

BOND CONSULTING ENGINEERS EAST, INC.
3683 STATE HIGHWAY 77 NORTH
MARION, ARKANSAS 72364

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C.H. BOND, JR., P.E.
JEROME B. ALFORD, P.E.
JACK G. BOND, P.E.

February 4, 2021

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

Attn: Danielle Harbin– Enforcement Analyst

RE: City of Marion
NPDES Permit No.AR0021971
AFIN 18-00110

Dear Danielle,

First of all, I want to thank you for letting me extend the deadline for reporting in your email of Jan 27, 2021.

I have attached DMR's from June 2019 thru December 2020. If you review these, you will see that during 2020 our efforts to meet discharge limits were better than our historical data. After our June 25, 2019 correspondence, we did get the DO readings in place and have tried to use these to decide on the best time to discharge. We have one basic problem. Several of the force mains that discharge into the pond enter at the southeast corner of pond #1. This first pond was built in 1976. The City is experiencing solids built up in this corner. For this reason, they are running the pond depth high enough to cover the solids that have accumulated in this corner. We do not have a control structure between the third original pond and the fourth pond that was built at the time that the discharge was changed to the Mississippi River. This means that the level of the water in the fourth pond is a little deeper that what I would recommend. This also means that there is less volume available for storage during high flow. Our previous logic about installing the DO meter at the surface and near the bottom of the fourth pond would give us some indication of not discharging. By maintaining the pond level higher than normal means we have less options to hold the flow and not discharge.

Another thing that is curious is the pH readings. Marion gets their water from the Wilcox Aquifer which is extremely low in Calcium hardness. The usual problem with the algae going through photosynthesis and removing CO₂, the normal complaint in discharges in Eastern Arkansas where stabilization ponds are utilized, high pH is usually a concern. The fact that we have extremely low Calcium based hardness, there is very little buffer capacity to prevent high pH

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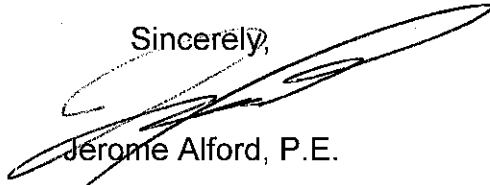
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readings. A review of these DMR's shows consistently low pH; just barely above the low limit of 6.0.

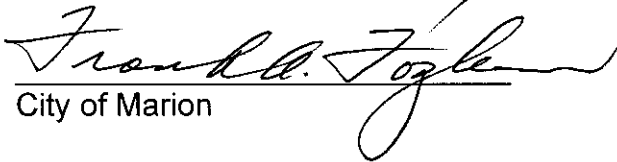
I recommend that the City install a control structure at the discharge of pond #3. This will allow them to continue maintaining the level of ponds #1, 2 & 3 above pond #4. We can then keep the level in pond #4 at a more reasonable depth (4' - 4.5'). This level can easily be maintained due to the discharge pumps while the control device can maintain a reasonable level in ponds 1, 2 & 3.

We will investigate the best way to install this control device and submit plans for your review.

Sincerely,



Jerome Alford, P.E.



City of Marion

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY -01/31/2016	MM/DD/YYYY -01/31/2016
MONITORING PERIOD	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	2	MO AV MIN		Weekly	GRAB
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	400	lb/d	*****	*****		Twice per Week	COMPOS
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			
pH	PERMIT REQUIREMENT	*****	*****	*****	*****			
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	6	MINIMUM		Weekly	GRAB
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****			
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	1200	lb/d	*****	*****		Three per Week	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	90	MO AVG			
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	*****	*****		Daily	TOTALZ
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			
Coliform, fecal general	PERMIT REQUIREMENT	*****	*****	*****	*****		Three per Week	GRAB
74055 1 1 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****		Three per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY 7/11/2019	MM/DD/YYYY -7/31/2019

