



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Executive Director

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

December 1, 2009

Mike Davis, Environmental Engineer
Canyon Fuel Co., LLC – SUFCO Mine
597 South SR24
Salina, UT 84654

Dear Mr. Davis:

Subject: Inspection Reports for UPDES Permit No. UT0022918, Canyon Fuel Co. – SUFCO Mine

Attached are the results of the Compliance Evaluation and Storm Water Inspections conducted at your facility on November 19, 2009 in regards to the above referenced UPDES permit. No deficiencies were observed and no response is required at this time.

Thank you for accommodating the inspections. If you have any questions with regards to this matter, please contact me anytime at (801) 538-6779 or by e-mail at jstudenka@utah.gov.

Sincerely,

Jeff Studenka, Environmental Scientist
UPDES IES Section

Enclosures

cc: Amy Clark, EPA Region VIII (w/ encl)
Bruce Costa, Central Utah Health Dept. (w/o encl)
Roger Foisy, DEQ District Engineer (w/o encl)
Daron Haddock, DOGM (w/ encl)

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RECEIVED

DEC 03 2009

DIV. OF OIL, GAS & MINES

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	
C Compliance Evaluation (non-sampling)	# Combined Sewer Overflow-Sampling	7 IU Toxics with Pretreatment
D Diagnostic	\$ Combined Sewer Overflow-Non-Sampling	! Pretreatment Compliance (Oversight)@ 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/Repts) 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 #: UT0022918
Inspection Type: Compliance Evaluation Inspection + Storm Water Inspection
Inspection Date: November 19, 2009
Weather Conditions: Sunny & cool, ~35°F

Jeff Studenka of the Division of Water Quality (DWQ) met with Mike Davis of Canyon Fuel Company's SUFCO Mine (SUFCO). The purpose and scope of the inspection were explained, the EPA Region 8 NPES Inspection Checklist was completed, and a brief facility tour was conducted. There were no deficiencies noted during the last Compliance Evaluation Inspection for follow up (12-4-2007).

FACILITY DESCRIPTION

Location: Approximately 10 miles NE of I-70, from exit 73 in Sevier County, Utah.

Coordinates: Outfall 001 (mine water) – 38° 54' 54" latitude, -111° 24' 54" longitude
Outfall 002 (sed. pond) – 38° 54' 52" latitude, -111° 24' 58" longitude
Outfall 003 (mine water) – 38° 57' 26" latitude, -111° 23' 06" longitude

Average Flow: ~5 MGD from outfall 003, ~0.03 MGD from 002, (No Discharges from 001).

Receiving water: Quitchupah Creek

Process: This is an active underground coal mining operation utilizing long-wall technology. Water from the mine is conveyed to a below ground settling pond areas and pump stations, where it is then piped out of the mine and continuously discharged to Quitchupah Creek (Outfall 003). Surface water runoff is conveyed to an above ground settling pond (002) that discharges on a regular basis. Outfall 001 is from previous mine dewatering operations and has neither discharged in many years, nor is it expected to discharge in the foreseeable future.

INSPECTION SUMMARY

Sampling & Recordkeeping: The DMR files were reviewed and compared to the laboratory reports for the month of June 2009. Effluent flows and pH are instantaneously measured on site and twice/monthly as required. Calibrations checks for pH are performed prior to each use and recorded in a log journal. Monthly samples for TSS, TDS, total iron and oil & grease are sent to SGS labs in Huntington, Utah for analyses. Quarterly WET samples are collected and delivered same-day to W.E.T., Inc. Labs in American Fork, Utah. Effluent data information provided on the DMR was consistent with the data reported on the laboratory bench sheets. Sampling procedures were discussed and the appropriate number of samples were collected and within the holding times as appropriate.

