	ENVIRONMENTAL QUALITY	OFFICE OF WATER QUALITY					
1 MS		INSPECTION REPORT					
AF. ENS		AFI				DATE: 9/8/2022	
ROL		CO	UNTY: 18 Critte	enden	PDS #	#: 124016	MEDIA: WN
		GP	S LAT: 35.1902	78 LONG: -90.22	8333 L	OCATION: E	ntrance
	FACILITY INFORMAT	ION				TION INFOR	MATION
	/ of Marion			FACILITY TYPE: 1 - Municipal	1 - Municipal 112347 S - State		
	4 Hardin Road			FACILITY EVALUATION RATIN			ON TYPE: Collection System
Ма	rion				I0:13	EXIT TIME: 14:22	PERMIT EFFECTIVE DATE: 10/1/2017
	RESPONSIBLE OFFIC	CIAL		-			PERMIT EXPIRATION DATE: 9/30/2022
Fra COMP	nk Fogleman / Mayor			FAYETTEVILLE SHALE RELATED: N			
Cit	/ of Marion			FAYETTEVILLE			
	ig address: D. Box 717						
CITY,	STATE, ZIP:			NAME/TITLE/PHONE/FAX/EM.	AIL/ETC.:		
	rion AR 72364 E & EXT: / FAX:			Jerry Kelley/ W			.01
	/						
EMAIL							
CO	NTACTED DURING INSPECTION	: No					
	(S=S	atisfacto		ALUATIONS atisfactory, N=Not Applicable	e/Evaluated	1)	
S	PERMIT	Ν	FLOW MEASU	REMENT	Ν	STORMWA	
	RECORDS/REPORTS		LABORATORY		N		
S N	OPERATION & MAINTENANCE SAMPLING				SELF-MONITORING PROGRAM PRETREATMENT		
U	OTHER:		N SLUDGE HANDLING/DISPOSAL N PRETREATMENT				
			SUMMARY	OF FINDINGS			
The Quinn Road Pump Station was observed unlocked during the inspection that is in violation of Part III, Section B.1.a. of the permit as well as Item 46 of 10 States Standards.							
			GENERAL	COMMENTS			
The Quinn Road and Vintage Veranda pump stations were part of the system that flows to the influent pipe with the dark colored discharge described in the Compliance Evaluation Inspection. No dark wastewater was observed at any of the Stations inspected. Emergency contact information was not posted at any of the pump station inspected. It is encouraged by DEQ to have contact information posted in view of the public.							
This inspection was performed in conjunction with a Compliance Evaluation Inspection and Industrial Stormwater No Exposure Inspection, ARR000189. Please view these reports for details.							
11.81							
INSPECTOR'S SIGNATURE: Sarah Frasher			her			DATE: 12/28/2022	
<u></u>		n Re	Hintray .	een Delenteret			
SU	PERVISOR'S SIGNATURE: 7		- Ja	son Bolenbaugh			DATE: 12/29/2022

Inspection Report: City of Marion, AFIN: 18-0010, Permit #: AR0021971					
COLLECTION SYSTEM INSPECTION AND OVERALL RAT	ING	ØS OM OU ONA ONE			
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: Shallow gravity flow with force main					
POPULATION SERVED/NUMBER OF RESIDENTIAL AND C	POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: ~5,500 connections				
FEET OF SEWER SYSTEM: ~305,000 feet					
AGE OF SYSTEM: 1930s and newer					
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING D (EXPLAIN): High I&I					
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS 1 Operator reports to DEQ					
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:					
HAVE SSOs REACHED "WATERS OF THE STATE" (LIST D EACH):					
PUMP STATIONS		⊠S ⊡M ⊡U ⊡NA ⊡NE			
NUMBER OF PUMP STATIONS IN SYSTEM: 31 NUMBER WITH BACKUP POWER: 31					
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITO	RED: Daily 7 times/week				
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOG	GS KEPT: Pump logs and mai	ntenance logs			
ADEQUATE INVENTORY OF SPARE PARTS: Yes					
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>N/A</u>					
BRIEF SUMMARY OF EMERGENCY PROCEDURES: Backup pump					
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): 2					
SATELLITE SYSTEMS		ØS OM OU ONA ONE			
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: Yes					
TYPE(S) OF WASTE WATER RECEIVED: ØRESIDENTIAL OOMMERCIAL INDUSTRIAL OTHER:					
BRIEFLY DESCRIBE THE SATELLITE SYSTEM: Lakeshore Estates Trailer Park with 2 pump stations					
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM: High I&I					
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:					
Abbot Widdicombe/ Owner/ 870-735-6028 Lakeshore Estates (Mobile Home Park) William L. Johnson Company P.O. Box 1055 West Memphis, AR 72303					