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	3.14	*****	*****	mg/L	0	1/7	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	MO AV MN 2	*****	*****	mg/L		Weekly	GRAB
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	*****	*****	30.89	*****	37	mg/L	1	3/7	Compos
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	400 MO AVG	*****	*****	*****	45 7 DA AVG	mg/L		Twice per Week	COMPOS
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	6.49	*****	7.37	SAU	0	1/7	GRAB
50050 1 0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	MINIMUM 6	*****	MAXIMUM 9	SU		Weekly	GRAB
50060 1 0 Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	77.93	*****	93	mg/L	0	3/7	Compos
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	*****	MO AVG 90	*****	135 7 DA AVG	mg/L		Three per Week	COMPOS
	SAMPLE MEASUREMENT	2.91	*****	*****	*****	*****	*****	0	DAILY	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****		Daily	TOTALZ
	SAMPLE MEASUREMENT	3.70	*****	*****	*****	*****	*****	0	3/7	GRAB
	PERMIT REQUIREMENT	Req. Mon. DAILY MX	*****	*****	*****	*****	*****		Three per Week	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	INST MAX 1	mg/L		Three per Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Three per Week	GRAB
	SAMPLE MEASUREMENT	*****	*****	3364	*****	128	#/100ML	0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	1000 30DA GEO	*****	2000 7 DA GEO	#/100ml		Three per Week	GRAB

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TYPED OR PRINTED		MM/DD/YYYY

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DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-TRTD MUNICIPAL WW
External Outfall
No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MMDDYYYY 8/1/2017	MMDDYYYY 8/30/2019
MONITORING PERIOD	

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1/7	Weekly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	2	MO AV MN	*****	2/7	Twice per Week	COMPOS
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	45	1/7	Weekly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	400	MO AVG	*****	*****	7 DA AVG	*****	*****	*****
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	*****	*****	*****
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	MAXIMUM	*****	*****	*****
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	135	3/7	Three per Week	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1200	MO AVG	*****	*****	7 DA AVG	*****	*****	*****
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	Daily	*****	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	3/7	Three per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	INST MAX	*****	*****	*****
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3/7	Three per Week	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	1000	30DA GEO	2000	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER
			MMDD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-TRTD MUNICIPAL WW
External Outfall
No Discharge

AR0021971
PERMIT NUMBER

002-A
DISCHARGE NUMBER

MM/DD/YYYY
MONITORING PERIOD

MM/DD/YYYY

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364

FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

SEP 2017

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE					
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	2.49	*****	*****	mg/L	0	1/7	GRAB	
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	MO AVG	*****	29.50	mg/L	1	2/7	COMPOS	
00310 1 0 Effluent Gross pH	PERMIT REQUIREMENT	400	lb/d	*****	*****	30	7 DA AVG	0	1/7	GRAB	
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	7.15	*****	*****	SU	0	Weekly	GRAB	
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	1200	lb/d	*****	*****	90	7 DA AVG	0	3/7	COMPOS	
50060 1 0 Effluent Gross Chlorine, total residual	SAMPLE MEASUREMENT	1.44	MGD	2.70	*****	*****	*****	0	DAILY	TOTALZ	
50060 1 0 Effluent Gross Coliform, fecal general	PERMIT REQUIREMENT	*****	*****	*****	*****	1	INST MAX	0	3/7	GRAB	
74055 1 1 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	6.58	*****	1000	7 DA GEO	0	3/7	GRAB	
	PERMIT REQUIREMENT	*****	*****	30DA GEO	*****	2000	7 DA GEO	0	Three per Week	GRAB	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, and the information submitted, I am aware that there are significant violations for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-TRTD MUNICIPAL VWW
External Outfall
No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY OCT 1 2019	MM/DD/YYYY OCT - 2019
MONITORING PERIOD	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364
ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	5.18	*****	*****	mg/L	0	1/7 Weekly	GRAB
00300 1 0 Effluent Gross	*****	*****	MO AV MN	*****	*****	mg/L	2	2/7 Twice per Week	COMPOS
BOD, 5-day, 20 deg. C	*****	*****	49.90	*****	*****	mg/L	0	1/7 Weekly	GRAB
00310 1 0 Effluent Gross	400 MO.AVG	*****	30 MO.AVG	*****	*****	mg/L	0	3/7 Three per Week	COMPOS
pH	*****	*****	6.25	*****	*****	SU	0	1/7 Weekly	GRAB
00400 1 0 Effluent Gross	*****	*****	6	MINIMUM	*****	SU	0	3/7 Three per Week	COMPOS
Solids, total suspended	*****	*****	*****	*****	*****	mg/L	0	1/7 Weekly	GRAB
00530 1 0 Effluent Gross	1200 MO.AVG	*****	52.20	*****	*****	mg/L	0	3/7 Three per Week	COMPOS
Flow, in conduit or thru treatment plant	1.64	*****	2.80	*****	*****	MGD	0	DAILY	TOTALZ
50050 1 0 Effluent Gross	Req. Mon. MO.AVG	*****	*****	*****	*****	mg/L	0	3/7 Three per Week	GRAB
Chlorine, total residual	*****	*****	*****	*****	*****	mg/L	0	3/7 Three per Week	GRAB
50060 1 0 Effluent Gross	*****	*****	*****	*****	*****	mg/L	0	3/7 Three per Week	GRAB
Coliform, fecal general	*****	*****	28.31	*****	*****	#/100mL	0	3/7 Three per Week	GRAB
74055 1 1 Effluent Gross	*****	*****	30DA GEO	*****	*****	#/100mL	0	3/7 Three per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND PH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MMDDYY 11/30/2019	MMDDYY 11/30/2019

