



ARKANSAS

ENERGY & ENVIRONMENT

September 22, 2021

Ted Jennings, Plant Manager
Ash Grove Cement Company
4343 Highway 108 West
Foreman, AR 71836

RE: Ash Grove Cement Co. Inspection (Little River Co)
AFIN: 41-00001 NPDES Permit No.: AR0042846

Dear Mr. Jennings:

On July 7, 2021, I performed a Compliance Evaluation Inspection of the above-referenced facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.


No violations were noted at the time of the inspection. Please refer to the inspection report for any comments.

If you need any assistance, please contact Inspector Supervisor Kerri McCabe at mccabe@adeq.state.ar.us or (501) 682-0642.

Sincerely,

A handwritten signature in cursive script that reads "Brittanie Gloyd".

Brittanie Gloyd
Inspector, Office of Water Quality
5301 Northshore Drive, North Little Rock, AR, 72118

 <p>ENVIRONMENTAL QUALITY</p>	OFFICE OF WATER QUALITY		
	AFIN: 41-00001		PERMIT #: AR0042846
	COUNTY: 41 Little River	PDS #: 117549	DATE: 7/7/2021
	GPS LAT: 33.694705 LONG: -94.417473 LOCATION: General Area		
FACILITY INFORMATION		INSPECTION INFORMATION	
NAME: Ash Grove Cement Co. LOCATION: 4343 Highway 108 West CITY: Foreman		FACILITY TYPE: 2 - Industrial INSPECTOR ID#: 129177 S - State	
RESPONSIBLE OFFICIAL NAME: / TITLE Ted Jennings / Plant Manager COMPANY: Ash Grove Cement Company MAILING ADDRESS: 4343 Highway 108 West CITY, STATE, ZIP: Foreman AR 71836 PHONE & EXT: / FAX: 870-542-3010 / EMAIL: ted.jennings@ashgrove.com CONTACTED DURING INSPECTION: Yes		FACILITY EVALUATION RATING: 3 - Satisfactory	
		INSPECTION TYPE: Compliance Evaluation	
		DATE(S): 7/7/2021	ENTRY TIME: 09:45
		EXIT TIME: 11:15	PERMIT EFFECTIVE DATE: 1/1/2018 PERMIT EXPIRATION DATE: 12/31/2022
		FAYETTEVILLE SHALE RELATED: N	
		FAYETTEVILLE SHALE VIOLATIONS: N	
INSPECTION PARTICIPANTS			
NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Craig McMahon / Environmental and Waste Fuels Manager Matthew Brooks / Environmental Engineer I Trey Butler / OWQ Inspector			
AREA EVALUATIONS			
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)			
S	PERMIT	S	FLOW MEASUREMENT
S	RECORDS/REPORTS	S	LABORATORY
S	OPERATION & MAINTENANCE	S	EFFLUENT/RECEIVING WATER
S	SAMPLING	S	SLUDGE HANDLING/DISPOSAL
**	OTHER:	N	STORMWATER
		S	FACILITY SITE REVIEW
		S	SELF-MONITORING PROGRAM
		N	PRETREATMENT
SUMMARY OF FINDINGS			
<p>No violations were noted at the time of inspection.</p> <p>Note: An inspection was conducted on June 11, 2019 and no report was drafted. This inspection replaces the inspection conducted in June 2019.</p>			

GENERAL COMMENTS

On July 7, 2021, an inspection was conducted at the facility with the participants listed above. A site assessment and record review were conducted at the time of inspection.

Record Review:

I requested records from January, May, August and December of 2020 for all three outfalls. The Chain of Custody (COC) for each of the sample collections were filled out appropriately and were received by the lab at appropriate temperature. The Discharge Monitoring Reports (DMR) submitted matched the raw data from Arkansas Analytical, Inc. and they did not show any inconsistencies. The facility analyzes their own pH and Dissolved Oxygen (DO) and has calibration records on file. The calibration records were adequate and had relevant information in regards to the calibration.