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION	OS OM OU ONA			
NAME AND/OR LOCATION OF PUMP STATION: Quinn Road				
TYPE(S) OF WASTE WATER RECEIVED: □RESIDENTIAL		AL DOTHER:		
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: 2			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		ØS OM OU ONA ONE		
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊡Y ØN ⊡NA ⊡NE		
GENERAL OPERATION AND MAINTENANCE		⊡S ⊠M ⊡U ⊡NA		
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		ØS □M □U □NA □NE		
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:	⊡S ⊡M ⊠U ⊡NA ⊡NE			
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	⊠S ⊡M ⊡U ⊡NA ⊡NE			
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED:		ØS OM OU ONA ONE		
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :	`	⊠S ⊡M ⊡U ⊡NA ⊡NE		
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	NDENSATION AND/OR	⊠S ⊡M ⊡U ⊡NA ⊡NE		
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE		
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE		
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN W	VET WELLS:	ØS OM OU ONA ONE		
BACKUP POWER AND ALARMS		ØS OM OU ONA		
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	ØS OM OU ONA ONE		
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT I emergency contact information posted	NFORMATION POSTED: <u>No</u>			
SCADA SYSTEM (LIST PARAMETERS MONITORED):		⊡Y ⊡N ⊠NA ⊡NE		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)					
GENERAL INFORMATION AND OVERALL EVALUATION	ØS OM OU ONA				
NAME AND/OR LOCATION OF PUMP STATION: Vintage Veranda					
TYPE(S) OF WASTE WATER RECEIVED: □RESIDENTIAL		AL DOTHER:			
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: 2				
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		ØS OM OU ONA ONE			
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊡Y ØN ⊡NA ⊡NE			
GENERAL OPERATION AND MAINTENANCE		ØS 🗆 M 🗇 U 🗆 NA			
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		ØS OM OU ONA ONE			
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:	ØS OM OU ONA ONE				
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	⊠S ⊡M ⊡U ⊡NA ⊡NE				
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED:		⊠S ⊡M ⊡U ⊡NA ⊡NE			
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :		⊠S ⊡M ⊡U ⊡NA ⊡NE			
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	NDENSATION AND/OR	ØS OM OU ONA ONE			
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE			
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE			
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	/ET WELLS:	⊡S ØM ⊡U ⊡NA ⊡NE			
BACKUP POWER AND ALARMS		ØS OM OU ONA			
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	ØS OM OU ONA ONE			
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT I emergency contact information posted.	NFORMATION POSTED: <u>No</u>				
SCADA SYSTEM (LIST PARAMETERS MONITORED):	⊡Y ⊡N ⊠NA ⊡NE				

