

# El Dorado 2019 Pretreatment Program Annual Report

Yates, Adam

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To:john@eldoradowater.com <john@eldoradowater.com>;

Cc:Healey, Richard <HEALEYR@adeq.state.ar.us>; Ramsey, David <RAMSEY@adeq.state.ar.us>; Allen-Daniel, Leslie <ALLEN-DANIEL@adeq.state.ar.us>; Pemberton, Layne <PEMBERTON@adeq.state.ar.us>;

John,

City of El Dorado's March 2020 Pretreatment Program Annual Report was received, reviewed, and deemed complete and compliant according to the reporting requirements of 40 CFR 403.12(i).

Thank you for your timely submittal. If you have any questions or concerns on this matter, please feel free to contact me.

Kindly,

**Adam Yates** | State Pretreatment Coordinator

**Division of Environmental Quality | Office of Water Quality**

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**ATTACHMENT A**  
**PRETREATMENT PROGRAM STATUS REPORT**  
**UPDATED SIGNIFICANT INDUSTRIAL USERS LIST**

Industrial User Name	SIC/NAICS Code	40 CFR XXX or N/A	Control Document		New User	Times Inspected	Times Sampled	Compliance Status (N/A, C, NC, or SNC)				Permit Limits (denote parameter violated & number of times)
			Y/N	Last Action				Reports				
								BMR	90-day Compliance	Semi Annual	Self Monitoring	
Eldorado Paper Bag	32222	N/A	Y		NO	1	12	N/A	N/A	*	*	C
Amercable	3469	N/A	Y		NO	1	30	N/A	N/A	*	*	C
Duckwater Services (TAS)	4231	442	Y		NO	1	41	N/A	N/A	*	*	C
Miller Transporters	4231	442	Y		NO	*	9	C	C	C	C	C
Milbomk Manufacturing	3613	433	Y		NO	1	18	C	C	C	*	C
Prescolite Reflector	3471	433	Y		NO	4	2	C	C	C	*	C
* LYCUS	325199	N/A	Y		NO	1		N/A	N/A	N/A	N/A	C
* Lion Oil	324110	N/A	Y		NO	1		N/A	N/A	N/A	N/A	C
* REQUESTED FOR PERMIT TO BE TERMINATED												

Include NAICS code(s)  
3<sup>rd</sup> column - include the CFR # only if the Category has Pretreatment Standards (numeric or narrative)  
Please footnote N/A reason



**ATTACHMENT C**

PRETREATMENT PERFORMANCE SUMMARY (PPS)

**NOTE:** ALL QUESTIONS REFER TO THE INDUSTRIAL PRETREATMENT PROGRAM AS APPROVED BY ADEQ. THE PERMITTEE SHOULD NOT ANSWER THE QUESTIONS BASED ON CHANGES MADE TO THE APPROVED PROGRAM WITHOUT DEPARTMENT AUTHORIZATION.

I. General Information

Control Authority Name CITY OF EIDORADO

Address 500 N. WASHINGTON

City EIDORADO State/Zip ARKANSAS 71730

Contact Person John M. Peppers Position Treatment Superintendent

Contact Telephone 870-862-6451 NPDES Permit Nos. AR0033736 AR0033723 AR6050296

Reporting Period January 1, 2019 December 31, 2019  
 (Beginning Month, day and Year) (Ending Month, day and Year)

Total Number of Categorical IUs 4 (Four)

Total Number of Significant Noncategorical IUs 2 (Two)

Total Number of Non-Significant (yet permitted) IUs 2 (Two)

II. Significant Industrial User Compliance

	<u>SIGNIFICANT INDUSTRIAL USERS</u>	
	<u>Categorical</u>	<u>NonCategorical</u>
1) No. of SIUs Submitting BMRs/Total No. Required. . . . .	<u>0 / 0</u>	<u>N/A*</u>
2) No. of SIUs Submitting 90-Day Compliance Reports / No. Required. . . . .	<u>0 / 0</u>	<u>N/A*</u>
3) No. of SIUs Submitting Semiannual Reports / Total No. Required. . . . .	<u>4 / 4</u>	<u>0 / 0</u>
4) No. of SIUs Meeting Compliance Schedule / Total No. Required to Meet Schedule . . . .	<u>0 / 0</u>	<u>0 / 0</u>
5) No. of SIUs in Significant Noncompliance / Total No. of SIUs . . . . .	<u>0 / 4</u>	<u>0 / 2</u>
6) Rate (%) of Significant Noncompliance for all SIUs (categorical and noncategorical) . .	<u>0 / 6</u>	

III. Compliance Monitoring Program

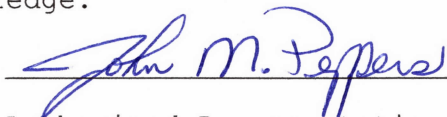
	<u>SIGNIFICANT CATEGORICAL</u>	<u>INDUSTRIAL USERS NonCategorical</u>
1) No. of Control Documents Issued / Total No. Required. . . . .	<u>4 / 4</u>	<u>2 / 2</u>
2) No. of Non-sampling Inspections Conducted / Total No. Required. . . . .	<u>4 / 4</u>	<u>2 / 2</u>
3) No. of Sampling Visits Conducted / Total No. Required. . . . .	<u>4 / 4</u>	<u>2 / 2</u>
4) No. of Facilities Inspected (nonsampling) / Total No. Required. . . . .	<u>4 / 4</u>	<u>2 / 2</u>
5) No. of Facilities Sampled / Total No. Required. . . . .	<u>4 / 4</u>	<u>2 / 2</u>

IV. Enforcement Actions

	<u>SIGNIFICANT CATEGORICAL</u>	<u>INDUSTRIAL USERS NonCategorical</u>
1) No. of Compliance Schedules Issued/No. of Schedules Required . . . . .	<u>0 / 0</u>	<u>0 / 0</u>
2) No. of Notices of Violations Issued to SIUs	<u>0</u>	<u>0</u>
3) No. of Administrative Orders Issued to SIUs	<u>0</u>	<u>0</u>
4) No. of Civil Suits Filed. . . . .	<u>0</u>	<u>0</u>
5) No. of Criminal Suits Filed . . . . .	<u>0</u>	<u>0</u>
6) No. of Significant Violators (attach newspaper publication). . . . .	<u>0</u>	<u>0</u>
7) Amount of Penalties (not surcharges) Collected (total dollars/IUs assessed) . . .	<u>0 / 0</u>	<u>0 / 0</u>
8) Other Actions (sewer bans, etc.). . . . .	<u>0</u>	<u>0</u>

The following certification must be signed in order for this form to be considered complete:

I certify that the information contained herein is complete and accurate to the best of my knowledge.

  
 \_\_\_\_\_  
 Authorized Representative

Date 2-28-2020