0029

of C/007/020 Incoming
cc: Dave D

State of Utah
JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

Department of
Environmental Quality

Richard W. Sprott
Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

August 18, 2008

Mr. Kit Pappas, Manager Eng. & Env. Services
Hidden Splendor Resources, Inc. Horizon Mine
3266 south 125 West
Price, UT 84501

Subject: Inspection Reports – UPDES Permit No. UTG040019, Horizon Mine.

Dear Mr. Pappas:

On August 12, 2008 I met with you and conducted compliance evaluation and storm water inspections in regards to your UPDES Permit facility referenced above. Specifically we discussed the facility operations as it relates to your UPDES Permit. An accompanying tour of your facility, including the outfalls, sediment basin, effluent discharges and receiving waters was also conducted. No deficiencies were noted during the inspections and no written response is required at this time, however please pay particular attention to the "Recommendations" section of the narrative report as these items will be reviewed during the next DWQ inspection.

Enclosed are copies of the inspection reports for your records. I appreciate your efforts to facilitate the inspections and keep me informed of the operations. If you have any questions, please contact me at (801) 538-6779 or by e-mail at jstudenka@utah.gov.

Sincerely,

Jeff Studenka

Jeff Studenka, Environmental Scientist
UPDES IES Section

Enclosures

cc (w/encl): Jennifer Meints, EPA Region VIII
Claron Bjork, SE District Health Department
Dave Ariotti, SE District Engineer
Daron Haddock, Division of Oil Gas & Mines

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RECEIVED
AUG 19 2008
DIV. OF OIL, GAS & MINING

288 North 1460 West • Salt Lake City, UT
Mailing Address: P.O. Box 144870 • Salt Lake City, UT 84114-4870
Telephone (801) 538-6146 • Fax (801-538-6016 • T.D.D. (801) 536-4414
www.deq.utah.gov

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

Water Compliance Inspection Report

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

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac. Type
N	UTG040019	080812	C	S	2
(1) (2)	(3–11)	(12–17)	(18)	(19)	(20)

Remarks (21–66)

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
2	5	N	N	
(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)*

Hidden Splendor Resources, Inc. Horizon Mine
12530 West Consumers Road, Helper, Ut 8452
Horizon Mine Location: ~20 miles West of US 6 on County Road 290 (Consumers Road)

Entry Time/ Date	Permit Effective Date
1:30 pm / 8-12-2008	5-1-2008
Exit Time/ Date	**Permit Expiration Date**
2:30 pm / 8-12-2008	4-30-2013

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Kit Pappas, Manager Engineering & Environmental Services
(435) 636-0820.

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

Kit Pappas, Manager Engineering & Environmental Services, (435) 636-0820
Hidden Splendor Resources, Inc.
Mailing Address: 3266 south 125 West, Price, Ut 84501

Contacted ☒ Yes ☐ No

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

☒ Permit	☒ Self Monitoring Program	☐ Pretreatment	☐ MS4
☒ Records/Reports	☐ Compliance Schedule	☐ Pollution Prevention	
☒ Facility Site Review	☐ Laboratory	☒ Storm Water	
☒ Effluent/Receiving Waters	☒ Operations & Maintenance	☐ Combined Sewer Overflow	
☒ Flow Measurement	☐ Sludge Handling/Disposal	☐ 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)	Agency/Office/Phone and Fax Number(s)	Date:
JEFF STUDENKA, ENVIRONMENTAL SCIENTIST Jeff Studenka	DWQ (801) 538-6779	8-14-08
Name and Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Number(s)	Date:
MIKE HERKIMER, MANAGER UPDES IES SECTION Mike Herkimer	DWQ (801) 538-6058	8/18/08

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.

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Columns 12-17: Inspection Date. Insert the date entry was made intothe 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 describethe 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 lea
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 thebilled payroll time for travel and pre and post inspection preparation. This estimate does not requiredetailed 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.

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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/Repots) when discussing the areas evaluated during the inspection.

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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.

