

 <div style="display: inline-block; vertical-align: middle;"> ENVIRONMENTAL QUALITY </div>	OFFICE OF WATER QUALITY INSPECTION REPORT		
	AFIN: 14-00059		PERMIT #: AR0043613
	COUNTY: 14 Columbia	PDS #: 129848	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 CITY: Magnolia, AR		FACILITY TYPE: 1 - Municipal INSPECTOR ID#: 101531 S - State	
		FACILITY EVALUATION RATING: 4 - Satisfactory INSPECTION TYPE: SSO/Collection System	
		DATE(S): 3/7/2024 ENTRY TIME: 10:15 EXIT TIME: 12:20	
RESPONSIBLE OFFICIAL		PERMIT EFFECTIVE DATE: 2/1/2019	
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: mayor@magnolia-ar.com		PERMIT EXPIRATION DATE: 1/31/2024	
CONTACTED DURING INSPECTION: No		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N	
		INSPECTION PARTICIPANTS	
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Tracie Love (Lic. #012149)/tlove@magnolia-ar.com Jared W. Fuller/Class IV Operator (Lic. #007129) Elizabeth Givens/E&E DEQ OWQ Inspector	
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
**	PERMIT	**	FLOW MEASUREMENT
**	RECORDS/REPORTS	**	LABORATORY
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL
**		**	STORMWATER
**		**	FACILITY SITE REVIEW
**		**	SELF-MONITORING PROGRAM
**		**	PRETREATMENT
S	OTHER: Collection System		

SUMMARY OF FINDINGS
1. At the time of inspection, the University lift station only had one working pump. This is a violation of permit condition Part III. Section B. (1.) (A.) and condition 42.31 of the Ten (10) State Standards adopted by state of Arkansas.
GENERAL COMMENTS
On March 7, 2024, I performed a collection system inspection with the above participants in attendance. The City of Magnolia operates a collection system consisting of twelve (12) lift stations that collect gravity fed sewage and pump into force mains that deliver the wastewater to Big Creek WWTP. During the inspection we observed the University lift station that is near Southern Arkansas University (SAU). At the time of inspection only one pump was in operation and the other pump was pulled out of the wet well for repairs.

INSPECTOR'S SIGNATURE:  Michael Young	DATE: 07/01/2024
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh	DATE: 8/7/2024

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>Gravity fed>twelve lift stations.Big Creek lift Station>Big Creek WWTP</u>		
POPULATION SERVED/NUMBER OF RESIDENTIAL AND COMMERCIAL CONNECTIONS: <u>~12,000</u>		
FEET OF SEWER SYSTEM: <u>Unknown</u>		
AGE OF SYSTEM: <u>Installed in the 1950's</u>		
DOES THE SYSTEM EXPERIENCE PROBLEMS DURING DRY OR WET WEATHER (EXPLAIN):	<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):	<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 STATE" (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 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</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>None</u>		
BRIEF SUMMARY OF EMERGENCY PROCEDURES: <u>Emergency contact, call for generator, call power company, call pump truck</u>		
NUMBER OF PUMP STATIONS VISITED DURING INSPECTION (SEE ATTACHED CHECKLISTS FOR EACH): <u>1</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>University lift station</u>	
TYPE(S) OF WASTE WATER RECEIVED: <input checked="" type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:	
NUMBER OF PUMPS: <u>2</u>	NUMBER OPERATIONAL: <u>1</u>
NUMBER AND SIZE OF PUMPS APPEARS ADEQUATE:	<input type="checkbox"/> S <input checked="" 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 type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek WWTP		
Photographer:	Michael Young	Date:	03/07/2024
Witness:	Elizabeth Givens	Time:	13:00
		Photo #:	1
Description:	Contact information for lift station.		

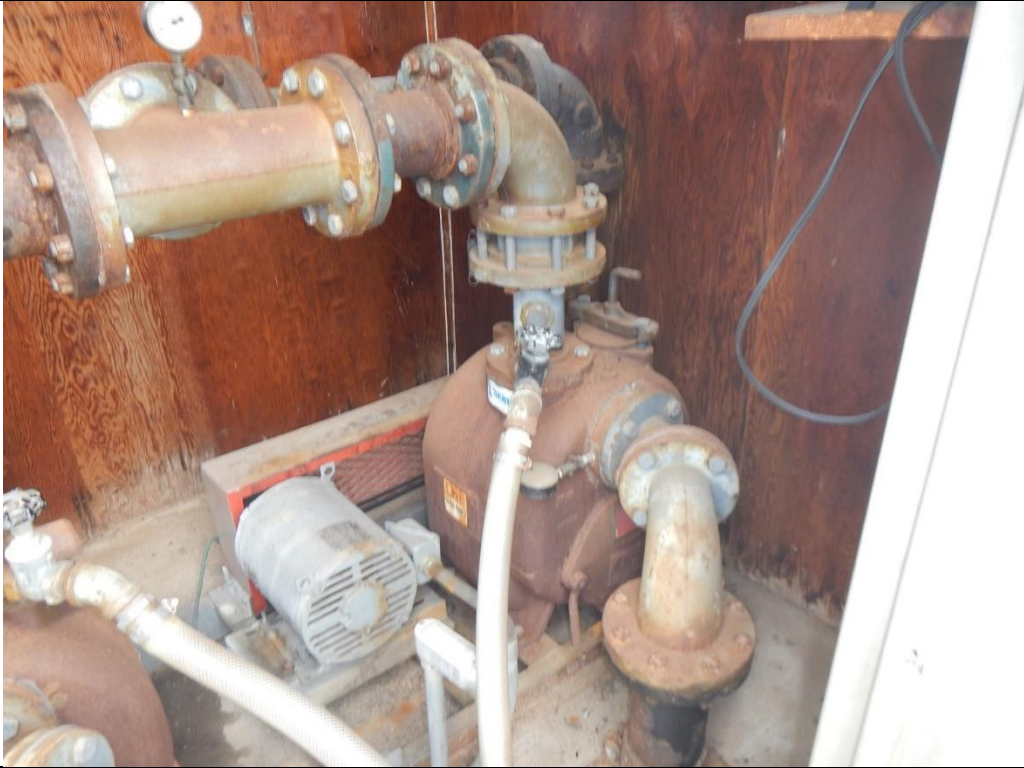


Photographer:	Michael Young	Date:	03/07/2024
Witness:	Elizabeth Givens	Time:	13:02
		Photo #:	2
Description:	Single pump components for University lift station.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek W		
Photographer:	Michael Young	Date:	03/07/2024
Witness:	Elizabeth Givens	Time:	13:02
		Photo #:	3
Description:	Pump belts and components for submersible.		



Photographer:	Michael Young	Date:	03/07/2024
Witness:	Elizabeth Givens	Time:	13:02
		Photo #:	4
Description:	Wet well for the University lift station.		



Office of Water Quality Photographic Evidence Sheet

Location:	City of Magnolia - Big Creek W		
Photographer:	Michael Young	Date:	03/07/2024
Witness:	Elizabeth Givens	Time:	13:03
		Photo #:	5
Description:	Wet well with one working pump. Little buildup of grease.		



Photographer:	Michael Young	Date:	03/07/2024
Witness:	Elizabeth Givens	Time:	13:03
		Photo #:	6
Description:	Second pump currently pulled for replacement.		

