

# ADEQ

ARKANSAS  
Department of Environmental Quality

May 6, 2014

Russell Thomas, Manager  
City of Magnolia, Big Creek Wastewater Treatment Plant  
P.O. Box 666  
Magnolia, AR, 71754

**RE: Compliance Inspections (Columbia Co)**  
**AFIN: 14-00059**                      **NPDES Permit No.: AR0043613**  
**ARR00C419**

Dear Mr. Thomas:

On April 15, 2014, I performed a facility and industrial stormwater compliance inspection of the City of Magnolia Big Creek WWTP in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.



**Please refer to the “Summary of Findings” section of each of the attached inspection reports and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **May 20, 2014**.

If I can be of any assistance, please contact me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us) or (501) 837-2073.

Sincerely,



Michael D. Young  
District 8 Field Inspector  
Water Division

<h1 style="margin:0;">A DE Q</h1> <p style="margin:0; font-size: small;">A R K A N S A S Department of Environmental Quality</p>		<b>WATER DIVISION INSPECTION REPORT</b>			
		AFIN: 14-00059	PERMIT #: AR0043613		
COUNTY: 14 Columbia		PDS #: 077623	MEDIA: WN		
GPS LOCATION: LAT: 33.266583 LONG: -93.264988 <input type="checkbox"/> Outfall / <input checked="" type="checkbox"/> General Area / <input type="checkbox"/> Entrance / <input type="checkbox"/> Sample Point					
<b>FACILITY INFORMATION</b>		<b>INSPECTION INFORMATION</b>			
NAME: <b>Big Creek WWTP</b>		DATE(S):	<b>4/15/2014</b>		
LOCATION: <b>72 Columbia Road 300</b>		ENTRY TIME:	<b>09:36</b>		
		EXIT TIME:	<b>13:32</b>		
CITY: <b>Magnolia, AR 71754</b>		INSPECTION TYPE: <b>Compliance Evaluation</b>			
<b>RESPONSIBLE OFFICIAL</b>		INSPECTOR ID#: <b>10153 S - State</b>			
CONTACTED DURING INSPECTION: <b>Yes</b>		FACILITY TYPE: <b>1 - Municipal</b>			
NAME: <b>Russell Thomas</b>		PERMIT EFFECTIVE DATE: <b>1/1/2011</b>			
TITLE: <b>Manager</b>		PERMIT EXPIRATION DATE: <b>12/31/2015</b>			
COMPANY: <b>City of Magnolia</b>		FACILITY EVALUATION RATING: <b>4 - Satisfactory</b>			
MAILING P.O. Box 666		FAYETTEVILLE SHALE RELATED: <b>N</b>			
ADDRESS:		FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>			
CITY, STATE, ZIP: <b>Magnolia, AR 71754</b>		<b>INSPECTION PARTICIPANTS</b>			
PHONE & EXT: <b>870-234-2454</b>		NAME/TITLE/PHONE/FAX/EMAIL/ETC.:			
FAX:		<b>Russell Thomas/Manager/870-234-2454</b>			
EMAIL:					
OTHER:					
<b>AREA EVALUATIONS</b>					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>S</b>	PERMIT	<b>S</b>	FLOW MEASUREMENT	<b>M</b>	STORMWATER
<b>S</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>M</b>	EFFLUENT/RECEIVING WATER	<b>S</b>	SELF-MONITORING PROGRAM
<b>S</b>	SAMPLING	<b>S</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				
<b>SUMMARY OF FINDINGS</b>					
<p>1.) The facility had floating and submerged solids discharging in the effluent ditch to Big Creek (See Photo 1). This is a violation of permit condition IA.</p> <p>2.) The facility had excessive pin-floc in the north secondary clarifier (See Photo 2).</p> <p>3.) The facility failed to mark the number of excursions on the August 2013 DMR for fecal coliform. A non-compliance report was completed and sent to ADEQ with DMRs.</p> <p>4.) The lab performing water chemistry analysis was not identified on the July 2013 DMR.</p> <p>5.) The facility did not have influent monitoring data for TSS; and therefore, could not assess a 30-day average percent removal of 85%. This is a violation of permit condition Part II. (2.).</p>					
<b>GENERAL COMMENTS</b>					
<p>The facility must monitor influent CBOD5 and TSS at least once per calendar year to assess 85% removal of CBOD5 and TSS. Language in new permits concerning Part II. (2) states, "The permittee must monitor the influent and effluent CBOD5 and TSS at least once per year and calculate the percent removal to ensure compliance with the required 85 percent removal."</p>					
INSPECTOR'S SIGNATURE: 				DATE: <b>04/18/2014</b>	
SUPERVISOR'S SIGNATURE: 				DATE: <b>5/5/2014</b>	

