



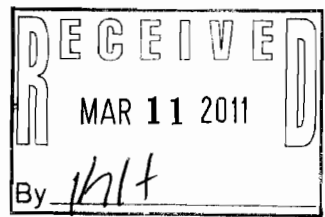
AR0034321

AET&M Allen

CITY OF HARRISON

DEPARTMENT OF PUBLIC WORKS
PRETREATMENT DEPARTMENT

Tim Holt
Pretreatment
Coordinator
P.O. Box 1715
Harrison, AR. 72601
(870) 741- 4426 - Office
(870) 741- 5022 - Fax
hwwtp2@windstream.net



complete, put questions re:
sig. authority addressed in
e-mail.
TH

03-09-11

Certified Mail #70083230000285451192

To: ✓ Allen Gilliam
ADEQ
5301 Northshore Drive
North Little Rock Arkansas 72118

Re: 2010 Pretreatment Performance Summary

Dear Mr. Gilliam

Please find enclosed the 2010 Pretreatment Performance Summary.

If you have any question or comments, I can be reached at
870-741-4426.

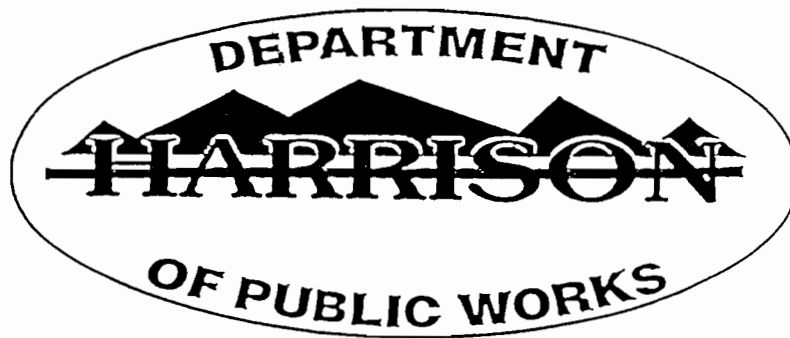
Sincerely,

Tim Holt
Pretreatment Coordinator

Cc: Mike Crow, Wastewater Systems Manager (Interim)
Greg Hurley ADEQ Certified Mail #70083230000285451178

HARRISON WASTEWATER

SYSTEMS



PRETREATMENT PERFORMANCE

SUMMARY

2010

NPDES PERMIT # AR0034321

PRETREATMENT PERFORMANCE SUMMARY

HARRISON, ARKANSAS

2010

Complete analysis and chain of custody's on file in Pretreatment Coordinators office.

Industrial Users List

City of Harrison Arkansas

NPDES Permit #AR0034321

January 1, 2010 Thru December 31, 2010

Claridge Extrusion
Permit #001
PO Box 910
Harrison AR 72601

(C)

Claridge Products
Permit #002
PO Box 910
Harrison AR 72601

(C)

Anchor Die Cast
Permit #004
300 N. Ind. Pk. Rd.
Harrison AR 72601

(C)

Pace Industries
Permit #005
PO Box 1198
Harrison AR 72601

(C)

(C) Compliant

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 Tim Holt Position Pretreatment Coordinator

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

Reporting Period January 1 2010 December 31 2010

(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

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>0/0</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>0/0</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>0/0</u>
2) No. of Nonsampling Inspections Conducted.	<u>8/0</u>	<u>0/0</u>
3) No. of Sampling Visits Conducted.	<u>4/0</u>	<u>0/0</u>
4) No. of Facilities Inspected (nonsampling)	<u>4/0</u>	<u>0/0</u>
5) No. of Facilities Sampled	<u>4/0</u>	<u>0/0</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>9</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 3-9-2011

NPDES PERMIT # AR0034321

INFLUENT/EFFLUENT ANALYSIS SUMMARY

HARRISON, ARKANSAS

2010

PPS Program Report

* NPDES ID: AR0034321 Permittee's Name Harrison

* Report Received/Event Date: 3/11/11 Date 3/22/11

Report Type

- Biosolids Program Report
- CAFO Annual Report
- CSO Event Report
- Local Limits Report
- MS4 Program Report
- Pretreatment Performance Summary Report
- SSO Annual Report
- SSO Event Report
- SSO Monthly Event Report
- Storm Water Event Report

Report Information

* Pretreatment Performance Summary Start Date: 11/1/10

Significant Industrial Users (SIUs)

SIUs: 4

SIUs Without Control Mechanism: 0

SIUs Not Inspected: 0

SIUs Not Sampled: 0

SIUs in SNC with Pretreatment Standards: 0

SIUs in SNC with Reporting Requirements: 0

SIUs in SNC with Pretreatment Schedule: 0

SIUs in SNC Published in Newspaper: 0

SIUs Schedules: 0

Violation Notices Issued to SIUs: 9

Administrative Orders Issued to SIUs: 0

Civil Suits Filed Against SIUs: 0

Criminal Suits Filed Against SIUs: 0

Categorical Industrial Users (CIUs)

CIUs: 4

CIUs in SNC: 0

Penalties

Dollar Amount of Penalties Collected: \$ _____

Industrial Users (IUs) from which Penalties have been collected: _____

Other Information

SUO Reference: _____

SUO Date: _____

Annual Pretreatment Budget: \$ _____

Pass-Through/Interference Indicator:

Notification of IU Schedule for Remedial Measures: No

Timely Response to Violation of IU Schedule for Remedial Measures:

Local Limits

Date of Most Recent Technical Evaluation & or Local Limits: _____

Date of Most Recent Adoption of Technically Based Local Limits: _____

Local Limit Pollutants: _____

ADD / REMOVE

Removal Credits

Removal Credits Application Status: Not Applicable

Date of Most Recent Removal Credits Approval: _____

Removal Credits: _____

ADD / REMOVE

Acceptance of Waste

Acceptance of Hazardous Waste: No

Acceptance of Non-Hazardous Industrial Waste: No

Acceptance of Hauled Domestic Wastes: No

Deficiencies

Deficiencies Identified During IU File Review: No

Control Mechanism Deficiencies: No

Legal Authority Deficiencies: No

Deficiencies in Data Management and Public Participation: No

Deficiencies in Interpretation and Application of Pretreatment Standards: No

Inadequacy of Sampling and Inspections: No

Adequacy of Pretreatment Resources: Yes

Annual Frequency

Annual Frequency of Influent Toxicant Sampling: _____

Annual Frequency of Effluent Toxicant Sampling: _____

Annual Frequency of Sludge Toxicant Sampling: _____