



State of Utah

GARY R. HERBERT
Governor

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Department of
Environmental Quality

Alan Matheson
Executive Director

DIVISION OF WATER QUALITY
Erica Brown Gaddis, PhD
Director

May 9, 2019

Gregg A. Galecki, Sr. Environmental Engineer
Canyon Fuel Company, LLC – Skyline Mine
A Subsidiary of Wolverine Fuels, LLC
HC 35, Box 380
Helper, UT 84526
VIA EMAIL

Subject: Compliance Evaluation Inspection, **Skyline Mine Facility**
UPDES Permit No. **UT0023540**

Dear Gregg:

Attached for your review are the results of the Compliance Evaluation Inspection conducted by the Division of Water Quality on May 1, 2019. There were no deficiencies observed requiring an immediate response, however please pay particular attention to the Recommendations section of this report for further guidance as we last discussed.

Thanks for your time facilitating the inspection and thanks for your continued efforts to help protect Utah's Water Quality. If you have any questions, please contact me at jstudenka@utah.gov or at 801-536-4395.

Sincerely,

Jeff Studenka, Environmental Scientist
UPDES Surface Water Section

JAS/blj

Enclosures (3):

1. Narrative Report with Photos (DWQ-2019-004730)
2. DWQ UPDES Inspection Checklist
3. EPA Inspection Form 3560 (DWQ-2019-004729)

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Renewal of UPDES Permit No. UT0023540
Skyline Mine Facility

Cc: Via Email w/Enclosures
Orion Rogers, SE Utah Health Department
Scott Hacking, DEQ District Engineer
Steve Christensen, DOGM
DWQ Info & Data Services Section

DWQ-2019-004731
FILE: UPDES Section 6

INSPECTION PROTOCOL

UPDES Permit #: UT0023540 – Skyline Mine
Inspection Type: Compliance Evaluation Inspection (CEI)
Inspection Date: May 1, 2019
Weather Conditions: Cloudy and cold with snow, 28°F

Jeff Studenka of the Utah Division of Water Quality (DWQ) met with Gregg Galecki and Chris Hansen of the Canyon Fuel Company's Skyline Mine Facility (Skyline Mine). The purpose and scope of the inspection were explained, the DWQ UPDES Inspection Checklist was completed, and a facility tour was conducted with photos collected as included herein. There were no deficiencies from the previous inspection for follow up (8-2-17 CEI).

FACILITY DESCRIPTION

Location: Up Eccles Canyon on Utah Hwy 264 near Scofield, Utah
Coordinates: Outfall 001 – 39° 41' 05" latitude, -111° 13' 58" longitude
Outfall 002 – 39° 41' 05" latitude, -111° 09' 07" longitude
Outfall 003 – 39° 43' 10" latitude, -111° 09' 15" longitude
Outfall 004 – 39° 36' 40" latitude, -110° 36' 43" longitude

Average Flow: ~ 7 MGD (001)

Receiving water: Eccles Creek (001 & 002), UP Canyon Creek (003), Winter Quarters Canyon Creek (004) → Muddy Creek → Scofield Reservoir → Price River

Process: Skyline Mine is an active underground coal mining operation utilizing long-wall mining technology. Mine water is collected underground at sump locations and continuously pumped to the surface via the west and north mains of the mine, which then discharge into a bypass culvert going to Eccles Creek. In addition, discharge from the main sedimentation pond goes into the same bypass culvert into Eccles Creek. Discharge from the north mains, the west mains, and the sedimentation pond constitute Outfall 001 into Eccles Creek. Surface water runoff from four disturbed areas is conveyed to above ground settling ponds, each with a permitted discharge point. Outfall 002 is from the rail load out facility near Clear Creek and only discharges seasonally during runoff events. Outfall 003 is from the waste rock storage site in Scofield, which has not discharged to date. Outfall 004 is designed for both surface runoff and mine water discharges to Winter Quarters Canyon Creek, which has also not discharged to date. The primary discharge from Skyline Mine is from Outfall 001.

INSPECTION SUMMARY

Sampling & Recordkeeping: Monthly monitoring is conducted as per the UPDES permit requirements and reported via NetDMR. Effluent flow, pH and dissolved oxygen are instantaneously measured on site. Calibration checks for pH and dissolved oxygen are performed prior to each measurement and recorded in a sampling log book. Monthly samples for TSS, TDS, total iron, and oil & grease are sent to the SGS North America, Inc. lab in Huntington, Utah. Quarterly WET samples are collected and sent overnight to AECOM/TRE Environmental Strategies, LLC in Ft. Collins, Colorado. Holding times and effluent limitations are consistently met with the appropriate number of samples collected for each parameter as specified in the permit.

Flow: Effluent flow from mine water discharges come from two separate mine areas and are measured by in-line electrical meters located underground in the mine just prior to the final effluent discharge into Eccles Creek (Outfall 001). Currently there are no secondary flow measurement capabilities for the mine water discharges. Any effluent flows from Outfalls 002, 003 & 004 are measured by utilizing a bucket and stopwatch to obtain gallons per minute.

