

0020



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

Department of
Environmental Quality

Richard W. Spratt
Executive Director

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

Handwritten: C/007/033 Incoming

RECEIVED
AUG 28 2008
DIV. OF OIL, GAS & MINING

August 19, 2008

Mr. Dave Shaver, Resident Agent
Andalex Resources, Inc. Wildcat Loadout
P.O. Box 902
Price, UT 84501

Subject: Inspection Reports – UPDES Permit No. UTG040007, Wildcat Loadout.

Dear Mr. Shaver:

On August 12 & 13, 2008 I conducted compliance evaluation and storm water inspections with Ms. Karla Knoop 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 the facility, including the outfalls, sedimentation ponds 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 the 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, 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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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

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

Transaction Code N	NPDES U T G 0 4 0 0 0 7	yr/mo/day 0 8 0 8 1 2	Inspection Type ~	Inspector S	Fac. Type 2
1	11	12	18	19	20
Remarks					
21					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 5	BI N	QA N	Reserved	
67	69	70	71	72	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) ANDALEX Resources, Inc., Wildcat Loadout Facility ~1 Mile West of Helper, UT on Consumers Road P.O. Box 902 Price, UT 84501	Entry Time/ Date 3:00 pm / 8-12-2008	Permit Effective Date 5-1-2008
	Exit Time/ Date 3:30 pm / 8-12-2008	Permit Expiration Date 4-30-2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Karla Knoop, Consultant and Authorized Agent JBR Environmental Consultants, Inc. phone (435) 637-9645 fax (435) 637-8679	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Coal Mining Services and Support Facility SIC Code 1241 NAICS 213113 SEE ATTACHED.	
Name, Address of Responsible Official/Title/Phone and Fax Number P. Bruce Hill, President & CEO (435) 637-5385 UtahAmerican Energy, Inc. 6750 North Airport Road P.O. Box 902 Price, UT 84501	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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
<input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s) JEFF STUDENKA, ENVIRONMENTAL SCIENTIST 	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6779	Date: 8-19-08
Name and Signature of Management Q A Reviewer MIKE HERKIMER, MANAGER UPDES IES SECTION 	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6058	Date: 8/21/08

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INSPECTION PROTOCOL

UPDES Permit #: UTG040007
Inspection Type: Compliance Evaluation Inspection + Storm Water Inspection
Inspection Date: August 12-13, 2008

Jeff Studenka of the Division of Water Quality (DWQ) visited the ANDALEX Resources Wildcat load out facility while already in the area on August 12, 2008 and then conducted the interview portion on August 13, 2008. 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 following a brief tour of the facility.

FACILITY DESCRIPTION

Location: Approximately 1 mile West of US 6 on Consumers Road, near Helper, Utah

Coordinates: Outfall 001 – 39° 39' 11" latitude, -110° 54' 56" longitude (Sed. Pond A)
Outfall 002 – 39° 39' 16" latitude, -110° 54' 58" longitude (Sed. Pond B)
Outfall 003 – 39° 39' 21" latitude, -110° 54' 53" longitude (Sed. Pond C)
Outfall 004 – 39° 39' 28" latitude, -110° 54' 53" longitude (Sed. Pond D)
Outfall 005 – 39° 39' 34" latitude, -110° 54' 53" longitude (Sed. Pond E)
Outfall 006 – 39° 39' 14" latitude, -110° 55' 11" longitude (Sed. Pond F)

Average Flow: 0.0 MGD (No Discharge data collected from the six sedimentation ponds)

Receiving water: Wildcat Wash (no flow)

Process: This is an active coal storage yard and railroad load out facility which is currently undergoing an expansion project as approved by DOGM earlier this year. Coal from nearby mines is trucked to the Wildcat load out facility, where it is stored on site until it is loaded on railroad cars for further transportation. Surface water runoff for the load out facility is conveyed to six settling ponds, which all have the potential to discharge to Wildcat Wash upon severe storm water runoff events.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up, but the one recommendation to include a separate "SUMA" DMR was immediately implemented thereafter. A file review back to 2004 yields no discharge data to evaluate, however there was one sampling event from August 2007 as a result of storm runoff greater than the 10-year 24-hour storm event. The discharge occurred at Outfall 005 (Sed. Pond E) for a brief time period during which a sample was not collected. Upon learning of the discharge the next day or so, the facility sampled the pond water for the UPDES Permit parameters as a show of good faith. The facility has since implemented a sampling plan for any future discharges as a result of storm events.