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	00300 1 0			10.91			0	1/7	GRAB
	PERMIT REQUIREMENT			2				Weekly	GRAB
BOD, 5-day, 20 deg. C	00310 1 0	400	lb/d	33.38	40.5	45	1	2/7	COMPOS
	PERMIT REQUIREMENT	MO AVG		MO AVG	7 DA AVG			Twice per Week	COMPOS
pH	00400 1 0			6.14	8.57	9	0	1/7	GRAB
	PERMIT REQUIREMENT			MINIMUM	MAXIMUM			Weekly	GRAB
Solids, total suspended	00530 1 0	1200	lb/d	22.17	24.66	135	0	3/7	COMPOS
	PERMIT REQUIREMENT	MO AVG		MO AVG	7 DA AVG			Three per Week	COMPOS
Flow, in conduit or thru treatment plant	50050 1 0	2.41	MGD				0	DAILY	TOTALZ
	PERMIT REQUIREMENT	MO AVG						Daily	TOTALZ
Chlorine, total residual	50060 1 0				0	.1	0	3/7	GRAB
	PERMIT REQUIREMENT				INST MAX			Three per Week	GRAB
Coliform, fecal general	74055 1 1			4942	194	2000	0	3/7	GRAB
	PERMIT REQUIREMENT			1000	30DA GEO	7 DA GEO		Three per Week	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and report the information submitted. Based on my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	NUMBER
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR 002-MONTHLY-TRTD MUNICIPAL WW
External Outfall No Discharge

AR0021971	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/31/2019	12/31/2019

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	8.95	*****	*****	*****	*****	mg/L	0	1/7	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	MO AV MIN	*****	*****	*****	*****	mg/L	0	Weekly	GRAB
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	400	*****	27.33	30	29.5	mg/L	0	Twice per Week	COMPOS
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	7 DA AVG	mg/L	0	Weekly	GRAB
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	*****	6.03	*****	7.49	SU	0	Weekly	GRAB
50050 1 0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT	1200	*****	MINIMUM	*****	MAXIMUM	mg/L	0	Three per Week	COMPOS
50060 1 0 Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT	270	*****	*****	*****	38.66	mg/L	0	Daily	TOTAL
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	7 DA AVG	mg/L	0	Three per Week	GRAB
	PERMIT REQUIREMENT	1000	*****	*****	*****	INST MAX	mg/L	0	Three per Week	GRAB
	PERMIT REQUIREMENT	30DA GEO	*****	*****	*****	7 DA GEO	#/100ml	0	Three per Week	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and report the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is true and correct to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
DATE

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER
002-A DISCHARGE NUMBER

MM/DD/YYYY MONITORING PERIOD
1/13/2020

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
MARION, CITY OF-SEWAGE TREATMENT
P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364
ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	FREQUENCY OF ANALYSIS	NO. EX	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
Oxygen, dissolved [DO]	MEASUREMENT	368		28	mg/L	mg/L	1/7	0	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AV MIN		45	mg/L	mg/L	3/7	0	COMPOS
BOD, 5-day, 20 deg. C	MEASUREMENT		lb/d	7.28	mg/L	mg/L	Twice per Week	0	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	400 MO AVG		9	SU	SU	1/7	0	GRAB
pH	MEASUREMENT	6.79		MAXIMUM			Weekly	0	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT						Weekly	0	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38		75	mg/L	mg/L	3/7	0	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG		135	mg/L	mg/L	Three per Week	0	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	288	3.50 Reg. Mon. DAILY MX				Daily	0	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	MGD				Daily	0	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT			0	mg/L	mg/L	3/7	0	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			INST MAX			Three per Week	0	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	447		1556	#/100mL	#/100mL	3/7	0	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	1000		2000	#/100mL	#/100mL	Three per Week	0	GRAB
		30DA GEO		7 DA GEO					

