



ARKANSAS

ENERGY & ENVIRONMENT

January 13, 2022

Parnell Vann, Mayor
City of Magnolia
P.O. Box 666
Magnolia, AR 71754
Via email: mwws@sbcgloabal.net

RE: City of Magnolia - Big Creek W Inspection (Columbia Co)
AFIN: 14-00059 NPDES Permit No.: AR0043613

Dear Mayor Vann:

On November 9, 2021, I performed a Compliance Evaluation Inspection of the above-referenced 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. A copy of the inspection report is enclosed for your records.


Please refer to the “Summary of Findings” section of the inspection report and provide a written response for each item that was noted. This response should be mailed to the attention of the Office of Water Quality Compliance Branch at the address below my signature or emailed to Water-Inspection-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. The corrective action(s) should be completed as soon as possible and the written response with all necessary documentation (i.e., photos) is due by **January 27, 2022.**

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	INSPECTION REPORT		
	AFIN: 14-00059	PERMIT #: AR0043613	DATE: 11/9/2021
	COUNTY: 14 Columbia	PDS #: 118740	MEDIA: WN
GPS LAT: 33.266603 LONG: -93.265103 LOCATION: Entrance			
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: City of Magnolia - Big Creek WWTP LOCATION: 72 Columbia Road 300 CITY: Magnolia, AR 71753		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 101531 S - State	
		FACILITY EVALUATION RATING: 2 - Marginal INSPECTION TYPE: Compliance Evaluation	
		DATE(S): ENTRY TIME: EXIT TIME: PERMIT EFFECTIVE DATE: 11/9/2021 13:15 15:22 2/1/2019 PERMIT EXPIRATION DATE: 1/31/2024	
RESPONSIBLE OFFICIAL		FAYETTEVILLE SHALE RELATED: N	
NAME / TITLE: Parnell Vann / Mayor COMPANY: City of Magnolia MAILING ADDRESS: P.O. Box 666 CITY, STATE, ZIP: Magnolia AR 71754 PHONE & EXT. / FAX: 870-904-1694 / 870-234-2203 EMAIL: mwws@sbcgloabal.net		FAYETTEVILLE SHALE VIOLATIONS: N	
CONTACTED DURING INSPECTION: No		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Russell Thomas/Wastewater Superintendent (Lic. #:002178) Tracie Love/Operator (Lic. #:012149)/tlove@magnolia-ar.com Jared W. Fuller/Class IV Operator (Lic. #:007129)	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	S	FLOW MEASUREMENT
S	RECORDS/REPORTS	S	LABORATORY
M	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
**	OTHER:	S	STORMWATER
			FACILITY SITE REVIEW
			SELF-MONITORING PROGRAM
			PRETREATMENT
SUMMARY OF FINDINGS			
1.) At the time of the inspection, several aerators were not in operation (see Photos 10-11). This is a violation of permit condition Part III. (B.) (1.) (A.).			
2.) Composite samples for WET testing and effluent monitoring are not being collected as a flow-weighted composite. This is a violation of permit conditions Part II. (10.) (B.) (iv.) (b.). and Part IV. (9.).			

GENERAL COMMENTS


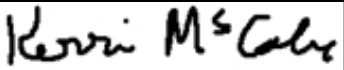
On November 9, 2021, I performed an inspection of City of Magnolia – Big Creek WWTP with the above participants. City of Magnolia – Big Creek WWTP has a treatment system consisting of an equalization/surge basin (used only during high flows), pH adjustment, bar screening, grit screening, oxidation ditch, two clarifiers, chlorine disinfection, dechlorination, post-aeration, sludge thickening, and a Class A biosolids dryer. Prior to the start of the inspection, Russell Thomas, Wastewater Superintendent, explained that one of the clarifiers had experienced a leveling issue and needed to have parts repaired. Mr. Thomas had a bid that was already prepared for the replacement of the clarifier, but the facility has not experienced any issues with the quality of effluent using only one clarifier. This inspection consisted of a facility evaluation and records review.