Site Reconnaissance: A facility tour was conducted observing the above ground mine operations and discharge locations for Outfalls 001 (mine water discharge and main sedimentation pond) & 002 (coal load out facility and sedimentation pond). Outfalls 003 (off site waste rock location) & 004 (off site Winters Quarters location) were not yet accessible due to existing snow pack.

Effluent and Receiving Waters: Outfalls 001 & 002 were both discharging at the time of the inspection. Discharges were observed to be flowing clear and steady into Eccles Creek. The receiving waters of Eccles Creek was observed both above and below the discharging outfalls with no deficiencies or concerns identified. There have been no discharges to date from Outfalls 003 & 004.

Storm Water: The Storm Water Pollution Prevention Plan (SWPPP) was reviewed on site as last updated in August 2017. More specifically the SWPPP was reviewed in regards to determining areas for collecting run off samples during storm events whenever possible. A recommendation was made to update the SWPPP annually or as needed.

DEFICIENCIES

1. None

CORRECTIVE ACTION REQUIRED

1. None

RECOMMENDATIONS

1. Update the SWPPP as we discussed.

LIST OF ATTACHMENTS:

- Photos
- EPA Inspection Form 3560
- DWQ UPDES Inspection Checklist



Photo 1
Facility view from main entrance.



Photo 2
Main site sedimentation pond (Outfall 001 is at far end).



Photo 3
Close up of Outfall 001 & discharge to culvert.

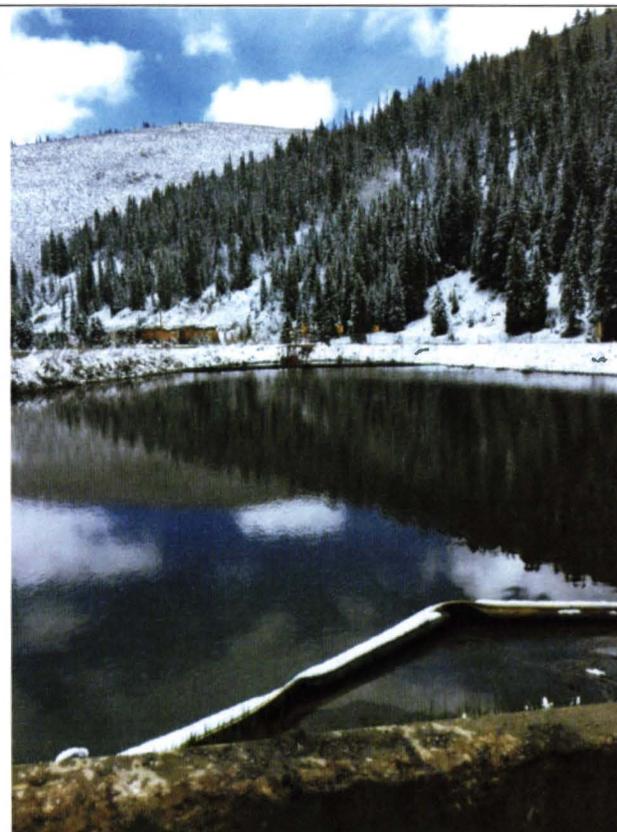


Photo 4
Sedimentation pond at load out facility (Outfall 002 on far end of the pond).



Photo 5
Outfall 002 discharging to Eccles Creek.

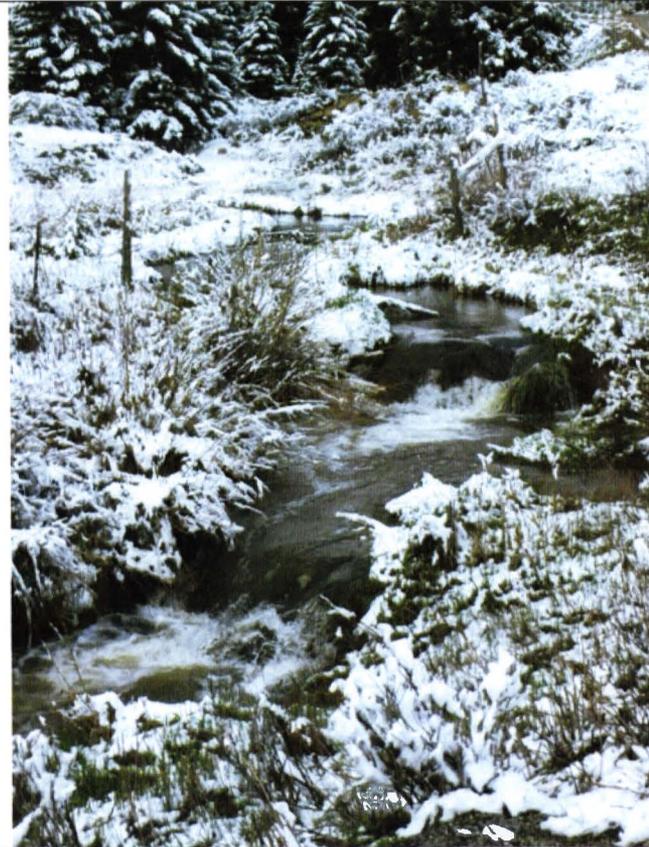


Photo 6
Receiving waters of Eccles Creek just downstream of outfalls.