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who furnished the information, the system, or those persons directly responsible for gathering the information, I believe that the information and data submitted herein are true, accurate, and complete, and that I am not aware of any falsification or omission of material information, including the possibility of false and misleading information for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
DATE
AREA Code NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
----------------------------	---------------------------

MM/DD/YYYY 02/10/2020	MONITORING PERIOD MM/DD/YYYY 02/29 2020
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364

FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

Fellow Agy

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	7.92		7.92		mg/L	0	1/7	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT							Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	26.08		30		mg/L	0	2/7	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT			45		mg/L		Twice per Week	COMPOS
pH	SAMPLE MEASUREMENT	7.90		7.90			0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT					SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.20		38		mg/L	0	3/7	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			90		mg/L		Three per Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.81	3.20				0	DAILY	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX.					Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT						0	Three per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT							Three per Week	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	1525		1000		#/100mL	0	3/7	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT			3000		#/100mL		Three per Week	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	TELEPHONE
	DATE
	AREA Code NUMBER
	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT), 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR: 002-MONTHLY-TRTD MUNICIPAL WW
External Outfall No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MMDDYYYY MONITORING PERIOD	MMDDYYYY MONITORING PERIOD

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

MAR 20 2020

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	7.33	*****	*****	*****	mg/L	0	1/7	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	2	*****	*****	*****	mg/L	0	Weekly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.13	*****	*****	*****	mg/L	0	2/7	COMPOS	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	30	*****	*****	*****	mg/L	0	Twice per Week	COMPOS	
pH	SAMPLE MEASUREMENT	6.71	*****	*****	*****	U	0	1/7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	9	*****	*****	*****	SU	0	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	34	*****	*****	*****	mg/L	0	3/7	COMPOS	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	90	*****	*****	*****	mg/L	0	Three per Week	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	258	*****	*****	*****	MGD	0	4/17	TOTALZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	1200	*****	*****	*****	MGD	0	Daily	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	520	*****	*****	*****	mg/L	0	3/7	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1	*****	*****	*****	INST MAX	0	Three per Week	GRAB	
Coliform, fecal general	SAMPLE MEASUREMENT	2123	*****	*****	*****	#/100ML	0	3/7	GRAB	
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	1000	*****	*****	*****	#/100ML	0	Three per Week	GRAB	

NAME/TITLE	PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND PH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-TRTD MUNICIPAL_WW
External Outfall No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY MONITORING PERIOD	MM/DD/YYYY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364
ATTN: JAMES A. SHEMPERT, UTILITY MGR

APRIL 2020

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT REQUIREMENT	6.68	*****	6.68	*****	*****	mg/L	0	1/7	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AV MIN	*****	2	*****	*****	mg/L		Weekly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT REQUIREMENT	46.63	*****	46.63	*****	*****	mg/L	2	2/7	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	400 MO AVG	*****	30 MO AVG	*****	*****	mg/L		Twice per Week	COMPOS
pH	SAMPLE MEASUREMENT REQUIREMENT	6.82	*****	6.82	*****	*****	U	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	MINIMUM	*****	9	*****	*****	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	35.79	*****	35.79	*****	*****	mg/L	0	3/7	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	*****	90 MO AVG	*****	*****	mg/L		Three per Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	3.40	MGD	3.40	*****	*****	*****	0	DAILY	TOTALZ
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	3.09 MO AVG	*****	Reg. Mon. DAILY MX	*****	*****	*****	0	3/7	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT REQUIREMENT	INST MAX	*****	1	*****	*****	mg/L		Three per Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	67.86	*****	1000	*****	*****	#/100ml	0	3/7	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT REQUIREMENT	30DA GEO	*****	7 DA GEO	*****	*****	*****		Three per Week	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		*****		*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		AREA CODE	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND PH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-TRTD MUNICIPAL WW
External Outfall No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MIMDDYYYY May 2000	MIMDDYYYY

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	5.01	*****	*****	mg/L	0	1/7 Weekly	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	MO AV MIN	*****	*****	mg/L	1	3/7 Twice per Week	COMPOS
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	500	lb/d	40.44	30 MO AVG	45 7 DA AVG	mg/L	0	1/7 Weekly	GRAB
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6.59	*****	9 MAXIMUM	SU	0	1/7 Weekly	GRAB
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	683.80	MGD	546.7	90 MO AVG	135 7 DA AVG	mg/L	0	3/7 Three per Week	COMPOS
50050 1 0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT	129	*****	*****	*****	*****	*****	0	4/17 Daily	TOTALZ
50060 1 0 Effluent Gross Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	11.92	1000 30DA GEO	2000 7 DA GEO	INST MAX	0	3/7 Three per Week	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	3/7 Three per Week	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	AREA Code NUMBER
	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364
ATTN: JAMES A. SHEMPERT, UTILITY MGR

