October 17, 2024

Tracy Brick, Mayor
City of Marion
P.O. Box 717
Marion, AR 72364
Email Address: tracy.brick@marionarkansas.org

RE: City of Marion WWTP Inspection- PDS# 131664 and 131665 (Crittenden Co.)
AFIN: 18-00110 Permit No.: AR0021971 & ARR000189

Dear Mayor Brick:

On August 22, 2024, I performed a Compliance Evaluation Inspection and Industrial Stormwater 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. Copies of the inspection reports are 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 November 1, 2024.

If I can be of any assistance, please contact me at Sarah.Frasher@arkansas.gov or 870-935-7221 ext.-15.

Sincerely,

Sarah Frasher
Inspector, Office of Water Quality

Cc: Scott Marshall, Wastewater Superintendent, scott.marshall@marionarkansas.org

ENVIRONMENTAL QUALITY

OFFICE OF WATER QUALITY INSPECTION REPORT

AFIN: **18-00110**	PERMIT #: **AR0021971**	DATE: **8/22/2024**
COUNTY: **18 Crittenden**	PDS #: **131664**	MEDIA: **WN**
GPS LAT: **35.190278** LONG: **-90.228333** LOCATION: **Entrance**		

FACILITY INFORMATION

NAME:
City of Marion WWTP
LOCATION:
5054 Hardin Road
CITY:
Marion

RESPONSIBLE OFFICIAL

NAME: / TITLE
Tracy Brick / Mayor
COMPANY:
City of Marion
MAILING ADDRESS:
P.O. Box 717
CITY, STATE, ZIP:
Marion AR 72364
PHONE & EXT: / FAX:
/
EMAIL:
tracy.brick@marionarkansas.org

CONTACTED DURING INSPECTION: **No**

INSPECTION INFORMATION

FACILITY TYPE: **1 - Municipal**
INSPECTOR ID#: **112347 S - State**
FACILITY EVALUATION RATING: **2 - Marginal**
INSPECTION TYPE: **Compliance Evaluation**
DATE(S): **8/22/2024**
ENTRY TIME: **11:00**
EXIT TIME: **14:15**
PERMIT EFFECTIVE DATE: **1/1/2024**
PERMIT EXPIRATION DATE: **12/31/2038**

FAYETTEVILLE SHALE RELATED: **N**

FAYETTEVILLE SHALE VIOLATIONS: **N**

INSPECTION PARTICIPANTS

NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
Scott Marshall/ Water & Wastewater Superintendent

AREA EVALUATIONS

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)

S	PERMIT	**S**	FLOW MEASUREMENT	**N**	STORMWATER
M	RECORDS/REPORTS	**S**	LABORATORY	**M**	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	**N**	EFFLUENT/RECEIVING WATER	**M**	SELF-MONITORING PROGRAM
S	SAMPLING	**N**	SLUDGE HANDLING/DISPOSAL	**N**	PRETREATMENT
N	OTHER:				

SUMMARY OF FINDINGS

The following violations were noted at the time of the inspection:

1. **Improper Operation and Maintenance in violation of Part III, Section, B.1.a of the permit:**
   a. **High vegetation was observed around the lagoon levees (Photos 2-6)**
   b. **Duckweed accumulations were observed in the chlorine contact chamber (Photos 9-11).**
   c. **The sump pump for the grab sample sink is no longer operational.**
   d. **The chlorine pump is not working effectively due to the possibility of being installed incorrectly.**
   e. **The facility is not maintaining an appropriate amount of freeboard in the lagoon. This is also in violation of Item 93.4 of 10 States Standards, in which the minimum freeboard requirement is 3 feet.**
2. **The facility is reporting Fecal Coliform Bacteria (FCB) in decimals instead of whole numbers. Corrected DMRs should be submitted as applicable. Please see the attached DMR Calculation Check for details.**
3. **The facility inaccurately calculated the 7-day average for BOD for the September 2023 DMR. The facility reported a 106 mg/L instead of 76 mg/L. Please ensure other calculations are reported correctly and submit corrected DMRs as applicable. Please see the attached DMR Calculation Check for details.**