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., ICIS)

Transaction Code N	NPDES UT0023540	yr/mo/day 190501	Inspection Type C	Inspector S	Fac. Type 2
1	2	3	4	5	6
Remarks					
21					66
Inspection Work Days 3	Facility Self-Monitoring Evaluation Rating 5	BI D	QA N	Reserved	
67	69	70	71	72	73 74 75 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) CANYON FUEL CO. - SKYLINE MINE Up Eccles Canyon on State Hwy 264 ~ 5 miles SW of Scofield, UT	Entry Time/ Date 10:00 am / 5-1-2019	Permit Effective Date 5-1-2015
	Exit Time/ Date 12:30 p.m. /5-1-2019	Permit Expiration Date 4-30-2020
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Gregg Galecki, Senior Environmental Engineer, (435) 448-2636 Chris Hansen, Director of Regulatory Compliance and Government Relations (801) 695-9161	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Bituminous Coal Underground Mining Facility SIC Code 1222 NAICS 212112 SEE ATTACHED	
Name, Address of Responsible Official/Title/Phone and Fax Number Rick Poulson, Mine Manager Canyon Fuel Company, LLC - Skyline Mine HCR 35 Box 380 Helper, UT 84542 (435) 636-2619	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description

Name(s) and Signature(s) of Inspector(s) Jeff Studenka, Environmental Scientist	Agency/Office/Phone and Fax Number(s) DWQ (801) 536-4395	Date: 5-8-19
N/A		
Name and Signature of Management Q A Reviewer Matthew Garn, Manager UPDES Surface Water Section	Agency/Office/Phone and Fax Number(s) DWQ (801) 536-4381	Date: May 9 2019

INSTRUCTIONS

Section A: National Data System Coding (i.e., ICIS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	X Toxics Inspection	6 IU Non-Sampling Inspection with Pretreatment
B Compliance Biomonitoring	Z Sludge - Biosolids	7 IU Toxics with Pretreatment
C Compliance Evaluation (non-sampling)	# Combined Sewer Overflow-Sampling	! Pretreatment Compliance (Oversight)@ Follow-up (enforcement)
D Diagnostic	\$ Combined Sewer Overflow-Non-Sampling	{ Storm Water-Construction-Sampling
F Pretreatment (Follow-up)	+ Sanitary Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
G Pretreatment (Audit)	& Sanitary Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
I Industrial User (IU) Inspection	\ CAFO-Sampling	~ Storm Water-Non-Construction-Non-Sampling
J Complaints	= CAFO-Non-Sampling	< Storm Water-MS4-Sampling
M Multimedia	2 IU Sampling Inspection	- Storm Water-MS4-Non-Sampling
N Spill	3 IU Non-Sampling Inspection	> Storm Water-MS4-Audit
O Compliance Evaluation (Oversight)	4 IU Toxics Inspection	
P Pretreatment Compliance Inspection	5 IU Sampling Inspection with Pretreatment	
R Reconnaissance		
S Compliance Sampling		
U IU Inspection with Pretreatment Audit		

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A- State (Contractor)	O- Other Inspectors, Federal/EPA (Specify in Remarks columns)
B- EPA (Contractor)	P- Other Inspectors, State (Specify in Remarks columns)
E- Corps of Engineers	R- EPA Regional Inspector
J- Joint EPA/State Inspectors—EPA Lead	S- State Inspector
L- Local Health Department (State)	T- Joint State/EPA Inspectors—State lead
N- NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2- Industrial. Other than municipal, agricultural, and Federal facilities.
- 3- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4- Federal. Facilities identified as Federal by the EPA Regional Office.
- 5- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as follow-up on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

UTAH DIVISION OF WATER QUALITY
 UPDES INSPECTION CHECKLIST

Weather: P. Cloudy 28°F + snow

UPDES PERMIT # UT0023540

INSPECTION DATE: 5-1-2019

FACILITY: CFC - Skyline Mine

ON SITE: 12am → 12:30pm

INSPECTOR: J. Studenka

Permit Effective Date: 5-1-2015

Permit Expires 4-30-2020

PART I. VERIFICATION, RECORDKEEPING, AND REPORTING EVALUATION CHECKLIST

A. PERMIT VERIFICATION

Responsible Official: Gregg Galecki / Rick Poolson / Chris Hansen

Mailing Address: Canyon Fuel Company, LLC - Skyline Mine
HCR 35, Box 380
Helper, UT 84526

Brief Facility Description: Underground mine water discharges to surface (outfalls 001 & 004) and sedimentation pond discharges from surface permit areas stormwater drainage (outfalls 001, 002, 003 & 004).

- Yes No N/A 1. Inspection observations verify information contained in permit.
- Yes No N/A 2. Current copy of permit is onsite.
- Yes No N/A 3. Name and mailing address of permittee are correct.
- Yes No N/A 4. Facility is as described in permit. If not, what is different? _____

- Yes No N/A 5. Notification was given to EPA/State of new, different, or increased discharges. (NONE)
- Yes No N/A 6. Facility maintains accurate records of influent volume, when appropriate (EFF only)

- Yes No N/A 7. Number and location of discharge points are as described in permit.
- Yes No N/A 8. Name and of receiving waters correct.

