



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

April 12, 2007

Mr. Dennis Oakley, Environmental Engineer
PacifiCorp-Energy West Mining Company
PO Box 310
15 N. Main Street
Huntington, Utah 84528

Dear Mr. Oakley:

Subject: UPDES Compliance Evaluation, Storm Water, and
Reconnaissance Inspections Reports.

On April 5, 2007 I met with you and Guy Davis to conduct Compliance Evaluation and Storm Water Inspections in regards to the following facilities (UPDES Permit Nos.): Deer Creek Mine (UT0023604); Cottonwood/Wilberg Mine (UT0022896); and Trail Mountain Mine (UT0023728). Reconnaissance and Storm Water Inspections were performed at Hunter Coal Prep Plant (UTG04009). Attached are the Inspection Reports for your records. No deficiencies were observed and no response is required at this time.

Thank you both for your time facilitating the inspections and tours. If you have any questions or comments, 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
Tom Rushing, DWQ (storm water 3560 forms only)

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4/12/0019



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

Water Compliance Inspection Report

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

| | | | | | |
|---|--|---|--|--|--|
| Transaction Code <input type="checkbox"/> N <input type="checkbox"/> | NPDES U T 0 0 2 3 6 0 4 3 11 | yr/mo/day 0 7 0 4 0 5 12 17 | Inspection Type <input type="checkbox"/> C <input type="checkbox"/> | Inspector <input type="checkbox"/> S <input type="checkbox"/> | Fac. Type <input type="checkbox"/> 2 <input type="checkbox"/> |
| Remarks | | | | | |
| Inspection Work Days 0 0 3 67 69 | | | | | |
| Facility Self-Monitoring Evaluation Rating <input type="checkbox"/> 5 <input type="checkbox"/> | | | | | |
| BI <input type="checkbox"/> N <input type="checkbox"/> | | | | | |
| QA <input type="checkbox"/> N <input type="checkbox"/> | | | | | |
| 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) PacifiCorp-Energy West Mining-Deer Creek Mine ~ 10 miles northwest of Huntington off Hwy 10 Emery County, UT | Entry Time/ Date 1:00 pm/ 4-05-2007 | Permit Effective Date 12-1-2002 |
| | Exit Time/ Date 2:00 pm/ 4-05-2007 | Permit Expiration Date 11-30-2007 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is an active mining facility. No deficiencies were observed. SIC code 1222 NAICS # 212112 | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

| | | | |
|---|--|--|------------------------------|
| <input checked="" type="checkbox"/> Permit | <input checked="" type="checkbox"/> Self Monitoring Program | <input type="checkbox"/> Pretreatment | <input type="checkbox"/> MS4 |
| <input checked="" type="checkbox"/> Records/Reports | <input type="checkbox"/> Compliance Schedule | <input type="checkbox"/> Pollution Prevention | |
| <input checked="" type="checkbox"/> Facility Site Review | <input type="checkbox"/> Laboratory | <input 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) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| Name and Signature of Management QA Reviewer Mike Herkimer, Manager UPDES Permits IES Section | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |

INSPECTION PROTOCOL

UPDES Permit #: UT0023604
Inspection Type: Compliance Evaluation Inspection (CEI)
Inspection Date: April 5, 2007

Jeff Studenka of the Division of Water Quality (DWQ) met with Dennis Oakley and Guy Davis of PacifiCorp-Energy West Mining Co.-Deer Creek Mine. The purpose and scope of the inspection were explained, the EPA Region 8 inspection checklist was completed, and a facility tour was conducted. Since the UPDES Permit is up for renewal this year, a CEI was performed.

FACILITY DESCRIPTION

Location: ~8 miles Northwest of Huntington, Utah off HWY 10.

Coordinates: Outfall 001 – 39° 21' 26" latitude, -111° 06' 35" longitude
Outfall 002 – 39° 21' 29" latitude, -111° 06' 57" longitude

Average Flow: 0.04 MGD from 001 (sed. pond), 0.35 MGD from 002 (mine water)

Receiving waters: Deer Creek → Huntington Creek

Process: This is an active underground coal mining facility, which continually discharges ground water from the underground mine via Outfall 002 to Deer Creek. Surface water runoff is conveyed to an above ground settling pond with a discharge point (Outfall 001) to Deer Creek. PacifiCorp has elected to renew this permit once again.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up. Storm water and recordkeeping requirements were reviewed and a facility tour was conducted. This inspection was limited to outside the mine where the water collection and distribution systems are exposed. The outfall locations were observed as well as the receiving waters.