GENERAL COMMENTS
A CAO was drafted by Office of Water Quality Enforcement Branch on March 4, 2024. As part of the order, the operator sends quarterly updates including BOD percent removal and WET Testing results to DEQ. **The operator monitors the freeboard in the lagoons and discharges prior to rain in the forecast to allow them to maintain a higher water level.** **An Audit Request Letter was given to the Operator, Scott Marshall, in which laboratory records will be sent and evaluated. The following parameters are performed by the facility: pH, DO, and TRC.** **This inspection was performed in conjunction with a No-Exposure Industrial Stormwater Inspection for ARR000189. Please view PDS 131665 for details.**

INSPECTOR'S SIGNATURE: **Sarah Frasher**	DATE: **09/19/2024**
SUPERVISOR'S SIGNATURE: **Brent L. Walker**	DATE: **10/15/2024**

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	☑Y ☐N ☐NA ☐NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	☐Y ☐N ☑NA ☐NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	☑Y ☐N ☐NA ☐NE
4. ALL DISCHARGES ARE PERMITTED:	☑Y ☐N ☐NA ☐NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	☐S ☑M ☐U ☐NA ☐NE
DETAILS: **Whole numbers not used for reporting of FCB. 7-day average BOD for September 2023 was miscalculated.**	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	☐Y ☑N ☐NA ☐NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	☑S ☐M ☐U ☐NA ☐NE
a. DATES AND TIME(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
b. EXACT LOCATION(S) OF SAMPLING:	☑Y ☐N ☐NA ☐NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	☑Y ☐N ☐NA ☐NE
d. ANALYTICAL METHODS AND TECHNIQUES:	☑Y ☐N ☐NA ☐NE
e. RESULTS OF CALIBRATIONS:	☑Y ☐N ☐NA ☐NE
f. RESULTS OF ANALYSES:	☑Y ☐N ☐NA ☐NE
g. DATES AND TIMES OF ANALYSES:	☑Y ☐N ☐NA ☐NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	☑Y ☐N ☐NA ☐NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	☑S ☐M ☐U ☐NA ☐NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	☑S ☐M ☐U ☐NA ☐NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	☐Y ☐N ☑NA ☐NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	☐S ☑M ☐U ☐NA ☐NE
DETAILS: **Duckweed observed in the chlorine contact chamber. High vegetation observed inside lagoon levees.**	
1. TREATMENT UNITS PROPERLY OPERATED:	☐S ☑M ☐U ☐NA ☐NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	☐S ☑M ☐U ☐NA ☐NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	☑S ☐M ☐U ☐NA ☐NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	☑S ☐M ☐U ☐NA ☐NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	☑S ☐M ☐U ☐NA ☐NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	☑S ☐M ☐U ☐NA ☐NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	☑Y ☐N ☐NA ☐NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	☑Y ☐N ☐NA ☐NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	☑Y ☐N ☐NA ☐NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	☐Y ☑N ☐NA ☐NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	☐Y ☐N ☑NA ☐NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	☐Y ☐N ☑NA ☐NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	☐Y ☑N ☐NA ☐NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	☐Y ☐N ☑NA ☐NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	☑S ☐M ☐U ☐NA ☐NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	☑Y ☐N ☐NA ☐NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	☑Y ☐N ☐NA ☐NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	☑Y ☐N ☐NA ☐NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	☑Y ☐N ☐NA ☐NE
b. PROPER PRESERVATION TECHNIQUES USED:	☑Y ☐N ☐NA ☐NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	☑Y ☐N ☐NA ☐NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	☑Y ☐N ☐NA ☐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: **Yes** TYPE OF DEVICE: **Badger Meter M-Series M2000**	☑Y ☐N ☐NA ☐NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	☑Y ☐N ☐NA ☐NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	☐Y ☐N ☑NA ☐NE
4. CALIBRATION FREQUENCY ADEQUATE:	☐Y ☐N ☑NA ☐NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	☐Y ☐N ☑NA ☐NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	☐Y ☐N ☑NA ☐NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	☐Y ☐N ☑NA ☐NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	☐Y ☐N ☑NA ☐NE
9. HEAD MEASURED AT PROPER LOCATION:	☐Y ☐N ☑NA ☐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) :	☑Y ☐N ☐NA ☐NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	☑Y ☐N ☐NA ☐NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	☑Y ☐N ☐NA ☐NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
5. DUPLICATE SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
6. SPIKED SAMPLES ARE ANALYZED ≥10% OF THE TIME:	☑Y ☐N ☐NA ☐NE
7. COMMERCIAL LABORATORY USED:	☑Y ☐N ☐NA ☐NE
a. LAB NAME: **Waypoint**	
b. LAB ADDRESS: **Memphis, AR**	
c. PARAMETERS PERFORMED: **BOD, TSS, FCB, NO3+NO2-N, WET Testing**	
8. BIOMONITORING PROCEDURES ADEQUATE:	☑Y ☐N ☐NA ☐NE
a. PROPER ORGANISMS USED:	☑Y ☐N ☐NA ☐NE
b. PROPER DILUTION SERIES FOLLOWED:	☑Y ☐N ☐NA ☐NE
c. PROPER TEST METHODS AND DURATION:	☑Y ☐N ☐NA ☐NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	☑Y ☐N ☐NA ☐NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY — ☐S ☐M ☐U ☑NA ☐NE