Site Assessment:

The facility has three lakes or ponds that have an outfall on each that is regularly monitored. Outfall 001 comes from the "Fishing Lake," Outfall 002 comes from the "Horseshoe Pond," and Outfall 003 is from the "Kiln Shell Process Pond." The flow from Outfall 001 is analyzed by the volumetric method (stop watch and 5 gallon bucket), while Outfall 002 and Outfall 003 are calculated. The Fishing Lake levee showed signs of some erosion, which causes the water to appear higher than in other locations. We discussed either building up the levee to add height to these portions of the levee, so they can maintain the required amount of freeboard. The Kiln Shell Process Pond had plenty of freeboard at the time of inspection, as did the Horseshoe Pond. There is a low-water crossing that connects the fishing lake and the process pond, which allows the Fishing Lake water to flow over the crossing and through Outfall 003.

INSPECTOR'S SIGNATURE: <i>Brittanie Gloyd</i>	Brittanie Gloyd	DATE: 8/23/2021
SUPERVISOR'S SIGNATURE: <i>Kerri McCabe</i>	Kerri McCabe	DATE: 9/21/2021

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: RECORDKEEPING AND REPORTING EVALUATION	
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
a. DATES AND TIME(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
b. EXACT LOCATION(S) OF SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. NAME OF INDIVIDUAL PERFORMING SAMPLING:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
d. ANALYTICAL METHODS AND TECHNIQUES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
e. RESULTS OF CALIBRATIONS:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
f. RESULTS OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
g. DATES AND TIMES OF ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
h. NAME OF PERSON(S) PERFORMING ANALYSES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION C: OPERATIONS AND MAINTENANCE	
TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. TREATMENT UNITS PROPERLY OPERATED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
2. TREATMENT UNITS PROPERLY MAINTAINED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. ALL NEEDED TREATMENT UNITS IN SERVICE:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED:	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. OPERATION AND MAINTENANCE MANUAL AVAILABLE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE
9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION D: SAMPLING	
PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SAMPLE COLLECTION PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. SAMPLES REFRIGERATED DURING COMPOSITING:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER PRESERVATION TECHNIQUES USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
SECTION E: FLOW MEASUREMENT	
PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: <u>Y</u> TYPE OF DEVICE: <u>pipe (volumetric)</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
4. CALIBRATION FREQUENCY ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
9. HEAD MEASURED AT PROPER LOCATION:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION F: LABORATORY	
PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES) :	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. QUALITY CONTROL PROCEDURES ADEQUATE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. DUPLICATE SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. SPIKED SAMPLES ARE ANALYZED \geq 10% OF THE TIME:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. COMMERCIAL LABORATORY USED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
a. LAB NAME: <u>Arkansas Analytical, Inc.</u>	
b. LAB ADDRESS: <u>8100 National Drive, Little Rock, AR 72209</u>	
c. PARAMETERS PERFORMED: <u>TSS, BOD5 & Fecal</u>	
8. BIOMONITORING PROCEDURES ADEQUATE:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
a. PROPER ORGANISMS USED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
b. PROPER DILUTION SERIES FOLLOWED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
c. PROPER TEST METHODS AND DURATION:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
d. RETESTS AND/OR TRE PERFORMED AS REQUIRED:	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS							
BASED ON VISUAL OBSERVATIONS ONLY						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS: <u>Outfalls 001 and 003 were discharging at the time of inspection.</u>							
OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	None	None	None	Clear	--
002	N/A	N/A	N/A	N/A	N/A	N/A	No Discharge
003	None	None	None	None	None	Clear with tint of brown	
SECTION H: SLUDGE DISPOSAL							
SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY:						<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE	
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503:						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):							
SECTION I: SAMPLING INSPECTION PROCEDURES							
SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
DETAILS:							
1. SAMPLES OBTAINED THIS INSPECTION:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
2. TYPE OF SAMPLE: <input type="checkbox"/> GRAB:___ <input type="checkbox"/> COMPOSITE:___ METHOD:___ FREQUENCY:___							
3. SAMPLES PRESERVED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
4. FLOW PROPORTIONED SAMPLES OBTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
7. SAMPLE SPLIT WITH PERMITTEE:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT:						<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE	
SECTION J: STORM WATER POLLUTION PREVENTION PLAN							
STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS						<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
DETAILS: <u>Facility has an IGP permit that was inspected in 2019.</u>							
1. SWPPP UPDATED AS NEEDED:___ DATE OF LAST UPDATE:___						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
3. POLLUTION PREVENTION TEAM IDENTIFIED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
5. LIST OF POTENTIAL POLLUTANT SOURCES:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
8. LIST OF STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
9. LIST OF NON-STRUCTURAL BMPS:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
10. BMPS PROPERLY OPERATED AND MAINTAINED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	
11. INSPECTIONS CONDUCTED AS REQUIRED:						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input checked="" type="checkbox"/> NE	

