

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

March 10, 2014

Arkansas Department of Environmental Quality
NPDES Enforcement Section
5301 Northshore Drive

February 2014

Non-Compliance Letter:

We have been pumping with a relift pump for the last couple of months from our 3rd cell of our lagoons into our Rock Beds to help lower our pond levels. This pumping we think is causing us to exceed our permit limits on TSS and AMMONIA NITROGEN. We hope to have our pond levels back to normal soon allowing us to terminate this extra pumping.

Jim Shempert



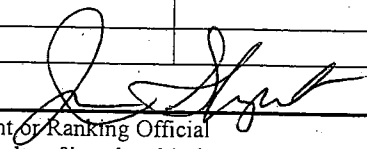
Water Utilities Manager

Sanitary Sewer Overflow Monthly Report

Facility Name: Marion, City of Permit Number: AR0021971 Reporting Period (Month/Year): FEBRUARY 2014
 No Sanitary Sewer Overflows This Monitoring Period

| Summary Report Code Descriptions | | | |
|----------------------------------|-----------------------|--|--|
| Cause(s) of SSO | | SSO Impact | Ultimate Discharge Location |
| CO-Construction | D-Debris | NEAH-No Evidence of Adverse Health or Environmental Impact | CR-Creek/Stream/River (please specify) |
| E-Equipment Failure | G-Grease | | |
| HC-Hydro Clean | LF-Line Failure/Break | OEHC-Observed or Evidence of Human Contact | DI-Ditch |
| R-Rainfall | RG-Roots & Grease | EFK-Evidence of Fish Kill | DR-Drop Inlet |
| RO-Roots | V-Vandalism | | GR-Ground Surface |
| | | | PA-Paved Area |
| | | | CB-Contained in Building |

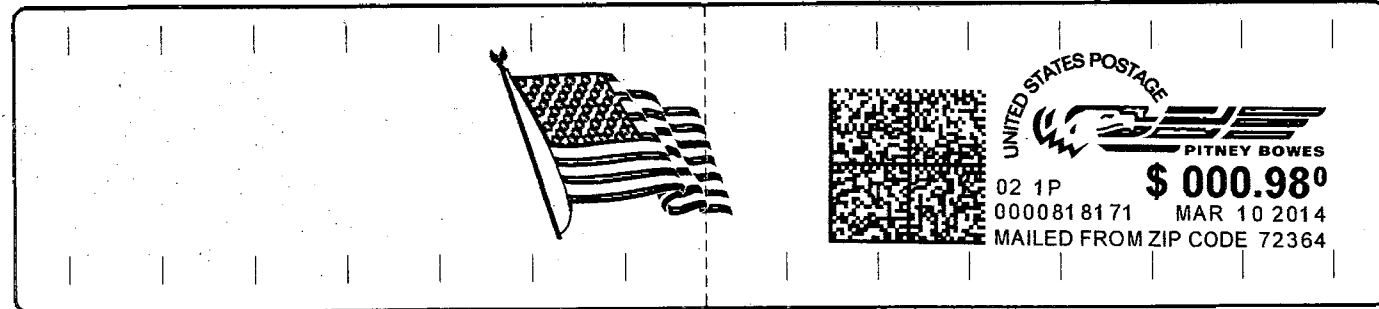
| Location | Manhole # | Start Date of SSO | End Date of SSO | Estimated Volume (in gallons) | Cause of SSO | Environmental Impact | Action (s) Taken to Address SSO | Ultimate Discharge Location |
|----------|-----------|-------------------|-----------------|-------------------------------|--------------|----------------------|---------------------------------|-----------------------------|
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Signature of Cognizant or Ranking Official 

Date 3/6/14

"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 person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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."

31 MILITARY RD.
MARION, AR.
72364



ADEQ
NPDES ENFORCEMENT SECTION
5301 NORTHSHORE DRIVE
NORTH LITTLE ROCK, AR.
72118-5317