Name: Eccles Creek (001 & 002), UP Canyon Creek (003), Winter Quarters Canyon Creek (004)

- Yes No N/A 9. All discharges are permitted.
- Yes No N/A 10. The facility used Federal/State Construction Grant funds to build the plant.

Notes: Major Industrial Facility, Bituminous underground coal mining operations with SIC code 1222.

B. RECORDKEEPING AND REPORTING EVALUATION

- Yes No N/A 1. Records and reports maintained as required by permit.
- Yes No N/A 2. All required information is available, complete, and current.
- Yes No N/A 3. Information is maintained for a minimum of 3 years (5 years for sewage sludge).
- Yes No N/A 4. If the facility monitors more frequently than required by permit (using approved methods), these are results reported.
- Yes No N/A 5. DMR's submitted as required by the permit. (None)
- Yes No N/A 6. Monitoring records are adequate and include:
 - Yes No N/A a. Flow, pH, DO, etc., as required by permit.
 - Yes No N/A b. Monitoring charts kept for 3 years (or 5 years for sewage sludge).
 - Yes No N/A c. Flow meter calibration records kept.
 - Yes No N/A d. Location data (latitude and longitude) of each outfall.
- Yes No N/A 7. Laboratory equipment calibration and maintenance records are adequate.
- Yes No N/A 8. Plant records* are adequate and include:
 - Yes No N/A a. O & M Manual
 - Yes No N/A b. "As built" Engineering Drawings
 - Yes No N/A c. Schedules and dates of equipment maintenance repairs
 - Yes No N/A d. Equipment supplies manual
 - Yes No N/A e. Equipment data cards?

*Required only for facilities built with Federal/State Construction Grant funds.

- Yes No N/A 9. Pretreatment records are adequate and contain inventory of industrial waste contributors, including:
 - Yes No N/A a. Monitoring Data
 - Yes No N/A b. Inspection Reports
 - Yes No N/A c. Compliance Status Records
 - Yes No N/A d. Enforcement Actions

C. PERMITTEE SELF-MONITORING EVALUATION

- Yes No N/A 1. Samples are taken at the sites required by the permit.
- Yes No N/A 2. Sample type adequate for representative samples. Type: Grab, Composite WET
- Yes No N/A 3. Flow proportioned samples obtained when required by the permit.
- Yes No N/A 4. If applicable, automatic sampler used?
Type/Model: N/A
- Yes No N/A 5. Composite samples refrigerated during collection. (WET testing only)
 - a. Composite samples refrigerated during collection.
 - b. Proper preservation techniques
 - c. Containers in conformance with 40 CFR 136

Specify any problems: None

- Yes No N/A 6. Analytical results are consistent with data reported on DMRs.
- Yes No N/A a. The data moves accurately from the bench sheets to the DMR's.
- Yes No N/A b. The calculations are performed properly
- Yes No N/A 7. All effluent data collected are summarized on the DMR
- Yes No N/A 8. Sampling and analyses data are adequate and include:
- Yes No N/A d. Dates, times, and location of sampling
- Yes No N/A e. Name of individual performing sampling
- Yes No N/A f. Analytical methods and techniques
- Yes No N/A g. Results of analyses and calibration
- Yes No N/A h. Dates of analyses
- Yes No N/A i. Name of person performing analyses
- Yes No N/A j. Instantaneous flow at grab sample stations.
- Yes No N/A k. Monthly and weekly averaging is calculated properly and reported on the DMR where required by the permit
- Yes No N/A l. Maximum and minimum values are reported properly and on the DMR.
- Yes No N/A m. Loading values are calculated using daily loading information. **TDS**
- Yes No N/A n. Bacterial data are summarized as a geometric mean where required by the permit
- Yes No N/A o. Number of exceedences completed properly

D. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

- Yes No N/A 1. WET sampling by permittee adequate to meet the conditions of the permit.
- Yes No N/A 2. Chain of Custody used.
- Yes No N/A 3. Method of shipment. Overnight to AECOM lab in Colorado
- Yes No N/A 4. Preservation Adequate (Iced to 4° C)
- Yes No N/A 5. Lab reports/Chain of custody sheets indicate temperature of samples at time of receipt by lab.
- Yes No N/A 6. Indicate Temperature _____
- Yes No N/A 7. Permittee has copy of latest edition of testing methods or Region VIII protocol (July 1993)
- Yes No N/A 8. Permittee reviews WET lab reports for adherence to test protocols.
- Yes No N/A 9. Lab has provided quality control data. (i.e. Reference toxicant control charts)
- Yes No N/A 10. Permittee has asked lab for Q/C data. included w/ reports
- Yes No N/A 11. Permittee maintains copies of WET lab reports on site for the required 3 year period and makes them available to review by inspectors.
- Yes No N/A 12. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary.