DEFICIENCIES

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

REQUIREMENTS

None.

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT0023604

INSPECTION DATE: 4-5-07

FACILITY: Deer Creek Mine

Guy Davis
Dennis Oakley

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:

Washdown water + SW is directed to sed pond -> 001 -> Deer Creek
Mine water underground is directed to settling area + pumped
above ground -> 002 -> Deer Creek

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.

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

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

YES NO Records and reports are maintained as required by permit.

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

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

3. Sampling and analysis data are adequate and include:

Yes No N/A a. Dates, times, locations of sampling.

Yes No N/A b. Initials of individual performing sampling.

Yes No N/A c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.

Yes No N/A d. Results of analyses and calibration.

Yes No N/A e. Dates of analyses (and times if required by permit).

Yes No N/A f. Initials of person performing analyses.

Yes No N/A g. Instantaneous flow at grab sample stations.

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

Comments:

YES NO

DMR completion meets the self-monitoring reporting requirements.

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

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

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

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

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

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

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

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

Comments: Sept. 2006 DMR was audited.

WHOLE EFFLUENT TOXICITY TESTING AND REPORTING N/A

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

- Yes No a. Chain of custody used.
- Yes No b. Method of shipment and preservation adequate *(iced to 4°C)*.
- Yes No c. Type of sample collected _____ *(as required by permit)*.
- Yes No d. Holding time met *(received w/in 36 hours)*.

Yes No N/A 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
a. Indicate temperature _____

Yes 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.)*

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

Yes No N/A 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

Mining
~~Treatment~~ facility properly operated and maintained.

YES NO

Yes No N/A

- 1. Standby power or other equivalent provision is provided. Specify type:

1 - diesel 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? _____

V. SAFETY EVALUATION

YES NO

Facility has the necessary safety equipment.

Yes No N/A

1. Procedures are established for identifying out-of-service equipment. What are they?

lock out / tag-out

Yes No N/A

2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).

Yes No N/A

3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.

Yes No N/A

4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. Plant is enclosed by a fence.

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.

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: in-flow meter for 602, V-notch w/ler @ 001 (sed ponds)

- Yes No N/A 1. Primary flow measuring device is properly installed and maintained.
Where? at outfalls
- Yes No N/A 2. Flow measured at each outfall. Number of outfalls: 2
- 3. Frequency of routine inspection of primary flow device by operator:
day as needed
- 4. Frequency of routine cleaning of primary flow device by operator:
week as needed
- 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. for V-notch w/ler
- 8. Design flow: ~0.2 mgd.
- Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

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: V-notch EFF (001)

- 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. *Some bypass water at higher levels. Facility aware and plans to plug gap.*

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.

Centuri 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

N/A

1. General

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

Yes No N/A

2. Flow records properly kept.
a. All charts maintained in a file.
b. All calibration data kept.

Yes No N/A

Yes No N/A

Yes No N/A

3. Secondary device calibration records are kept.
a. Frequency of secondary device calibration: _____ / year.

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

Yes No N/A

5. Secondary instruments (totalizers, recorders, etc.) are properly operated, calibrated, and maintained.

Floats

N/A

Type and model: _____ EFF

Bubblers

N/A

Type and model: _____ EFF

Ultrasonic

N/A

Type and model: _____ EFF

Electrical

N/A

Type and model: _____ EFF

Comments:

2. Flow Verification

| Accuracy of Flow Measurement (Secondary against Primary) N/A | |
|--|---------------------------------|
| | 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 at each outfall

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. for all but pH & flow.

| | |
|------------|----------------------------|
| Parameters | TSS, TDS, IRON, DTG |
| Name | SGS Labs |
| Address | FACE Huntington |
| 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: Conductivity calculations
for TDS are utilized for cross checking lab TDS results ea-month.

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

Sampling meets the requirements and intent of the permit.

