

From: [Yates, Adam](#)
To: [Burrow, Kealey](#)
Subject: FW: Annual Pretreatment Performance Report 2017
Date: Tuesday, February 06, 2018 12:35:36 PM
Attachments: [AR0033880_Hot Springs Jan 2018 Pretreatment Program Annual Report_20180125.pdf](#)

When you save this report to the website, will you please include the below correspondence in front of the report? Thank you!

From: Yates, Adam
Sent: Tuesday, February 06, 2018 12:31 PM
To: 'Dennis Brunson'
Cc: Burrow, Kealey; McWilliams, Carrie; Healey, Richard; Allen-Daniel, Leslie
Subject: RE: Annual Pretreatment Performance Report 2017

Dennis,

City of Hot Springs' January 2018 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
Office of Water Quality
Arkansas Department of Environmental Quality
Phone: (501) 682-0617
Fax: (501) 682-0880

G:\Shared Folders\Water\Pretreatment\Reports

From: Dennis Brunson [<mailto:DBrunson@cityhs.net>]
Sent: Thursday, January 25, 2018 10:04 AM
To: Yates, Adam
Subject: Re: Annual Pretreatment Performance Report 2017

Mr. Yates,

Please the following attachment for you review. If you have any questions and/or concerns, please let me know.

Thanks,

Dennis R. Brunson

Pretreatment Coordinator
Industrial Pretreatment Division

City of Hot Springs Utilities

501-262-1881 ext 2861

501-520-9267 (Cell)

501-262-0339 fax

www.cityhs.net

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City of Hot Springs
Municipal Utilities
WWTP
320 Davidson Drive
Hot Springs, AR 71902
501-262-1881
501-262-0339 fax

January 25, 2018

Arkansas Department of Environmental Quality
Attn: Adam Yates
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: Pretreatment Performance Summary (PPS)

Dear Mr. Yates,

Please find enclosed the City of Hot Springs Municipal Utilities' 2017 pretreatment performance summary.

If you have any questions, comments and/or need additional information, please let me know.

Sincerely,

A handwritten signature in blue ink that reads "Dennis R. Brunson". The signature is fluid and cursive, with a large loop at the end.

Dennis R. Brunson
Pretreatment Coordinator

Enclosure

C: James Sorrells, Facilities Operations Manager
Monty Lebetter, Utilities Director
Bill Burrough, Deputy City Manager

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(1) It is advised that the influent and effluent samples are collected considering flow detention time through each plant. **Analytical MQLs must be met for the effluent (and SHOULD be met for the influent) so the data can also be used for Local Limits assessment and NPDES application purposes.**

(2) This value was calculated during the development of TBLL based on State WQ criteria, EPA guidance and either ADEQ Pretreatment staff Excel spreadsheets or the Permittee's consultant with concurrence from Pretreatment staff.

(3) Record the name of any pollutant [40 CFR 122, Appendix D, Table II and/or Table V] detected and the concentration at which they were detected.

MAHL - Maximum Allowable Headworks Level / MAHC – Maximum Allowable Headworks Concentration

WQ - "Water Quality Levels not to exceed" OR actual permit limit.

Include NAICS code(s)

3rd 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 Hot Springs Municipal Utilities

Address 320 Davidson Dr.

City Hot Springs National Park State/Zip Arkansas 71901

Contact Person Dennis R. Brunson Position Pretreatment Coordinator

Contact Telephone 501-262-1881 Ext 2861 NPDES Permit Nos. AR0033880

Reporting Period January 1, 2017

December 31, 2017

(Beginning Month, day and Year)

(Ending Month, day and Year)

Total Number of Categorical IUs 3

Total Number of Significant Noncategorical IUs 1

Total Number of Non-Significant (yet permitted) IUs 5

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>0/0</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>0/0</u>	<u>0/0</u>
6) Rate (%) of Significant Noncompliance for all SIUs (categorical and noncategorical)	<u>0/0</u>	<u>0/0</u>

III. Compliance Monitoring Program

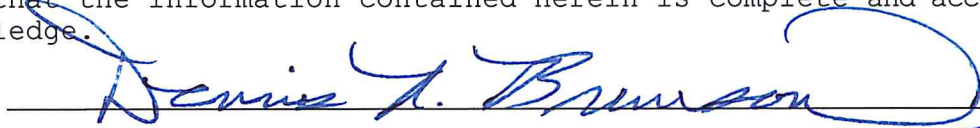
	<u>SIGNIFICANT INDUSTRIAL USERS</u>	
	<u>Categorical</u>	<u>NonCategorical</u>
1) No. of Control Documents Issued / Total No. Required.	<u>3/3</u>	<u>1/1</u>
2) No. of Non-sampling Inspections Conducted / Total No. Required.	<u>3/3</u>	<u>1/1</u>
3) No. of Sampling Visits Conducted / Total No. Required.	<u>18/6</u>	<u>8/2</u>
4) No. of Facilities Inspected (nonsampling) / Total No. Required.	<u>3/3</u>	<u>1/1</u>
5) No. of Facilities Sampled / Total No. Required.	<u>3/3</u>	<u>1/1</u>

IV. Enforcement Actions

	<u>SIGNIFICANT INDUSTRIAL USERS</u>	
	<u>Categorical</u>	<u>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 25 Jan/18