

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT			
		AFIN: 14-00059		PERMIT #: AR0043613	
		COUNTY: 14 Columbia		PDS #: 077624	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			
FACILITY INFORMATION			INSPECTION INFORMATION		
NAME: Big Creek WWTP			DATE(S):	4/15/2014	
LOCATION: 72 Colombia Road 300			ENTRY TIME:	09:36	
			EXIT TIME:	13:32	
CITY: Magnolia, AR 71754			INSPECTION TYPE: SSO/Collection System		
RESPONSIBLE OFFICIAL			INSPECTOR ID#: 10153 S - State		
CONTACTED DURING INSPECTION: Yes			FACILITY TYPE: 1 - Municipal		
NAME: Russell Thomas			PERMIT EFFECTIVE DATE: 1/1/2011		
TITLE: Manager			PERMIT EXPIRATION DATE: 12/31/2015		
COMPANY: City of Magnolia			FACILITY EVALUATION RATING: 4 - Satisfactory		
MAILING P.O. Box 666			FAYETTEVILLE SHALE RELATED: N		
ADDRESS:			FAYETTEVILLE SHALE VIOLATIONS: N		
CITY, STATE, ZIP: Magnolia, AR 71754			INSPECTION PARTICIPANTS		
PHONE & EXT: 870-234-2454			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Russell Thomas/Manager/870-234-2454		
FAX:					
EMAIL:					
OTHER:					
AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
N	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER
N	RECORDS/REPORTS	N	LABORATORY	N	FACILITY SITE REVIEW
N	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT
S	OTHER: SSO/Collection System				
SUMMARY OF FINDINGS					
1.) Wet well cover at Big Creek lift station needs a lock to prevent unauthorized access (see Photo 1).					
GENERAL COMMENTS					
Big Creek lift station does not have a fence around the lift station to prevent unauthorized access. It is recommended that the facility identify the need to prevent unauthorized access to the lift station.					
INSPECTOR'S SIGNATURE:  Michael D. Young					DATE: 04/18/2014
SUPERVISOR'S SIGNATURE:  Kerri McCabe					DATE: 5/5/2014

Water Division Photographic Evidence Sheet

Location:	Big Creek WWTP		
Photographer:	Michael Young	Date:	04/15/2014
Time:	12:42	Witness:	Russell Thomas
Photo #:	1	Description:	Wet well lid at Big Creek lift station with no lock on lid.



COLLECTION SYSTEM INSPECTION AND OVERALL RATING		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
PROVIDE A BRIEF DESCRIPTION OF THE COLLECTION SYSTEM: <u>Collection system pipes are 50% clay and 50% PVC.</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>11,375</u>		
FEET OF SEWER SYSTEM: <u>unknown</u>		
AGE OF SYSTEM: <u>~50 years</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN): <u>NI</u>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
IS THERE A SYSTEM IN PLACE FOR REPORTING SSOS TO ADEQ (DESCRIBE): <u>Report with DMRs</u>		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ARE ALL SSOs REPORTED REGARDLESS OF SIZE:		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
HAVE SSOs REACHED "WATERS OF THE U.S." (LIST DATE AND LOCATION OF EACH):		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
PUMP STATIONS		<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
NUMBER OF PUMP STATIONS IN SYSTEM: <u>12</u>	NUMBER WITH BACKUP POWER: <u>12 on bypass and quick connect</u>	
HOW OFTEN ARE PUMP STATIONS INSPECTED/MONITORED: <u>daily</u>		
ARE MAINTENANCE RECORDS AND/OR OPERATOR LOGS KEPT: <u>yes</u>		
ADEQUATE INVENTORY OF SPARE PARTS: <u>yes</u>		
TYPE OF REMOTE ELECTRONIC MONITORING USED (I.E. SCADA OR AUTO DIALERS): <u>auto dialer on 1 station</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Audio/visual alarm sounds; signs indicate who to contact</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>3</u>		
SATELLITE SYSTEMS		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
DOES THE COLLECTION SYSTEM RECEIVE FLOW FROM SATELLITE SYSTEMS: <u>No</u>		
TYPE(S) OF WASTE WATER RECEIVED: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:		
BRIEFLY DESCRIBE THE SATELLITE SYSTEM:		
ANY KNOWN PROBLEMS WITH SATELLITE SYSTEM:		
NAME, ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE FOR SATELLITE SYSTEM:		

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Big Creek</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>3</u>	NUMBER OPERATIONAL: <u>3</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Green Street</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GATES/DOORS/HATCHES/LIDS/ETC. LOCKED TO PREVENT UNAUTHORIZED ACCESS AND/OR TAMPERING:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
WET WELLS, SUMPS AND PITS ADEQUATELY COVERED, GRATED OR OTHERWISE PROTECTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ELECTRICAL CONTROLS COVERS CONDUIT AND EQUIPMENT PROPERLY INSTALLED AND MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

PUMP STATION VISIT (COMPLETE A SEPARATE CHECKLIST FOR EACH PUMP STATION VISITED)	
GENERAL INFORMATION AND OVERALL EVALUATION	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
NAME AND/OR LOCATION OF PUMP STATION: <u>Partee Pasture</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>2</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
EVIDENCE OF RECENT OVERFLOWS OR HIGH LEVELS:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
GENERAL OPERATION AND MAINTENANCE	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
CLEAN AND WELL MAINTAINED WITH MINIMAL STORAGE OF UNRELATED EQUIPMENT:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
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GUARDS AND SHIELDS IN PLACE AROUND MOVING EQUIPMENT (BELTS, PULLEYS, DRIVESHAFTS, ETC.):	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE VENTILATION TO PREVENT EXCESSIVE CONDENSATION AND/OR GASES AND FUMES:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
ADEQUATE LIGHTING FOR ROUTINE INSPECTION/MAINTENANCE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SEALS, VALVES AND PACKING ADEQUATELY MAINTAINED TO PREVENT LEAKS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
MINIMAL ACCUMULATION OF GREASE AND SOLIDS IN WET WELLS:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
BACKUP POWER AND ALARMS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA
PROVISIONS FOR GENERATOR AND/OR EMERGENCY TRANSFER PUMP:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
AUDIBLE/VISUAL ALARM WITH EMERGENCY CONTACT INFORMATION POSTED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
SCADA SYSTEM (LIST PARAMETERS MONITORED):	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