Flow: Effluent flows from the continuous mine water discharges (003) are measured by a straight-edge weir located underground in the mine just prior to the final effluent discharge into Quitchupah Creek. Effluent flows from the sedimentation pond (002) are measured by a V-notch weir located at the outfall. The primary flow measuring devices meet the requirements of the permit for instantaneous measurements. Currently there are no secondary flow measurement capabilities from the effluent discharges. Any effluent flows that may discharge via Outfall 001 would be measured by utilizing a 5-gallon bucket and stopwatch to obtain gallons per minute.

Storm Water: The Storm Water Pollution Prevention Plan (SWPPP) was verified to be on site and last updated & certified on August 5, 2005. A recommendation was made to SUFCO to review and update the SWPPP more regularly, such as annually. Currently SUFCO's storm water permit provisions are covered and regulated under a separate Industrial Storm Water UPDES Permit (UTR000000). The separate storm water permit provisions will be incorporated into SUFCO's next UPDES permit renewal, which is scheduled to be effective May 1, 2011.

Site Walk & Tour: A visual tour of the facility and surrounding areas were conducted where the sediment pond, outfall locations and receiving waters were observed. The facility tour was limited to above-ground activities, therefore outfall 003 was not observed during this inspection. Outfall locations 001 & 002 and the sedimentation pond were observed as well as the proposed location of the new sedimentation overflow pond structure, which is scheduled to be constructed by early 2010. Six (6) site photos were collected and are included herein. There were no deficiencies observed.

DEFICIENCIES

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

REQUIREMENTS

None.

ATTACHMENTS

1. US EPA Region 8 NPDES Inspection Checklist
2. Six (6) site photos and photo log



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 UT0022918	yr/mo/day 091119	Inspection Type ~	Inspector S	Fac. Type 2
Remarks					
Inspection Work Days: 2					
Facility Self-Monitoring Evaluation Rating: 4					
BI: D					
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) CANYON FUEL CO. SUFCO MINE approx. 10 NE of I-70, exit 73, up Convulsion Canyon Sevier County, UT	Entry Time/ Date 10:55 am / 11-19-09	Permit Effective Date 5-1-2006
	Exit Time/ Date 12:45 pm / 11-19-09	Permit Expiration Date 4-30-2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mike Davis, Environmental Engineer (435) 286-4421	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Bituminous Coal Underground Mining Facility SIC Code 1222 NAICS 212112 SEE ATTACHED The SWPPP was on site and last updated 8-5-2005.	
Name, Address of Responsible Official/Title/Phone and Fax Number Ken May, General Manager 397 South 800 West Salina, UT 84654 (435) 286-4880	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 checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input 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) DWQ (801) 538-6779	Date: 11-30-09
N/A		
Name and Signature of Management QA Reviewer Mike Herkimer, Manager UPDES IES Section 	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6058	Date: 12/1/09

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USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT0022918 (SuFCo Mine)

INSPECTION DATE: 11-19-09

FACILITY: SuFCO Coal Mine (Major Industrial)

on site: 10:55 am

off site: 12:45 pm

MIKE-DAVIS - ENV. ENG.

weather: Sunny + cool ~ 35°F

DWC: J. Studenka

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: Coal Mine dewatering systems; underground pumps + piping structures to underground settling pond prior to discharge via 003. Above ground surface water drainages to Sed pond (002)

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

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

Yes No N/A 6. Number and location of discharge points are as described in the permit. 3 total

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

Comments:

002 is currently being relocated as proposed in permit modification request submitted Oct. 2009. New Sedimentation overflow pond is to be constructed by 2010 w/single outfall 002.

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. (keep on site indefinitely)

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. (on lab reports)

Yes No N/A d. Results of analyses and calibration. (pH only)

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

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
Yes No N/A
Comments:

- 4. Sampling and analysis completed on parameters specified in permit.
- 5. Sampling and analysis done in frequency specified by permit.

June 2009 DMR audited

YES NO
Yes No N/A

DMR completion meets the self-monitoring reporting requirements.

