



Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460
NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspec. Type	Inspector	Fac Type
1 N 2 5 3 A R 0 0 4 3 6 1 3 11 12 0 7 0 1 1 6 17 18 S 19 S 20 1					
Remarks					
1 4 - 0 0 0 5 9 C o l u m b i a					
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67 69		70 4		71 72 73 74 75 80	

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) City of Magnolia, Big Creek WWTP 72 Columbia 300 Magnolia, AR	Entry Time /Date 9:15/01/16.07	Permit Effective Date 01 October 2005
	Exit Time/Date 9:44/01/17/07	Permit Expiration Date 30 September 2010
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Russell Thomas, Manager		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Russell Thomas, Manager/870-234-2454 P.O. Box 666 Magnolia, AR 71754		
Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Section C: Areas Evaluated During Inspection

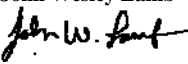
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	S	Operations & Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
U	Effluent/Receiving Waters	S	Laboratory	N	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Samples of the facility's effluent revealed that the fecal coliform concentration was over the permit limit for 7 day average. The sample concentration for fecal was >6000 CFU/100mL, permit limit of 2000 CFU/100mL. The mass loading limits for TSS was over the monthly average limits. The loading from the sample was 480 lbs/day, permit limit 313 lbs/day.

The facility had experienced over 8" of rain the day before the inspection. The flow on the date of the inspection was 5.643 MGD which is way over the average. The facility diverted as much of the excess flow into the surge lagoon. After the surge lagoon was filled, the facility had to send the excess flow through the plant. All records appeared in order. No operational problems were noted.

Name(s) and Signature(s) of Inspector(s) John Wesley Lamb 	Agency/Office/Telephone/Fax ADEQ/El Dorado/870862-5941/870-862-3509	Date 09 February 2007
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

PERMIT NO. AR0043613

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE

☒ Y ☐ N ☐ NA

2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES

☐ Y ☐ N ☒ NA

3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT

☒ Y ☐ N ☐ NA

4. ALL DISCHARGES ARE PERMITTED

☒ Y ☐ N ☐ NA

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.

☒ Y ☐ N ☐ NA

2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.

☒ S ☐ M ☐ U ☐ NA

a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING

☒ Y ☐ N ☐ NA

b) NAME OF INDIVIDUAL PERFORMING SAMPLING

☒ Y ☐ N ☐ N

c) ANALYTICAL METHODS AND TECHNIQUES.

☒ Y ☐ N ☐ NA

d) RESULTS OF ANALYSES AND CALIBRATIONS.

☒ Y ☐ N ☐ NA

e) DATES AND TIMES OF ANALYSES.

☒ Y ☐ N ☐ NA

f) NAME OF PERSON(S) PERFORMING ANALYSES.

☒ Y ☐ N ☐ NA

3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.

☒ S ☐ M ☐ U ☐ NA

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.

☒ S ☐ M ☐ U ☐ NE

5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.

☒ Y ☐ N ☐ NA

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

1. TREATMENT UNITS PROPERLY OPERATED.

☒ S ☐ M ☐ U ☐ NA

2. TREATMENT UNITS PROPERLY MAINTAINED..

☒ S ☐ M ☐ U ☐ NA

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.

☒ S ☐ M ☐ U ☐ NA

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.

☒ S ☐ M ☐ U ☐ NA

5. ALL NEEDED TREATMENT UNITS IN SERVICE.

☒ S ☐ M ☐ U ☐ NA

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.

☒ S ☐ M ☐ U ☐ NA

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.

☒ S ☐ M ☐ U ☐ NE

8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.

☒ Y ☐ N ☐ NA

PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.

☒ Y ☐ N ☐ NE

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? ☒ Y ☐ N ☐ NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? ☒ Y ☐ N ☐ NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? ☒ Y ☐ N ☐ NA

10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? ☐ Y ☒ N ☐ NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? ☐ Y ☐ N ☒ NA

SECTION D - SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no).
 DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA
 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ Y ☐ N ☐ NA
 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. ☒ Y ☐ N ☐ NA
 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA
 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA
 6. SAMPLE COLLECTION PROCEDURES ADEQUATE ☒ Y ☐ N ☐ NA
 a) SAMPLES REFRIGERATED DURING COMPOSITING. ☒ Y ☐ N ☐ NA
 b) PROPER PRESERVATION TECHNIQUES USED. ☒ Y ☐ N ☐ NA
 c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136 ☒ Y ☐ N ☐ NA
 7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? ☒ Y ☐ N ☐ NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. ☒ Y ☐ N ☐ NA
 TYPE OF DEVICE 18" Parsahl flume
 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. ☒ Y ☐ N ☐ NA
 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. ☒ Y ☐ N ☐ NA
 4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION 15 March 2006) ☒ Y ☐ N ☐ NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. ☒ Y ☐ N ☐ NE
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. ☒ Y ☐ N ☐ NA
 5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. ☒ Y ☐ N ☐ NA
 6. HEAD MEASURED AT PROPER LOCATION. ☒ Y ☐ N ☐ NA
 7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. ☒ Y ☐ N ☐ NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
 DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) ☒ Y ☐ N ☐ NA