JUNE 20 20

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]			5.33		mg/L		0	1/7	GRAB
00300 1 0 Effluent Gross			MO AV MIN		mg/L		0	Weekly	GRAB
BOD, 5-day, 20 deg. C			20.33		mg/L		0	2/7	COMPOS
00310 1 0 Effluent Gross	400	MO AVG	30	7 DA AVG	mg/L	45	0	Twice per Week	COMPOS
pH			6.73		U	9	0	1/7	GRAB
00400 1 0 Effluent Gross			MINIMUM		SU	MAXIMUM	0	Weekly	GRAB
Solids, total suspended			58.38		mg/L	135	0	3/7	COMPOS
00530 1 0 Effluent Gross	1200	MO AVG	90	7 DA AVG	mg/L	*****	0	Three per Week	COMPOS
Flow, in conduit or thru treatment plant	1.46	MGD	2.50		*****	*****	0	DAILY	TOTAL
50050 1 0 Effluent Gross		Req. Mon. DAILY MAX			*****	*****	0	Daily	TOTAL
Chlorine, total residual					mg/L	INST MAX	0	3/7	GRAB
50060 1 0 Effluent Gross					mg/L	*****	0	Three per Week	GRAB
Coliform, fecal general			39.62		#/100ml	2000	0	3/7	GRAB
74055 1 1 Effluent Gross			1000	7 DA GEO	*****	7 DA GEO	0	Three per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY 2020	MM/DD/YYYY 2020

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
MARION, CITY OF-SEWAGE TREATMENT
P.O. BOX 717
MARION, AR 72364

FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	493	*****	*****	*****	*****	0	1/7	GRAB	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AV MN	*****	*****	*****	*****	0	Weekly	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.78	lb/d	*****	22.5	mg/L	0	Twice per Week	COMPOS	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	400 MO AVG	*****	*****	45	mg/L	0	Twice per Week	COMPOS	
pH	SAMPLE MEASUREMENT	6.86	*****	*****	7.49	SU	0	Weekly	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	MINIMUM	*****	*****	9	SU	0	Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	43.64	lb/d	*****	65	mg/L	0	Three per Week	COMPOS	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	*****	*****	135	mg/L	0	Three per Week	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.90	MGD	*****	*****	*****	0	Daily	TOTALZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY MX	*****	*****	*****	*****	0	Daily	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	12.	*****	*****	0	mg/L	0	3/7	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	INST MAX	*****	*****	1	mg/L	0	Three per Week	GRAB	
Coliform, fecal general	SAMPLE MEASUREMENT	20.33	*****	*****	2000	#/100mL	0	3/7	GRAB	
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	30DA GEO	*****	*****	7 DA GEO	*****	0	Three per Week	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT), 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR

002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY MONITORING PERIOD	MM/DD/YYYY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

AUGUST 2020

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	2.85	*****	mg/L	0	1/7	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	MO AV MN	*****	mg/L	0	Weekly	GRAB
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	400 MO AVG	*****	2138	*****	mg/L	0	Twice per Week	COMPOS
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	626	*****	SU	0	Weekly	GRAB
00530 1 0 Effluent Gross Chlorine, total residual	SAMPLE MEASUREMENT	1200 MO AVG	*****	MINIMUM	*****	mg/L	0	Weekly	GRAB
00550 1 0 Effluent Gross Plant, in conduit or thru treatment	PERMIT REQUIREMENT	*****	*****	3825	*****	mg/L	0	Three per Week	COMPOS
50050 1 0 Effluent Gross Chlorine, total residual	SAMPLE MEASUREMENT	121 MO AVG	*****	MO AVG	*****	mg/L	0	Three per Week	COMPOS
50060 1 0 Effluent Gross Coliform, fecal general	PERMIT REQUIREMENT	250	*****	733	*****	#/100ml	0	Daily	TOTAL
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	1000	*****	#/100ml	0	Daily	TOTAL

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TELEPHONE
DATE

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364

MAJOR

002-MONTHLY-TRTD MUNICIPAL WW

External Outfall

No Discharge

AR0021971	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MMDDYYYY	MM/DD/YYYY
03/23/2020	03/23/2020

