

C/007/022 Incoming
cc: April

K



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Executive Director

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

OCT 16 2012

CERTIFIED MAIL
(Return Receipt Requested)

Mr. Vic Fossat, Manager
Savage Services Corp., Savage Coal Terminal
P.O. Box 1001
Price, UT 84501

Dear Mr. Fossat:

Subject: Inspection Reports – UPDES Permit No.UTG040005 – Savage Coal Terminal

On August 22, 2012, I met with you and conducted Compliance Evaluation and Storm Water Inspections in regards to your UPDES permitted facility referenced above. No deficiencies were noted during the inspection, however please pay particular attention to the "REQUIREMENTS" Section of the narrative report as it is requested that you notify DEQ as to when the items identified in this Section have been added to the SWPPP.

Enclosed is a copy of the inspection reports for your records. If you have any questions, please contact me at (801) 536-4386 or by e-mail at mherkimer@utah.gov.

Sincerely,

Mike Herkimer, Environmental Scientist
UPDES Engineering Section

MDH:mc

- Enclosures (5)
1. EPA Form 3560-3, CEI, DWQ-2012-00322_2
 2. EPA Form 3560-3, SW, DWQ-2012-00322_1
 3. CEI Report, DWQ-2012-00322_3
 4. Inspection checklist and calculations, raw data sheets and DMR form, DWQ-2012-00322_4
 5. UPDES Storm Water Industrial Inspection checklist, DWQ-2012-00322_5

cc (w/encl): Stephanie Gieck, EPA Region VIII
Brady Bradford, SE District Health Department
Dave Ariotti, SE District Engineer
Daron Haddock, Division of Oil Gas & Mines
Dan Guy, Blackhawk Engineering



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 U T G 0 4 0 0 0 5	yr/mo/day 1 2 0 8 2 2	Inspection Type ~	Inspector S	Fac. Type 2
1	2	3	11	12	17
Remarks					
21					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 3	BI N	QA N	Reserved	
67	69	70	71	72	73 74 75 76 77 78 79 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) Savage Coal Terminal 2025 East 5000 South (off Ridge Road) Price, UT 84501	Entry Time/ Date 9:00 am 8-22-2012	Permit Effective Date 5-1-2008
	Exit Time/ Date 12:00 pm 8-22-2012	Permit Expiration Date 4-30-2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Vic Fossat, Manager ph (435) 637-5664 fax (435) 637-3418	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Coal Mining Services and Support Facility (active coal yard and train load out facility) SIC Code 1241 NAICS 213113	
Name, Address of Responsible Official/Title/Phone and Fax Number Vic Fossat, Manager (435) 673-5664 Savage Coal PO Box 1001 Price, UT 84501	SEE ATTACHED.	
Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

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

<input type="checkbox"/> Permit	<input type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input 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) Mike Herkimer 	Agency/Office/Phone and Fax Number(s) DWQ (801) 536-4386	Date: 10/11/12
Name and Signature of Management/Q A Reviewer John Kennington, Manager UPDES Engineering Section 	Agency/Office/Phone and Fax Number(s) DWQ (801) 536-4380	Date: 10/11/12

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)@
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.



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

Water Compliance Inspection Report

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Remarks					
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INSPECTION PROTOCOL

UPDES Permit #: UTG040005 – Savage Coal Terminal
Inspection Type: Compliance Evaluation Inspection + Storm Water Inspection
Inspection Date: August 22, 2012

Mike Herkimer of the Division of Water Quality (DWQ) met with Vic Fossat at the Savage Coal Terminal. The purpose for the site visit was explained and a compliance evaluation inspection was completed. The Utah Division of Water Quality UPDES Inspection Checklist was used during the inspection followed by a brief tour of the facility. There were no deficiencies noted during the last inspection at the facility which was completed by Jeff Studenka in December of 2008. The weather was cloudy and in the seventies.

FACILITY DESCRIPTION

Location: ~6 miles South of Price, Utah off Ridge Road.
Coordinates: 39° 32' 08" latitude, 110° 46' 03" longitude.