**Water Division Photographic Evidence Sheet**

Location:	<b>Big Creek WWTP</b>		
Photographer:	<b>Michael Young</b>	Date:	<b>04/15/2014</b>
Witness:	<b>Russell Thomas</b>	Time:	<b>11:59</b>
		Photo #:	<b>1</b>
Description:	<b>Receiving ditch of effluent. Solids were present in discharged effluent.</b>		



Photographer:	<b>Michael Young</b>	Date:	<b>04/15/2014</b>
Witness:	<b>Russell Thomas</b>	Time:	<b>11:43</b>
		Photo #:	<b>2</b>
Description:	<b>Excessive pin-floc in north secondary clarifier.</b>		



**Figure 1. Overview of Big Creek WWTP with property outlined and Outfall 001 indicated. Stabilization pond is left of property.**



<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: RECORDKEEPING AND REPORTING EVALUATION</b>	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION C: OPERATIONS AND MAINTENANCE</b>	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS: <u>3<sup>rd</sup> aerator not in service because treatment did not need it in service.</u>	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> 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:   | <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:   | <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:                                     | <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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input 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>Ana-Lab Corporation, Bio-Analytical Laboratories</u>                          |  |
| b. LAB ADDRESS: <u>P.O. Box 9000 Kilgore, TX 75663, 3240 Spurgin Road Doyline, LA</u>         |  |
| c. PARAMETERS PERFORMED: <u>All parameters</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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

**SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS**

BASED ON VISUAL OBSERVATIONS ONLY S M U NA NE

DETAILS: Floating and submerged solids in final effluent.

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	Yes	Colorless	

**SECTION H: SLUDGE DISPOSAL**

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- |   |   |
|---|---|
| 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 <input type="checkbox"/> NE |
| 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 <input type="checkbox"/> NE |
| 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE): |   |

**SECTION I: SAMPLING INSPECTION PROCEDURES**

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS S M U NA NE

DETAILS:

- |  |  |
|--|--|
| 1. SAMPLES OBTAINED THIS INSPECTION:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:__ <input type="checkbox"/> COMPOSITE:__ METHOD:__ FREQUENCY: |  |
| 3. SAMPLES PRESERVED:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 4. FLOW PROPORTIONED SAMPLES OBTAINED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 7. SAMPLE SPLIT WITH PERMITTEE:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |
| 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:  | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE |

**SECTION J: STORM WATER POLLUTION PREVENTION PLAN**

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS S M U NA NE

DETAILS: Evaluated No-Exposure permit.

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

## FLOW CALCULATION SHEET

Date: **04/15/2014**      Time: **11:54**

Head in Inches:      Feet: **0.86**

Type & Size of Primary Flow Measurement Device: **18" Parshall Flume**

Name & Model of Secondary Flow Measurement Device: **Siemens HydroRanger 200**

Date of last Calibration of Secondary Flow Device: **04/15/2014**

Recorded Flow at Date & Time Listed Above: **2283.2 GPM** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **2135 GPM**  
(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5<sup>th</sup> Edition)

% Error =	$\frac{\text{Recorded Value} - \text{Calculated Value}}{\text{Calculated Value}}$	X 100	
-----------	---	-------	--

% Error =	$\frac{2283.2 - 2135}{2135}$	X 100	
-----------	------------------------------	-------	--

% Error =	$\frac{148.2}{2135}$	X 100	
-----------	----------------------	-------	--

% Error =	0.069	X 100	
-----------	-------	-------	--

% Error =	<b>6.9</b>	%	
-----------	------------	---	--

Comments: **6.9% is close to the permitted error of 10%. Continue to monitor the error % closely seeing that the flow measurement device was calibrated the day of inspection.**