	PERMIT NO. AR0043613						
SECTION F - LABORATORY (CONT'D)							
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA							
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA							
4. QUALITY CONTROL PROCEDURES ADEQUATE. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA							
5. DUPLICATE SAMPLES ARE ANALYZED, 10% OF THE TIME. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA							
6. SPIKED SAMPLES ARE ANALYZED, 10% OF THE TIME. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA							
7. COMMERCIAL LABORATORY USED. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA							
LAB NAME <u>Sorrels Research-----Bio-analytical</u> LAB ADDRESS <u>Little Rock-----Doyline, La</u> PARAMETERS PERFORMED <u>CBOD, TSS, NH3-N, Fecal-----Biomonitoring</u>							
SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u> </u>).							
Based on visual observations only.							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	none	none	none	none	none	colorless	
Comments:							
SECTION H - SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. DETAILS:				<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA (FURTHER EXPLANATION ATTACHED <u>no</u>).			
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY.				<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA			
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503.				<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA			
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: <u>Public Contact, Class A sludge</u> (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)							
SECTION I - SAMPLING INSPECTION PROCEDURES				(FURTHER EXPLANATION ATTACHED <u>see page 1</u>).			
1. SAMPLES OBTAINED THIS INSPECTION.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
2. TYPE OF SAMPLE OBTAINED							
GRAB	<input checked="" type="checkbox"/>	COMPOSITE	SAMPLE <u>X</u>	METHOD	<u>auto sampler</u>	FREQUENCY	<u>6 hour composite</u>
3. SAMPLES PRESERVED.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
4. FLOW PROPORTIONED SAMPLES OBTAINED.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
7. SAMPLE SPLIT WITH PERMITTEE.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT.				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA			

DMR Calculation Check

Reporting Period: From 2006 December 01 **To** 2006 December 31
Year Month Day Year Month Day

Parameter Checked: NH3-N

	Loading Mass Monthly Avg. (lbs/ day)	Monthly Avg.-Mg/l	Concentration 7-Day Avg. or Daily Max- Mg/l
Reported Value:	3.12	0.27	0.63
Calculated Value:	3.12	0.27	0.63
Permit Value:	142	6.8	13.5

If calculated value does not equal reported value, explain:

FLOW CALCULATION SHEET

Field Data: Date 16 January 2007 Time 11:22

Head in Inches _____ = 1.35 ft.

Type & Size of Primary Flow Measurement Device 18" parshall flume

Name & Model of Secondary Flow Measurement Device Hydro Ranger

Recorded Flow at date & time listed above 4102.9 gpm

Flows are calculated from flow charts taken from the ISCO Open Channel Flow Measurement Handbook

1.35 ft. = 4273 M.G.D./g.p.m.

% error = $\frac{\text{recorded value} - \text{calculated value}}{\text{calculated value}} \times 100$

% error = 4% less than 10 % is OK

- CERTIFICATE OF ANALYSIS -

Attn:

Phone:

Ext:

FAX:

Our Lab#: 2007-0391

Your Sample ID: City of Magnolia Outfall

Sample Type:

Report Date: 24-Jan-07

CBOD5	5-day carbonaceous BOD	1.95	mg/L	1/17/2007
TSS	Totalsuspendedsolids	10.2	mg/L	1/17/2007
NH3-N-ISE	Ammonia as nitrogen	0.13	mg/L	1/23/2007
FC-MF	Fecal coliform by membrane filter	> 6000	cfu/100 ml	1/17/2007

Calculations:

Concentration X 8.34 X flow = Mass loading, lbs/day

CBOD 1.95 mg/L X 8.34 X 5.643 MGD = 91.8 lbs/day

TSS 10.2 mg/L X 8.34 X 5.643 MGD = 480 lbs/day {exceeds permit for Monthly Average (313)}

NH3_N 0.13 mg/L X 8.34 X 5.643 MGD = 6.11 lbs/day

ADEQ

ARKANSAS
Department of Environmental Quality

February 13, 2007

Mr. Russell Thomas, Manager
Magnolia Wastewater Utilities
P.O. Box 666
Magnolia, AR 71754

NPDES Permit No. AR0043613 AFIN:14-00059

Dear Mr. Thomas:

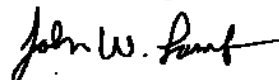
On January 16 and 17, 2007, I performed a routine compliance sampling inspection of the Magnolia Wastewater Treatment Facility in accordance with the provisions of the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act and the regulations promulgated thereunder. This inspection revealed the following:

The fecal coliform sample taken on 17 January 2007 was over the permit limit for 7-day average. The fecal coliform was >6000 CFU/100mL. The maximum 7-day average in the permit is 2000 CFU/100mL.

The above item requires your immediate attention. Please submit a written response to the NPDES Enforcement Section of this Department when the item has been corrected. This response should contain documentation describing the course of action taken to correct the item noted. This corrective action should be completed as soon as possible, and the written response is due by **March 05, 2007**.

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,



John W. Lamb
District Field Inspector
Water Division

cc: NPDES Enforcement
NPDES Permits

WATER DIVISION