YES NO

Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

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

Yes No N/A

Yes No N/A

Yes No N/A

Comments:

Good Sampling program -

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT0023604

INSPECTION DATE: 4-5-07

FACILITY: Deer Creek Mine

Background 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 |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DMR Data Review Form

Facility Name Pacific Corp - Deer Creek Permit Number UT0023604 DMR Date Sept. 2006
 Inspection Date 4-5-07 Hing Inspectors JAS (001)

| Parameter Date & Time Collected | IRON (mg/L) | | TDS (mg/L) | | TSS (mg/L) | | PH (Su) | |
|---------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | Date & Time Analyzed | Bench Sheet Value |
| 9-13-06/0800 | 9-19-06/1013 | 0.09 | 9-19-06/0800 | 6.52 | 9-19-06/0800 | 12 | 9-13-06/0800 | 6.97 |
| —END— | | | | | | | | |
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| Max | 0.09 | 0.09 | 325 lbs. | 326 lbs. | 12 | 12 | 6.97 | 6.97 |
| Ave | — | — | — | — | 12 | 12 | — | — |
| Min | — | — | — | — | 12 | 12 | 6.97 | 6.97 |

DMR Data Review Form

Facility Name Faithway - Deer Creek Permit Number UT0023604 DMR Date Sept. 2006

Inspection Date 4-5-07 Time Inspectors JAS (002)

| Parameter | IRON (mg/L) | | TDS (mg/L) | | BSS (mg/L) | | pH (SU) | |
|-----------------------|----------------------|-------------------|----------------------|-------------------|----------------------|-------------------|----------------------|-------------------|
| Date & Time Collected | Date & Time Analyzed | Bench Sheet Value | Date & Time Analyzed | Bench Sheet Value | Date & Time Analyzed | Bench Sheet Value | Date & Time Analyzed | Bench Sheet Value |
| 9-14-06/1355 | 9-19-06/1033 | 0.61 | 9-19-06/0800 | 469 | 9-14-06/1355 | <5 | 9-14-06/1355 | 7.27 |
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| Max | 0.61 | 0.61 | 469 | 469 | <5 | <5 | 7.27 | 7.27 |
| Ave | | | | | <5 | <5 | | |
| Min | | | | | <5 | <5 | 7.27 | 7.27 |



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 3 6 0 4 | yr/mo/day 0 7 0 4 0 5 | Inspection Type ~ | Inspector S | Fac. Type 2 |
| 1 | 2 | 3 | 11 | 12 | 17 |
| Remarks | | | | | |
| 21 | | | | | |
| Inspection Work Days 0 0 1 | Facility Self-Monitoring Evaluation Rating 5 | 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) PacifiCorp-Energy West Mining-Deer Creek Mine ~ 10 miles northwest of Huntington off Hwy 10 Emery County, UT | Entry Time/ Date 1:00 pm/ 4-05-2007 | Permit Effective Date 12-1-2002 |
| | Exit Time/ Date 2:00 pm/ 4-05-2007 | Permit Expiration Date 11-30-2007 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is an active mining facility. No deficiencies were observed. SIC code 1222 NAICS # 212112 | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No SWPP on site and last updated in March 2007 | |

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 |
|--------------------------|-----------------|
| <input type="checkbox"/> | _____ |

| | | |
|--|---|-----------------|
| Name(s) and Signature(s) of Inspector(s) Jeff Studenka Environmental Scientist | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| Name and Signature of Management Q A Reviewer Mike Herkimer, Manager UPDES Permits IES Section | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |



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 2 8 9 6 | yr/mo/day 0 7 0 4 0 5 | Inspection Type C | Inspector S | Fac. Type 2 |
| Remarks | | | | | |
| Inspection Work Days 0 0 2 | Facility Self-Monitoring Evaluation Rating 5 | 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) PacifiCorp-Energy West Mining-Cottonwood/Wilberg Mine ~ 8 miles West of Orangeville off HWY 29 Emery County, UT | Entry Time/ Date 2:20 pm/ 4-05-2007 | Permit Effective Date 11-1-2002 |
| | Exit Time/ Date 2:45 pm/ 4-05-2007 | Permit Expiration Date 10-31-2007 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is an inactive and closed mining facility. No deficiencies were observed. SIC code 1222 NAICS # 212112 | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

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

Section D: Summary of Findings/Comments

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

| SEV Codes | SEV Description |
|-----------|-----------------|
| | |
| | |
| | |
| | |

| | | |
|---|---|-----------------|
| Name(s) and Signature(s) of Inspector(s) Jeff Studenka Environmental Scientist | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| Name and Signature of Management QA Reviewer Mike Herkimer, Manager UPDES Permits IES Section | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |

INSPECTION PROTOCOL

UPDES Permit #: UT0022896
Inspection Type: Compliance Evaluation Inspection (CEI)
Inspection Date: April 5, 2007

Jeff Studenka of the Division of Water Quality (DWQ) met with Dennis Oakley and Guy Davis of PacifiCorp-Energy West Mining Co.-Cottonwood/Wilberg Mine. The purpose and scope of the inspection were explained, the EPA Region 8 inspection checklist was completed, and a facility tour was conducted. Since the UPDES Permit is up for renewal this year, a CEI was performed.