**DMR Calculation Check**

**Reporting Period:** From 13 11 01 To 13 11 30  
**Year Month Day Year Month Day**

**Parameter Checked:** TSS

	<b>Loading Mass Mo. Avg. - lbs/day</b>	<b>Concentration Monthly Mo. Avg. - mg/l</b>	<b>7-day Avg. - mg/l</b>
<b>Reported Value:</b>	<u>81.40</u>	<u>3.96</u>	<u>5.5</u>
<b>Calculated Value:</b>	<u>81.40</u>	<u>3.96</u>	<u>5.5</u>
<b>Permit Value:</b>	<u>313</u>	<u>15</u>	<u>22.5</u>

**If calculated value does not equal reported value, explain:** Equal

**CITY OF MAGNOLIA**  
**Big-Creek WWTP**  
**P.O. BOX 666**  
**MAGNOLIA, ARKANSAS 71754-066**  
**(870) 234-2955**  
**mwws@sbcglobal.net**  
**NPDES Permit Number AR0043613**  
**AFIN # 14-00059**

May 16, 2014

ATT:

Water Division Branch  
 5301 North Shore Drive  
 North Little Rock, Arkansas, 72118

RE: Compliance inspection (Columbia County)  
 AFIN: 14-00059 NPDES Permit No. AR0043613, ARR00C419

Listed below is the corrective actions taken to the Compliance Inspection of the City of Magnolia Big Creek WWTP performed on April 15, 2014 by Michael Young.

1. Floating solids in the discharge effluent to Big Creek was due to the 5.00 million gallons of water that came through the plant after a three inch ran two day prior to April 15. Please note the photograph showing that the discharge effluent to Big Creek is corrected. In the future when high flows are expected, a boom will be placed at outfall number 1 to remove the solids that passed through clarification. We will check and re-adjust the skimming arm on the clarifier.
2. The excessive pin flock in the north clarifier was also contributed to the high volume of water that was passing through the plant. The wastewater plant is designed to treat 2.5 million gallons on a daily basis.
3. The excursion on the DMR for August 2013 has been corrected and a copy included with this letter. Exhibit C

*Exhibit C*

*Corrected Copy*

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
 NAME: MAGNOLIA, CITY OF - BIG CREEK WWTP  
 ADDRESS: P.O. BOX 666  
 MAGNOLIA, AR 71754-0666  
 FACILITY: MAGNOLIA, CITY OF-BIG CREEK WWTP  
 LOCATION: 72 COLUMBIA 900  
 MAGNOLIA, AR 71753  
 ATTN: RUSSELL W. THOMAS, SUPT/MGR

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

Form Approved  
 OMB No. 2040-0004

DMR Mailing ZIP CODE: 71754-0666  
 MAJOR: 5  
 001-MONTHLY-TRTD MUNICIPAL WW  
 External Outfall:  No Discharge

AR0043613 PERMIT NUMBER  
 001-A DISCHARGE NUMBER  
 MONITORING PERIOD  
 8/1/2013 - 8/31/2013

AFIN # 14-00059

PARAMETER		QUANTITY OR LOADINGS				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.08	mg/L	0	1/2	Grab
80080 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1	mg/L		Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	INST MAX			1/2	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	261	#/100ml	2	1/2	Grab
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	26.33	*****	*****	*****	*****	*****	300	300A GEO	400	Weekly	GRAB
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	209	*****	IBG	*****	*****	*****	2.5	mg/L	3.2	1/2	Compos
		MO AVG	*****	*****	*****	*****	*****	10	mg/L	7 DA AVG	Weekly	COMPOS

Ana-Lab Corp  
 P.O. Box 9000  
 Kilgore, Texas 75663  
 Phone: 903-984-0551 Fax: 903-984-5914  
 E-Mail: e-Mail corp@ana-lab.com

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Russell W. Thomas, Supt/MGR

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Russell W. Thomas

TELEPHONE  
 870 234 2955

DATE  
 05/13/2014

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 REPORT FLOWS AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. (TRC)SEE PART II, CONDITION NO. 10. SUBMIT THIS REPORT EACH MONTH REGARDLESS OF DISCHARGE.  
 SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH. SEE PART II, NO. 5(C) (5)(C). 14-00059