Average Flow: The facility is basically no discharge. There were some discharges in 2004 and the last discharge was in December of 2010

Receiving waters: Unnamed Drainage Ditch Tributary → Price River

Process: Active coal yard and rail car coal load out facility with sedimentation ponds utilized to control surface water runoff prior to any potential discharges associated with storm events.

INSPECTION SUMMARY

Sampling and record keeping: A DMR file review provided that there have been no discharges since December of 2010. DMR data from the 2010 discharge are summarized in the data summary sheets attached to the CEI report. This facility uses SGS Minerals in Huntington, Utah for analysis of all of their permit parameters except pH which is measured on site. The raw data sheet submitted indicate no holding time violations and support the data entered on the discharge monitoring report. DMRs are regularly completed each month and submitted on time. The permittee is aware of the sampling requirements upon any future discharges and if a discharge event were to occur, then sampling would be performed as per the UPDES permit requirements.

Flow: The flow is taken by a bucket and stop watch which meets the requirements of the permit for flow to be measured on a monthly basis.

Storm water: A storm water pollution prevention plan (SWPPP) was provided during the inspection. There are no designated storm water discharge points from this facility. All storm water runoff is directed toward the process wastewater ponds and basically becomes process wastewater. The present SWPPP can be improved by adding the following materials:

1. Drainage patterns need to be indicated on the site map.
2. Major structural controls such as transport ditches, ponds, elevation changes should be identified in the SWPPP.
3. There should be a statement in the SWPPP indicating there have been no spills on the site.
4. Need to identify all potential pollutant sources.
5. Need to incorporate a discussion of all of the eight baseline controls.
6. Need to include inspection reports in the SWPPP.

Generally, the Manager of the facility needs to know where the SWPPP is located.

DEFICIENCIES

None

REQUIRED RESPONSE

None.

REQUIREMENTS:

1. Address the six items under storm water listed above. These are six items that need to be incorporated into you SWPPP. Please do not send them to the Division of Water Quality. However, we do request that this material be added to the SWPPP within the next thirty days and request a response indicating that this has been done.

LIST OF ATTACHEMENTS (appended to this narrative report pictures and 3560-3 forms).

- State checklist and calculations, raw data sheets and DMR form
- Photo log (last page of state checklist)
- UPDES Storm Water Inspection checklist



Photo #1: Drainage ditch on the west to northwest side of Savage property



Photo #2: Drainage ditch on the west to northwest side of property.



Photo #3: Ponds associated with the process wastewater discharge. Rarely discharge (twice since 2004).

UTAH DIVISION OF WATER QUALITY
UPDES INSPECTION CHECKLIST

UPDES PERMIT # UT6040005 INSPECTION DATE: 8/22/12

FACILITY: Savage Coal Terminal INSPECTOR: _____

Permit Effective Date: 5/1/08 Permit Expires 4/30/13

PART I. VERIFICATION, RECORDKEEPING, AND REPORTING EVALUATION CHECKLIST

A. PERMIT VERIFICATION

Responsible Official: Vic. Fossat - Manager.

Mailing Address: P.O. BOX 1001 2025 East 5100 S
Price, UT 84501 Price, UT 84501
(435) 637-5664

Brief Facility Description: Coal load out - sedimentation pond

- | | | | |
|----------------------------------|-----------------------|----------------------------------|--|
| Yes | No | N/A | 1. Inspection observations verify information contained in permit. |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Current copy of permit is onsite. |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Name and mailing address of permittee are correct. |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Facility is as described in permit. If not, what is different? _____ |
| Yes | No | <input checked="" type="radio"/> | 5. Notification was given to EPA/State of new, different, or increased discharges. |
| Yes | No | <input checked="" type="radio"/> | 6. Facility maintains accurate records of influent volume, when appropriate |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Number and location of discharge points are as described in permit. |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Name and of receiving waters correct.
Name: <u>Price River</u> |
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9. All discharges are permitted. |
| Yes | No | <input checked="" type="radio"/> | 10. The facility used Federal/State Construction Grant funds to build the plant. |
- Notes:

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.
 - 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. - Dan Guy
 - Yes No N/A 8. Plant records* are adequate and include:
 - Yes No N/A a. O & M Manual *⇒ pond is maintained*
 - 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
- 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: _____
- Yes No N/A 5. Composite samples refrigerated during collection.
 - a. Composite samples refrigerated during collection.
 - b. Proper preservation techniques
 - c. Containers in conformance with 40 CFR 136

Specify any problems: _____

- 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.
- 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 N/A

- 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.
3. Method of shipment _____
- 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.
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.
- 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

- Yes No N/A 1. Facility properly operates and maintains treatment units *Dredged + replaced pipe to pond.*
- 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.

