Marion Water Department

MAYOR FRANK A FOGLEMAN

WATER UTILITIES MANAGER
JIM SHEMPERT

31 MILITARY ROAD P.O. BOX 814 MARION, ARKANSAS 72364 PHONE: 870-739-3073 FAX: 870-739-5415 WATER & SEWER COMMITTEE

JIM SPENCE, CHAIRMAN OAKLEA PHILLIPS RICHARD COCKRILL

September 24, 2012

Arkansas Department of Environmental Quality NPDES Enforcement Section 5301 Northshore Drive Little Rock, Arkansas 72118-5317

Non-Compliance Letter:

We continue to work with our engineers to resolve our Ammonia Nitrogen issues. Our TSS numbers were back within permit limits and we think a possible lab error was the reason for our fecal excursion with no explanation for a one day number of 3200.

Jim Shempert

Water Utilities Manager

Sanitary Sewer Overflow Monthly Report

Facility Name: Marion, City of Permit Number: AR0021971 Reporting Period (Month/Year): ShPThMbdl 2012 No Sanitary Sewer Overflows This Monitoring Period

Cause(s) of SSO		Summary Report Code Description SSO Impact		
CO C			Action(s) Taken	Ultimate Discharge Location
CO-Construction	D-Debris	NEAH-No Evidence of Adverse Health or Environmental Impact		CR-Creek/Stream/River (please specif
B-Equipment Failure HC-Hydro Clean	G-Grease LF-Line Failure/Break	OEHC-Observed or Evidence of Human Contact EFK-Evidence of Fish Kill	EC-Environmental Cleanup HC-Hydro Cleaned	DI-Ditch DR-Drop Inlet
R-Rainfall RO-Roots	RG-Roots & Grease V-Vandalism		HR-Hand Rodded EN-Referred to Engineering PN-Public Notification	GR-Ground Surface PA-Paved Area

	Manhole #	Start Date of SSO	End Date of SSO	Estimated Volume (in gallons)	Cause of SSO	Environmental Impact	Action (s) Taken	Ultimate Discharg
						пираст	to Address SSO	Location
							·	
					-			
· · · · · · · · · · · · · · · · · · ·								
· · · · · · · · · · · · · · · · · · ·								
	-		. *					
			·				,	
								
								
	-							
								
								·
								
	 							
	1-1-12							
	1	<u>C</u>					10/17/2017	

Signature of Cognizant or Ranking Official

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

31 MILITARY RD. MARION, AR. 72364



ADEQ NPDES ENFORCMENT SECTION 5301 NORTHSHORE DRIVE LITTLE ROCK, ARKANSAS 72118-5317