4. A copy of the private lab that does DMR testing for Magnolia Wastewater has been corrected on July 2013 DMR and is included in this letter. Exhibit D

*Exhibit D* *Corrected Copy*

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
 NAME: MAGNOLIA, CITY OF - BIG CREEK WWTP  
 ADDRESS: P.O. BOX 686  
 MAGNOLIA, AR 71754-0866

FACILITY: MAGNOLIA, CITY OF-BIG CREEK WWTP  
 LOCATION: 72 COLUMBIA 300  
 MAGNOLIA, AR 71753  
 ATTN: RUSSELL W. THOMAS, SUPT/MGR

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

Form Approved  
 OMB No. 2040-0004

AR0043613	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MM/DD/YYYY		MM/DD/YYYY			
7/1/2013		7/31/2013			

DMR Mailing ZIP CODE: 71754-0866  
 MAJOR \$  
 001-MONTHLY-TRTD MUNICIPAL WW  
 External Outfall

*AFIN#14-00059*

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.07	mg/L	0	1/2	Grab	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1	INST MAX		Weekly	GRAB	
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	53	400 #/100ml	0	1/2	Grab	
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	30DA GEO	400	7 DA GEO	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	93.85	*****	lb/d	*****	*****	6.6	11.5	mg/L	0	1/2	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	209	*****	MO AVG	*****	*****	10	15	MO AVG	7 DA AVG	COMPOS	

Ana-Lab Corp  
 P.O. Box 9000  
 Kilgore, Texas 75663  
 Phone: 903-984-0551 Fax: 903-984-5914  
 E-Mail: e-Mail corp@ana-lab.com

*Russell W Thomas Supt/mgr*  
 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Russell W Thomas Supt/mgr*  
 TYPED OR PRINTED

*Russell W Thomas*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

870-234-2955 05/13/2014  
 TELEPHONE DATE

870-234-2955 08/21/2013  
 AREA Code NUMBER AM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. (TRC)SEE PART II, CONDITION NO. 10. SUBMIT THIS REPORT EACH MONTH REGARDLESS OF DISCHARGE.  
 SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH, SEE PART II, NO. 5(C) (SSO). 14-00060

EPA Form 3320-1 (Rev. 01/08) Previous editions may be used. 10/05/2012 Page 2

5. Testing arrangements for TSS and CBOD<sub>5</sub> has been scheduled with ANA-Labs for quarterly testing which a copy will be included with that month DMR.
6. The wet well cover at Big Creek lift station has been locked. Please not picture.



7. Fence around Big Creek lift station will be repaired, pictures will be provided when complete

8. The open container which contained metal has been carried to Tin Man Recycling and is no longer on premises.
9. In reference to Mr. Young's comment on industrial equipment stored outside and photo # 2, the plastic tanks and light fixtures were removed from the Sludge building by the contractor while the new equipment is being installed. The lights in the picture have been removed and taken to Tin Man Recycling yard in Magnolia.



10. The oil sheen that was found in water around a valve that was dug up for repair was cleaned with absorbent pads while Mr. Young was on premise and shown in his photograph. The oil sheen did not come from the valve but from the asphalt that had been packed around the valve as well as from the asphalt street located by the valve. We believe that the oil sheen on the water leached out from the surrounding black top. The valve has been repaired and hole filled in.



If you have any question, feel free in contacting my office at 870-234-2955

Thank You

Russell Thomas, Plant Superintendent  
Big Creek Wastewater Plant  
P.O. Box 666  
Magnolia, Arkansas 71753

**CITY OF MAGNOLIA**  
**Big-Creek WWTP**  
**P.O. BOX 666**  
**MAGNOLIA, ARKANSAS 71754-066**  
**(870) 234-2955**  
**mwws@sbcglobal.net**  
**NPDES Permit Number AR0043613**  
**AFIN # 14-00059**

May 16, 2014

ATT:

Water Division Branch  
 5301 North Shore Drive  
 North Little Rock, Arkansas, 72118

RE: Compliance inspection (Columbia County)

AFIN: 14-00059

NPDES Permit No. AR0043613, ARR00C419

Listed below is the corrective actions taken to the Compliance Inspection of the City of Magnolia Big Creek WWTP performed on April 15, 2014 by Michael Young.