- 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.)

es No N/A

- 5. The geometric mean is calculated and recorded for fecal coliform data. *not required*

es No N/A

- 6. Weekly and monthly averaging is calculated properly and reported on the DMR. *not required*

es No N/A

- 7. The maximum and minimum values of all data points are reported properly.

es No N/A

- 8. The number of exceedances column (No. Ex.) is completed properly.

Comments:

June 2009 DMR audited

WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

DMR WET Files reviewed

S NO

WET sampling by permittee adequate to meet the conditions of the permit.

No
No

- a. Chain of custody used.
- b. Method of shipment and preservation adequate (iced to 4°C). *as required*
- c. Type of sample collected Grab (as required by permit).
- d. Holding time met (received w/in 36 hours). *(8 hrs. as recorded on COC)*

No N/A

- 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
 - a. Indicate temperature 6.0°C

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. Included w/ reports
- 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: W.E.T., Inc. Labs

IV. FACILITY SITE REVIEW Industrial Major - not WWTP?

Treatment facility properly operated and maintained. (Mine dewatering only)

- YES NO N/A 1. Standby power or other equivalent provision is provided. Specify type:
Diesel generator on site for safety backup
- 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. (not WWTP)
- Yes No N/A 4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures: Not used
- 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?
Sedimentation pond for outfall O&Z is currently only Treatment unit.
- 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. Sed. pond cleaned out as needed.
- 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
_____	<u>n/a</u>
_____	_____
_____	_____

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

14. What procedures or practices are used to train new operators? not used
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. no lab for UODES on site

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: no chlorination on site for UODES per

- 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. (in office, on main entrance signage, etc.)

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. (In office)

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:

V-Notch weir +
Rectangular weir (003 + 003)

001 - if discharging,
would utilize
manual bucket
+ stop watch

Yes No N/A

1. Primary flow measuring device is properly installed and maintained.

Where? JUST PRIOR to outfall

Yes No N/A

2. Flow measured at each outfall. Number of outfalls: 3

3. Frequency of routine inspection of primary flow device by operator:
1 /day.

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

Yes No N/A

5. Influent flow is measured before all return lines. (no INF. Flow measuring required)

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. (maintained w/ flow data as records)

8. Design flow: ~6 mgd. (3.5 MGD AVG FLOW FROM 003)

Yes No N/A

9. Flow measurement equipment adequate to handle expected ranges of flow rate.

2. Open Channel Primary Flow Measuring Devices

Flumes

Type and size: n/a EFF

Yes No N/A

1. Flume is located in a straight section of the open channel, without bends immediately upstream or downstream.

Yes No N/A

2. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.

Yes No N/A

3. Flume is clean and free of obstructions, debris or deposits.

Yes No N/A

4. All dimensions of flume accurate and level.

- Yes No N/A 5. Sides of flume throat are vertical and parallel.
- Yes No N/A 6. Side walls of flume are vertical and smooth.
- Yes No N/A 7. Flume head is being measured at proper location. (Location dependent on flume type - see NPDES Compliance Inspection Manual or ISCO book.)
- Yes No N/A 8. Flume is under free flow conditions at all times. (Flume is not submerged.)

Weirs

Type: Straight-Edge (003) EFF V-notch weir (002) (Weirs not inspected or evaluated further during this visit)

- Yes No N/A 1. Weir is level.
- Yes No N/A 2. Weir plate is plumb and its top edges are sharp and clean.
- Yes No N/A 3. Downstream edge of weir is chamfered at 45°.
- Yes No N/A 4. There is free access for air below the nappe of the weir.
- Yes No N/A 5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
- Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.
- Yes No N/A 7. Area of approach channel at least 8 x nappe area for upstream distance of 15H. (If not, is velocity of approach too high?)
- Yes No N/A 8. Weir is under free-flow conditions at all times. (Weir is not submerged.)
- Yes No N/A 9. The stilling basin of the weir is of sufficient size and clear of debris.
- Yes No N/A 10. Head measurements are properly made by facility personnel.
- Yes No N/A 11. Weir is free from leakage.