DMRs are completed each month and submitted on time. If a discharge event were to occur, then sampling would be performed as per the UPDES permit requirements, with pH measured on site and samples collected and submitted to a certified laboratory for TSS, TDS, total iron, and oil & grease as appropriate. Flow measurements would be manually obtained and calculated as well. The dry sediment ponds, outfall locations and dry receiving water streambed were observed with no deficiencies. The Storm Water Pollution Prevention Plan (SWPPP) was not discussed, but is required to be completed by February 1, 2009. There were no deficiencies observed.

DEFICIENCIES

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

REQUIREMENTS

None.

RECOMMENDATIONS

1. As mentioned above, a SWPPP is required to be completed by February 1, 2009 and will be reviewed during the next DWQ inspection. Please refer to *Part I.F.* of your UPDES Permit for SWPPP guidelines and requirements.
2. During any facility expansion and/or construction activities, please continue to keep DWQ informed of the project as it relates to your UPDES Permit and the approved outfall locations.

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT60400037

INSPECTION DATE: 8-12-08
 8-12-08
 on site: 3:00pm
 off site: 3:30pm
 8-13-08 (Interview)
 8:00am → 8:30am

FACILITY: Andalex wildcat Coal Load out
Karla Knop - consultant / Ro.

I. PERMIT VERIFICATION

YES NO Inspection observations verify information contained in permit.

- Yes No N/A 1. Current copy of permit on site. (at VEI office)
- 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:

6 sedimentation ponds for surface water runoff (A thr F). Discharges are to wildcat wash.

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. 6 (A → F)

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

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION No discharge data to evaluate.

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.

- Yes No N/A 3. Sampling and analysis data are adequate and include:
- a. Dates, times, locations of sampling.
 - b. Initials of individual performing sampling.
 - c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.
 - d. Results of analyses and calibration.
 - e. Dates of analyses (and times if required by permit).
 - f. Initials of person performing analyses.
 - 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: *No DMR discharge data to evaluate*

YES NO
 Yes ~~No~~ N/A

DMR completion meets the self-monitoring reporting requirements.

Yes No N/A
 Yes No N/A

1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s) _____
2. Analytical results are consistent with the data reported on the DMRs.
3. All data collected are summarized on the DMR.
4. Monthly, weekly, and/or daily average loading values are calculated properly and reported on the DMR. *(Effluent loadings are calculated using effluent flow.)*
5. The geometric mean is calculated and recorded for fecal coliform data.
6. Weekly and monthly averaging is calculated properly and reported on the DMR.
7. The maximum and minimum values of all data points are reported properly.
8. The number of exceedances column (No. Ex.) is completed properly.

Comments: *No DMR Discharge data to evaluate*

II. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

No WET Testing requirements

YES NO
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

- WET sampling by permittee adequate to meet the conditions of the permit.
- a. Chain of custody used.
 - b. Method of shipment and preservation adequate *(iced to 4°C)*.
 - c. Type of sample collected _____ *(as required by permit)*.
 - d. Holding time met *(received w/in 36 hours)*.
 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
 - a. Indicate temperature _____
 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.)*
 4. Permittee reviews WET lab reports for adherence to test protocols.
 5. Lab has provided quality control data, i.e., reference toxicant control charts.