FACILITY DESCRIPTION

Location: ~8 miles Northwest of Orangeville, Utah off HWY 29.

Coordinates: Outfall 001 – 39° 19' 05" latitude, -111° 11' 19" longitude
Outfall 003 – 39° 19' 07" latitude, -111° 07' 13" longitude
Outfall 004 – 39° 18' 43" latitude, -111° 10' 35" longitude
Outfall 005 – 39° 17' 43" latitude, -111° 07' 18" longitude

Average Flow: 0.02 MGD from 001 (No discharges from remaining outfalls in many years)

Receiving waters: Grimes Wash (dry) & Cottonwood Canyon Creek (dry) → Cottonwood Creek

Process: The mine has been closed for many years and the portals were sealed in 2001. However, mine water is still conveyed via gravity at a steady rate of 0.02 MGD and discharged via Outfall 001 to Cottonwood Canyon Creek. Surface water is conveyed to above ground settling ponds with discharge points (Outfalls 003 & 005) to Grimes Wash. Neither outfall has discharged in many years. PacifiCorp has elected to renew this permit in the event that the facility becomes active once again.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up. Storm water and recordkeeping requirements were reviewed and a facility tour was conducted. The outfall locations were observed as well as the receiving waters.

DEFICIENCIES

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

REQUIREMENTS

None.

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: VT0022896

INSPECTION DATE: 4-5-07

FACILITY: Cottonwood/Wilburg Mine
(inactive)

Guy Davis
Dennis Oakley

I. PERMIT VERIFICATION

Inspection observations verify information contained in permit.

- YES NO 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.
- Yes No N/A 3. Brief description of the wastewater treatment plant:
Mine water gravity feeds from inactive mine → Miller Canyon →
001 outfall continuous discharge @ 0.02 MGD → Cottonwood Canyon
Creek.
- 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.
- Yes No N/A 7. Name of receiving water(s) is/are correct. Cottonwood

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

Records and reports are maintained as required by permit.

- YES NO 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:
 - 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.

- 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.

omments:

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

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

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

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

es 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.

omments: Sept-2006 DMR was 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: Previous WET testing indicated absence of toxicity. Not in permit requirements.

IV. FACILITY SITE REVIEW

INACTIVE Mine

~~Treatment~~ facility properly operated and maintained.

YES NO

Yes No N/A

1. Standby power or other equivalent provision is provided. Specify type:

Facility Shut down, inactive, no personnel on site.

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? Same as above.

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.

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:

- 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.

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: 3" parshall flume (001)

- Yes No N/A 1. Primary flow measuring device is properly installed and maintained.
Where? 001
- Yes No N/A 2. Flow measured at each outfall. Number of outfalls: 1 (no flow from sed. ponds)
3. Frequency of routine inspection of primary flow device by operator:
1 day/week
4. Frequency of routine cleaning of primary flow device by operator:
1 week. as needed
- Yes No N/A 5. Influent flow is measured before all return lines.
- Yes No N/A 6. Effluent flow is measured after all return lines.
- Yes No N/A 7. Proper flow tables are used by facility personnel.
8. Design flow: _____ mgd.
- 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 (see above)

- 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.

Centuri 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

N/A

1. General

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

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) <i>N/A</i> | |
| | Type and size of primary device |
| | EFF: |
| Reading from primary standard, feet and inches | |
| Equivalent to actual flow, mgd | |
| Facility-recorded flow from secondary device, mgd | |
| Percent Error | |
| Correction Factor | |

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

Comments:

Primary only

VII. LABORATORY QUALITY ASSURANCE

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

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

| | |
|------------|----------------------------|
| Parameters | <i>TSS, TDS, IRON, OTC</i> |
| Name | <i>SGS</i> |
| Address | <i>Huntington</i> |
| Contact | <i>on file</i> |
| Phone | <i>on file</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: _____

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

Sampling meets the requirements and intent of the permit.

