



Department of Public Works

4-9-2019

Certified Mail #70101870000239833695

Adam Yates
ADEQ
5301 Northshore Drive
North Little Rock Arkansas 72118

Pretreatment Department

Randy Reese
Pretreatment Coordinator
1508 Silver Valley Road
Harrison, Arkansas 72601
Office: 870.741.4426
Fax: 870.741.5022
randy.reese@cityofharrison.com

2018 Pretreatment Performance Summary

Dear Mr. Yates:

Please find enclosed the 2018 Pretreatment Performance Summary. If you have any question or comments, I can be reached at 870-741-4426 or randy.reese@cityofharrison.com. Thank you.

Sincerely,

A handwritten signature in black ink that reads 'Randy Reese'.

Randy Reese
Pretreatment Coordinator

SCANNED
APR 15 2019
MAILROOM

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 Harrison

Address P.O. Box 1715 1508 Silver Valley Road

City Harrison State/Zip Arkansas 72601

Contact Person Randy Reese Position Pretreatment Coordinator

Contact Telephone 870-741-4426 NPDES Permit Nos. AR0034321

Reporting Period January 1 2018 December 31 2018
(Beginning Month and Year) (Ending Month and Year)

Total Number of Categorical IUs 4

Total Number of Significant Noncategorical IUs 0

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

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

III. Compliance Monitoring Program

	<u>SIGNIFICANT</u> <u>Categorical</u>	<u>INDUSTRIAL USERS</u> <u>NonCategorical</u>
1) No. of Control Documents Issued/Total No. Required.	<u>4/4</u>	<u>0</u>
2) No. of Nonsampling Inspections Conducted.	<u>10</u>	<u>0</u>
3) No. of Sampling Visits Conducted.	<u>10</u>	<u>0</u>
4) No. of Facilities Inspected (nonsampling)	<u>4</u>	<u>0</u>
5) No. of Facilities Sampled	<u>3</u>	<u>0</u>

IV. Enforcement Actions

	<u>SIGNIFICANT</u> <u>Categorical</u>	<u>INDUSTRIAL USERS</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>3</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