NOTES:

PART II. FACILITY SITE REVIEW CHECKLIST

A. OPERATION AND MAINTENANCE EVALUATION

(Sed. ponds)

- Yes No N/A 1. Facility properly operates and maintains treatment units
- Yes No N/A 2. Facility has standby power or other equivalent provision.
- Yes No N/A 3. Adequate alarm system for power or equipment failures is available.
- Yes No N/A 4. Sludge disposal procedures are appropriate:
 - A: Disposal of sludge according to regulations
 - B: State approval for sludge disposal received.
- Yes No N/A 5. All treatment units, other than backup units, are in service.
- Yes No N/A 6. Facility follows procedures for facility operation and maintenance.
- Yes No N/A 7. Sufficient sludge is disposed of to maintain treatment process equilibrium.
- Yes No N/A 8. Organizational Plan (chart) for operation and maintenance is provided.
- Yes No N/A 9. Plan establishes operating schedules.
- Yes No N/A 10. Facility has written emergency plan for treatment control.
- Yes No N/A 11. Maintenance record system exists and includes: *NON-POTW Facility*
 - a. As-built drawings
 - b. Shop drawings
 - c. Construction specifications
 - d. Maintenance history
 - e. Maintenance costs
 - f. Repair history
 - g. Records of equipment repair and timely return to service.
- Yes No N/A 12. Adequate number of qualified operators on-hand.

~~Treatment
 Grade I _____ Grade II _____ Grade III _____ Grade IV _____ Not Required _____
 Collections
 Grade I _____ Grade II _____ Grade III _____ Grade IV _____ Not Required _____~~

- Yes No N/A 13. Facility has established procedures for training new operators.
- Yes No N/A 14. Facility maintains adequate spare parts and supplies inventory.
- Yes No N/A 15. Facility keeps instruction files for operation and maintenance of each item of major equipment.
- Yes No N/A 16. Operation and maintenance manual is available.
- Yes No N/A 17. Regulatory agency is notified of any bypassing.

18. How Many days in the past year was there a bypass, overflow or basement flooding by untreated wastewater in the system due to storm events? *NONE*

(Dates) *N/A*

- Yes No N/A 19. a. Hydraulic overflows and/or organic overloads are experienced.
- Yes No N/A b. Untreated bypass discharge occurs during power failure.

- Yes No N/A c. Untreated overflows occurred since last inspection.
Reason: N/A
- Yes No N/A d. Flows were observed in overflow or bypass channels.
- Yes No N/A e. Checking for overflows is performed routinely.
- Yes No N/A f. Overflows are reported to EPA or to the appropriate State agency as specified in the permit.
- Yes No N/A 20. Will you or have you completed the annual Municipal Wastewater Planning Program (MWPP) for calendar year _____?
- Yes No N/A 21. Are there any new major developments (industrial, commercial, or residential) planned in the next 2-3 years such that flow in the system could significantly increase (10-20%) or >25,000 gal/day?
- Yes No N/A 22. Do you have a state approved pretreatment program?
(If no ask additional question if yes go to question 23.)
- Yes No N/A a. What industries currently discharge to your system?
- Yes No N/A b. Does any industry currently discharge >25,000 gpd?
- Yes No N/A c. Does any industry have to ability to upset your system?
- Yes No N/A d. Does any industry contribute more than 5% of your BOD/TSS load?
- Yes No N/A e. Does any industry pre-treat their wastewater?
23. Describe the physical condition of the sewer collection system: (lift stations, ect. included)
24. What sewage system improvements does the community have under consideration for the next 10 years?
25. Explain what problems, other than plugging you have experienced during the last year.
- Yes No N/A 26. Is your community presently involved in formal planning for sewer system expansion/upgrading? If yes, explain.
N/A
27. How many times in the last year was there sewage in basements at any point in the collection system for any reason, except plugging of the lateral connections? N/A
28. Do you have other communities connected to your system/facility? If so list. N/A
- Yes No N/A 29. Do you have an approved storm water prevention plan?
30. When was it last updated? 2017 - August

Notes:

NON-PTW Facility. Recommended updating SWPPP.

PART II. FACILITY SITE REVIEW CHECKLIST

B. SAFETY EVALUATION

- Yes No N/A 1. Facility uses diked/bermed oil/chemical storage tanks.
- Yes No N/A 2. Facility maintains up-to-date equipment repair records.
- Yes No N/A 3. Dated tags show out-of-service equipment
- Yes No N/A a. facility/unit lock-out and tag-out procedures are being followed.
- Yes No N/A 4. Facility schedules/performs routine and preventive maintenance on time.
- Yes No N/A 5. Facility provides personal protective clothing (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, SCBA, eyewashes in labs). (Circle all that apply)
- Yes No N/A 6. Safety devices are readily available:
- Yes No N/A a. Fire extinguishers
- Yes No N/A b. Oxygen deficiency/explosive gas indicator
- Yes No N/A c. Self-contained breathing apparatus near entrance to chlorine room
- Yes No N/A d. Safety harness
- Yes No N/A e. First aid kits
- Yes No N/A f. Ladders to enter manholes or wet wells
- Yes No N/A g. Traffic control cones
- Yes No N/A h. Safety buoy at activated sludge plants
- Yes No N/A i. Life preservers for lagoons/tanks
- Yes No N/A j. Fiberglass or wooden ladders for electrical work
- Yes No N/A k. Portable cranes/hoists.
- Yes No N/A 7. Plant has general safety structures such as rails around or covers over tanks, pits, or wells.
- Yes No N/A 8. Emergency phone numbers are listed, including EPA and State.
- Yes No N/A 9. Plant is generally clean, free from open trash areas.
- Yes No N/A 10 All plant personnel are immunized for typhoid, tetanus, and hepatitis B.
- Yes No N/A 11 No cross connections exist between a potable water supply and nonpotable source.
- Yes No N/A 12 Anaerobic Digester Safety adequate *NON-POTW facility*
- Yes No N/A a. Gas/explosion controls such as pressure-vacuum relief valves
- Yes No N/A b. No smoking signs
- Yes No N/A c. Explosimeters
- Yes No N/A d. Drip Traps
- Yes No N/A e. Enclosed screening, de-gritting chambers
- Yes No N/A f. Enclosed sludge-piping or gas-piping structures.
- Yes No N/A 13 Facility has enclosed and identified all electrical circuitry.
- Yes No N/A 14 Personnel are trained in electrical work to be performed as well as safety procedures.