YES NO

1. Samples are taken at sampling location specified by permit.

Yes No N/A

2. Locations are adequate for representative samples.

Yes No N/A

3. Flow proportioned samples are obtained.

Yes No N/A

4. Permittee is using method of sample collection required by permit.

Required method: Grab

If not, method being used is:

- () Grab
- () Manual
- () Automatic composite

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

Yes No N/A

Yes No N/A

Yes No N/A

Comments:

Good Sampling program

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT0022896

INSPECTION DATE: 4-5-07

FACILITY: Cottonwood/Wilberg Mine N/A

Background WET testing not required as 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 <input type="checkbox"/> N | NPDES U T 0 0 2 3 7 2 8 | yr/mo/day 0 7 0 4 0 5 | Inspection Type <input type="checkbox"/> C | Inspector <input type="checkbox"/> S | Fac. Type <input type="checkbox"/> 2 |
| Remarks | | | | | |
| Inspection Work Days 0 0 2 | Facility Self-Monitoring Evaluation Rating <input type="checkbox"/> 5 | BI <input type="checkbox"/> N | QA <input type="checkbox"/> 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) PacifiCorp-Energy West Mining-Trail Mountain Mine ~ 8 miles West of Orangeville off HWY 29 Emery County, UT | Entry Time/ Date 2:45 pm/ 4-05-2007 | Permit Effective Date 1-22-2003 |
| | Exit Time/ Date 3:00 pm/ 4-05-2007 | Permit Expiration Date 12-31-2007 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is an inactive and closed mining facility. No discharge and no deficiencies were observed. | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | SIC code 1222 NAICS # 212112 | |

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 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) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| Name and Signature of Management QA Reviewer Mike Herkimer, Manager UPDES Permits IES Section | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |

INSPECTION PROTOCOL

UPDES Permit #: UT0023728
Inspection Type: Compliance Evaluation Inspection (CEI)
Inspection Date: April 5, 2007

Jeff Studenka of the Division of Water Quality (DWQ) met with Dennis Oakley and Guy Davis of PacifiCorp-Energy West Mining Co.-Trail Mountain Mine. The purpose and scope of the inspection were explained, the EPA Region 8 inspection checklist was completed, and a facility tour was conducted. Since the UPDES Permit is up for renewal this year, a CEI was performed.

FACILITY DESCRIPTION

Location: ~8 miles West of Orangeville, Utah off HWY 29.

Coordinates: Outfall 001 – 39° 19' 00" latitude, -111° 11' 20" longitude
Outfall 002 – 39° 19' 03" latitude, -111° 11' 25" longitude

Average Flow: 0.0 MGD (No discharges in many years)

Receiving waters: Cottonwood Canyon Creek (dry) → Cottonwood Creek

Process: The mine has been closed for many years and the portals were sealed in 2001, therefore mine water cannot be discharged via Outfall 002. Surface water is conveyed to an above ground settling pond with a discharge point (Outfall 001) to Cottonwood Canyon drainage. Neither outfall has discharged in many years. PacifiCorp has elected to renew this permit in the event that the facility becomes active once again.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up. Storm water and recordkeeping requirements were reviewed and a facility tour was conducted. The two outfall locations were observed as well as the receiving waters.

DEFICIENCIES

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

REQUIREMENTS

None.

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT 0023728

INSPECTION DATE: 4-5-07

FACILITY: Trail Mtn. Mine (Inactive)

Guy Davis
Dennis Oakley

I. PERMIT VERIFICATION

Inspection observations verify information contained in permit.

YES NO

Yes No N/A

Yes No N/A

1. Current copy of permit on site.
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:

N/A - closed, inactive mine site. No personnel on site + no discharge. Mine portals were sealed in 2001.

Yes No N/A

4. Facility is as described in permit. If not, what is different? _____

Yes No N/A

5. EPA/State has been notified of any new, different, or increased loading to the WWTP.

Yes No N/A

6. Number and location of discharge points are as described in the permit. 2

Yes No N/A

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

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

Records and reports are maintained as required by permit.

YES NO

Yes No N/A

Yes No N/A

1. All required information is current, complete, and reasonably available.
2. Information is maintained for the required 3 year period.
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

- 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 Sampling → No Discharges.