Facility Evaluation:

My inspection started at the headworks, where influent enters the manual and automatic bar screens (see Photos 1-3) and grit screener (see Photo 4). I examined the location where pH adjustment takes place, if needed, and the influent monitoring flume (see Photo 5). Mr. Thomas and Tracie Love, Operator, explained that there had been a change in operation at the water treatment plant and this was resulting in fewer slug load issues or pH interference, and the chemical adjustment had not been needed (see Photos 6-7). Influent enters the oxidation ditch, where there are four paddlewheel aerators (see Photo 8). Several of the aerators were not in operation at the time of inspection (see Photos 9-10). Following the oxidation ditch, water is routed to a splitter box (see Photos 12-13) and then to the two clarifiers. Mr. Thomas showed me the clarifier that has been bid for repair (see Photo 14) and the clarifier in operation (see Photos 15-16). There is a third clarifier that has not been used or needed by the facility and will not be repaired or replaced (see Photo 17). Following clarification, there is a chlorine contact chamber (see Photos 18-19) and dechlorination using sulfur dioxide and post-aeration (see Photo 20). Flow is measured through an 18” Parshall flume (see Photo 21) that is monitored with a totalizer (see Photo 22). Following the monitoring location, the treated wastewater is discharged to a ditch that is routed to Big Creek, and Mr. Thomas explained that recently there was a failure of the piping for the discharge (see Photo 23). Excavation of the pipe had to be performed and I advised Mr. Thomas and Ms. Love that when areas are excavated, they may need to be protected with BMPs or stabilization. I observed the surge/equalization basin and did not identify any issues (see Photo 24). Following the observation of the treatment system, I observed the sludge thickener (see Photo 25) and the Therma-Flite sludge drying process (see Photos 26-29).

Records Review:

I requested records from April 2021 to review for correct method, documentation, and reporting of the result in NetDMR. I did not find any issues with the analysis performed or the information entered into NetDMR. I informed Ms. Love that all sampling information needs to be submitted if there are effluent characteristics analyzed that are not required by the permit. This would be accomplished by attaching the analysis results to the NetDMR report.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 12/10/2021
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 1/11/2022

SECTION A: PERMIT VERIFICATION	
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 type="checkbox"/> N <input checked="" 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
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
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
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
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 type="checkbox"/> S <input checked="" 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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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: <u>Siemens Hydromanager 200</u>	<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	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Southern Arkansas University (SAU) Natural Resource Research Center (NRRC), Arkansas Analytical (subcontract), Bio-Analytical (WET)</u>	
b. LAB ADDRESS: <u>Magnolia, AR ; Little Rock, AR ; Doyline, LA</u>	
c. PARAMETERS PERFORMED: <u>SAU-NRRC: All except pH and DO, subcontract Total P, Total Hg, Metals to Arkansas Analytical; WET Testing performed by Bio-Analytical.</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						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	N	N	N	N	N	Colorless	--
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> 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						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input 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 checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SWPPP UPDATED AS NEEDED:__ DATE OF LAST UPDATE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	

FLOW CALCULATION SHEET

Date: **11/9/2021** Time: **14:47**

Head in Inches: **7.68"** Feet: **0.64**

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: **April 2021**

Recorded Flow at Date & Time Listed Above: **1372** (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: **1356**

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100	
	Calculated Value				

% Error =	1372	-	1356	X 100	
	1356				

% Error =	16	X 100	
	1356		

% Error =	0.01	X 100	
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% Error =	1	%	
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Comments:

DMR Calculation Check

Reporting Period: From 2021 04 01 To 2021 04 30
 Year Month Day Year Month Day

Parameter Checked: Ammonia Nitrogen (NH₃-N)

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>19.74</u>	<u>0.76</u>	<u>2.61</u>
Calculated Value:	<u>19.74</u>	<u>0.76</u>	<u>2.61</u>
Permit Value:	<u>50</u>	<u>2.4</u>	<u>6.1</u>

If calculated value does not equal reported value, explain:

Equal.

DMR Calculation Check

Reporting Period: From 2021 04 01 To 2021 04 30
 Year Month Day Year Month Day

Parameter Checked: TSS

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	7-day Avg. - mg/l
Reported Value:	<u>59.93</u>	<u>2.38</u>	<u>3.5</u>
Calculated Value:	<u>59.93</u>	<u>2.38</u>	<u>3.5</u>
Permit Value:	<u>313</u>	<u>15</u>	<u>22.5</u>

If calculated value does not equal reported value, explain:

Equal.

Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:36
		Photo #:	1

Description: **Influent from the main lift station enters treatment plant unless re-routed to equalization basin.**



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:36
		Photo #:	2

Description: **Manual bar screen in use at time of inspection.**

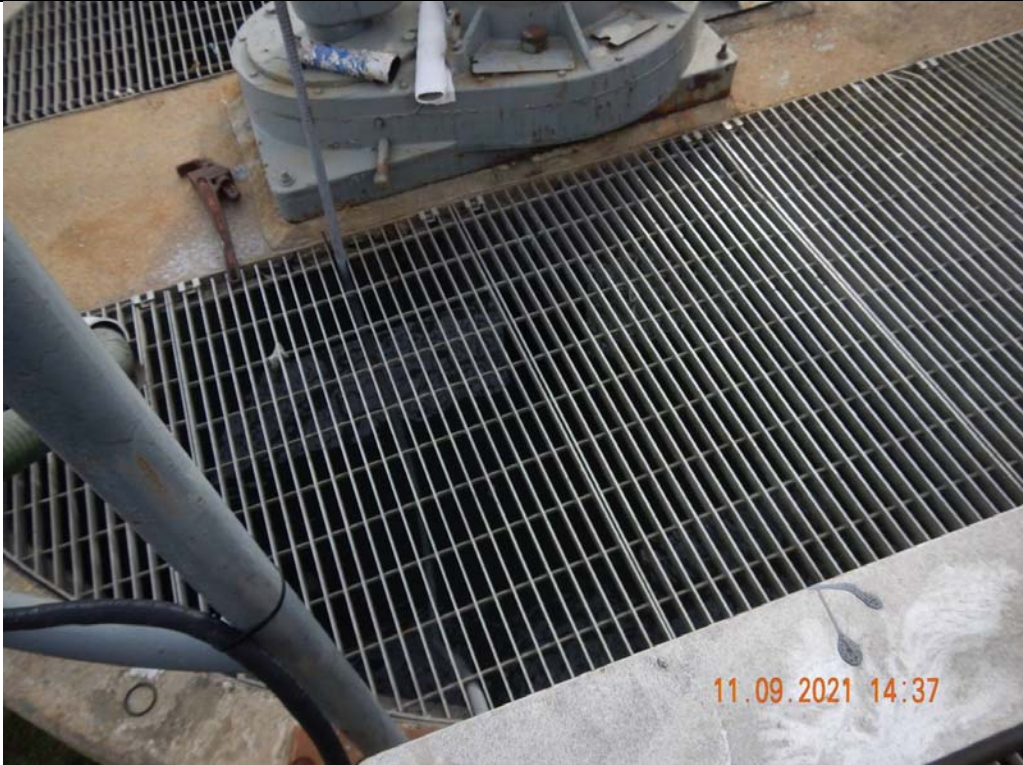


Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:36
		Photo #:	3
Description:	Automatic bar screen also used.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:37
		Photo #:	4
Description:	Grit screener below the grate. Parts for cyclonic driver replaced recently.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:37
		Photo #:	5
Description:	Influent flow monitoring location for internal monitoring.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:38
		Photo #:	6
Description:	Chemical addition for pH adjustment is automatic based upon pH readings.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:38
		Photo #:	7
Description:	Caustic solution has not been needed following operational changes at water treatment plant.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:40
		Photo #:	8
Description:	Influent entering oxidation ditch with aerators in operation.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP				
Photographer:	Michael Young	Date:	11/9/2021	Time:	14:40
Witness:				Photo #:	9
Description:	Aerators in operation in oxidation ditch.				



Photographer:	Michael Young	Date:	11/9/2021	Time:	14:40
Witness:				Photo #:	10
Description:	Aerators not in operation at time of inspection.				



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:40
		Photo #:	11
Description:	Aerators not in operation at time of inspection.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:41
		Photo #:	12
Description:	Discharge from oxidation ditch to splitter box then to clarifiers.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:42
		Photo #:	13
Description:	Splitter box for clarifiers. Water is being routed to one clarifier.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:42
		Photo #:	14
Description:	Clarifier with bid out to replace.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:44
		Photo #:	15
Description:	Clarifier in operation at time of inspection.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:44
		Photo #:	16
Description:	Clarifier in operation at time of inspection.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:46
		Photo #:	17
Description:	Clarifier not in operation and not in plan of replacement. Third clarifier is not needed.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:46
		Photo #:	18
Description:	Chlorine contact chamber with clarified wastewater.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:46
		Photo #:	19
Description:	Chlorine contact chamber.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:46
		Photo #:	20
Description:	Sulfur dioxide used to dechlorinate and post-aeration.		





Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:47
		Photo #:	21
Description:	Parshall flume used to measure flow of effluent after final treatment.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:47
		Photo #:	22
Description:	Totalizer used on Parshall flume to measure flow. Calibration frequency acceptable.		