3. Closed Channel Primary Measuring Devices

Electromagnetic Meters

Type and model: n/a EFF

- Yes No N/A 1. There is a straight length of pipe or channel before and after the flowmeter of at least 5 to 20 diameters.
- Yes No N/A 2. There are no sources of electric noise in the near vicinity.
- Yes No N/A 3. Magnetic flowmeter is properly grounded.
- Yes No N/A 4. Full pipe requirement is met.

Venturi Meters

Type and model: n/a EFF

Yes No N/A

1. Venturi meter is installed downstream from a straight and uniform section of pipe?

B. Secondary Flow Measurement

n/a - Primary only

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

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

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) <i>n/a</i>	
	Type and size of primary device
	EFF:
Reading from primary standard, feet and inches	<i>X</i>
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, total iron, DTG, settleable solids / Acute WET</i>	
Name	<i>SGS Labs</i>	<i>W.E.T., Inc Labs</i>
Address	<i>Huntington, UT</i>	<i>American Fork, UT</i>
Contact	<i>on file</i>	<i>on file</i>
Phone	<i>"</i>	<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. *pH only on site*

Yes No N/A 4. Quality control procedures are used. Specify: *Calibrations, blanks, etc,*

Yes No N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory. *(pH log book mainta)*

Yes No N/A 6. Samples are analyzed in accordance with 40 CFR 136. *(according to lab reports)*

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 (no compliance schedule in permit)

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.)

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. *(each out fall as appropriate)*

Yes No N/A 2. Locations are adequate for representative samples.

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

Yes No N/A 4. Permittee is using method of sample collection required by permit.
Required method: Grab

If not, method being used is:

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

Yes No N/A 5. Sample collection procedures adequate and include:

- a. Sample refrigeration during compositing. *(Grab only)*
- b. Proper preservation techniques. *(Lab provides bottles w/ preservatives)*
- c. Containers in conformance with 40 CFR 136.3.

Specify any problems: no problems identified

Comments:

*SWPPP on site, last certified 8-5-05.
→ Recommended revisiting + updating more frequently (annual)*

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT002291R

INSPECTION DATE: 11-19-09

FACILITY: Sufco

Background

Yes No

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: Lab

Yes No N/A
es No N/A

a. meets EPA requirements

b. if reconstituted, is water same hardness as receiving water? (200 vs. 400 mg/c)

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
	<u>(No toxicity reported for many years)</u>
_____	_____
_____	_____
_____	_____
_____	_____

Yes No N/A

7. Evidence of accelerated testing if toxicity present?

Yes No N/A

8. TIE/TRE in progress?

9. What is sampling frequency for routine testing? Quarterly

Yes No N/A

10. WET lab certified/inspected by State? (Utah is developing a certification program for WET and has made some visits to labs.)

Identity of WET lab used: WET Labs, Inc.

Contact Name Lew Rawlings

Phone Number 801-763-0660

Address (on file) American Fork

Review of WET Lab Reports

Yes No N/A

1. Report format meets EPA Methods requirements? (see Weber et al., 1988, 1989)

Yes No N/A

2. Does lab report indicate which statistical method was used for chronic tests? (Region 8 and Colorado protocols) Acute only

