



State of Utah

Department of
Environmental Quality

Dianne R. Nielson, Ph.D.
Executive Director

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

JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

May 14, 2007

Mr. Michael Blakey, Plant Manager
Sunnyside Cogeneration Associates
P.O. Box 10
East Carbon, Utah 84520

Subject: UPDES Inspections - Sunnyside Cogeneration and Star Point Refuse.

Dear Mr. Blakey:

On May 10, 2007 I met with you and Mr. Rusty Netz to conduct UPDES inspections in regards to your facilities and UPDES Permit Nos. UT0024759 & UTG040025. Specifically we reviewed the renewal permit, observed the settling ponds, outfall locations, and receiving waters for the Sunnyside Plant. The Storm Water Pollution Prevention Plan was reviewed for both facilities and a previous site visit to the Star Point Refuse Pile completed the inspections documented herein. There were no deficiencies noted and no response is required at this time.

I appreciated your time and Mr. Netz's efforts to facilitate the site visit and inspections. Enclosed are copies of the inspection reports for your records. 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 Permits IES Section

Enclosures

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

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Handwritten notes:
Hearing
2/007/0025
2/007/0042

RECEIVED
MAY 18 2007

DIV. OF OIL, GAS & MINING

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	Follow-up (enforcement)
F Pretreatment (Follow-up)	+ Sanitary Sewer Overflow-Sampling	{ Storm Water-Construction-Sampling
G Pretreatment (Audit)	& Sanitary Sewer Overflow-Non-Sampling	} Storm Water-Construction-Non-Sampling
I Industrial User (IU) Inspection	\ CAFO-Sampling	: Storm Water-Non-Construction-Sampling
J Complaints	= CAFO-Non-Sampling	~ Storm Water-Non-Construction-Non-Sampling
M Multimedia	2 IU Sampling Inspection	< Storm Water-MS4-Sampling
N Spill	3 IU Non-Sampling Inspection	- Storm Water-MS4-Non-Sampling
O Compliance Evaluation (Oversight)	4 IU Toxics Inspection	> Storm Water-MS4-Audit
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.

INSPECTION PROTOCOL

UPDES Permit #: UT0024759 – Sunnyside Cogeneration Associates
Inspection Type: Compliance Evaluation Inspection (CEI)
Inspection Date: May 10, 2007

Jeff Studenka of the Division of Water Quality (DWQ) and Steve Fluke of the Division of Oil, Gas & Mining met with Rusty Netz of Sunnyside Cogeneration Associates (SCA). The purpose and scope of the inspection were explained, the EPA Region 8 NPDES Inspection Checklist was completed, and a facility tour was conducted. The SCA renewal permit is currently on public notice, therefore a CEI is being performed.

FACILITY DESCRIPTION

Location: #1 Power Plant Road, Sunnyside, Utah

Coordinates: Facility – 39° 32' 46" North latitude, 110° 23' 49" West longitude

Average Flow: 0.0 MGD (only 4 minor discharges in past five years from heavy rainfall)

Receiving water: Icelander Creek → Grassy Trail Creek

Processes: SCA is an electric power generating facility, with approximately 52 MW in generating capacity. SCA has a *Standard Industrial Classification (SIC) code 4911*, for electric power generation and burns coal from mine refuse piles and utilizes nearby water supply sources for cooling water. SCA has a total of ten authorized discharge outfalls, of which two are associated with water supply and provide the potential for discharge near Water Canyon into Grassy Trail Creek (outfall 002) and by the water storage reservoirs near the plant (outfall 003). Both outfalls drain a water supply line coming from a well located in Water Canyon, which supplies about 450 gpm of cooling water. Neither outfall has discharged over the last five years, nor does SCA anticipate a discharge from either of these outfalls in the foreseeable future.

The other eight outfalls are from sedimentation ponds. These ponds are designed to catch runoff and allow settling before discharge. All sedimentation ponds are designed to contain a 10-year, 24-hour storm event. Discharge points 007, 008, 009, 012, and 016 are ponds receiving runoff from disturbed areas associated with obtaining coal refuse from old coal slurry/refuse ponds. The three remaining discharge points are sedimentation ponds associated with surface water drainage for the main facility buildings area (outfall 013), the coal pile area (outfall 014), and the ash landfill (outfall 017). Over the past five years, there have been only two discharge events. Outfall 017 discharged once in November 2005 from a storm event. In October 2004, outfalls 009, 012, and 017 discharged for less than 24 hours from a major storm event.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up. The outfall locations were observed as well as the receiving waters of Icelander Creek. At the time of the inspection,

there was no flow in Icelander Creek and Grassy Trail Creek was dry. DMR data from the last discharge event for November 2005 were compared to the monitoring reports and laboratory bench sheets. Flow and pH are measured on site. Samples are sent to contract labs for TSS, TDS, Oil & Grease, metals and all priority pollutants. Information provided on the DMR was consistent with the data reported on the monitoring reports and bench sheets with the recommendation noted below. The appropriate parameters and numbers of samples were collected as specified in the permit. The Storm Water Pollution Prevention Plan was also reviewed on site and determined to be complete and current, updated in March 2007.

