

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 BLYTHEVILLE WASTEWATER DEPARTMENT

Address 4834 N.C.R. 639 / PO BOX 1784

City BLYTHEVILLE State/Zip ARKANSAS 72315

Contact Person GARY CARR Position PRETREATMENT COORDINATOR

Contact Telephone (870)763-4961 NPDES Permit Nos. AR0022560,ARR0022578,ARR0022586

Reporting Period AUGUST 2017 JULY 2018

(Beginning Month, day and Year) (Ending Month, day and Year)

Total Number of Categorical IUs 4

Total Number of Significant Noncategorical IUs 1

Total Number of Non-Significant (yet permitted) IUs 0

II. Significant Industrial User Compliance

SIGNIFICANT INDUSTRIAL USERS
Categorical NonCategorical

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>0/2</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>0/0</u>
6) Rate (%) of Significant Noncompliance for all		
SIUs (categorical and noncategorical)	<u>0/4</u>	

III. Compliance Monitoring Program

SIGNIFICANT INDUSTRIAL USERS

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>0 / 0</u>	<u>0 / 0</u>
2) No. of Non-sampling Inspections Conducted / Total No. Required.	<u>4 / 4</u>	<u>1 / 0</u>
3) No. of Sampling Visits Conducted / Total No. Required.	<u>0 / 8</u>	<u>/</u>
4) No. of Facilities Inspected (nonsampling) / Total No. Required.	<u>4</u>	<u>1</u>
5) No. of Facilities Sampled / Total No. Required.	<u>0 / 4</u>	<u>/</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 _____

	<u>Categorical</u>	<u>NonCategorical</u>
1) No. of Control Documents Issued / Total No. Required.	<u>0 / 0</u>	<u>0 / 0</u>
2) No. of Non-sampling Inspections Conducted / Total No. Required.	<u>0 / 4</u>	<u>1 / 0</u>
3) No. of Sampling Visits Conducted / Total No. Required.	<u>0 / 8</u>	<u>/</u>
4) No. of Facilities Inspected (nonsampling) / Total No. Required.	<u>4</u>	<u>1</u>
5) No. of Facilities Sampled / Total No. Required.	<u>0 / 4</u>	<u>/</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

Dany Carr
 Authorized Representative Date AUG-31-2018