DMR Calculation Check

Reporting Period: From 2020 May 01 To 2020 May 31
 Year Month Day Year Month Day

Parameter Checked: Outfall 002 - TSS

	Loading Mass (lbs/day) Monthly Avg.	Concentration mg/l	
		Monthly Avg.	Daily Max
Reported Value:	<u>N/A</u>	<u>N/A</u>	<u>5.00</u>
Calculated Value:	<u>N/A</u>	<u>N/A</u>	<u>5.00</u>
Permit Value:	<u>N/A</u>	<u>N/A</u>	<u>50</u>

If calculated value does not equal reported value, explain:
Values are the same.

DMR Calculation Check

Reporting Period: From 2020 Dec 01 To 2020 Dec 31
 Year Month Day Year Month Day

Parameter Checked: Outfall 003 – BOD5

	Loading Mass Mo. Avg. - lbs/day	Concentration mg/l	
		Monthly Avg.	Daily Max
Reported Value:	<u>N/A</u>	<u><2.00</u>	<u><2.00</u>
Calculated Value:	<u>N/A</u>	<u><2.00</u>	<u><2.00</u>
Permit Value:	<u>N/A</u>	<u>10</u>	<u>15</u>

If calculated value does not equal reported value, explain:
Values are the same.

Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:36
		Photo #:	1
Description:	View of Outfall 003. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:38
		Photo #:	2
Description:	View upstream toward the Kiln Shell Process Pond. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:41
		Photo #:	3
Description:	View of the Fishing Lake. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:41
		Photo #:	4
Description:	View of the low-water crossing. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:41
		Photo #:	5
Description:	View toward the ditch to Outfall 003. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:44
		Photo #:	6
Description:	View of Outfall 001. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:45
		Photo #:	7
Description:	Overview of the Fishing Lake. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:45
		Photo #:	8
Description:	Overview of the Fishing Lake. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:46
		Photo #:	9
Description:	View of the bucket used for flow at Outfall 001. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:53
		Photo #:	10
Description:	Overview of the Kiln Shell Process Pond. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	10:53
		Photo #:	11
Description:	View of the Kiln Shell Process Pond. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	11:06
		Photo #:	12
Description:	View of the inlet to Outfall 002. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	11:06
		Photo #:	13
Description:	Overview of the Horseshoe Pond. Please note the timestamp is one hour behind.		



Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	11:06
		Photo #:	14
Description:	Overview of the Horseshoe Pond. Please note the timestamp is one hour behind.		



Office of Water Quality Photographic Evidence Sheet

Location:	Ash Grove Cement Co.		
Photographer:	Brittanie Gloyd	Date:	07/07/2021
Witness:	Trey Butler	Time:	11:07
		Photo #:	15
Description:	View of Outfall 002. Please note the timestamp is one hour behind.		



Figure 1. Google Earth aerial imagery dated Jan 6, 2020 showing the components of the facility.