DEFICIENCIES

No deficiencies were noted during the inspection.

REQUIREMENTS

None.

OBSERVATIONS

SCA appears to be very well maintained and operated, including the sedimentation ponds that have recently been cleaned and re-graded.

RECOMMENDATIONS:

When completing the monthly DMR forms from a discharging event, the TDS loading value, as reported on a separate "SUMA" DMR form to reflect a total loading limit of 1 ton/day, or 2000 lbs/day for the entire facility, should be calculated using the concentration values rather than reported as concentration only.



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 0 0 2 4 7 5 9	yr/mo/day 0 7 0 5 1 0	Inspection Type ~	Inspector S	Fac. Type 2
1	2	3	11	12	17
18	19	20	Remarks		
21	Inspection Work Days				66
67	69	70	71	72	73 74
Facility Self-Monitoring Evaluation Rating		BI	QA	Reserved	
4		N	N		
75		76		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) Sunnyside Cogeneration Associates #1 Power Plant Road Sunnyside, UT 84539	Entry Time/ Date 1:10 pm/ 5-10-2007	Permit Effective Date 8-1-2002
	Exit Time/ Date 3:15 pm/ 5-10-2007	Permit Expiration Date 7-31-2007
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Rusty Netz, Environmental Coordinator Michael Blakey, Plant Manager Sunnyside Cogeneration Associates (435) 888-4476	Other Facility Data (e.g., SIC NAICS, and other descriptive information) SWPPP on site and last updated March 2007. Fossil Fuel Electric Power Generation, SIC Code 4911 NAICS 221112	
Name, Address of Responsible Official/Title/Phone and Fax Number Michael Blakey, Plant Manager Sunnyside Cogeneration Associates #1 Power Plant Road Sunnyside, UT 84539 (435) 888-4476	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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) JEFF STUDENKA, ENVIRONMENTAL SCIENTIST <i>Jeff Studenka</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6779	Date: 5-14-07
Name and Signature of Management Q A Reviewer MIKE HERKIMER, MANAGER UPDES PERMITS IES SECTION <i>Mike Herkimer</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6058	Date: 5/17/07

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USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT0024759

INSPECTION DATE: 5-10-07

FACILITY: Sunny Side Cogeneration Assoc.
Rusty Netz

on-site: 1:10pm
off-site: 3:15pm

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:

Same as before: Stormwater runoff directed to several sedimentation ponds throughout the facility → rarely do any ponds fill + discharge via outfalls in permit.

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. OIS discharges into of and has been modified in the permit renewal.

Yes No N/A

7. Name of receiving water(s) is/are correct.

Icelandia + Grassy Trail Creek

Comments:

Permit renewal out on public notice May 1-30th, 2007.

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:

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. bucket + stopwatch

- (es) No N/A 4. Sampling and analysis completed on parameters specified in permit.
- (es) No N/A 5. Sampling and analysis done in frequency specified by permit.

Comments: *only 3 discharges in past 5 years*

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

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

Comments: *NOV - 2005 DMR audited*

WHOLE EFFLUENT TOXICITY TESTING AND REPORTING *N/A*

(s) NO *N/A* **WET sampling by permittee adequate to meet the conditions of the permit.**

- No a. Chain of custody used.
- No b. Method of shipment and preservation adequate (*iced to 4°C*).
- No c. Type of sample collected _____ (*as required by permit*).
- No d. Holding time met (*received w/in 36 hours*).
- (No) *N/A* 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
 - a. Indicate temperature _____
- (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.*)
- (No) *N/A* 4. Permittee reviews WET lab reports for adherence to test protocols.
- (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: WET testing not required, not in permit.

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: Portable
Grid Auxillary power + one emergency generator

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? None

Yes No N/A 3. Treatment control procedures are established for emergencies.

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? _____

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.

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?

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.

pH, conductivity, phosphate, O₂ draw water.

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.

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:

Sodium hypochlorite liquid used in power plant (not Cl₂ gas)

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.

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: bucket & stopwatch (visual observations)

- Yes No N/A 1. Primary flow measuring device is properly installed and maintained.

Where? _____

- Yes No N/A 2. Flow measured at each outfall. Number of outfalls: 10 (only 2 have discharge)
If applicable during discharge

- 3. Frequency of routine inspection of primary flow device by operator: n/a /day.

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

- 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: n/a mgd. (Each pond discharge is different in size & outflow)

- Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate. 600 GPD

2. Open Channel Primary Flow Measuring Devices

Flumes n/a

Type and size: _____ 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: _____ 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: _____ 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.