- | | | | |
|-----|----|-----|--|
| Yes | No | N/A | 15 Chlorine safety precautions are followed: |
| Yes | No | N/A | a. NIOSH-approved 30-minute air pack |
| Yes | No | N/A | b. All standing chlorine cylinders chained in place |
| Yes | No | N/A | c. All personnel trained in the use of chlorine |
| Yes | No | N/A | d. Chlorine repair kit available |
| Yes | No | N/A | e. Chlorine leak detector tied into plant alarm system |
| Yes | No | N/A | f. Chlorine cylinders stored in adequately ventilated areas? |
| Yes | No | N/A | g. Ventilation fan with an outside switch |
| Yes | No | N/A | h. Posted safety precautions |
| Yes | No | N/A | i. Existing emergency SOP and/or RMP or SPCC? |
| Yes | No | N/A | 17. Emergency Action Plan on file with local fire department and appropriate emergency agency. |
| Yes | No | N/A | 18. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available. |
| Yes | No | N/A | 19. Facility post warning signs (no smoking, high voltage, non potable water, chlorine hazard, watch-your-step, and exit). |

No chlorine treatment

No Lab on site

Notes:

NON-POTW facility.

PART III. FLOW MEASUREMENT INSPECTION CHECKLIST

A: GENERAL

Type of Primary Flow Measurement Device: in line meters underground (OOI)

- | | | | |
|--------------------------------------|--------------------------|--------------------------------------|--|
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | N/A | 1. Primary flow measuring device properly installed and maintained.
Where: <u>underground</u> |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | N/A | 2. Flow measured at each outfall? <u>Yes all four outfalls (manually measured w/ bucket + stop watch for O2, O3 + OOH as needed)</u>
Number of outfalls? <u>4</u> |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | N/A | 3. Proper flow tables used by facility personnel |
| | | | 4. Design flow: <u>16.85</u> MGD (previous WLA info.) |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | N/A | 5. Flow records properly kept. |
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | 6. All charts maintained in a file. |
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | 7. All calibration data kept. |
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | 8. Influent flow measured before all return lines. |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | N/A | 9. Effluent flow measured after all return lines. |
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | 10. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained. |
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | 11. Spare parts stocked. |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | N/A | 12. Effluent loadings calculated using effluent flow. <u>TDS</u> |
| | | | 13. Frequency of routine inspection of primary flow device by operator.
<u>1</u> / Day / <input checked="" type="radio"/> Week / Month / Year |
| | | | 14. Frequency of routine cleaning of primary flow device by operator.
<u>N/A</u> / Day / Week / Month / Year |

Notes: _____

B. Flumes N/A

Type and Size: _____ Influent / Effluent

- | | | | |
|---------------------------|--------------------------|--------------------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | 1. Flow entering flume reasonably well-distributed across the channel and free of turbulence, boils, or other disturbances. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 2. Cross-sectional velocities at entrance relatively uniform. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 3. Flume clean and free of debris and deposits. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 4. All dimensions of flume accurate and level. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 5. Side walls of flume vertical and smooth. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 6. Sides of flume throat vertical and parallel. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 7. Flume head being measured at proper location. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 8. Measurement of flume head zeroed to flume crest. |
| <input type="radio"/> Yes | <input type="radio"/> No | N/A | 9. Flume properly sized to measure range of existing flow. |

- Yes No **N/A** 10. Flume operating under free-flow conditions over existing range of flows.
 Yes No **N/A** 11. Flume submerged under certain flow conditions.
 Yes No **N/A** 12. Flume operation invariably free-flow.

C. WEIRS

Type and Size: N/A Influent / Effluent

- Yes No **N/A** 1. Weir exactly level
 Yes No **N/A** 2. Weir plate plumb and its top and edges sharp and clean.
 Yes No **N/A** 3. Downstream edge of weir is chamfered at 45°.
 Yes No **N/A** 4. Free access for air below the nappe of the weir.
 Yes No **N/A** 5. Upstream channel of weir straight for at least four times the depth of water level and free from disturbances.
 Yes No **N/A** 6. Distance from sides of weir to side of channel at least 2H.
 Yes No **N/A** 7. Area of approach channel at least (8 × nappe area) for upstream distance of 15H.
 Yes No **N/A** 8. If not, is velocity of approach too high?
 Yes No **N/A** 9. Head measurements properly made by facility personnel.
 Yes No **N/A** 10. Leakage does not occur around weir.
 Yes No **N/A** 11. Use of proper flow tables by facility personnel.
 Yes No **N/A** 12. The stilling basin of the weir is of sufficient size and clear of debris

D. ELECTROMAGNETIC METERS

Type and Size: N/A Influent / Effluent

- Yes No **N/A** 1. Is there a straight length of pipe or channel before and after the flowmeter of at least 6 diameters?
 Yes No **N/A** 2. If a magnetic flowmeter is used, are there sources of electric noise in the near vicinity?
 Yes No **N/A** 3. Magnetic flowmeter is properly grounded.
 Yes No **N/A** 4. Is the full pipe requirement met?