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

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1 2	3 11	12 17	18	19	20

Remarks (21 66)

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
2	5	N	N	
67 69	70	71	72	73 74 / 75 80

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Hidden Splendor Resources, Inc.
Mailing Address: 3266 south 125 West, Price, Ut 84501

Contacted ☒ Yes ☐ No

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INSPECTION PROTOCOL

UPDES Permit #: UTG040019
Inspection Type: Compliance Evaluation Inspection + Storm Water Inspection
Inspection Date: August 12, 2008

Jeff Studenka of the Division of Water Quality (DWQ) visited the Horizon Mine site and then met with Kit Pappas at the mine's main offices near Huntington, Utah. The purpose for the site visit was explained and a compliance evaluation inspection was performed since the permit coverage was recently renewed. The U.S. EPA Region 8 NPDES Inspection Checklist was completed after a facility tour was conducted.

FACILITY DESCRIPTION

Location: ~20 miles West of US 6 on County Road 290 (Consumers Road), Near Helper in Carbon County, UT 84526

Coordinates: Outfall 001 (sed. pond) latitude 39° 41' 37", longitude 111° 02' 58"
Outfall 002 (mine water) latitude 39° 41' 39", longitude 111° 02' 56"

Average Flow: 0.35 MGD from Outfall 002. No Discharges on file from Outfall 001.

Receiving water: Jewkes Creek

Process: This is an active underground coal mining operation facility. Outfall 001 is a sedimentation pond utilized to collect surface water runoff. Outfall 002 discharges mine water encountered from mining operations on a continual basis. Both outfalls were discharging at the time of the inspection. Discharge waters were mostly clear and flowing steady.

INSPECTION SUMMARY

There were no deficiencies noted during the previous inspection for follow up. A tour of the facility included observing the sedimentation pond, outfalls and mine water effluent followed by the receiving stream of Jewkes Creek both above and below the facility. DMR data for September 2007 were compared to the laboratory bench sheets. Flows and pH are measured on site. Samples are sent to SGS Labs in nearby Huntington for TSS, TDS, total iron, and oil & grease testing. Information provided on the DMR was consistent with the data reported on the laboratory bench sheets. Holding times were met and the appropriate numbers of samples were collected using the methods specified in the permit. Quarterly calibration is performed on the pH meter, but not recorded. Flow is measured by an in-line flow thru meter with totalizer, which at the time of the inspection was not functioning. A replacement meter is on site and scheduled to be installed soon. A Storm Water Pollution Prevention Plan (SWPPP) is currently under development and due to be complete by February 1, 2009.

DEFICIENCIES

No deficiencies with respect to the UPDES permit were noted during the inspection.

REQUIREMENTS

None.

OBSERVATIONS

1. As mentioned above, calibration and maintenance events are not being recorded.
2. A SWPPP has not been completed yet, but is not due until 2-1-2009 therefore this will not be listed as a deficiency at this time.

RECOMMENDATIONS

1. Maintain a record for all calibration and maintenance events for documentation purposes.
2. Continue developing your SWPPP to be completed by February 1, 2009 as required in Part I.F. of your UPDES Permit.

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT6

INSPECTION DATE: 8-12-08

on site: 1:30pm
offsite: 2:30pm

FACILITY: Horizon Mine

Kit Pappas – Mgr. of Eng. + Env. Services

I. PERMIT VERIFICATION

(YES) NO — **Inspection observations verify information contained in permit.**

(Yes) No N/A 1. Current copy of permit on site.

(Yes) No N/A 2. Name, mailing address, contact, and phone number are correct in PCS. If not, indicate correct information on Form 3560.

3. Brief description of the wastewater treatment plant:

Underground sump collections → pumped to surface + 10,000 gal storage tank (pressurized) for water supply in mine → culvert to Jewkes Creek (002)
Sed pond for sw drainage → Jewkes Creek (002)

(Yes) No N/A 4. Facility is as described in permit. If not, what is different? _____

Yes No (N/A) 5. EPA/State has been notified of any new, different, or increased loading to the WWTP.