4. Sludge disposal procedures are appropriate:
- Yes No N/A A: Disposal of sludge according to regulations
 - Yes No N/A 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.

11. Maintenance record system exists and includes:
- Yes No N/A a. As-built drawings
 - Yes No N/A b. Shop drawings
 - Yes No N/A c. Construction specifications
 - Yes No N/A d. Maintenance history
 - Yes No N/A e. Maintenance costs
 - Yes No N/A f. Repair history
 - Yes No N/A g. Records of equipment repair and timely return to service.

- Yes No N/A 12. Adequate number of qualified operators on-hand.
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.

- (Dates) _____
- Yes No N/A 18. 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: _____
- 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.

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.
No cross connection exists
- Yes No N/A 12 Anaerobic Digester Safety adequate
- 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? |
| <input checked="" type="radio"/> | 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. |
| <input checked="" type="radio"/> | No | N/A | 19. Facility post warning signs (no smoking, high voltage, non potable water, chlorine hazard, watch-your-step, and exit). |

Notes:

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		
	Buildings		
	Potable water supply protection		
	Safety features		
	By-passes		
P R E L I M I N A R Y	Maintenance of collection lines		
	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 L U D G E	Digesters		
	Sludge pumps		
	Drying beds		
	Disposal of sludge		
O T H E R	Flow meter and recorder		
	Records		
	Lab controls		
	Treatment lagoons		
	Chlorinators		
	Contact tank and contact time		

PART III. FLOW MEASUREMENT INSPECTION CHECKLIST

A: GENERAL

Type of Primary Flow Measurement Device: Bucket + stop watch.

Yes No N/A 1. Primary flow measuring device properly installed and maintained.
Where: _____

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

Yes No N/A 3. Proper flow tables used by facility personnel
4. Design flow: _____ MGD

Yes No N/A 5. Flow records properly kept.

Yes No N/A 6. All charts maintained in a file.

Yes No N/A 7. All calibration data kept.

Yes No N/A 8. Influent flow measured before all return lines.

Yes No N/A 9. Effluent flow measured after all return lines.

Yes No N/A 10. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained.

Yes No N/A 11. Spare parts stocked.

Yes No N/A 12. Effluent loadings calculated using effluent flow.

13. Frequency of routine inspection of primary flow device by operator.
_____/ Day / Week / Month / Year

14. Frequency of routine cleaning of primary flow device by operator.
_____/ Day / Week / Month / Year

Notes: _____

B. Flumes

Type and Size: NA _____ influent / Effluent

Yes No N/A 1. Flow entering flume reasonably well-distributed across the channel and free of turbulence, boils, or other disturbances.

Yes No N/A 2. Cross-sectional velocities at entrance relatively uniform.

Yes No N/A 3. Flume clean and free of debris and deposits.

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

Yes No N/A 5. Side walls of flume vertical and smooth.

Yes No N/A 6. Sides of flume throat vertical and parallel.

Yes No N/A 7. Flume head being measured at proper location.

Yes No N/A 8. Measurement of flume head zeroed to flume crest.

Yes 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: NA 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: NA 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: NA 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: NA

Model: _____

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

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?

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?

**Accuracy of Flow Measurement
(Secondary Device against Primary Device)**

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: _____

IF the laboratory is certified, it meets our standard for use & it is anticipated that the test are performed properly.

PART IV. LABORATORY QUALITY ASSURANCE CHECKLIST

A. LABORATORY INFO

Yes No N/A Commercial laboratory used

Name: CT&E => SGS-Minerals

Address: Huntington by the airport

Contact: CoCo Vandenberg

Phone: 653-2311 (435)

Parameters: All parameters, but flow and pH.

