



ARKANSAS
Department of Environmental Quality

June 3, 2008

Kirby Murray, Public Works Director
City of Berryville
P.O. Box 227
Berryville, Arkansas 72616

RE: Permit Compliance Inspection & Compliance Sampling Inspection

AFIN: 08-00034

NPDES Permit No.: AR0021792

Dear Mr. Murray:

On April 29-30, 2008, I performed a routine permit compliance inspection and a compliance sampling inspection of the 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 violation:

- The name and address of the contract laboratory used for sampling and/or analysis is not included on the Discharge Monitoring Reports as required by Part II.C.5 of your permit.

The above item requires your immediate attention. Please submit a written response to this finding to the Water Division Enforcement Branch of this Department at the following address:

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

This response should contain detailed 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 June 23, 2008.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

Kirby Murray, City of Berryville POTW
June 3, 2008
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If I can be of any assistance, please contact me at 479-267-0811, ext. 16.

Sincerely,

A handwritten signature in black ink, appearing to read "John Fazio". The signature is stylized and cursive.

John Fazio
District 1 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

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 2 1 7 9 2 11 12 0 8 0 4 2 9 17 18 S 19 S 20 1	Remarks				
A F I N 0 8 - 0 0 0 3 4					
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67 69		70 4		71 N 72 N 73 74 75 80	

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) City of Berryville 1000 W. Cedarvale Berryville, Arkansas	Entry Time/Date 0915 / 04-29-08	Permit Effective Date December 01, 2007
	Exit Time/Date 1005 / 04-30-08	Permit Expiration Date November 30, 2012
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mike Maynard, Operator / Greg Watts, Operator / 870-423-3749	Other Facility Data Facility: 36 21' 25.95", -93 34' 43.51" Outfall 001: 36 21' 23.1", -93 34' 51.3"	
Name, Address of Responsible Official/Title/Phone and Fax Number Kirby Murray, Public Works Director City of Berryville P.O. Box 227 Berryville, Arkansas 72616 870-423-4074, 870-423-4501 (fax)	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
M	Records/Reports	S	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	S	Laboratory	N	Storm Water	N	Other:

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

On 4/29/08 and 4/30/08, I conducted a routine permit compliance inspection and a compliance sampling inspection (CSI) of the wastewater treatment facility. DMRs and effluent data summary sheets were reviewed for the months of September, October and November, 2007. The effluent was within permit limits for those months. The facility's ISCO 4700 sampler was used for the 6-hour composite samples taken for the compliance sampling inspection. The CSI lab analysis is attached. The sample results were within permit requirements, where applicable. The CSI samples were analyzed by the ADEQ laboratory.

The following violation was noted:

The name and address of the contract laboratory used for sampling and/or analysis is not included on the DMRs.

Name(s) and Signature(s) of Inspector(s) John Fazio	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811, ext. 16; 479-267-0819 (fax)	Date May 29, 2008
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS S M U NA NE

- DETAILS:
- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
 - 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
 - 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
 - 4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT S M U NA NE

- DETAILS: * **The name and address of the contract laboratory used for sampling and/or analysis is not included on the DMRs.**
- 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: Y N NA NE
 - 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: S M U NA NE
 - a. DATES AND TIME(S) OF SAMPLING: Y N NA NE
 - b. EXACT LOCATION(S) OF SAMPLING: Y N NA NE
 - c. NAME OF INDIVIDUAL PERFORMING SAMPLING: Y N NA NE
 - d. ANALYTICAL METHODS AND TECHNIQUES: Y N NA NE
 - e. RESULTS OF CALIBRATIONS: In-house available for pH and DO Y N NA NE
 - f. RESULTS OF ANALYSES: Y N NA NE
 - g. DATES AND TIMES OF ANALYSES: Y N NA NE
 - h. NAME OF PERSON(S) PERFORMING ANALYSES: Y N NA NE
 - 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: S M U NA NE
 - 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: S M U NA NE
 - 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: Y N NA NE

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED S M U NA NE

- DETAILS:
- 1. TREATMENT UNITS PROPERLY OPERATED: S M U NA NE
 - 2. TREATMENT UNITS PROPERLY MAINTAINED: S M U NA NE
 - 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: Generator S M U NA NE
 - 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: Computer call-out S M U NA NE
 - 5. ALL NEEDED TREATMENT UNITS IN SERVICE: S M U NA NE
 - 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: S M U NA NE
 - 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: S M U NA NE
 - 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: Y N NA NE
 - 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: Y N NA NE
 - 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: Y N NA NE
 - 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: SSOs in collection system Y N NA NE
 - 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: Y N NA NE
 - 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: Overflows Y N NA NE
 - 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: Y N NA NE
 - 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: Y N NA NE

SECTION D: SAMPLING

PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

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

SECTION E: FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: __ TYPE OF DEVICE: <u>18" Parshall Flume</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE: <u>Calibrated 7/19/07</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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: <u>Measured and marked</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

SECTION F: LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS

S M U NA NE

DETAILS:

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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: <u>In-house pH and DO 100% of time</u>	<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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" 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>Environmental Testing Group</u>	<u>Environmental Testing Consultants</u>
b. LAB ADDRESS: <u>1702 E. Central Ave., Bentonville, AR 72712</u>	<u>2790 Whitten Rd., Memphis, TN 38133</u>
c. PARAMETERS PERFORMED: <u>BOD5, TSS, TDS, NH3, TP, FCB, sludge parameters</u>	<u>Biomonitoring</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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: Slight turbidity and algae

