:	<b>View of the chlorine injection.</b>		





Office of Water Quality Photographic Evidence Sheet

Location:	City of Marion		
Photographer:	Sarah Frasher	Date:	9/8/2022
Witness:	None	Time:	10:17
		Photo #:	15
Description:	Close-up view of the scale for the chlorine.		



Photographer:	Sarah Frasher	Date:	9/8/2022
Witness:	None	Time:	10:20
		Photo #:	16
Description:	View of the sampler.		



**Office of Water Quality Photographic Evidence Sheet**

Location:	<b>City of Marion</b>		
Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:20</b>
		Photo #:	<b>17</b>
Description:	<b>View of the inside of the sampler.</b>		



Photographer:	<b>Sarah Frasher</b>	Date:	<b>9/8/2022</b>
Witness:	<b>None</b>	Time:	<b>10:22</b>
		Photo #:	<b>18</b>
Description:	<b>View of the inside of the sample building. Note the electrical controls for the pumps and the flowmeter.</b>		



**From:** [Tracy Brick](#)  
**To:** [Water-Inspection-Report](#)  
**Subject:** City of Marion Inspection response  
**Date:** Wednesday, January 18, 2023 4:30:23 PM  
**Attachments:** [Water Quality Inspection response signed.pdf](#)

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Attached is the response for the Compliance Evaluation Inspection, SSO/Collection System Inspection and Industrial Stormwater Inspection of AFIN 18-00110.

A copy has been mailed to the Office of Water Quality and Compliance Branch 5301 Northshore Drive, North Little Rock, AR 72118

Sincerely,

*Tracy Brick, PCED*

Mayor City of Marion

[www.marionarchamber.org](http://www.marionarchamber.org)

13 Military Road

Marion, Arkansas 72364

870.739.6041

[tracy.brick@marionarkansas.org](mailto:tracy.brick@marionarkansas.org)

# City of Marion

P.O. Box 717  
31 MILITARY ROAD  
MARION, ARKANSAS 72364  
PHONE (870) 739-5410  
FAX (870) 739-2703

MAYOR  
TRACY BRICK

CITY ATTORNEY  
CHRISTOPHER CRAIN

DISTRICT COURT JUDGE  
FRED THORNE

CITY TREASURER  
DAVID W. RIKARD

CITY CLERK  
PATTY JAMES

CITY COUNCIL

WARD I  
KELSEY HENSLEY  
ADAM CUPPLES

WARD II  
CLIFF WOOD  
TAYLOR GUY III

WARD III  
BRYAN JACKSON  
RAY NASSAR

January 18, 2023

Ms. Sarah Frasher  
Inspector, Office of Water Quality  
5301 Northshore Dr.  
North Little Rock, AR 72118

Dear Ms. Frasher,

This week, I received the September 8, 2022 inspection report of the Marion facilities. As the new Mayor, I am not very familiar with the inspection and reporting process. I passed the report onto Mr. Jerry Kelley, Department Head of Marion Water and Sewer, his response and photos are enclosed.

Please contact me directly if you need additional information. My office phone 870-739-6041, email [tracy.brick@marionarkansas.org](mailto:tracy.brick@marionarkansas.org), mailing address 13 Military Rd. Marion, AR 72364

Thank you and I look forward to working with you and your office to maintain our system.

Sincerely,



Tracy Brick  
Mayor City of Marion

Enclosure: Jerry Kelley Report  
Six photographs

# City of Marion

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RAY NASSAR

January 18, 2023

Submitted by Jerry Kelly, City of Marion Water/Sewer Department Head  
Response to City of Marion Inspection AFIN: 18-00110 conducted on September 8, 2022  
Permit No: AR0021971 and ARR000189

1. Our BOD effluent results have been much lower which in theory would improve our removal percentage to above 85%. I will take an in-out sample this month and send you the results.
2. We have investigated the two industries that discharge into that pumping station. Both have good programs that are following the rules of the permit. We did not find any violations however we have not seen that type of discharge since. We are doing monthly visits to both places.
3. 1. We have made adjustments with the aeration and have gotten this deposit cleaned up.  
2. We have mowed and weeded the lagoon and will continue good housekeeping going forward.  
3. We were able to address the algae by adjusting the PH. We also pressure washed the contact chamber to remove any algae from the walls and bottom.
4. We have made adjustments to our Excel spreadsheet to calculate the geometric mean automatically.
5. We have gotten clarification from Sarah on calculating the 7day average.

Approved



Tracy Brick  
Mayor City of Marion

















# ARKANSAS

ENERGY & ENVIRONMENT

May 25, 2023

Tracy Brick, Mayor  
City of Marion  
P.O. Box 717  
Marion, AR 72364

**RE: Response to Inspection**  
**AFIN: 18-00110**

**Permit No.: AR0021971 and ARR000189**

Dear Mayor Brick:

I have reviewed the response pertaining to my September 8, 2022 inspection of the City of Marion. The information provided sufficiently addresses the items 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 I require further information concerning this matter I will contact you. Thank you for your attention to this matter. Should you have any questions please contact me at (870) 935-7221 ext.-15 or you may email me at [Sarah.Frasher@adeq.state.ar.us](mailto:Sarah.Frasher@adeq.state.ar.us).

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Frasher'.

Sarah Frasher  
Inspector, Office of Water Quality  
5301 Northshore Drive, North Little Rock, AR, 72118