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. Checks of proper preservation, container type, and holding times performed by lab personnel with the results fully documented.
- Yes No N/A 7. Samples properly stored by lab personnel.
- Yes No N/A 8. Samples distributed to analysts only by sample custodian.
- Yes No N/A 9. Transfer of samples fully documented.
- Yes No N/A 10. Accurate and up-to-date care and custody records for handling samples maintained.
- Yes No N/A 11. Documentation and procedures for disposal of test samples and test standards.

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. If alternate analytical procedures used, proper written approval obtained.
- Yes No N/A 4. Calibration and maintenance of instruments and equipment satisfactory.
- Yes No N/A 5. QA procedures used.
- 6. Duplicate samples are analyzed _____ % of time.
- 7. Spiked samples are used _____ % of time.
- 8. 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 # _____

SGS Minerals is a certified laboratory TN 101946 These questions will not be asked to Mr. Essert the Facility Manager of Swain Cool.

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. Dry, uncontaminated compressed air available. |
| Yes | No | N/A | 5. Sufficiently ventilate fume hood. |
| Yes | No | N/A | 6. Laboratory sufficiently lighted and ventilated. |
| Yes | No | N/A | 7. Adequate electrical sources available. |
| Yes | No | N/A | 8. Instruments/equipment in good condition. |
| Yes | No | N/A | 9. Use proper safety equipment (lab coats, gloves, safety glasses, goggles, and fume hoods) when necessary. |
| Yes | No | N/A | 10. Written requirements for daily operation of instruments available. |
| Yes | No | N/A | 11. Standards and appropriate blanks available to perform daily check procedures. |
| Yes | No | N/A | 12. Sources of standards documented and where possible traceable to a national standard (e.g., NIST). |
| Yes | No | N/A | 13. Records of each set of analysis including order in which calibration, QC and samples were analyzed (i.e., analysis run logs or instrument run logs) available. |
| Yes | No | N/A | 14. Written troubleshooting procedures for instruments available. |
| Yes | No | N/A | 15. Schedule for required maintenance exists. |
| Yes | No | N/A | 16. Proper volumetric glassware used. |
| Yes | No | N/A | 17. Glassware properly cleaned. |
| Yes | No | N/A | 18. Properly store standard reagents and solvents with the expiration dates clearly displayed on the containers. |
| Yes | No | N/A | 19. Frequently checked working standards. |
| Yes | No | N/A | 20. Discard standards after recommended shelf-life has expired. |
| Yes | No | N/A | 21. Background reagents and solvents run with every series of samples. |
| Yes | No | N/A | 22. Written procedures exist for cleanup, hazard response methods, and applications of correction methods for reagents and solvents. |
| Yes | No | N/A | 23. Replace gas cylinders at 100-200 psi. |

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. |
| Yes | No | N/A | 3. Generate control samples introduced into the train of actual samples to ensure that valid data. |
| Yes | No | N/A | 4. Precision and accuracy of the analyses are sufficient. |

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. Use provision for cross-checking calculation.
- Yes No N/A 4. Use correct formulas to calculate final results.
- Yes No N/A 5. Control chart approach and statistical calculations for QC and report available and followed.
- Yes No N/A 6. Report forms developed to provide complete data documentation and permanent records and to facilitate data processing.
- Yes No N/A 7. Data reported in proper form and units.
- Yes No N/A 8. Laboratory records readily available to regulatory agency for required time of 3 years.
- Yes No N/A 9. Laboratory notebook or pre-printed data forms bound permanently to provide good documentation.
- Yes No N/A 10. Computer data backed up with duplicate copies (i.e., electronic and hardcopy).
- Yes No N/A 11. Efficient filing system exists, enabling prompt retrieval of information and channeling of report copies.
- Yes No N/A 12. Data records allow recalculation of all results reported by the laboratory(ies) from the original unprocessed results (raw data) to the final results sent to EPA and the regulatory authority.

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

- Yes No N/A 1. The Permittee is meeting the terms of the compliance schedule
- Yes No 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? _____

- Yes No N/A 4. Facility in compliance with unachieved milestones?
- Yes No N/A 5. Facility has missed milestone dates.
- Yes No N/A 6. Facility will still meet final compliance date.