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Slight	None	None	Clear	

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: S M U NA NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: S M U NA NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): agricultural

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS (as applicable) S M U NA NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: Y N NA NE
2. TYPE OF SAMPLE: GRAB: pH, DO, FCB COMPOSITE: BOD5, TSS, NH3, TP, TDS METHOD: 6-hour FREQUENCY: 1 effluent portion/hour
3. SAMPLES PRESERVED: Y N NA NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: For 6-hour composite samples Y N NA NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: Y N NA NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: Y N NA NE
7. SAMPLE SPLIT WITH PERMITTEE: Y N NA NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: Y N NA NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: Y N NA NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE: Y N NA NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: Y N NA NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: Y N NA NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: Y N NA NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: Y N NA NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: Y N NA NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: Y N NA NE
8. LIST OF STRUCTURAL BMPS: Y N NA NE
9. LIST OF NON-STRUCTURAL BMPS: Y N NA NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: Y N NA NE
11. INSPECTIONS CONDUCTED AS REQUIRED: Y N NA NE

FLOW CALCULATION SHEET

Date:	April 29, 2008	Time:	1148		
Head in Inches:	8.34	Feet:	0.73		
Type & Size of Primary Flow Measurement Device: 18" Parshall Flume					
Name & Model of Secondary Flow Measurement Device:			Wedero Panel View Plus 700		
Date of Last Calibration of Secondary Flow Device: 07/19/07					
Recorded Flow at Date & Time Listed Above:		1508 gpm		(Facility Flow Meter)	
Calculated Flow at Date & Time Listed Above:		1660 gpm			
(Flow is calculated using flow charts in: <u>ISCO Open Channel Flow Measurement Handbook-5th Edition</u>)					
% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				
% Error =	1508	-	1660	X 100	
	1660				
% Error =	-152	X 100			
	1660				
% Error =	-0.0916	X 100			
% Error =	-9.16	%			
Comments:	<u>OK</u>				

DMR Calculation Check

Reporting Period: From 09 01 07 To 09 30 07
Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>52.8</u>	<u>3.7</u>	<u>7.7</u>
Calculated Value:	<u>52.8</u>	<u>3.7</u>	<u>7.7</u>
Permit Value:	<u>400</u>	<u>20</u>	<u>30</u>

If calculated value does not equal reported value, explain:

NPDES Compliance Inspection Report Further Explanation

- The name and address of the contract laboratory used for sampling and/or analysis is not included on the Discharge Monitoring Reports as required by Part II.C.5 of your permit.

NPDES Compliance Sampling Inspection Results

5-Day Biological Oxygen Demand	2.57 mg/L (6 hr. composite)
Total Suspended Solids	3.0 mg/L (6 hr. composite)
Total Dissolved Solids	542 mg/L (6 hr. composite)
Ammonia Nitrogen	0.26 mg/L (6 hr. composite)
Total Phosphorus	2.02 mg/L (6 hr. composite)
Fecal Coliform Bacteria	~50 cfu/100 ml (grab)
Dissolved Oxygen	8.64 mg/L (grab)
pH	7.73 SU (grab)
Flow	2.0 MGD (avg. during 6-hr. composite)

All samples and measurements, excluding fecal coliform bacteria (FCB), were taken on 4/29/08. The FCB sample was taken on 4/30/08.

The sample results were within permit requirements, where applicable.

Company Name

Company Address
Phone: Fax:

- CERTIFICATE OF ANALYSIS -

Attn: Kirby Murray, City of Berryville

Phone: 870-423-4074

Ext:

Our Lab#: 2008-1411

FAX: 870-423-4501

Your Sample ID: Berryville POTW

Report Date: 27-May-08

BOD5	5-day biochemical oxygen demand	2.57	mg/L	4/30/2008
TSS/TDS	Total suspended solids	3.0	mg/L	4/30/2008
	Total dissolved solids	542	mg/L	4/30/2008
FC-MF	Fecal coliform	~50	cfu/100 ml	4/30/2008
FIELD	Dissolved oxygen	8.64	mg/L	4/29/2008
	Field pH	7.73	SU	4/29/2008
	Water temperature	16.2	°C	4/29/2008
NH3-N-ISE	Ammonia as nitrogen	0.26	mg/L	5/8/2008
TKN/TKP	Total phosphorus as phosphorus	2.02	mg/L	5/15/2008

City of Berryville

Public Works Department
P.O. Box 227
305 East Madison
Berryville, Arkansas 72616

Office of the Director, Kirby Murray
Phone: 870-423-4074
Fax: 870-423-4501
E-mail: pwdirector@hbeark.com



June 19, 2008

Mr. Greg Hurley
Arkansas Department of Environmental Quality
Water Division Enforcement Branch
5301 Northshore Dr.
N. Little Rock, AR
72118-5317

Re: Response to John Fazio's inspection of 4/29-30/08

Permit No.: AR0021792 AFIN: 08-00034

Dear Mr. Hurley:

On April 29-30, 2008 Mr. John Fazio performed a routine permit compliance inspection and compliance sampling inspection at this city's wastewater treatment facility.

The one thing he found wrong this visit was that our contract laboratory had not put their name and address on the DMR's.

This lab was contacted immediately after Mr. Fazio's visit and they have been putting this information on the DMR's ever since.

Please feel free to contact me with any comments or questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Kirby Murray".

Kirby Murray