E. VENTURI METERS

Type and Size: N/A Influent / Effluent

- Yes No **N/A** 1. Venturi meter is installed downstream from a straight and uniform section of pipe.

F. OTHER TYPES OF FLOW DEVICES

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent

Manufacturer: _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent N/A

Manufacturer: _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

G. CALIBRATION AND MAINTENANCE OF TOTALIZERS AND SECONDARY FLOW MEASUREMENT DEVICES

- Yes No N/A 1. Flow totalizer properly calibrated.
- Yes No N/A 2. Flow measurement equipment adequate to handle expected ranges of flow rates.
- Yes No N/A 3. Frequency of routine inspection by proper operator:
_____/ Day / Week / Month / Year
- Yes No N/A 5. Frequency of maintenance inspections by plant personnel:
_____/ Day / Week / Month / Year
- Yes No N/A 5. Flowmeter calibration records kept. calibration: _____/Year
- Yes No N/A 6. Calibration frequency adequate.
- 7. What is the most common problem(s) that the facility has had with the secondary flow measurement device?

Primary flow effluent device only, no secondary.

Accuracy of Flow Measurement
(Secondary Device against Primary Device) N/A

~~Size and Type of Primary Device: _____~~

~~Reading from Primary Device (Feet / inches): _____~~

~~Equivalent to Actual Flow (MGD): _____~~

~~Facility Recorded Flow From Secondary Device: _____~~

~~Percent Error: _____ Correction Error: _____~~

Fill in the above only if the primary device has been correctly installed, or if the correction factor is know.

Notes: Primary only

Outfall 001 & 002 were discharging at time of inspection. 003 + 004 have never discharged and will likely not discharge by design of sed. ponds.

Both Discharges & receiving waters of Eccles Creek were observed to be flowing clear & steady. no issues observed.

PART IV. LABORATORY QUALITY ASSURANCE CHECKLIST

A. LABORATORY INFO

Yes No N/A Commercial laboratory used

Name: SGS Labs

Address: on file

Huntington, UT

Contact: on file

Phone: (435) 653-2311

Parameters: All but pH, D.O., which are measured on site instantaneously. TSS, TDS, iron & O₂G sent to lab.

B. SAMPLE HANDLING PROCEDURES

- Yes No N/A 1. Laboratory has sample custodian and a back-up custodian.
- Yes No N/A 2. Access to laboratory area restricted to authorized personnel only.
- Yes No N/A 3. Sample security area available within laboratory that is dry, clean, and isolated; has sufficient refrigerated space; and can be locked securely.
- Yes No N/A 4. Lab personnel receive and log in all incoming samples.
- Yes No N/A 5. Established chain-of-custody procedures followed.
- Yes No N/A 6. Samples properly stored by lab personnel.

Lab not evaluated (Netac certified already)

C. LABORATORY PROCEDURES

- Yes No N/A 1. Written laboratory QA manual available.
- Yes No N/A 2. EPA-approved written analytical testing procedures used and protocols are easily accessible by laboratory personnel.
- Yes No N/A 3. Calibration and maintenance of instruments and equipment satisfactory.
- Yes No N/A 4. Samples are analyzed in accordance to 40 CFR 136.
- Yes No N/A Results of last DMR / QA test available. Date: _____
- Yes No N/A Facility lab does analyses for other permittees. If yes, list the facilities and permit numbers.

Facility: _____ Permit # _____

D. LABORATORY FACILITIES AND EQUIPMENT

- Yes No N/A 1. Proper grade laboratory pure water available for specific analysis.
- Yes No N/A 2. Adequate bench, instrumentation, storage, and recordkeeping space available.
- Yes No N/A 3. Clean and orderly work area available to help avoid contamination.
- Yes No N/A 4. Instruments/equipment in good condition.
- Yes No N/A 5. Use proper safety equipment (lab coats, gloves, safety glasses, goggles, and fume hoods) when necessary.
- Yes No N/A 6. Proper volumetric glassware used.
- Yes No N/A 7. Glassware properly cleaned.

Yes No N/A 8. Discard standards after recommended shelf-life has expired.

NOTES:

E. LABORATORY'S PRECISION, ACCURACY, AND CONTROL PROCEDURES

Yes No N/A 1. Analyzed multiple replicates (blanks, duplicates, spikes, and splits) for each type of control check and information recorded.

Yes No N/A 2. Plotted precision and accuracy control methods used to determine whether valid, questionable, or invalid data are being generated from day to day.