Yes No N/A
 Yes No N/A
 Yes No N/A

- 6. Permittee has asked lab for QC data.
- 7. Permittee maintains copies of WET lab reports on site for required 3 year period, and makes them available for review by inspectors.
- 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
 Yes No N/A
 YES NO
 Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Treatment facility properly operated and maintained.

6 sed. ponds only, no mechanical treatment or equipment on site

- 1. Standby power or other equivalent provision is provided. Specify type: _____
- 2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? None
- 3. Treatment control procedures are established for emergencies.
- 4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures: _____
- 5. Regulatory agency was notified of any bypassing (treated and/or untreated).
 Dates: _____
- 6. WWTP has adequate capacity to ensure against hydraulic and/or organic overloads.
- 7. All treatment units, other than back-up units, are in service. If not, what and why?
6 sed. ponds only
- 8. O&M manual available and up-to-date.
- 9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time.
- 10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.
- 11. Up-to-date maintenance and repair records are kept for major pieces of equipment.

12. Number of qualified operators and staff.

How many?

Certification Level

N/A

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?

No equipment for treatment on site

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.

No lab on site for NPDES permit

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.

adequate signage

Yes No N/A

5. Portable hoists for equipment removal available.

Yes No N/A

6. All electrical circuitry enclosed and identified.

Yes No N/A

7. Chlorine safety is adequate and includes:

- a. NIOSH-approved 30-minute air pack.
- b. All standing chlorine cylinders chained in place.
- c. All personnel trained in the use of chlorine.
- d. Chlorine repair kit.
- e. Chlorine leak detector tied into plant alarm system.
- f. Ventilation fan with an outside switch.
- 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 offices

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: Manual calculations

- Yes No N/A 1. Primary flow measuring device is properly installed and maintained.
Where? Upon discharge at each outfall
- Yes No N/A 2. Flow measured at each outfall. Number of outfalls: 6
- 3. Frequency of routine inspection of primary flow device by operator:
no flow data
~~_____ /day.~~ n/a
- 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: 2.0 → 15 cfs 2.4 af 0.3 af 4.4 af 0.9 af 0.8 af 0.7 af
6 sed ponds → 7.0 cfs 2.0 cfs 15.3 cfs 6.4 cfs 6.5 cfs 6.3 cfs
- 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

N/A

Type: _____ 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

N/A

Type and model: _____ 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

N/A

Type and model: _____ EFF

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

B. Secondary Flow Measurement

1. General

1. What are the most common problems that the operator has had with the secondary flow measurement device? No Secondary Flow Measurements

Yes No N/A
Yes No N/A
Yes No N/A
Yes No N/A
Yes No N/A

- 2. Flow records properly kept.
 - a. All charts maintained in a file.
 - b. All calibration data kept.
- 3. Secondary device calibration records are kept.
 - a. Frequency of secondary device calibration: ___ / year.
- 4. Frequency of flow totalizer calibration: ___ / year.
- 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:

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. (IF Discharging)

Parameters	TSS, TDS, DTG, IRON
Name	Horizon Labs
Address	Pnce
Contact	on file
Phone	on file

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.

Yes No N/A 4. Quality control procedures are used. Specify: _____

Yes No N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory.

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: _____
 2. What milestones remain in the schedule? _____

 (Attach additional sheets as necessary.)
 3. Facility is in compliance with unachieved milestones.
 4. Facility has missed milestone dates, but will still meet the final compliance date.

N/A

Yes No N/A

Yes No N/A

IX. PERMITTEE SAMPLING EVALUATION

- YES NO Sampling meets the requirements and intent of the permit.
1. Samples are taken at sampling location specified by permit.
 2. Locations are adequate for representative samples.
 3. Flow proportioned samples are obtained. *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
 5. Sample collection procedures adequate and include:
 - a. Sample refrigeration during compositing.
 - b. Proper preservation techniques.
 - c. Containers in conformance with 40 CFR 136.3.
 Specify any problems: _____

each outfall upon any discharge

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Comments: *SWPPP due to be completed by 2-1-09 per permit requirements*