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: MARION, CITY OF-SEWAGE TREATMENT
 ADDRESS: P.O. BOX 717
 MARION, AR 72364
 FACILITY: MARION, CITY OF
 LOCATION: 5054 HARDIN ROAD
 MARION, AR 72364

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Oxygen, dissolved [DO]	12.41	mg/L			mg/L	0	1/7	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	29.67	mg/L	40		mg/L	0	3/7	COMPOS
00310 1 0 Effluent Gross pH	6.23		7.47			0	1/7	GRAB
00400 1 0 Effluent Gross Solids, total suspended	25.92	mg/L	32.66		mg/L	0	3/7	COMPOS
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant	1.61	MGD	2.50			0	DAILY	TOTALZ
50050 1 0 Effluent Gross Chlorine, total residual						0	3/7	GRAB
50060 1 0 Effluent Gross Coliform, fecal general	3/23	#/100ml	117		#/100ml	0	3/7	GRAB
74055 1 1 Effluent Gross								

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Each person who furnishes information to this system is obligated to furnish true, accurate, and complete information, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	AREA CODE NUMBER
	MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364
MAJOR
002-MONTHLY-IRTD MUNICIPAL WW
External Outfall
No Discharge

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MMDDYYYY MONITORING PERIOD	MMDDYYYY

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: MARION, CITY OF-SEWAGE TREATMENT
ADDRESS: P.O. BOX 717
MARION, AR 72364
FACILITY: MARION, CITY OF
LOCATION: 5054 HARDIN ROAD
MARION, AR 72364

November 2020

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	8.40								0	1/7	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT										Weekly	GRAB
BOD, 5-day, 20 deg. C	MEASUREMENT					32.63		38.5		1	2/7	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT					30		45			Twice per Week	COMPOS
pH	MEASUREMENT	6.93						7.15		0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT							9			Weekly	GRAB
Solids, total suspended	MEASUREMENT							59		0	3/7	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					90		135			Three per Week	COMPOS
Flow, in conduit or thru treatment plant	MEASUREMENT	1.84		2.75							DAILY	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT										DAILY	TOTALZ
Chlorine, total residual	MEASUREMENT							0		0	3/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT							1			Three per Week	GRAB
Coliform, fecal general	MEASUREMENT					30.67		76.66		0	3/7	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					1000		2000			Three per Week	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND pH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 72364

PERMITTEE NAME/ADDRESS (include Facility Name & Location if Different)
 NAME: MARION, CITY OF-SEWAGE TREATMENT
 ADDRESS: P.O. BOX 717
 MARION, AR 72364
 FACILITY: MARION, CITY OF
 LOCATION: 5054 HARDIN ROAD
 MARION, AR 72364

AR0021971 PERMIT NUMBER	002-A DISCHARGE NUMBER
MMDDYYYY 12/11/2020	MMDDYYYY 12/31/2020

MAJOR
002-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge

ATTN: JAMES A. SHEMPERT, UTILITY MGR

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]			11.68		0	1/7 Weekly	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C			MO AV MN 2				GRAB
00310 1 0 Effluent Gross pH			35.50	42	1	Twice per Week	COMPOS
00400 1 0 Effluent Gross Solids, total suspended			MO AVG 30	7 DA AVG 45	0	Weekly	GRAB
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant			6.07	7.95	0	Weekly	GRAB
50050 1 0 Effluent Gross Chlorine, total residual			MINIMUM	MAXIMUM 9	0	Three per Week	COMPOS
50060 1 0 Effluent Gross Coliform, fecal general			4980	57.66	0	Three per Week	COMPOS
74055 1 1 Effluent Gross			MO AVG 90	135	0	Daily	TOTALZ
			2.03	2.50	0	Daily	TOTALZ
			MO AVG	INST MAX	0	Three per Week	GRAB
			1200	.1	0	Three per Week	GRAB
			MO AVG	244.66	0	Three per Week	GRAB
			MO AVG	1000	0	Three per Week	GRAB
			30DA GEO	7 DA GEO	0	Three per Week	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the law for the purpose of providing accurate information to the public. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE NUMBER
 TELEPHONE DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. SEE PART II, CONDITION #7 (TRC), # 8 (002 OUTFALL) AND #11 (DO AND PH). DISCHARGE MONITORING REPORTS MUST BE SUBMITTED EVEN WHEN NO DISCHARGE OCCURS. SEE PART II, #5 (SSO TABULAR REPORT). 18-00110