CITY OF MAGNOLIA
Big-Creek WWTP
P.O. BOX 666
MAGNOLIA, ARKANSAS 71754-066
(870) 234-2955
mw@sbglobal.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 rain 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 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: \$
001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

AFIN # 14-00059

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	PERMIT REQUIREMENT	0.08							0	1/1	Grab
Effluent Gross	PERMIT REQUIREMENT								1	Weekly	Grab
Coliform, fecal general	PERMIT REQUIREMENT								INST MAX	1/1	Grab
74055 1.0	PERMIT REQUIREMENT								261	2	Grab
Effluent Gross	PERMIT REQUIREMENT								800	2	Grab
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT								300	Weekly	Grab
74055 1.0	PERMIT REQUIREMENT								400	Weekly	Grab
Effluent Gross	PERMIT REQUIREMENT								7 DA GEO	Weekly	Grab
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT	26.33							2.5	3.2	Compos
74055 1.0	PERMIT REQUIREMENT								10	Weekly	Compos
Effluent Gross	PERMIT REQUIREMENT								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
TYPED OR PRINTED

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 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. 16(C) (SIC). 14-00059

EPA Form 3320-1 (Rev. 8/1/09) Previous editions may be used.

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 666
MAGNOLIA, AR 71754-0666

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)

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: 71754-0666
MAJOR \$

001-MONTHLY-TRTD MUNICIPAL WW
External Outfall

No Discharge ☐

AFIN#14-00059

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	1/4	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT						.1	INST MAX		Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT					53	400	#/100mL	0	1/4	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT					200	400	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	93.85		lb/d		6.6	11.5	mg/L	0	1/4	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	200		MO AVG		10	15	MO 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Russell W Thomas, Supt/mgr

TYPED OR PRINTED

Signature of Principal Executive Officer or Authorized Agent

TELEPHONE 870-234-2955

DATE 05/13/2014

870-234-2955

08/21/2013

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.01/00) Previous editions may be used.

10/05/2012 Page 2

5. Testing arrangements for TSS and CBOD₅ 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.
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Corrected Copy

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 ADDRESS: P.O. BOX 666
 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)

AR0043613 PERMIT NUMBER
 001-A DISCHARGE NUMBER

MONITORING PERIOD
 01/01/2013 TO 03/31/2013

DMR Reporting ZIP CODE: 71754-0666
 MAJOR: 5

001-MONTHLY-TOTD MUNICIPAL VWW
 External Outfall

AFIN # 14-00059

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	0.08		mg/L	0.08		mg/L	0	1/1	Grab
10000 L O Effluent Gross	PERMIT REQUIREMENT						1	1	Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	261		MPN/100ML	261		MPN/100ML	2	1/1	Grab
74000 L O Effluent Gross	PERMIT REQUIREMENT						200	2	Weekly	GRAB
BOD, carbonaceous, 5d, 20 C	SAMPLE MEASUREMENT	26.33		mg/L	2.5		3.2	0	1/1	Compos
00000 L O Effluent Gross	PERMIT REQUIREMENT						10	1	Weekly	COMPOS

Ana-Lab Corp
 P.O. Box 9000
 Kigore, 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 & ONLY MAXIMUM IN MILLION GALLONS PER DAY. (TROUBLE SHOOTING & CONDITION NO. 10. SUBMIT THIS REPORT EACH MONTH REGARDLESS OF DISCHARGE.
 SUBMIT A TABULAR OVERFLOW REPORT WITH THIS DMR EACH MONTH, SEE PART B, NO. 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 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1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 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1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, 1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828, 1829, 1830, 1831, 1832, 1833, 1834, 1835, 1836, 1837, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1

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 006
 MAGNOLIA, AR 71754-0066

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)

AR0043013
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

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

MM/DD/YYYY
 7/31/2013

DMR Mailing ZIP CODE: 71754-0066
 MAJOR \$

001-MONTHLY-TRTD MUNICIPAL WW
 External Outfall

No Discharge ☐

AFIN#14-00059

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	1/1	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	53		#/100ml					0	1/1	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT									Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	93.85		lb/d					0	1/1	Compos
80062 1 0 Effluent Gross	PERMIT REQUIREMENT	200		lb/d						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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Russell W Thomas, Supt/Mgr
 TYPED OR PRINTED

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 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) (SSO). 14-00059

EPA Form 3320-1 (Rev. 5/1/06) Previous editions may be used.

10/05/2012 Page 2

5. Testing arrangements for TSS and CBOD₅ 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.

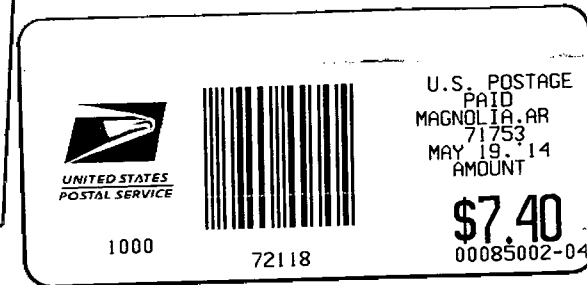
Russell Thomas, Plant Superintendent

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

~~722118-5317~~
72228-5317