

## Gage, Hannah

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**From:** Gilliam, Allen  
**Sent:** Tuesday, May 10, 2016 9:25 AM  
**To:** harrison Kathryn Catlin (kathryn.catlin@cityofharrison.com); Harrison tim holt  
**Cc:** Gage, Hannah; Ramsey, David; Leamons, Bryan  
**Subject:** AR0034321\_Harrisons May 2016 annual Pretreatment Program report\_20160510  
**Attachments:** Harrison May 2016 Pret. Prog. report.pdf; Pretreatment Attachments (annual report) '14.doc

Kathryn,

Harrison's May 2016 annual Pretreatment Program report was received, reviewed, deemed complete and compliant with the reporting requirements in 40 CFR 403.12(i). There are no further actions deemed necessary at this time.

This office did make a notation on the attached regarding the zero discharging industry (Claridge Products) as discussed with you by phone yesterday.

Please use the attached/revised annual reporting form which was sent to all Pretreatment City coordinators back in 11/14 and you should also note the IUs who are considered "Non-Significant (yet permitted) IUs" on Attachment A if there's room or create an Attachment A-2 for them.

Thank you for the timely report.

Sincerely,

Allen Gilliam  
ADEQ State Pretreatment Coordinator  
501.682.0625

E/NPDES/NPDES/Pretreatment/Reports

BZHH1



# Department of Public Works

Department of Public Works  
City of Harrison  
Department of Public Works  
1508 Sylvan Valley Road  
Harrison, Arkansas 72401  
Office: (870) 741-4426  
Fax: (870) 741-5022  
www.cityofharrison.com  
tin.hed@cityofharrison.com

Certified Mail #70133020000090624696

04-11-16

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

Re: 2015 Pretreatment Performance Summary

Dear Mr Gilliam:

Please find enclosed the 2015 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 #70133020000090624689

RECEIVED AG  
MAY 9 9 46  
KATHY TW  
complete/compliant  
no action necessary  
AG



Department of Public Works

PRETREATMENT DEPARTMENT

PRETREATMENT PERFORMANCE

SUMMARY

2015

NPDES PERMIT # AR0034321

PRETREATMENT PERFORMANCE SUMMARY

HARRISON, ARKANSAS

2015

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

# Industrial Users List

City of Harrison Arkansas

NPDES Permit #5158 W

January 1, 2015 thru December 31, 2015

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 # AR0034321

INFLUENT/EFFLUENT ANALYSIS SUMMARY

HARRISON, ARKANSAS

2015



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(1) It is advised that the influent and effluent samples are collected considering flow detention time through each plant. **Analytical MQLs must be met for the effluent (and SHOULD be met for the influent) so the data can also be used for Local Limits assessment and NPDES application purposes.**

(2) This value was calculated during the development of TBLL based on State WQ criteria, EPA guidance and either ADEQ Pretreatment staff Excel spreadsheets or the Permittee's consultant with concurrence from Pretreatment staff.

(3) Record the name of any pollutant [40 CFR 122, Appendix D, Table II and/or Table V] detected and the concentration at which they were detected.

MAHL - Maximum Allowable Headworks Level / MAHC – Maximum Allowable Headworks Concentration

WQ - "Water Quality Levels not to exceed" OR actual permit limit.



**ATTACHMENT A**  
**PRETREATMENT PROGRAM STATUS REPORT**  
**UPDATED SIGNIFICANT INDUSTRIAL USERS LIST**

Industrial User Name	NAICS Code	40 CFR XXX or N/A	Control Document		New User	Times Inspected	Times Sampled	Compliance Status (C, NC, or SNC)				Permit Limits
			Y/N	Last Action				Reports				
								BMR	90-day Compliance	Semi Annual	Self Monitoring	
Claridge	3354	467	Yes	2010	No	2	5	N/A	N/A	N/A	C	
Extrusion	3471											
Claridge	2531	466	Yes	2010	No	1	0 *	N/A	N/A	N/A	N/A	
Products	2542											
Anchor	3479 3363	433	Yes	2010	No	2	5	N/A	N/A	N/A	C	
Die Cast	3469											
Pace	3363	464	Yes	2010	No	2	5	N/A	N/A	N/A	NC	Zinc
Industries												

\*zero discharge AB  
over the last yr.



**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 2015 December 31 2015

(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>0/0</u>	

III. Compliance Monitoring Program

	SIGNIFICANT INDUSTRIAL USERS	
	<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>7/0</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>3/0</u>	<u>0/0</u>

IV. Enforcement Actions

	SIGNIFICANT INDUSTRIAL USERS	
	<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 Patton  
 Authorized Representative

Date 5/1/16



(1) It is advised that the influent and effluent samples are collected considering flow detention time through each plant. **Analytical MQLs must be met for the effluent (and SHOULD be met for the influent) so the data can also be used for Local Limits assessment and NPDES application purposes.**

(2) This value was calculated during the development of TBLL based on State WQ criteria, EPA guidance and either ADEQ Pretreatment staff Excel spreadsheets or the Permittee's consultant with concurrence from Pretreatment staff.

(3) Record the name of any pollutant [40 CFR 122, Appendix D, Table II and/or Table V] detected and the concentration at which they were detected.

MAHL - Maximum Allowable Headworks Level / MAHC – Maximum Allowable Headworks Concentration

WQ - “Water Quality Levels not to exceed” OR actual permit limit.







**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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Contact Telephone \_\_\_\_\_ NPDES Permit Nos. \_\_\_\_\_

Reporting Period \_\_\_\_\_

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

Total Number of Categorical IUs \_\_\_\_\_

Total Number of Significant Noncategorical IUs \_\_\_\_\_

Total Number of Non-Significant (yet permitted) IUs \_\_\_\_\_

II. Significant Industrial User Compliance

SIGNIFICANT INDUSTRIAL USERS  
Categorical      NonCategorical

1) No. of SIUs Submitting BMRs/Total		
No. Required. . . . .	/	N/A*
2) No. of SIUs Submitting 90-Day Compliance		
Reports / No. Required. . . . .	/	N/A*
3) No. of SIUs Submitting Semiannual Reports /		
Total No. Required. . . . .	/	/
4) No. of SIUs Meeting Compliance Schedule /		
Total No. Required to Meet Schedule . . . . .	/	/
5) No. of SIUs in Significant Noncompliance /		
Total No. of SIUs . . . . .	/	/
6) Rate (%) of Significant Noncompliance for all		
SIUs (categorical and noncategorical) . . . . .	_____	

III. Compliance Monitoring Program

SIGNIFICANT INDUSTRIAL USERS

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

IV. Enforcement Actions

	<u>SIGNIFICANT INDUSTRIAL USERS</u> <u>Categorical</u>	<u>NonCategorical</u>
1) No. of Compliance Schedules Issued/No. of Schedules Required . . . . .	/	/
2) No. of Notices of Violations Issued to SIUs	_____	_____
3) No. of Administrative Orders Issued to SIUs	_____	_____
4) No. of Civil Suits Filed. . . . .	_____	_____
5) No. of Criminal Suits Filed . . . . .	_____	_____
6) No. of Significant Violators (attach newspaper publication). . . . .	_____	_____
7) Amount of Penalties (not surcharges) Collected (total dollars/IUs assessed) . . .	/	/
8) Other Actions (sewer bans, etc.). . . . .	_____	_____

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 \_\_\_\_\_