Office of Water Quality Photographic Evidence Sheet			
Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:50
		Photo #:	23
Description:	Area of broken piping near Outfall 001. Advised to protect area and stabilize to prevent turbid discharges.		
			
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	14:57
		Photo #:	24
Description:	Surge and equalization basin utilized during high flow events.		
			

Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	15:06
		Photo #:	25
Description:	Sludge digester with thickened sludge prior to drying.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	15:06
		Photo #:	26
Description:	Dried and packaged sludge for public use.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	15:07
		Photo #:	27
Description:	De-watering component for drying process of sludge.		



Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	15:07
		Photo #:	28
Description:	Therma-Flite drying components.		

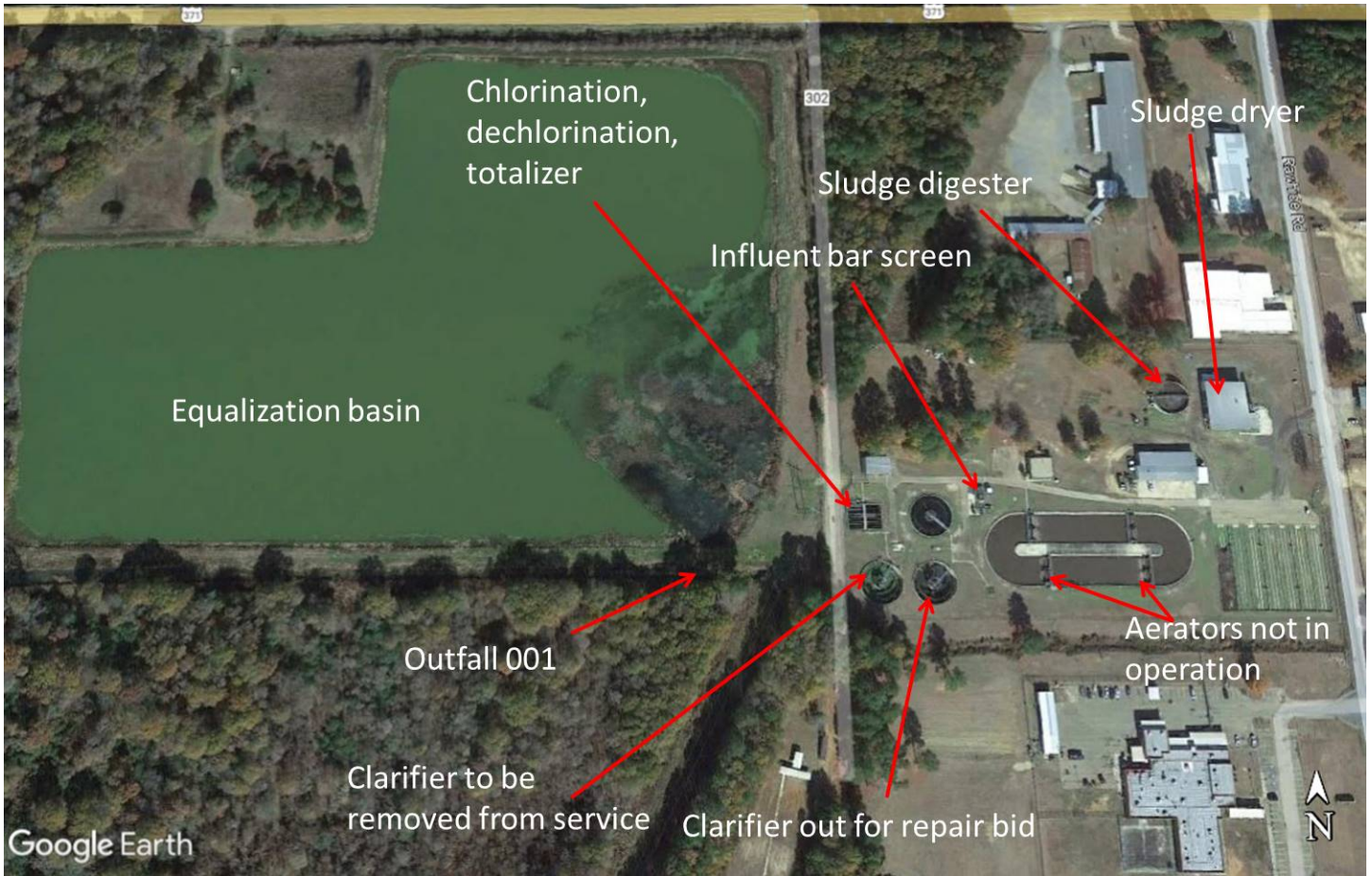


Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	11/9/2021
Witness:		Time:	15:07
		Photo #:	29
Description:	Dryer for sludge.		