1. Floating solids in the discharge effluent to Big Creek was due to the 5.00 million gallons of water that came through the plant after a three inch ran two day prior to April 15. Please note the photograph showing that the discharge effluent to Big Creek is corrected. In the future when high flows are expected, a boom will be placed at outfall number 1 to remove the solids that passed through clarification. We will check and re-adjust the skimming arm on the clarifier.
2. The excessive pin flock in the north clarifier was also contributed to the high volume of water that was passing through the plant. The wastewater plant is designed to treat 2.5 million gallons on a daily basis.
3. The excursion on the DMR for August 2013 has been corrected and a copy included with this letter. Exhibit C

Exhibit C

Corrected Copy

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: MAGNOLIA, CITY OF - BIG CREEK WWTP  
 ADDRESS: P.O. BOX 666  
 MAGNOLIA, AR 71754-0666

FACILITY: MAGNOLIA, CITY OF-BIG CREEK WWTP  
 LOCATION: 72 COLUMBIA 300  
 MAGNOLIA, AR 71785  
 ATTN: RUSSELL W. THOMAS, Supt/MGR

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

AR0043613 PERMIT NUMBER  
 001-A DISCHARGE NUMBER

MONITORING PERIOD  
 08/01/2013 TO 08/31/2013

DEER Rating ZIP CODE: 71754-0666  
 MAJOR 5

001-MONTHLY-TREAT MUNICIPAL WW  
 External Outlet

Form Approved  
 OMB No. 2040-0084

AFIN # 14-00059

No Discharge

PARAMETER	SAMPLING FREQUENCY	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	0				0.08	mg/L	0	1/1	Grab	
10000 1 0 Effluent Cross	0							Weekly	GRAB	
Coliform, fecal general	0							Weekly	GRAB	
74005 1 0 Effluent Cross	0				261	mg/L	2	Weekly	GRAB	
BOD, carbonaceous, 5d day, 20 C	0				2.5	mg/L	0	Weekly	COMPOS	
00082 1 0 Effluent Cross	0				3.2	mg/L	0	Weekly	COMPOS	

Ana-Lab Corp  
 P.O. Box 9000  
 Kilgore, Texas 75663  
 Phone: 903-984-0551 Fax: 903-984-5914  
 E-Mail: e-Mail corp@ana-lab.com

RUSSELL W. THOMAS, Supt/MGR

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 870 234 2955  
 DATE: 05/13/2014

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. (TROUBLE PART 6, CONDITION NO. 10. SUBMIT THIS REPORT EACH MONTH REGARDLESS OF DISCHARGE.  
 SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH, SEE PART 6, NO. 6C) (800), 44-0280

4. A copy of the private lab that does DMR testing for Magnolia Wastewater has been corrected on July 2013 DMR and is included in this letter. Exhibit D

*Exhibit D* *Corrected Copy*

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
 NAME: MAGNOLIA, CITY OF - BIG CREEK WWTP  
 ADDRESS: P.O. BOX 066  
 MAGNOLIA, AR 71754-0666

FACILITY: MAGNOLIA, CITY OF-BIG CREEK WWTP  
 LOCATION: 72 COLUMBIA 300  
 MAGNOLIA, AR 71783  
 ATTN: RUSSELL W. THOMAS, SUPT/MGR

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

Form Approved  
 OMB No. 2040-0004

AR0043013      001-A  
 PERMIT NUMBER      DISCHARGE NUMBER

MONITORING PERIOD  
 MM/DD/YYYY      MM/DD/YYYY  
 7/1/2013      7/31/2013

DMR Mailing ZIP CODE: 71754-0666  
 MAJOR \$  
 001-MONTHLY-TRTD MUNICIPAL WW  
 External Outfall

*AFIN#14-00059*

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.07		mg/L					0	1/1	Grab
	PERMIT REQUIREMENT									Weekly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	53		#/100ml					0	1/1	Grab
	PERMIT REQUIREMENT				200	400	300A GEO	7 DA GEO		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	93.85		lb/d	6.6	11.5			0	1/1	Compos
	PERMIT REQUIREMENT	200		lb/d	10	15	MO AVG	7 DA AVG		Weekly	COMPOS