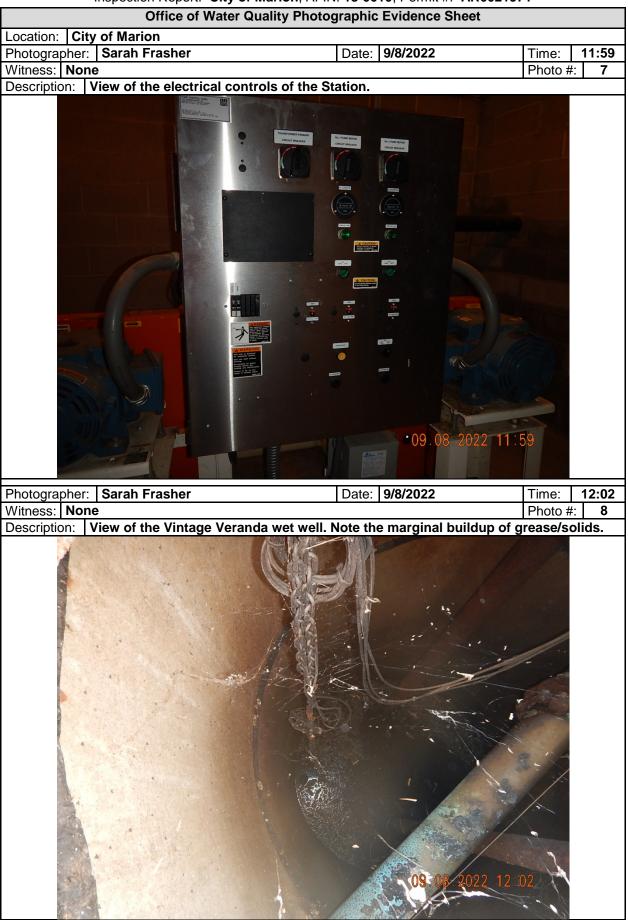
PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)				
GENERAL INFORMATION AND OVERALL EVALUATION				
NAME AND/OR LOCATION OF PUMP STATION: Colonial Pump				
TYPE(S) OF WASTE WATER RECEIVED: ZRESIDENTIAL		AL DOTHER:		
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: 2			
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:		ØS OM OU ONA ONE		
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:		⊡Y ØN ⊡NA ⊡NE		
GENERAL OPERATION AND MAINTENANCE		ØS 🗆 M 🗇 U 🗆 NA		
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAG EQUIPMENT:		ØS OM OU ONA ONE		
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVE ACCESS AND/OR TAMPERING:	ØS OM OU ONA ONE			
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED PROTECTED:	⊠S ⊡M ⊡U ⊡NA ⊡NE			
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIP INSTALLED AND MAINTAINED:		ØS OM OU ONA ONE		
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQU DRIVESHAFTS, ETC.) :		ØS □M □U □NA □NE		
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CON GASES AND FUMES:	NDENSATION AND/OR	ØS OM OU ONA ONE		
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAIN	TENANCE:	ØS OM OU ONA ONE		
SEALS, VALVES AND PACKING ADEQUATELY MAINTAIN	ED TO PREVENT LEAKS:	ØS OM OU ONA ONE		
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN V	/ET WELLS:	ØS OM OU ONA ONE		
BACKUP POWER AND ALARMS		ØS OM OU ONA		
PROVISIONS FOR GENERATOR AND/OR EMERGENCY T	RANSFER PUMP:	ØS OM OU ONA ONE		
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT I emergency contact information posted.	NFORMATION POSTED: <u>No</u>			
SCADA SYSTEM (LIST PARAMETERS MONITORED):	⊡Y ⊡N ⊠NA ⊡NE			

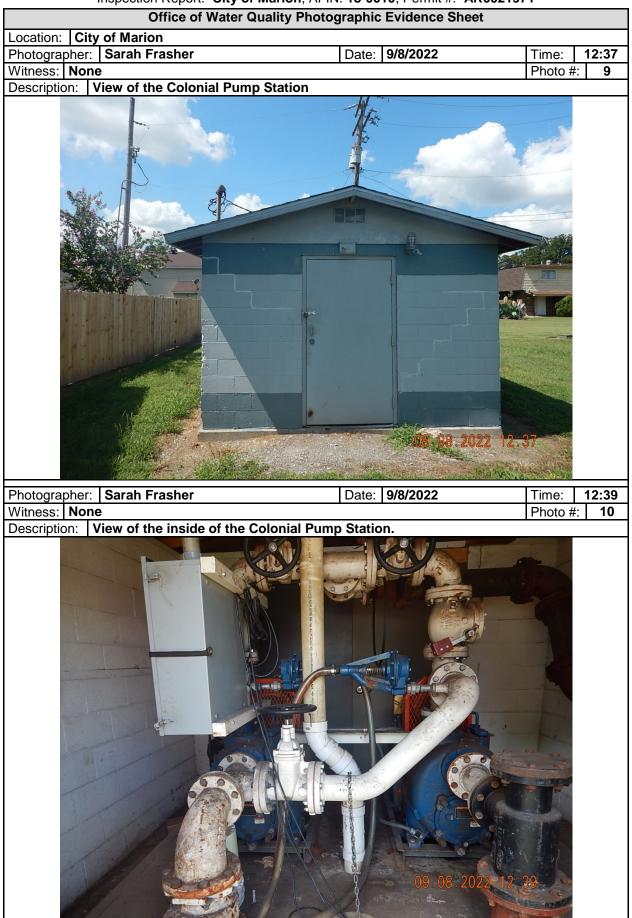






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