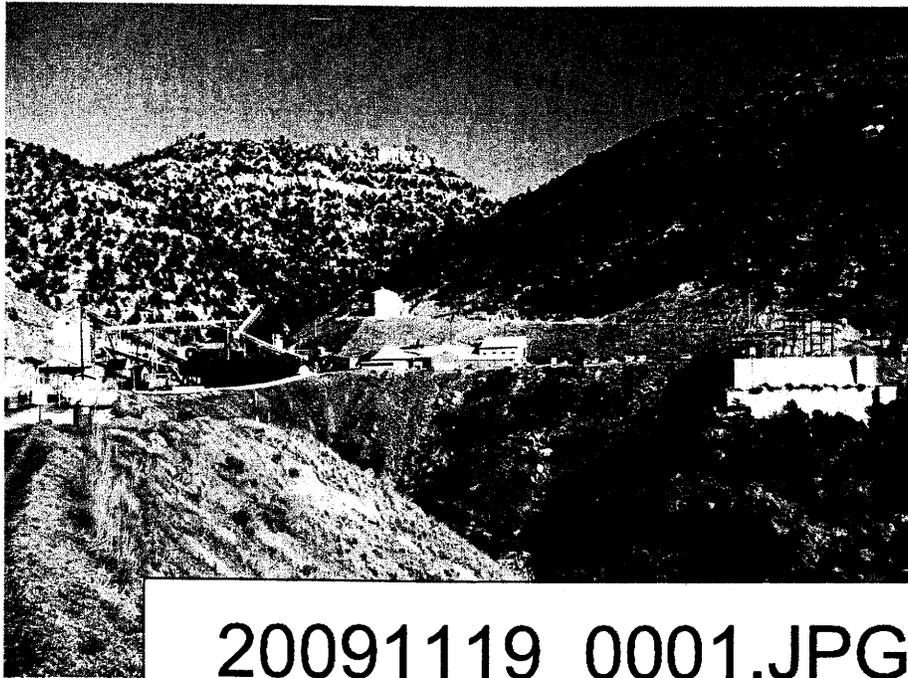
Yes No N/A

4. Does permittee submit complete WET lab report to EPA/State?

Summary of problems identified above:

No problems identified. No toxicity issues identified or reported in file.