Notes:

PART V. WHOLE EFFLUENT TOXICITY (WET)

NA

Yes No N/A 1. Whole Effluent Toxicity (WET) testing is required by the permit.

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?

4. Test Type: Acute: _____ Chronic: _____ (Indicate frequency required)

5. Dilution water source: _____

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 8. 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: _____

Address: _____

Contact: _____

Phone: _____

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?

Yes No N/A 17. Is the Lab State Certified? Certification Date _____

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:

Facility: <u>Savage Coal Terminal</u>				Month of DMR: <u>Dec. of 2010</u>				Outfall: <u>001</u>			
Parameter	Date	Sampling Time	Analysis Date	Holding time exceeded	Bench sheet reported value	Reported values (DMR)		Calculated values from Insp.			
						30 day avg	7 day avg	Daily max	30 day avg	7 day avg	Daily max
TSS	12/22	1615	12/29	1115	No	29 mg/L	-	29	29	29	29
TDS	12/22	1615	12/29	1115	No	3053 mg/L	3053	-	3053	-	-
TDS	⇒ 1051/day		⇒ 3053 mg/L			x 0.07704 MGD x 8.34 gal/day = 1,962 lbs					
						1,962 lbs / 2000 lbs = 0.981 tons/day		DMR requirement			
						DMR reported 0.98 lbs/day					
						under SARA					
pH	12/22	1615	12/29	1338	No	7.35 S.U.	7.35	7.35	7.35	7.35	7.35
FEC	12/22	1615	12/29	0800	No	0.45 mg/L	-	0.45	-	-	0.45
046	12/22	1615	12/23	0800	No	< 5 mg/L	-	< 5	-	-	< 5
SS	12/22	1615	12/23	0900	No	< 1 mg/L	-	< 0.1	-	-	< 0.1



Analysis Report

January 04, 2011

SAVAGE SERVICES CORPORATION
6340 SOUTH 3000 EAST
SUITE 600
SALT LAKE CITY UT 84121

Page 1 of 1

Client Sample ID: UPDES
Date Sampled: Dec 22, 2010
Date Received: Dec 22, 2010
Product Description: WATER
Sample ID By: Savage Services Corporation
Sample Taken At: UPDES
Sample Taken By: SGS Minerals Services
Time Received: 1615
Time Sampled: 1615
Mine: 14
Field - pH: 7.35 pH
Field - Temperature: 3.5 Deg. C

Comments: Sample Plan Provided by Customer

SGS Minerals Sample ID: 782-1005846-001

Table with columns: TESTS, RESULT, UNIT, METHOD, REPORTING LIMIT, DATE, ANALYZED TIME, ANALYST. Rows include Oil and Grease, Total Dissolved Solids, Total Suspended Solids, Settleable Solids, and METALS BY ICP Iron, Fe - Total.

Handwritten signature of Domenic Ibanez

Lab Supervisor

Domenic Ibanez
Lab Supervisor

SGS North America Inc. Minerals Services Division
2035 North Airport Road Huntington t (435) 653-2311 f (435)-653-2436 www.sgs.com/minerals

Member of the SGS Group (Société Générale de Surveillance)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
Savage Industries, Inc.
Savage Coal Terminal
P.O. Box 1001
Price, Utah 84501

NAME
 ADDRESS
 FACILITY LOCATION
Wellington, Utah 84542

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

UTG00400005
 PERMIT NUMBER

001A
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
10	12	01		10	12	31

Minor
 F = Final
 SED POND OTFL - DRNG DTC APPROX 1/30
 Check here if No Discharge



NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OF CONCENTRATION			NO. EX	FREQUENCY ANALYSIS	UNIT	METHOD	DATE		
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM							
Flow Rate	77,040	77,040				0	1/30	est.				
00056 1 0 0 Effluent Gross Value	REPORT 30DA AVG	REPORT DAILY MAX	(07)				1/30	MEASRD				
pH						0	1/30	GRAB				
00400 1 0 0 Effluent Gross Value							1/30	GRAB				
Solids, Total						0	1/30	GRAB				
Suspended							1/30	GRAB				
00530 1 0 0 Effluent Gross Value						0	1/30	GRAB				
Solids, Settleable							1/30	GRAB				
00545 0 0 0 See comments below Oil & Grease							1/30	GRAB				
03582 1 0 0 Effluent Gross Value						0	1/30	GRAB				
Iron, Total (as Fe)							1/30	GRAB				
01045 1 0 0 Effluent Gross Value							1/30	GRAB				
Floating solids or visible foam, visual						0	1/30	VISUAL				
45613 1 0 0 Effluent Gross Value							1/30	VISUAL				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Garth Nielson, General Manager										TELEPHONE NUMBER 837-2422	DATE 11 01 12	
TYPED OR PRINTED Garth Nielson, General Manager										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NUMBER 435	DAY 12