(Yes) No N/A 6. Number and location of discharge points are as described in the permit. 2 (both discharging during inspection)

(Yes) No N/A 7. Name of receiving water(s) is/are correct. Jewkes Creek

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

(YES) NO — **Records and reports are maintained as required by permit.**

(Yes) No N/A 1. All required information is current, complete, and reasonably available.

(Yes) No N/A 2. Information is maintained for the required 3 year period.

3. Sampling and analysis data are adequate and include: Lab data

(Yes) No N/A a. Dates, times, locations of sampling.
(Yes) No N/A b. Initials of individual performing sampling.
(Yes) No N/A c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.
(Yes) No N/A d. Results of analyses and calibration.
(Yes) No N/A e. Dates of analyses (and times if required by permit).
(Yes) No N/A f. Initials of person performing analyses.
(Yes) No N/A g. Instantaneous flow at grab sample stations.

Yes No N/A 4. Sampling and analysis completed on parameters specified in permit.

Yes No N/A 5. Sampling and analysis done in frequency specified by permit.

Comments:

YES NO **DMR completion meets the self-monitoring reporting requirements.**

Yes No N/A 1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s)_____

_____

Yes No N/A 2. Analytical results are consistent with the data reported on the DMRs.

Yes No N/A 3. All data collected are summarized on the DMR.

Yes No N/A 4. Monthly, weekly, and/or daily average loading values are calculated properly and reported on the DMR. *(Effluent loadings are calculated using effluent flow.)*

Yes No N/A 5. The geometric mean is calculated and recorded for fecal coliform data.

Yes No N/A 6. Weekly and monthly averaging is calculated properly and reported on the DMR.

Yes No N/A 7. The maximum and minimum values of all data points are reported properly.

Yes No N/A 8. The number of exceedances column (No. Ex.) is completed properly.

Comments: Sept. 2007 DMR audited

II. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING N/A - NO WET testing requirements.

YES NO **WET sampling by permittee adequate to meet the conditions of the permit.**

es No a. Chain of custody used.

es No b. Method of shipment and preservation adequate *(iced to 4°C)*.

c. Type of sample collected _____ *(as required by permit)*.

es No d. Holding time met *(received w/in 36 hours)*.

es No N/A 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.

a. Indicate temperature _____

es No N/A 3. Permittee has copy of the latest edition of testing methods or Region 8 protocol. *(Latest version is July 1993 - Colorado has its own guidance.)*

es No N/A 4. Permittee reviews WET lab reports for adherence to test protocols.

es No N/A 5. Lab has provided quality control data, i.e., reference toxicant control charts.

Yes No N/A 6. Permittee has asked lab for QC data.

Yes No N/A 7. Permittee maintains copies of WET lab reports on site for required 3 year period, and makes them available for review by inspectors.

Yes No N/A 8. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary. *(Follow up to be conducted by EPA and/or State.)*

Comments:

IV. FACILITY SITE REVIEW

YES NO **Treatment facility properly operated and maintained.**

Yes No N/A 1. Standby power or other equivalent provision is provided. Specify type:

_____

Yes No N/A 2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? nothing big, minor delays.

Yes No N/A 3. Treatment control procedures are established for emergencies. (redirect mine water if poor quality)

Yes No N/A 4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures:_____

_____

Yes No N/A 5. Regulatory agency was notified of any bypassing (treated and/or untreated).

Dates:_____

Yes No N/A 6. WWTP has adequate capacity to ensure against hydraulic and/or organic overloads.

Yes No N/A 7. All treatment units, other than back-up units, are in service. If not, what and why?

Sed pond

Yes No N/A 8. O&M manual available and up-to-date.

Yes No N/A 9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time.

Yes No N/A 10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.

Yes No N/A 11. Up-to-date maintenance and repair records are kept for major pieces of equipment.

12. Number of qualified operators and staff. n/a

How many?	Certification Level
_____	_____
_____	_____
_____	_____

Yes No (N/A) 13. Certification level meets State requirement?