Ana-Lab Corp  
 P.O. Box 9000  
 Kilgore, Texas 75663  
 Phone: 903-984-0551 Fax: 903-984-5914  
 E-Mail: e-Mail corp@ana-lab.com

*Russell W Thomas Supt/mgr* *Russell W Thomas* 870-234-2955 05/13/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Russell W Thomas, Supt/mgr</i> TYPED OR PRINTED	I hereby swear penalty after 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 of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Russell W Thomas</i>	TELEPHONE 870-234-2955	DATE 05/21/2013
---	--	---	---------------------------	--------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all assessments here)  
 REPORT FLOW AS MONTHLY AVERAGE & DAILY MAXIMUM IN MILLION GALLONS PER DAY. (TRC)SEE PART II, CONDITION NO. 10. SUBMIT THIS REPORT EACH MONTH REGARDLESS OF DISCHARGE  
 SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH, SEE PART II, NO. 5(C) (SSC). 14-06050

5. Testing arrangements for TSS and CBOD<sub>5</sub> has been scheduled with ANA-Labs for quarterly testing which a copy will be included with that month DMR.
6. The wet well cover at Big Creek lift station has been locked. Please not picture.



7. Fence around Big Creek lift station will be repaired, pictures will be provided when complete

8. The open container which contained metal has been carried to Tin Man Recycling and is no longer on premises.
9. In reference to Mr. Young's comment on industrial equipment stored outside and photo # 2, the plastic tanks and light fixtures were removed from the Sludge building by the contractor while the new equipment is being installed. The lights in the picture have been removed and taken to Tin Man Recycling yard in Magnolia.



10. The oil sheen that was found in water around a valve that was dug up for repair was cleaned with absorbent pads while Mr. Young was on premise and shown in his photograph. The oil sheen did not come from the valve but from the asphalt that had been packed around the valve as well as from the asphalt street located by the valve. We believe that the oil sheen on the water leached out from the surrounding black top. The valve has been repaired and hole filled in.





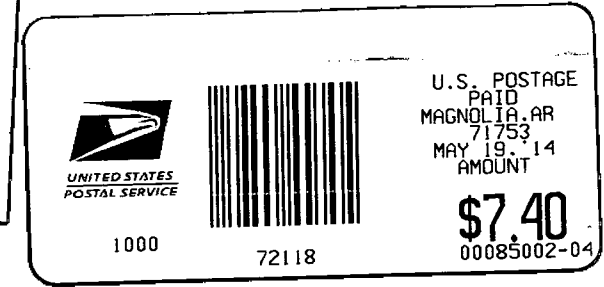
If you have any question, feel free in contacting my office at 870-234-2955

Thank You

A handwritten signature in black ink, appearing to read "Russell Thomas", with a long horizontal flourish extending to the right.

Russell Thomas, Plant Superintendent  
Big Creek Wastewater Plant  
P.O. Box 666  
Magnolia, Arkansas 71753

City of Magnolia, Big Creek-WWTP  
P.O. Box 666  
Magnolia, AR, 71754  
NPDES Permit NO. AR0043613  
AFIN # 14-00059



RETURN RECEIPT  
REQUESTED

ADEQ  
Water Division Inspection Branch  
5301 Northshore Drive  
North Little Rock, Arkansas ~~772-118-5317~~  
722-28-5317

# ADEQ

A R K A N S A S  
Department of Environmental Quality

June 5, 2014

Russell Thomas, Manager  
City of Magnolia, Big Creek Wastewater Treatment Plant  
P.O. Box 666  
Magnolia, AR, 71754

**RE: Response to Inspection (Columbia Co)**  
**AFIN: 14-00059** **NPDES Permit No. AR0043613**  
**ARR00C419**

Dear Mr. Thomas:

I have reviewed the response pertaining to my routine compliance inspection of the City of Magnolia Big Creek Wastewater Treatment Plant. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 837-2073 or you may e-mail me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us).

Sincerely,



Michael D. Young  
District 8 Field Inspector  
Water Division