Figure 1. Overview of the treatment components at Big Creek WWTP – City of Magnolia.



Bolenbaugh, Jason

From: tlove@magnolia-ar.com
Sent: Tuesday, February 1, 2022 8:53 AM
To: Water-Inspection-Report
Cc: mwws@sbcglobal.net
Subject: Inspection Response for Magnolia Wastewater
Attachments: Inspection Response.docx

Good morning.

Attached please find our inspection response. Let me know if you have any other questions. My contact information is listed below. Thank you.

Sincerely,

Tracie Love

Magnolia Wastewater

Office (870) 234-2454

Cell (870) 904-5819

tlove@magnolia-ar.com

February 1, 2022

Re: City of Magnolia Big Creek Wastewater Plant Inspection
NPDES Permit Number AR0043613

In regards to the inspection performed by Michael Young at our facility on November 9, 2021, there were two action items noted.

The first item states there were aerators not in operation. The fins on the rotors have been replaced as of December 9, 2021. Photos are below.

The sampler we have is not able to collect flow weighted so that sampler will have to be replaced. We have received a quote for a new sampler and are waiting on our electrician to quote us for the wiring work. A copy of the quote is included below.







Quotation

Quote Number 100524872v4

Use quote number at time of order to ensure that you receive prices quoted

Hach
PO Box 608
Loveland CO 80539-0608
Phone (800) 227-4224
Email quotes@hach.com
Website www.hach.com

Quote Date 22-Jan-2020

Quote Expiration 25-Mar-2022

MAGNOLIA WATER SYSTEMS
PO BOX 429
MAGNOLIA AR 71754-0429

Name TRACIE LOVE
Phone 870-904-5819
Email tlove@magnolia-ar.com

Customer Account Number 194062

Sales Contact Scott Balster Email sbalster@hach.com Phone 970-278-4909

PRICING QUOTATION

Line	Part Number	Description	Qty	Net Unit Price	Extended Price
1	ASR.CXXX1X11XX	AS950 FRIG. 115V VINYL. 5.5GAL POLY. Standard lead time 5 days.	1	6,039.80	6,039.80
2	9501000	ASSY. JUNCTION BOX, AS950 AUXILIARY. Standard lead time 5 days.	1	372.60	372.60
				Estimated Motor Freight Charges	269.00
				Grand Total \$	6,681.40

TERMS OF SALE

Freight Ground Prepay and Add

FCA Hach's facility

12% Supply Chain Surcharge has been added to this quote for all shipments, if applicable, and is included in the "Net Unit Price" and Grand Total

All purchases of Hach Company products and/or services are expressly and without limitation subject to Hach Company's Terms & Conditions of Sale ("Hach TCS"), incorporated herein by reference and published on Hach Company's website at www.hach.com/terms. Hach TCS are contained directly and/or by reference in Hach's offer, order acknowledgment, and invoice documents. The first of the following acts constitutes an acceptance of Hach's offer and not a counteroffer and creates a contract of sale "Contract" in accordance with the Hach TCS: (i) Buyer's issuance of a purchase order document against Hach's offer; (ii) acknowledgement of Buyer's order by Hach; or (iii) commencement of any performance by Hach pursuant to Buyer's order. Provisions contained in Buyer's purchase documents (including electronic commerce interfaces) that materially alter, add to or subtract from the provisions of the Hach TCS are not part of the Contract.



ARKANSAS
ENERGY & ENVIRONMENT

August 12, 2022

Parnell Vann, Mayor
City of Magnolia
P.O. Box 666
Magnolia, AR 71754
Via email to: mwws@sbcglobal.net

RE: City of Magnolia - Response to Inspection (Columbia Co)
AFIN: 11-00059 NPDES Permit No.: AR0043613

Dear Mayor Vann:

I have reviewed the response pertaining to my November 9, 2021 inspection of the City of Magnolia – Big Creek WWTP. The information provided sufficiently addresses the items 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 I require further information concerning this matter, I will contact you. Thank you for your attention to this matter. Should you have any questions, please contact me at (501) 837-2073 or you may email me at youngm@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Young'.

Michael Young
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118