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Settleable solids shall be limited instead of TSS during runoff events caused by less than the 10yr/24hr precipitation event. Enter N.A. when not applicable. If 30 day avg TDS of 500 mg/L cannot be achieved at each outfall, then permittee is limited to one ton (2000 lbs) per day as sum from all outfalls. A discharge event occurred on Dec. 22 as a result of 3 days of heavy rain and snow. Discharge lasted approximately 24 hours; conservatively estimated volume over that time was 77,040 gallons.

2/3/11
 PAGE 1 OF 2

UPDES Storm Water Industrial Inspection

Background Information

National Database Information				General	
Inspection Type	<u>W</u>			Inspector Name	<i>Mike Herkimer</i>
UPDES ID Number	<i>UT6040005</i>			Telephone	<i>(801) 536-4386</i>
Inspection Date	<i>8/22/12</i>			Entry Time	<i>8:20</i>
Inspector Type	EPA	<u>State</u>	EPA Oversight	Exit Time	

Facility Location Information			
Name/Location/ Mailing Address	<i>Vic Fossat.</i>		
GPS Coordinates	Latitude		Longitude
Receiving Water(s)	<i>Price River.</i>		
MS4's	<u>NA</u>		

Contact Information		
	Name	Telephone
Owner/Permittee	<i>Savage Services</i>	
Operator	<i>Savage</i>	
Co-Permittee	<i>—</i>	
Facility Contact & Title	<i>Vic Fossat. Manager</i>	
Authorized Official(s)	<i>Vic Fossat.</i>	

Site Information:	
Industrial Activity	<i>Coal loadout</i>
SIC Code(s)	<i>1222</i>

There are no discharge points ⇒ that Vic knows about

Basic Permit Information (circle one)			Basic SWPPP Information		
Permit Coverage	<u>Y</u>	N	SWPPP on site	<u>Y</u>	N
Permit Type	General	<u>Individual</u>	SWPPP Satisfactory*	Y	N

UPDES Storm Water Industrial Inspection

Copy of NOI on site?	Y	N	SWPPP Implementation Satisfactory	Y	N
NOI Date	M/A		*A Satisfactory SWPPP must be both current and complete (see pages 4, 5, and 6 of this checklist).		

General	
Industrial Activity	<p style="font-size: small;">(describe principal product, production rate, potential pollutants, areas exposed to precipitation, direction of storm water flow)</p> <p>Hauling of coal, No area with chemicals exposed. Direction is to the Price River - if any flow</p>
	<p style="font-size: small;">(describe age and size of facility, number of employees, hours of operation)</p> <p>1995 - <u>165</u> aced(?) - <u>27</u> - <u>24/7</u>.</p>

SWPPP Implementation (complete in field)

Storm Water Controls	
List the structural and non-structural controls employed by the facility.	<p style="font-size: small;">(provide a brief description of each)</p> <p>STRUCTURAL: - None Ditches & ponds,</p> <p>NON: Training about ponds & runoff.</p>
Are the controls reasonable and installed correctly and maintained?	<p style="font-size: small;">(indicate "yes" or "no", or if not appropriate, explain)</p> <p style="text-align: center;">Y</p>

SWPPP Implementation (continued)

Storm Water Controls (continued)