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

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

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

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

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

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

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

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

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

Comments: No Discharge DMRs completed & submitted each month.

WHOLE EFFLUENT TOXICITY TESTING AND REPORTING 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)*.

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:

N/A

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:

Facility shutdown, inactive, no personnel on-site.

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? Same as above

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.

N/A

How many?

Certification Level

Yes No N/A

13. Certification level meets State requirement?

14. What procedures or practices are used to train new operators? _____

N/A

V. SAFETY EVALUATION

YES NO

Facility has the necessary safety equipment.

Yes No N/A

1. Procedures are established for identifying out-of-service equipment. What are they?

Lock out / Tag out

Yes No N/A

2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).

Yes No N/A

3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.

Yes No N/A

4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. Plant is enclosed by a fence.

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
Yes No N/A

- 11. Plant is generally clean, free from open trash areas.
- 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 & stop watch from sed pond.

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: 2

3. Frequency of routine inspection of primary flow device by operator:
day as needed

4. Frequency of routine cleaning of primary flow device by operator:
week as needed

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.

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

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: NA 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: NA 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.

Ultrasonic Meters

Type and model: NA 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

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

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

Yes No N/A 3. Secondary device calibration records are kept.
a. Frequency of secondary device calibration: _____ / year.
4. Frequency of flow totalizer calibration: _____ / year.

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

Floats
Type and model: N/A _____ EFF

Bubblers
Type and model: N/A _____ EFF

Ultrasonic
Type and model: N/A _____ EFF

Electrical
Type and model: N/A _____ EFF

Comments:

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. **No Discharges**

| | |
|------------|----------------------|
| Parameters | No Discharges |
| Name | |
| Address | |
| Contact | |
| Phone | |

- Yes No N/A 2. According to the permittee, commercial laboratory is State certified (ND & UT only).
- Yes No N/A 3. Written laboratory quality assurance manual is available, if the facility does its own lab work.
- 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: _____

N/A

2. What milestones remain in the schedule? _____

(Attach additional sheets as necessary.)

Yes No N/A

3. Facility is in compliance with unachieved milestones.

Yes No N/A

4. Facility has missed milestone dates, but will still meet the final compliance date.

IX. PERMITTEE SAMPLING EVALUATION

YES NO

Sampling meets the requirements and intent of the permit.

Yes No N/A

1. Samples are taken at sampling location specified by permit.

Yes No N/A

2. Locations are adequate for representative samples.

Yes No N/A

3. Flow proportioned samples are obtained.

Yes No N/A

4. Permittee is using method of sample collection required by permit.
Required method: _____
If not, method being used is:

- () Grab
- () Manual
- () Automatic composite

Yes No N/A

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.

Yes No N/A

Specify any problems: _____

Comments:

No Sampling events to evaluate.

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT0023728

INSPECTION DATE: 4-5-07

FACILITY: Trail Mtn. Mine (inactive)

Background WET testing not required in permit.

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

N/A

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

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

N/A

3. Test type

- Chronic
- Acute
- Both

4. Dilution water source: _____

- a. meets EPA requirements
- b. if reconstituted, is water same hardness as receiving water?

Yes No N/A

Yes No 5. Any modification authorization?

N/A

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

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

N/A

| 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] 1 | NPDES [U][T][0][0][2][3][7][2][8] 3 11 | yr/mo/day [0][7][0][4][0][5] 12 17 | Inspection Type [~] 18 | Inspector [S] 19 | Fac. Type [2] 20 |
| Remarks | | | | | |
| Inspection Work Days [0][0][1] 67 69 | Facility Self-Monitoring Evaluation Rating [5] 70 | BI [N] 71 | QA [N] 72 | Reserved 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) PacifiCorp-Energy West Mining-Trail Mountain Mine ~ 8 miles West of Orangeville off HWY 29 Emery County, UT | Entry Time/ Date 2:45 pm/ 4-05-2007 | Permit Effective Date 1-22-2003 |
| | Exit Time/ Date 3:00 pm/ 4-05-2007 | Permit Expiration Date 12-31-2007 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is an inactive and closed mining facility. No discharge and no deficiencies were observed. | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | SIC code 1222 NAICS # 212112 SWPPP on site and last updated November 2006. | |

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) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| 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) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |



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 9 | yr/mo/day 0 7 0 4 0 5 | Inspection Type R | Inspector S | Fac. Type 2 |
| Remarks | | | | | |
| Inspection Work Days 0 0 2 | Facility Self-Monitoring Evaluation Rating 5 | 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) PacifiCorp-Energy West Mining-Hunter Plant Coal Preparation Facility ~3 miles south of Castle Dale on Hwy 10 Emery County, UT | Entry Time/ Date 3:10 pm/ 4-05-2007 | Permit Effective Date 5-1-2003 |
| | Exit Time/ Date 3:20 pm/ 4-05-2007 | Permit Expiration Date 4-30-2008 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is a coal storage and blending facility. No discharge and deficiencies were observed. | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | SIC code 1222 NAICS # 212112 | |

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 | |
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Section D: Summary of Findings/Comments

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

| SEV Codes | SEV Description |
|-----------|-----------------|
| | |
| | |
| | |
| | |

| | | |
|--|---|-----------------|
| Name(s) and Signature(s) of Inspector(s) Jeff Studenka Environmental Scientist | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| Name and Signature of Management Q A Reviewer Mike Herkimer, Manager UPDES Permits IES Section | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |

INSPECTION PROTOCOL

UPDES Permit #: UTG0400009
Inspection Type: Reconnaissance Inspection
Inspection Date: April 5, 2007

Jeff Studenka of the Division of Water Quality (DWQ) met with Dennis Oakley and Guy Davis of PacifiCorp-Energy West Mining Co.-Hunter Coal Preparation and Blending Facility. The purpose and scope of the inspection were explained, records were reviewed, and a facility tour was conducted.

FACILITY DESCRIPTION

Location: Adjacent to the Hunter Power Plant along HWY 10, near Castle Dale, Utah.

Coordinates: Outfall 001 – 39° 10' 06" latitude, -111° 02' 17" longitude
Outfall 002 – 39° 10' 06" latitude, -111° 02' 18" longitude

Average Flow: 0.0 MGD (No discharges to date from either sed. pond)

Receiving waters: Johnson Bench Wash (dry) → Cottonwood Creek

Process: Coal from the near by mining operations is stored, processed and blended at this location. The two sedimentation ponds capture surface water runoff from the coal pile facility and have never discharged.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up. Storm water and recordkeeping requirements were reviewed and a facility tour was conducted. The two outfall locations were observed as well as the receiving waters.

DEFICIENCIES

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

REQUIREMENTS

None.



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

Water Compliance Inspection Report

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| | | | | | |
|---|--------------------------------------|---------------------------------|------------------------|------------------|------------------|
| Transaction Code [N] [] | NPDES [U][T][G][0][4][0][0][0][9] | yr/mo/day [0][7][0][4][0][5] | Inspection Type [~] | Inspector [S] | Fac. Type [2] |
| Remarks | | | | | |
| Inspection Work Days: [0][0][1] | | | | | |
| Facility Self-Monitoring Evaluation Rating: [5] | | | | | |
| BI: [N] QA: [N] Reserved: [] [] [] [] [] [] [] [] [] [] | | | | | |

Section B: Facility Data

| | | |
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| | Exit Time/ Date 3:20 pm/ 4-05-2007 | Permit Expiration Date 4-30-2008 |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Oakley, Environmental Engineer, 435-687-4825 Guy Davis, Sr. Environmental Health Specialist, 435-687-4711 | Other Facility Data (e.g., SIC NAICS, and other descriptive information) This is a coal storage and blending facility. No discharge and deficiencies were observed. | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Kenneth Fleck, Geology & Env. Affairs Manager P.O. Box 310, 15 North Main Street Huntington, UT 84528 (435) 687-4712 | SIC code 1222 NAICS # 212112 SWPP on site and last updated in December 2006 | |

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|--------------------|-----------------|
| [][][][][][] | _____ |
| [][][][][][] | _____ |
| [][][][][][] | _____ |
| [][][][][][] | _____ |

| | | |
|--|---|-----------------|
| Name(s) and Signature(s) of Inspector(s) Jeff Studenka Environmental Scientist | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6779 | Date 4-12-07 |
| N/A | N/A | N/A |
| Name and Signature of Management Q A Reviewer Mike Herkimer, Manager UPDES Permits IES Section | Agency/Office/Phone and Fax Number(s) Utah Division of Water Quality (801) 538-6058 | Date 4/12/07 |