14. What procedures or practices are used to train new operators? n/a

_____

V. SAFETY EVALUATION

(YES) NO **Facility has the necessary safety equipment.**

(Yes) No N/A 1. Procedures are established for identifying out-of-service equipment. What are they?
Lock out / tag out

(Yes) No N/A 2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).

Yes No (N/A) 3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.

(Yes) No N/A 4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. ~~Plant is enclosed by a fence.~~ as - N/A

(Yes) No N/A 5. Portable hoists for equipment removal available.

(Yes) No N/A 6. All electrical circuitry enclosed and identified.

7. Chlorine safety is adequate and includes:

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.
Yes No (N/A) e. Chlorine leak detector tied into plant alarm system.
Yes No (N/A) f. Ventilation fan with an outside switch.
Yes No (N/A) g. Posted safety precautions.

(Yes) No N/A 8. Warning signs (no smoking, high voltage, nonpotable water, chlorine hazard, watch-your-step, and exit) posted.

Yes No (N/A) 9. Gas/explosion controls such as pressure-vacuum relief valves, no smoking signs, explosimeters, and drip traps present near anaerobic digesters, enclosed screening or degritting chambers, and sludge-piping or gas-piping structures.

(Yes) No N/A 10. Emergency phone numbers listed.

Yes No N/A 11. Plant is generally clean, free from open trash areas.

Yes No N/A 12. MSDS sheets, if required, are accessible by employees. At mine site per MSHA reg.

Comments:

VI. FLOW MEASUREMENT

YES NO FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF PERMIT

A. PRIMARY EFFLUENT FLOW MEASUREMENT

1. General

Type of primary flow measurement device: flow thru in line meter w/ totalizer (to be replaced this month)

Yes No N/A 1. Primary flow measuring device is properly installed and maintained. (new meter on site)

Where? JUST prior to acid mine water discharge

Yes No N/A 2. Flow measured at each outfall. Number of outfalls: _____

3. Frequency of routine inspection of primary flow device by operator:
~~_____/day.~~ as needed or monthly

4. Frequency of routine cleaning of primary flow device by operator:
~~_____/week.~~ n/a

Yes No N/A 5. Influent flow is measured before all return lines.

Yes No N/A 6. Effluent flow is measured after all return lines.

Yes No N/A 7. Proper flow tables are used by facility personnel.

8. Design flow: _____mgd. (unknown) AVG. flow ~350-375 gpm

Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

2. Open Channel Primary Flow Measuring Devices

Flumes

Type and size: n/a EFF

Yes No N/A 1. Flume is located in a straight section of the open channel, without bends immediately upstream or downstream.

Yes No N/A 2. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.

Yes No N/A 3. Flume is clean and free of obstructions, debris or deposits.

Yes No N/A 4. All dimensions of flume accurate and level.

Yes No N/A 5. Sides of flume throat are vertical and parallel.

Yes No N/A 6. Side walls of flume are vertical and smooth.

Yes No N/A 7. Flume head is being measured at proper location. *(Location dependent on flume type - see NPDES Compliance Inspection Manual or ISCO book.)*

Yes No N/A 8. Flume is under free flow conditions at all times. *(Flume is not submerged.)*

Weirs

Type: N/A EFF

Yes No N/A 1. Weir is level.

Yes No N/A 2. Weir plate is plumb and its top edges are sharp and clean.

Yes No N/A 3. Downstream edge of weir is chamfered at 45°.

Yes No N/A 4. There is free access for air below the nappe of the weir.

Yes No N/A 5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.

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 x nappe area for upstream distance of 15H. *(If not, is velocity of approach too high?)*

Yes No N/A 8. Weir is under free-flow conditions at all times. *(Weir is not submerged.)*

Yes No N/A 9. The stilling basin of the weir is of sufficient size and clear of debris.

Yes No N/A 10. Head measurements are properly made by facility personnel.

Yes No N/A 11. Weir is free from leakage.