Centuri Meters

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

n/a

1. General

1. What are the most common problems that the operator has had with the secondary flow measurement device? _____

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.

Yes No N/A

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) <i>n/a</i>	
	Type and size of primary device
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	<i>all but pH</i>
Name	<i>American West, Chemtech F&S or SGS-Huntington</i>
Address	<i>on file</i>
Contact	<i>..</i>
Phone	<i>..</i>

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: _____

es 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.

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: _____

Yes No N/A

Comments:

only three sampling events in past five years

** SWPP updated March 2007 + signed 4-3-07 by H. Blakely for both Cogen. plant + Star Point Point Refuse Plant.*

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT0024759

INSPECTION DATE: 5-10-07

FACILITY: Sunnyside Cogen.

Background N/A - WET testing not required in permit

Yes No N/A 1. Are species required by permit used? Indicate below.

- Daphnia magna*
- Ceriodaphnia dubia*
- Pimephales promelas* (fathead minnow)

Yes No N/A 2. Has approval for alternating species been granted?

3. Test type

- Chronic
- Acute
- Both

4. Dilution water source: _____

- Yes No N/A a. meets EPA requirements
- Yes No N/A b. if reconstituted, is water same hardness as receiving water?

Yes No N/A 5. Any modification authorization?

- CO2 headspace
- chronic sampling frequency
- dechlorination
- zeolite resin (ammonia removal)

Yes No N/A 6. Results indicate absence of toxicity? If not, indicate dates of failure and species:

Dates	Species
_____	_____
_____	_____
_____	_____
_____	_____



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 2 5	yr/mo/day 0 7 0 5 0 4	Inspection Type R	Inspector S	Fac. Type 2
1	3 11	12 17	18	19	20
Remarks					
21					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 4	BI N	QA N	Reserved	
67 69	70	71	72	73 74	75 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Sunnyside Cogeneration Associates Star Point Mine Refuse Coal Pile Wattis, Utah	Entry Time/ Date 3:30 pm/ 5-4-2007	Permit Effective Date 5-1-2003
	Exit Time/ Date 3:50 pm/ 5-4-2007	Permit Expiration Date 4-30-2008
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) No ne	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Coal Mining Operations SIC Code 1222 NAICS 212112	
Name, Address of Responsible Official/Title/Phone and Fax Number Michael Blakey, Plant Manager Sunnyside Cogeneration Associates #1 Power Plant Road Sunnyside, UT 84539 (435) 888-4476	No discharges to date. No effluent flow and no receiving waters to evaluate.	
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 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) JEFF STUDENKA, ENVIRONMENTAL SCIENTIST <i>Jeff Studenka</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6779	Date: 5-14-07
Name and Signature of Management Q A Reviewer MIKE HERKIMER, MANAGER UPDES PERMITS IES SECTION <i>Mike Herkimer</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6058	Date: 5/17/07

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 2 5	yr/mo/day 0 7 0 5 1 0	Inspection Type ~	Inspector S	Fac. Type 2
Remarks					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 4	BI N	QA N	Reserved	

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Sunnyside Cogeneration Associates Star Point Coal Mine Refuse Pile Facility Wattis, Utah	Entry Time/ Date 1:10 pm/ 5-10-2007	Permit Effective Date 5-1-2003
	Exit Time/ Date 3:15 pm/ 5-10-2007	Permit Expiration Date 4-30-2008
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Rusty Netz, Environmental Coordinator Sunnyside Cogeneration Associates (435) 888-4476	Other Facility Data (e.g., SIC NAICS, and other descriptive information) SWPPP on site and last updated March 2007. Coal Mining Operations SIC Code 1222 NAICS 212112	
Name, Address of Responsible Official/Title/Phone and Fax Number Michael Blakey, Plant Manager Sunnyside Cogeneration Associates #1 Power Plant Road Sunnyside, UT 84539 (435) 888-4476	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	

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D	Diagnostic	\$	Combined Sewer Overflow-Non-Sampling	{	Follow-up (enforcement)
F	Pretreatment (Follow-up)	+	Sanitary Sewer Overflow-Sampling	}	Storm Water-Construction-Sampling
G	Pretreatment (Audit)	&	Sanitary Sewer Overflow-Non-Sampling	}	Storm Water-Construction-Non-Sampling
I	Industrial User (IU) Inspection	\	CAFO-Sampling	:	Storm Water-Non-Construction-Sampling
J	Complaints	=	CAFO-Non-Sampling	~	Storm Water-Non-Construction-Non-Sampling
M	Multimedia	2	IU Sampling Inspection	<	Storm Water-MS4-Sampling
N	Spill	3	IU Non-Sampling Inspection	-	Storm Water-MS4-Non-Sampling
O	Compliance Evaluation (Oversight)	4	IU Toxics Inspection	>	Storm Water-MS4-Audit
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