F. DATA HANDLING AND REPORTING

Yes No N/A 1. Uniformly apply round-off rules.

Yes No N/A 2. Establish significant figures for each analysis.

Yes No N/A 3. Report forms developed to provide complete data documentation and permanent records and to facilitate data processing.

Yes No N/A 4. Data reported in proper form and units.

Yes No N/A 5. Laboratory records readily available to regulatory agency for required time of 3 years.

Yes No N/A 6. Laboratory notebook or pre-printed data forms bound permanently to provide good documentation.

G. LABORATORY PERSONNEL

Yes No N/A 1. Enough analysts present to perform the analyses necessary.

Yes No N/A 2. Analysts have on hand the necessary references for EPA procedures being used.

Yes No N/A 3. Analysts trained in procedures performed through formal or informal training or certification programs.

V. COMPLIANCE SCHEDULE STATUS REVIEW

N/A

Jo N/A 1. The Permittee is meeting the terms of the compliance schedule

Jo N/A 2. Is the facility subject to a compliance schedule in it's permit or by an Order?

If the facility is subject to an Order, note Docket Number _____

3. What Milestones remain in the schedule? _____

Jo N/A 4. Facility in compliance with unachieved milestones?

Jo N/A 5. Facility has missed milestone dates.

Jo N/A 6. Facility will still meet final compliance date.

PART V. WHOLE EFFLUENT TOXICITY (WET)

- Yes No N/A 1. Whole Effluent Toxicity (WET) testing is required by the permit.
- Yes No N/A 2. Are species required by permit used? Indicate below
 - Daphnia magna
 - Ceriodaphnia dubia
 - Pimephales promelas (fathead minnow)
 - Other List: _____
- Yes No N/A 3. Has approval for alternating species been granted?
- Yes No N/A 4. Test Type: Acute: _____ Chronic: Quarterly (Indicate frequency required)
- Yes No N/A 5. Dilution water source: Lab
- Yes No N/A a. Dilution water meets EPA requirements
- Yes No N/A b. if reconstituted, is water same hardness as receiving water(s)?
- Yes No N/A 6. Any modification authorization?
 - CO2 Headspace Chronic Sampling Frequency
 - Dechlorination Zeolite resin (ammonia removal)
- Yes No N/A 7. Results indicate an absence of toxicity? If not indicate dates of failures and species:

Dates	Species
_____	_____
_____	_____
_____	_____
- Yes No N/A 8. Evidence of accelerated testing if toxicity present?
- Yes No N/A 9. TIE/TRE in progress?
- Yes No N/A 10. Whole Effluent Toxicity (WET) testing is conducted by the laboratory.
- Yes No N/A 11. Commercial laboratory used for WET
 - Name: AECOM Lab
 - Address: on file
FT. Collins, CO
 - Contact: Dr. Rami Naddy
 - Phone: on file
- Yes No N/A 12. WET testing protocols are clearly described.
- Yes No N/A 13. Whole Effluent Toxicity (WET) culturing procedures are adequately documented for each organism tested.
- Yes No N/A 14. Report format meets EPA requirements? (See *Weber et al.* 1988, 1989)
- Yes No N/A 15. Does lab report indicate which statistical method was used for chronic tests?
- Yes No N/A 16. Does permittee submit complete WET lab report to EPA/State? NetDNR
- Yes No N/A 17. Is the Lab State Certified? Certification Date Annually

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Rating Codes: S = Satisfactory U = Unsatisfactory M = Marginal
 IN = In Operation Out = Out of Operation N/A = Not Applicable

Condition or Appearance		Rating	Comments
G E N E R A L	Grounds	S	
	Buildings	S	
	Potable water supply protection	N/A	
	Safety features	S	
	By-passes	N/A	
P R E L I M I N A R Y	Maintenance of collection lines	N/A	
	Pump stations	↓	
	Ventilation		
	Bar screen(s)		
	Comminutor		
	Grit chamber		
	Disposal of screenings and grit		
P R I M A R Y	Settling tanks		↓
	Scum removal		
	Sludge removal		
	Effluent	S	
S L U D G E	Digesters	N/A	
	Sludge pumps	↓	
	Drying beds		
	Disposal of sludge		
O T H E R	Flow meter and recorder		S
	Records	S	
	Lab controls	N/A	
	Treatment lagoons	S	Sed. ponds cleaned every 1-3 yrs as needed.
	Chlorinators	N/A	
	Contact tank and contact time	N/A	

G. NOTATIONS BY EVALUATOR

Check each of the following items in terms of their estimated adverse affect on the performance of the plant

Item	Major	Minor	None	Item	Major	Minor	None
Staff complement				Overloads			
Personnel training				Hydraulic			
Operating budget				Periodic			
Laboratory control				Continuous			
Instrumentation				Organic			
Industrial waste				Periodic			
Equipment failure				Continuous			
Treatment process				Overload causes			
Sludge handling				Infiltration			
Equipment maintenance				Combined sewers			
Spare parts inventory				Rapid population growth			
Power failure				Increased service area			
Other				Other			

Describe briefly the major problems indicated above or other pertinent information:

No problems identified. Facility appears to be well maintained + operated in regards to UPDES permit requirements.