DETAILS: **No discharge**

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001							--

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS — ☑S ☐M ☐U ☐NA ☐NE

DETAILS: **Sludge stays in the lagoon.**

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

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS — ☐S ☐M ☐U ☑NA ☐NE

DETAILS:

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

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS — ☐S ☐M ☐U ☑NA ☐NE

DETAILS: **See ARR000189 PDS 131665 for details.**

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

DMR Calculation Check

Reporting Period: From **2024** (Year) **05** (Month) **01** (Day) To **2024** (Year) **05** (Month) **31** (Day)

Parameter Checked: **FCB**

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Concentration Monthly 7-day Avg. - mg/l
Reported Value:	N/A	269.25	73.13
Calculated Value:	N/A	269	73
Permit Value:	N/A	200	400

If calculated value does not equal reported value, explain: **Differences due to not reporting the whole number.**

DMR Calculation Check

Reporting Period:	**From**	**2023** (Year)	**09** (Month)	**01** (Day)	**To**	**2023** (Year)	**09** (Month)	**30** (Day)

Parameter Checked: BOD

	Loading Mass Mo. Avg. - lbs/day	Concentration Monthly Mo. Avg. - mg/l	Concentration Monthly 7-day Avg. - mg/l
Reported Value:	N/A	40	106
Calculated Value:	N/A	41	76
Permit Value:	N/A	30	45

If calculated value does not equal reported value, explain: **Differences due to not calculating the 7-day average correctly.**

