

Wilson, Tabatha

From: Gilliam, Allen
Sent: Wednesday, March 26, 2014 11:33 AM
To: harrison Kathryn Catlin (kathryn.catlin@cityofharrison.com)
Cc: Fuller, Kim; Wilson, Tabatha; Ramsey, David; Kaelin, Cynthia; Uyeda, Craig; Allen-Daniel, Leslie
Subject: AR0034321_Harrisons May 2014 annual Pretreatment report with ADEQ reply_20140326
Attachments: Harrisons May 2014 Annual Pretreatment Report.pdf

Kathryn,

Harrison's May 2014 annual Pretreatment report was received (early), reviewed, deemed complete and compliant with the Federal Pretreatment reporting requirements in 40 CFR 403.12(i). No further action is deemed necessary at this time.

Please monitor your effluent for mercury closely. Effluent values reported appear to have exceeded the reasonable potential for exceeding water quality limits. Common sense clean sampling techniques should be exercised. Please look back on the Hg analysis and report what was found in their field (and any other) blanks.

Thank you for the early report remaining in compliance with the Federal Pretreatment Regulations.

If there any questions or comments please feel free to contact this office.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

E/NPDES/NPDES/Pretreatment/Reports

Harrison

Arkansas

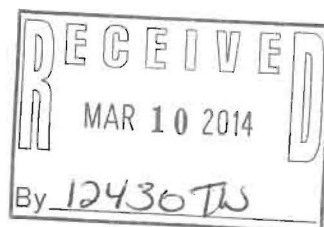
Department of Public Works

A 40 HØ AG

Pretreatment Department
Tim Holt
Pretreatment Coordinator
1508 Silver Valley Road
Harrison, Arkansas 72601
Office: 870.741.4426
Fax: 870.741.5022
www.cityofharrison.com
hwwtp2@windstream.net

01-4-14

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



Re: 2013 Pretreatment Performance Summary

*complete/compliant
w/ some initiated
additions
AG*

AR00 34321

Dear Mr Gilliam :

Please find enclosed the 2013 Pretreatment Performance Summary. If you have any question or comments, I can be reached at 870-741-5527.

Sincerely,

Kathryn Catlin
Wastewater Systems Manager

Cc: Deb Gerst ADEQ



Department of Public Works

PRETREATMENT DEPARTMENT

PRETREATMENT PERFORMANCE
SUMMARY
2013

NPDES PERMIT # 5158-W
PRETREATMENT PERFORMANCE SUMMARY
HARRISON, ARKANSAS
2013

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, 2013 Thru December 31, 2013

Claridge Extrusion
Permit #001 (C)
PO Box 910
Harrison AR 72601

Claridge Products
Permit #002 (C)
PO Box 910
Harrison AR 72601

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

Pace Industries
Permit #005 (C)
PO Box 1198
Harrison AR 72601

(C) Compliant

NPDES PERMIT # 5158-W
INFLUENT/EFFLUENT ANALYSIS SUMMARY
HARRISON, ARKANSAS
2013

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 2013 December 31 2013

(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>
5) Rate of Significant Noncompliance for all SIUs (categorical and noncategorical) . .		<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>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 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>1</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.

Kathryn Catlin
 Authorized Representative _____ Date _____