UPDES Storm Water Industrial Inspection

<p>Provide a brief description of other controls that manage/prevent/minimize storm water runoff.</p>	<p><i>(e.g., erosion and sediment controls, exposure minimization, diversion structures, pollution prevention, inlet protection/control at storm drains)</i></p> <p style="font-size: 2em; text-align: center; color: blue;">NA</p>
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<u>Miscellaneous</u>	
<p>Any evidence of discharge to receiving waters?</p>	<p><i>(e.g., storm water runoff, dry weather discharge, co-mingling of process waste water)</i></p> <p style="font-size: 2em; text-align: center; color: blue;">No</p>
<p>Do the storm water outfalls on site correspond with those listed on the site map and in SWPPP?</p>	<p><i>(indicate "yes" or "no", or if not appropriate, explain)</i></p> <p style="font-size: 1.5em; text-align: center; color: blue;">This needs to be completed completed.</p>

SWPPP Review *(can be completed in office)*

<u>General</u>			Notes:
Is a copy of the SWPPP on site?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Did all "operators" and co-permittees sign the SWPPP?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Did the signatures include the certification statement?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Were the signatories authorized to sign?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Is an individual/team responsible for developing/implementing SWPPP identified (e.g., pollution prevention team)?	<input checked="" type="radio"/> Y	<input type="radio"/> N	

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Are employee training records regarding storm water pollution prevention topics included in SWPPP?	Y	N	
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Site Map	Notes:		
Is there a site map?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Drainage patterns/ outfalls?	<input type="radio"/> Y	<input checked="" type="radio"/> N	<i>No outfalls</i>
Identification of types of pollutants?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Location of major structural controls used to reduce pollutants in runoff?	<input type="radio"/> Y	<input type="radio"/> N	<i>NA</i> ⇒ ponds
Name of receiving water(s) or MS4's listed?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>Price River - if a discharge ever occurred</i>
Is receiving water a tributary to waters of the U.S. (if "yes" indicate name of tributary)?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>NA</i>
Location of significant materials exposed to storm water?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Locations of major spills occurring within 3 years from date of NOI?	<input type="radio"/> Y	<input checked="" type="radio"/> N	<i>No spills</i>
Location of fueling, maintenance, loading and unloading, material storage, waste disposal?	<input checked="" type="radio"/> Y	<input type="radio"/> N	

SWPPP Review (continued)

Summary of Potential Pollutant Sources	Notes:		
Description of activities, materials, features of site with potential to contribute significant amounts of pollutants to storm water?	Y	<input checked="" type="radio"/> N	

Significant Spills & Leaks	Notes:		
List of significant spills and leaks over 3 year time period, description of response taken, and actions to prevent similar spills in the future?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>No spills</i> <i>NA</i>

UPDES Storm Water Industrial Inspection

<u>Storm Water Controls</u>			Notes:
Does the SWPPP describe the <i>non-structural</i> controls and structural controls that will be used to prevent/reduce discharge of pollutants in storm water runoff?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Does the SWPPP describe other controls that will be used to prevent/reduce off-site tracking or blowing of sediment, dust and raw, final or waste materials, or other solid materials and floating debris?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>Water roads</i>
Does the SWPPP incorporate the 8 baseline controls (good housekeeping, minimizing exposure, PM, spill prevention/response procedures, routine inspections and comprehensive site evaluations, employee training, sediment and erosion control, runoff management)?	Y	<input checked="" type="radio"/> N	
Does the SWPPP contain completed routine inspection reports/logs regarding reportable implementation of 8 baseline controls?	Y	<input checked="" type="radio"/> N	<i>No - No discharge for SW. Has occurred. It is routed to pond on site.</i>
Does the SWPPP describe the pollutant or activity to be controlled by each selected control and provide an implementation schedule?	Y	<input checked="" type="radio"/> N	<i>If large runoff events the pond will discharge overland to the Price River.</i>

SWPPP Review (continued)

<u>Non-Storm Water Discharges</u>			Notes:
Certification that facility has been tested for non-storm water discharges from the site?	<input checked="" type="radio"/> Y	<input type="radio"/> N	
Description of testing method, drainage points, observed results, and date of test?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<i>No discharge</i>

<u>Monitoring</u>			Notes:
Are samples collected within 30 minutes of measurable weather events occurring 72 hours after previous measurable weather event?	Y	<input type="radio"/> N	<i>The facility has had no discharge since it has been permitted.</i>

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<u>Photograph Log</u>	
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