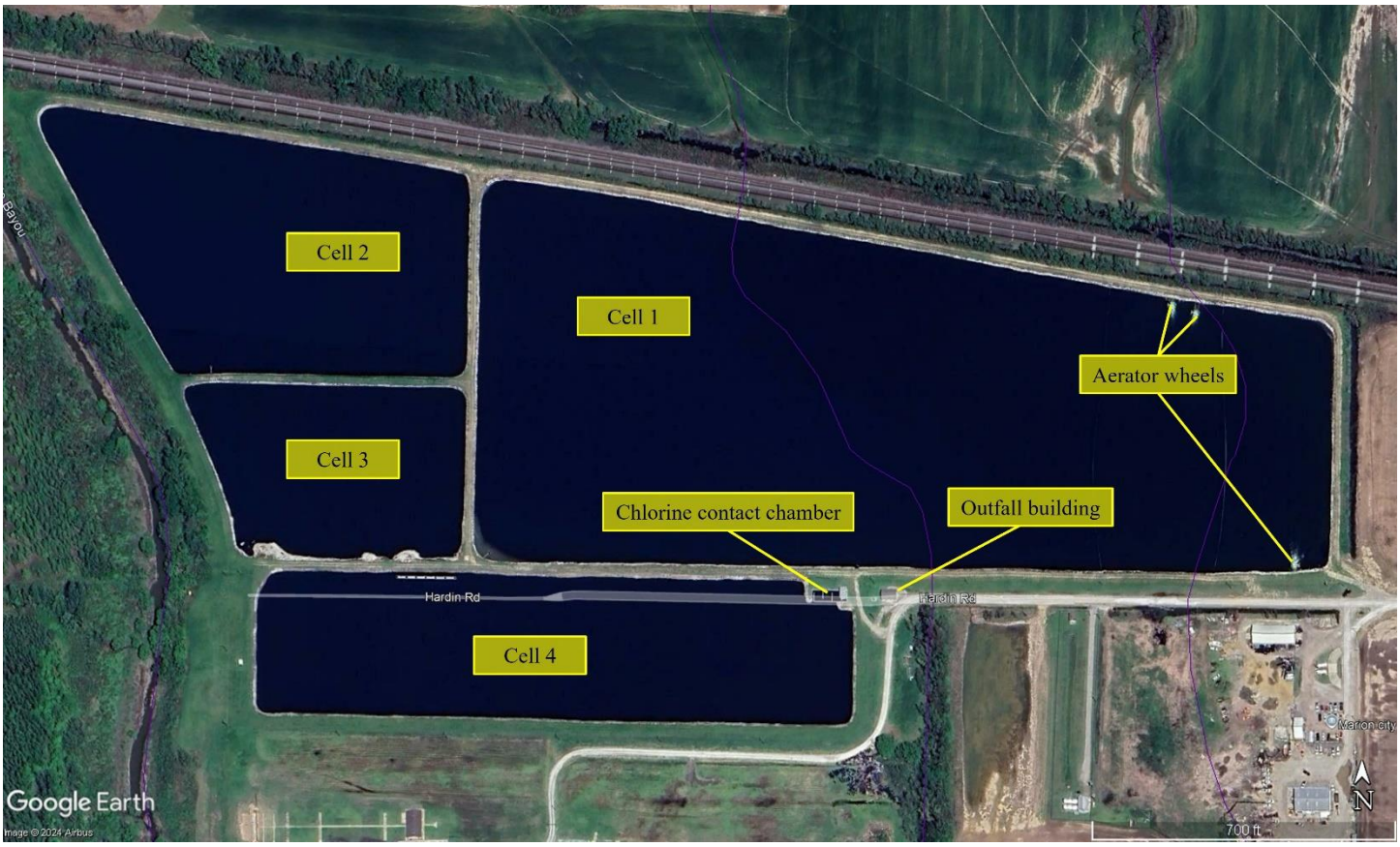


Figure 1. Google Earth image of the Marion WWTP with labels for the different areas of treatment.

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**12:33**
Witness:	**None**			Photo #:	**1**
Description:	**View of the influent to the wastewater plant.**				

Photographer:	**Sarah Frasher**	Date:	**8/2/2024**	Time:	**12:36**
Witness:	**None**			Photo #:	**2**
Description:	**View of cell 1. Note the vegetation.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**12:49**
Witness:	**None**			Photo #:	**3**
Description:	**View of the aerator wheels in cell 1. Note the vegetation inside the lagoon levee.**				

Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**12:49**
Witness:	**None**			Photo #:	**4**
Description:	**View of the curtains dividing cell 1.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**12:53**
Witness:	**None**			Photo #:	**5**
Description:	**View of cell 3. Note the vegetation.**				

Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:00**
Witness:	**None**			Photo #:	**6**
Description:	**View of cell 4.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:06**
Witness:	**None**			Photo #:	**7**
Description:	**View of cell 4.**				

Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:06**
Witness:	**None**			Photo #:	**8**
Description:	**View of the bar screen before the chlorine contact chamber.**				