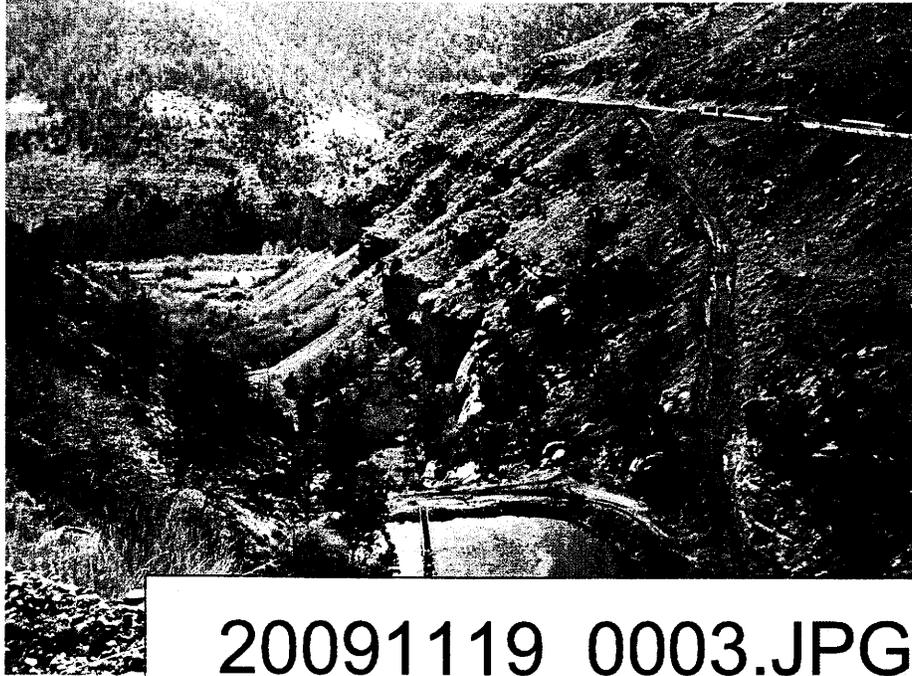
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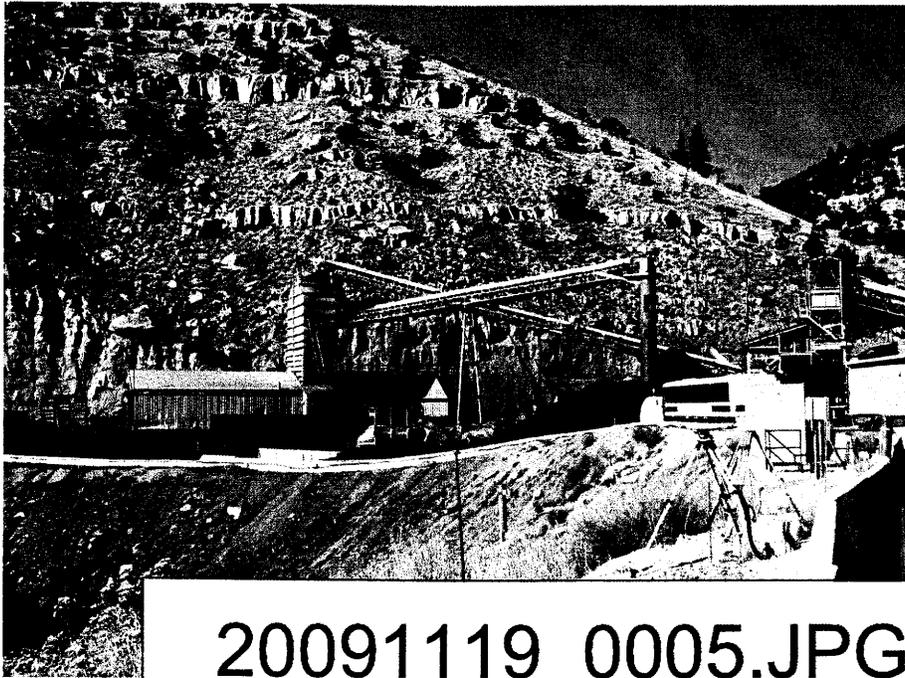
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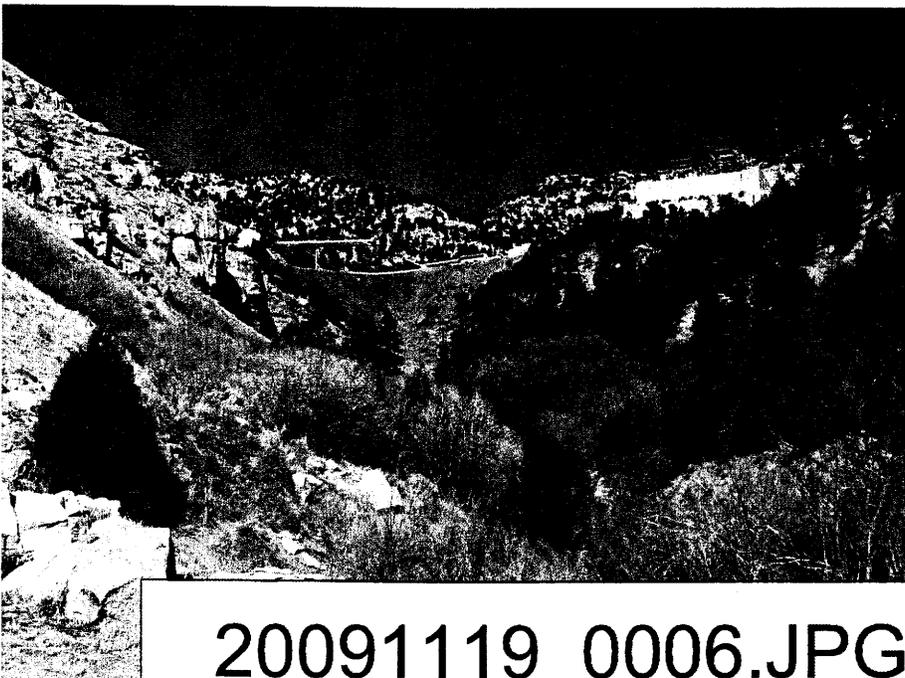
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