3. Closed Channel Primary Measuring Devices

Electromagnetic Meters

Type and model: N/A EFF

Yes No N/A 1. There is a straight length of pipe or channel before and after the flowmeter of at least 5 to 20 diameters.

Yes No N/A 2. There are no sources of electric noise in the near vicinity.

Yes No N/A 3. Magnetic flowmeter is properly grounded.

Yes No N/A 4. Full pipe requirement is met.

Venturi Meters

Type and model: N/A EFF

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

B. Secondary Flow Measurement n/a

1. General

1. What are the most common problems that the operator has had with the secondary flow measurement device? ~~No secondary other than~~ manually record

Yes No N/A 2. Flow records properly kept.
Yes No N/A a. All charts maintained in a file.
Yes No N/A b. All calibration data kept.

Yes No N/A 3. Secondary device calibration records are kept.

a. Frequency of secondary device calibration:____ / year.

4. Frequency of flow totalizer calibration:___ / year.

Yes No N/A 5. Secondary instruments (totalizers, recorders, etc.) are properly operated, calibrated, and maintained.

Floats

Type and model: n/a EFF

Bubblers

Type and model: n/a EFF

Ultrasonic

Type and model: n/a EFF

Electrical

Type and model: n/a EFF

Comments: Primary flow only

2. Flow Verification

Accuracy of Flow Measurement (Secondary against Primary) N/A	
	Type and size of primary device
	EFF:
Reading from primary standard, feet and inches	
Equivalent to actual flow, mgd	
Facility-recorded flow from secondary device, mgd	
Percent Error	
Correction Factor	

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

Comments: Primary only

VII. LABORATORY QUALITY ASSURANCE

YES NO **Laboratory procedures meet the requirements and intent of the permit.**

Yes No N/A 1. Commercial laboratory is used.

Parameters	TSS, TDS, O+G, IRON
Name	SGS Labs
Address	Huntington
Contact	on file
Phone	"

Yes No N/A 2. According to the permittee, commercial laboratory is State certified (ND & UT only).

Yes No N/A 3. Written laboratory quality assurance manual is available, if the facility does its own lab work. pH only

Yes No N/A 4. Quality control procedures are used. Specify: Lab QA/QC

Yes No N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory. Recommend recording calibration events + maint. for pH meter

Yes No N/A 6. Samples are analyzed in accordance with 40 CFR 136.

Yes No N/A 7. Results of last DMR/QA test available. Date: _____

Yes No N/A 8. Facility lab does analyses for other permittees. If yes, list the facilities and their permit numbers.

VIII. COMPLIANCE SCHEDULE STATUS REVIEW

n/a

YES NO **The permittee is meeting the compliance schedule**

1. Is the facility subject to a compliance schedule either in its permit or in an order? If facility is subject to an order, note docket number:_____

N/A

2. What milestones remain in the schedule?_____

_____

(Attach additional sheets as necessary.)

Yes No N/A 3. Facility is in compliance with unachieved milestones.

Yes No N/A 4. Facility has missed milestone dates, but will still meet the final compliance date.

IX. PERMITTEE SAMPLING EVALUATION

YES NO **Sampling meets the requirements and intent of the permit.**

Yes No N/A 1. Samples are taken at sampling location specified by permit.

Yes No N/A 2. Locations are adequate for representative samples. Both outfalls discharging at time of inspection.

Yes No N/A 3. Flow proportioned samples are obtained.

Yes No N/A 4. Permittee is using method of sample collection required by permit.
Required method: Grab
If not, method being used is:
( ) Grab
( ) Manual
( ) Automatic composite

Yes No N/A 5. Sample collection procedures adequate and include:
Yes No N/A a. Sample refrigeration during compositing.
Yes No N/A b. Proper preservation techniques.
Yes No N/A c. Containers in conformance with 40 CFR 136.3.
Specify any problems:_____

_____

Comments: SWPPP being implemented, due by Feb. 1, 2009. will be evaluated during next State inspections.