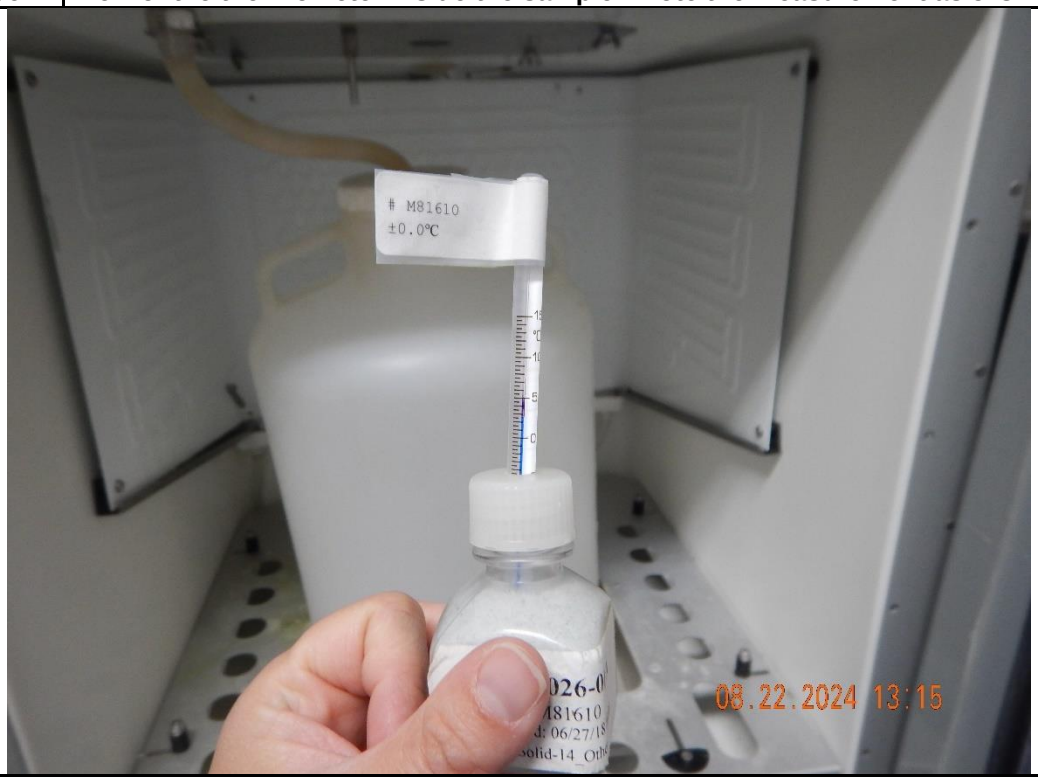
Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:06**
Witness:	**None**			Photo #:	**9**
Description:	**Overview of the chlorine contact chamber. Note the color of the water.**				

Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:04**
Witness:	**None**			Photo #:	**10**
Description:	**View of the inside of the chlorine contact chamber. Note the color and duckweed.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:03**
Witness:	**None**			Photo #:	**11**
Description:	**View of the duckweed in the chlorine contact chamber.**				

Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:15**
Witness:	**None**			Photo #:	**12**
Description:	**View of the inside of the sampler.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:15**
Witness:	**None**			Photo #:	**13**
Description:	**View of the thermometer inside the sampler. Note the measurement as 5°C.**				



Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:16**
Witness:	**None**			Photo #:	**14**
Description:	**View of the flowmeter. Note the zero measurement.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:17**
Witness:	**None**			Photo #:	**15**
Description:	**View of the sink used for grab samples.**				

Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:21**
Witness:	**None**			Photo #:	**16**
Description:	**View of the chlorine gas bottles.**				

Office of Water Quality Photographic Evidence Sheet					
Location:	**City of Marion WWTP**				
Photographer:	**Sarah Frasher**	Date:	**8/22/2024**	Time:	**13:17**
Witness:	**None**			Photo #:	**17**
Description:	**View of the dechlorination equipment.**